

# The FELIX Letter

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A COMMENTARY ON NUTRITION

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## SEVEN WEEKS TO ABSTINENCE: A PRACTICAL MIRACLE

Joan Mathews Larson, Ph.D., knows how to get people off the sauce and keep them off. Her clients don't even crave alcohol any more. What's more, they feel good--often better than they ever felt before. She's treated hundreds of alcoholics as outpatients at Health Recovery Center (HRC), which she founded in Minneapolis in 1981. *More than 75 percent of clients remain successfully rehabilitated and abstinent.* This is an astonishing rate. Compare it with the 20 to 25 percent achieved via conventional treatment, the only kind available in most facilities.

Nor do HRC's graduates go through the hell that haunts many 'recovered' alcoholics years after they quit drinking:--depression, fuzzy thinking, malaise, poor health, *on top of* unabated craving for liquor. In light of this it's not surprising the death rate among treated alcoholics is nearly as high as it is among untreated ones, for whom drinking routinely knocks off about 20 years of life. *One in four deaths in the treated is suicide.*

Most of these take place in the first year after treatment. Dr. Larson says the best-kept secret of rehabilitation programs today is they don't work! Keith Sehnert, M.D., HRC's medical director, writes in the foreword to Larson's book, *Alcoholism: The Biochemical Connection*, Villard Books division of Random House, 1992: "The basic assumptions of most of the people who treat alcoholism have changed relatively little in the nearly 40 years I have practiced medicine. The assumption then, as now, is that if alcoholics would only get their act together, they would recover from their affliction." Abstinence, combined with talk therapy, in groups and one-on-one counseling, are cornerstones of treatment. Emphasis

is on the underlying 'psychological reasons' for needing to drink. By flushing out hidden feelings of, say, rage or guilt involving parents or siblings or spouses, etc. and coming to terms with them, the person can be freed from the self-created prison of alcoholism, so goes the rationale in standard treatment.



THE 'GREAT PROCASTINATOR'.

Dr. Larson says this approach doesn't work because *alcoholism is a physical illness that devastates body and brain.* Substance abuse routinely produces a staggering array of emotional and physiological dysfunctions. Traditionally, these receive psychological counseling---about as smart as using 'head talk' instead of insulin to treat diabetics, Dr. Sehnert says! At HRC they've worked out an outpatient regimen that detoxifies and heals in record time, allowing clients to benefit, for the first time in many cases, from traditional rehabilitation. The tools of detoxification and "bio-repair" are primarily amino acids, essential fatty acids, vitamins, minerals, and recommended diets.

[See FL #61 for discussion of Larson's work, pre-book. Also, FL #56 on another enlightened worker in substance abuse, Julia Ross, whose Mill Valley, CA, facility, Recovery Systems, focuses also on *biochemical restoration*.]

The unreliability and loss of willpower that keep alcoholics from "getting their act together" are *results*, not causes of alcoholism. Susceptible individuals originally may come in all degrees of integrity, morality, character, and accomplishment! Heredity looms large in the picture. Besides familial biochemical markers showing up in new research, there are indisputable *racial and ethnic differences in vulnerability*, Larsen says. The following should give pause to those who swear it's a moral weakness!

- *Are you or your ancestors from southern Mediterranean areas of Europe?* About ten thousand years ago, when nomadic people no longer could meet their food needs by hunting and gathering, they began to settle into communities, for the first time planting crops to feed their growing numbers. They've been making alcoholic drinks from grains, fruits, etc. for at least seven thousand years---long enough for generations of those severely afflicted by alcoholism to have been weeded out, while the not so susceptible survived.

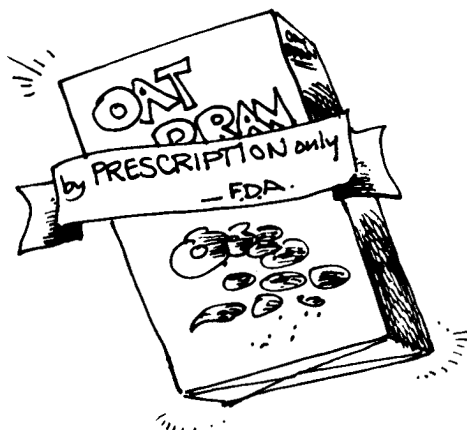
*You have a 10 percent chance of becoming an alcoholic if you drink.*

- *Are you or your ancestors from northern Europe, including Ireland, Scotland, Wales, northern parts of Russia and Poland, and the Scandinavian countries?* Because of harsher climates these areas were peopled and farmed much later, so the folks have been drinking alcohol for only 1500 years.

