

Book Reviews

Living Proof- A Medical Mutiny

by Michael Gearin-Tosh

Simon and Schuster

London, 2001

What do you do when you are told by foremost experts that you will die from the disease you have suddenly acquired and that the only hope is a complicated form of bone marrow chemotherapy?

Professor Gearin-Tosh was diagnosed with multiple myeloma (one of the most aggressive of Beta cell cancers of the blood) in June 1994. He consulted seven experts in this field and all advised that he must immediately have chemotherapy. Only one whom he had never seen advised him indirectly never to take chemotherapy. Most patients when confronted with this dismal news will agree to have the chemotherapy because the hope of survival for a few months and perhaps one or two years is better than the suggestion that they will die much earlier. Gearin-Tosh was different. He refused to accept the advice given him because he was not satisfied with the answers. With the help of several very good friends he began to explore the field of alternative and complementary medicine. He refused chemotherapy and he is "Living Proof"—alive and well and happily, for us, he has written this excellent and interesting account of his reaction to the disease, and his interaction with the medical profession. Very few patients have described as well the inner debates, the responses to the different advice given by physicians and by well meaning friends. John Bayley, author, described this book as "Spellbinding...the whole thing shines" And so it is.

This book is written in three parts. The first two are written by Gearin-Tosh. In part one he writes about his life, the diagnosis, how he dealt with it, his worries, and determination to follow treatment which offered more promise than treatment offered him by the orthodox medical profession. These alternative treatments were uni-

formly rejected by his experts.

In part two, "Why Living Proof?" he explains why "evidence-based medicine" is a recent term coming into more general use. It means that treatment must have some therapeutic effect before it can be recommended. I am puzzled by this term because as far as I can remember treatment has always been based upon the history of patients who have responded to treatment. If Joe Brown tells his friend that he had a severe cold and that after taking vitamin C he felt better, his friend will consider that as evidence and may try the same treatment. Doctors have, from ancient times, done exactly the same thing. Dr. Joe Brown reports that he has treated ten patients with colds using megadoses of vitamin C and that seven of them got well. His medical colleague, especially if he trusts Dr. Brown, will then try the same treatment and if he observes the same therapeutic results will continue to use the treatment