*You have a 20 to 40 percent chance of becoming an alcoholic, if you drink.*

- *Are you a Native American or Inuit (Eskimo)?* Alcohol as 'recreation' was introduced to your ancestors by Europeans only about 300 years ago--not nearly enough time to weed out the vulnerable drinkers.

*You have an 80 to 90 percent chance of becoming an alcoholic, if you drink.*



## Biotypes of Alcoholics

A unique contribution of the book is its rundown of characteristics to pinpoint a person's chances of becoming an alcoholic, or not, *and* the kind he or she may become (if they drink).

### Examples of Biotypes In Whom Alcoholism Is Rare:

**Nonalcoholic Chemistry (Normal Drinker):** Alcohol use is light; tendency is to get sedated from a few drinks; no one on either side of family is a heavy drinker; there's no urge to "keep up with the boys" at parties; heavy drinking would be punishment, not pleasure. They are blessed with the chemistry of a nonalcoholic drinker, Larson writes.

**Nonalcoholic (Alcohol-Intolerant) Chemistry:** Drinking even a little alcohol tends to make them dizzy or nauseated or causes flushing or other unpleasant reactions. Because of negative effects, alcohol has little appeal. *They may be of a racial group that has fewer liver enzymes to detoxify alcohol.* Many Asians are known to be intolerant of alcohol; further research probably will find other races in the same category.



## A Few Alcoholic Biotypes

(There are more in the book, and more to be discovered in future research):

### • Allergic/Addicted Biotype:

One of the strange ways the body defends itself against unpleasant reactions caused by frequent exposure to stuff to which it is allergic is *by producing its own narcotics*. These feel-good opiate endorphins mask the allergic symptoms. When the allergen is a food (wheat, for example), the person gets a high from stuffing themselves with bread, pasta, crackers, etc.—but then suffers depression and other *withdrawal* symptoms hours later or the next day. Discomfort disappears (temporarily) when they eat these foods again and produce more feel-good endorphins. It's addiction, not true hunger. (Abstinence from the addictive food(s) is necessary to break the cycle.)

A similar but more insidious mechanism operates in individuals who drink *but have hidden allergies to the grains (wheat, rye, etc.) and/or sugars from which alcohol is made, and/or to ethanol (alcohol) itself*. Ethanol in any form (alcohol, cleaning fluids, gasoline, perfume, etc.) can set off cravings in allergic alcoholics. The alcohol plus allergens, however, hits their nervous system with a double hammer of toxicity.

Alcohol may exhilarate them at first but they often lose control and drink until drunk. Hangovers usually follow. Withdrawal brings depression, confusion, anxiety. The allergic/addicted alcoholic may go for weeks or longer without alcohol, then have binges lasting for days.

"They also have a tendency, when drinking, toward altered personality: sudden anger, depression, or abusiveness caused by the allergic response of their brains and central nervous systems."

Remind you of anyone you know?

### • "II ADH/THIQ" Biotype : "II

ADH" individuals actually have an *extra enzyme system* for metabolizing alcohol in the liver. ["II ADH" stands for the second "alcohol dehydrogenase" enzyme.] It enables them to convert alcohol to acetaldehyde with super speed.

What's the profile of "II ADH" drinkers? Their ancestors are predominantly northern European or Native American. Even as teenagers

their first drinking experience was pleasant—alcohol didn't make them sick. They can handle a lot of alcohol without getting drunk, never get hangovers, are revved up rather than sedated by alcohol. Tests show they actually have more energy and perform mental tasks better with a few drinks!

They're the ones who can handle their liquor, right? Wrong! That's only how alcohol affects them in the early years of drinking. The large amounts of alcohol they imbibe turn into large amounts of acetaldehyde. This their livers *cannot* handle well. [Normally, acetaldehyde—a harmful substance if it hangs around—is quickly oxidized to acetic acid which eventually becomes part of the body's energy-making process.] Not only do "II ADH" alcoholics begin, early on, to suffer liver damage, but excess acetaldehyde escapes the liver and circulates to the heart, *where it damages the heart muscle*.

Unconverted acetaldehyde also reaches the brain. It blocks the actions of neurotransmitters that usually coordinate normal feelings, behavior, and memory. The unused neurotransmitters "begin to build up and combine with the acetaldehyde to form potent psychoactive compounds called tetrahydroisoquinolines (THIQs), which are remarkably similar to opiates. THIQs fit in the same receptor sites in the brain as natural pain-killing chemicals called endorphins and such narcotics as morphine and heroin."

There you have it. *In heavy drinkers, THIQs replace natural endorphins and create something akin to heroin addiction.* As time goes by, the "II ADH/THIQ" drinker needs more and more alcohol just to feel 'normal.' By then their liver and heart may be damaged, and their thinking isn't very sharp, with or without alcohol.

I suspect "II ADH/THIQ" drinkers may be those who die the quickest. As I read Larson's description, I thought of a friend I cared a lot about. He had avoided regular use of alcohol (uncles and aunts on both sides of his family were alcoholics), but on rare social occasions he appeared to have a hollow leg. No hangovers, ever! In his 40s he began having wine or beer regularly with dinner for the first time. From this modest start, his daily imbibing increased rapidly in momentum. He had been a talented architect all his adult life; in less than a decade he became too incapacitated to work. He died suddenly of acute liver failure in his 50s.



• **Omega-6 EFA (Essential Fatty Acid) Deficient Chemistry:** These alcoholics don't have an efficient enzyme system for converting Omega-6s from seeds, nuts, grains, and oils in their diet into "E1" prostaglandins (PGE1). PGE1 play a vital role in the brain. Low levels have been linked with depression, seizures, and childhood hyperactivity. (Also premenstrual syndrome, eczema, ulcerative colitis, and a few other nifties!)

Typically, this alcoholic biotype has a *history of depression* going back to childhood, and close relatives with depression, suicidal tendencies, or schizophrenia. Other markers: Their ancestry is predominately Scandinavian, Irish, Welsh, or Scottish.\* Their first drinking experience produced immediate relief from long-standing depression. *Depression returns when they stop drinking, so they tend to drink daily or often.*

### Where Does An Alcoholic Go From Here?

Joan Mathews Larson's book is a love song to alcoholics who want to get well and to the people in their lives who care enough about them to help. She knows all too well that her clinic, and a handful of others, are tiny islands of "bio-repair" in an

\*It occurs to me, that the focus mainly is on the way people of European or Native American descent cope with alcohol. Eventually I expect those of African, South American, Asian, Philippine, Pacific Islands, etc. backgrounds will be included for a more complete research picture.

ocean of unsuccessful talk therapies. That's why she offers step-by-step techniques for alcoholics to beat the demon essentially on their own.

The program is the same one HRC uses with clients, except here it's laid out as a do-it-yourself blueprint--mostly. Implicit is the understanding that especially at the beginning it will be easier with the help of someone close.

It's important, however, for alcoholics to first uncover often unsuspected health problems by means of recommended medical tests any doctor can prescribe--the same tests HRC clients take. Among the commonest hidden disorders they've found in patients, Dr. Sehnert says, are severe nutritional deficits; food allergies to corn, wheat, and dairy; sluggish thyroid function; chronic low blood sugar; and Candida yeast infections. The tests also provide clues to a person's alcoholic biotype; other clues come by way of the book's intriguing quizzes. Bio-repair then can proceed in the right direction.

### Depression, Where Is Thy Sting!

For example, for depression-prone "PGE1 Deficient" biotypes, certain EFA-rich supplements, including evening primrose oil, allow replenishment of the missing prostaglandins. David Horrobin, M.D., a leader in essential fatty acid (EFA) research, observed in his medical study in Scotland that PGE1 deficient alcoholics who were given specific EFA-rich supplements experienced very little discomfort during alcohol withdrawal. The group who got only placebos *"displayed the full range of withdrawal symptoms associated with prostaglandin deficiency: tremors, irritability, tension, hyperexcitability, and convulsions."*

Three months later, the placebo group still had liver damage, while the EFA replacement group had almost normal liver function. A year later, only 28 percent of the placebo group remained sober. In the EFA group, *"83 percent remained sober and depression free."*

The book describes dosages of EFA supplements needed by this alcoholic biotype. Indeed, it offers carefully worked out "bio-repair"

plans for each of the known biotypes: the allergy/addicted, "II ADH"/THIQ, hypoglycemic, and so on.

### Ye Gads, The Stuff Works!

The core of initial treatment during withdrawal is HRC's "magic" Detox Formula. Dr. Larson writes: "Magic may be too strong a word but if you have tried to detoxify before--and failed--you're going to get the surprise of your life this week [2nd week of the 7-week program]. You're going to be taking a lot of vitamins, minerals, and amino acids, up to sixty each day, in a formula designed to ease alcohol withdrawal symptoms and eliminate your cravings for alcohol. If you are typical of our HRC clients, you're going to feel terrific after your first weekend of taking the formula...My standard joke is that the detox formula is bad for business; when cravings for alcohol disappear, so do some new clients! Seriously, this formula works better than I dared dream..."

After a week on detox formula, clients graduate to the next and longer phase: repairing the damage from alcohol. Specific nutrients are listed for different biotypes, along with dosages and daily schedules. Additional HRC formulas are listed for special problems, such as damaged livers, memory loss, tremors and shakiness, etc. *Most ingredients for the formulas are non-prescription and available to anyone within mail or phone distance of a vitamin store or catalog supplier.* (Resources are listed for more obscure ingredients.)



Larson and Sehnert lay out the bio-repair program week by week. There are simple graphs and quizzes to help persons chart their own progress. Larson estimates the costs to be about \$300 for the doctor's appointment and lab tests, and \$400 for the nutrient supplements. "Monthly maintenance of nutrients may be \$100--well worth the price for continued good health!" (As a nonalcoholic health nut of devoutly modest means, I budget fifty bucks a month for supplements and know it's a bargain.)

### *From The Valley of Despair...*

Joan Mathews Larson wrote the book because she wanted to spare others the kind of grief and guilt she suffered over the suicide death, fifteen years ago, of her middle child, Rob, just as he was starting his senior year in high school. A happy, confident kid, his world fell apart at age 13 when his dad died suddenly of a heart attack. By age 15, Rob was drinking a lot, going on sweets binges, having sharp mood swings, and falling down in his studies. Medical tests revealed serious hypoglycemia.

The widowed mother enrolled him in a highly recommended hospital inpatient alcohol treatment program for adolescents. "I felt enormous relief when he was admitted. I had turned my worries over to the experts. Surely they could help," Larson writes. "The program focused on identifying the underlying psychological reasons for Rob's drinking." The poor kid couldn't even come home when he and his mom wanted him to. That would spoil the treatment, the doctors said; Rob was a difficult case. Then, when his "improved understanding" made him eligible for release, they said he needed to be in a halfway house for six months, even though he terribly missed his home. Her doubts grew.

Finally, he was back home, beginning his senior year, and elated to learn from the school counselor that he'd have enough credits to graduate. His friend and he stayed up talking until early morning. Dr. Larson writes: "Then he came into my room and woke me. 'I love you,' he said. 'I'm sorry for the trouble I've been, but it will be okay from now on.' After he left, I dozed off,

relieved at how much better he seemed."

That night he committed suicide.

Larson's passionate search for better treatment began. After her husband's death she had returned to college and served counseling internships in substance abuse programs. Now she was finding an impressive amount of research describing how alcohol used up crucial chemicals in the brain, resulting in anxiety, confusion, and depression. Yet in treatment these were assumed to be the very symptoms that *caused* alcoholics to drink! "If I had known then what I know now about the chemical relationship between heavy alcohol use and depression," she writes, "I might have been able to save my son." In 1978 she helped to establish a chemical-dependency program for women. By 1981, when she founded Health Recovery Center, Larson was ready to test the biochemical theories she had been researching. They worked better than her highest hopes.

### *Let Us Be Instruments of Change*

If you know an alcoholic or a family struggling with the problem (and who doesn't!) buy the book for them, but I suggest you read it first yourself. Even for teetotalers it's an eye-opener. I discovered why I couldn't become an alcoholic if I tried. (It has nothing to do with will-power!) I learned why A.A., despite its undeniable value, wasn't enough in itself to keep my friend's 21-year-old alcoholic son from dying in a drunken brawl, some twenty years ago. Today, the fellowship and support of A.A., combined with the book's detox and bio-repair blueprint, would help a kid like him have a confident future.

**B**uck up, all you discouraged and burned out health professionals and community workers in substance abuse! Keep the book handy, and begin to practice "biochemical restoration" on difficult clients. You may be in for a shock when they turn up for appointments sober, happy, and uncommonly receptive to the other dimensions of treatment!

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### **SORRY, DR. SIMOPOULOS!**

Dr. Jack Carter, president of the Flax Institute of the U.S., sent me a sack of lovely golden flaxseed which he says grinds finer than the brown. He also kindly let me know that Dr. Artemis Simopoulos, the eminent researcher in Omega-3's, is a *woman*, despite my referring in FL #67 to "his" new study on Omega-3's in purslane! Thanks to *her* study, I'll be planting this leafy vegetable in the garden next spring. \*\*



**Illustrations by Clay Geerdes and other artists as noted.**

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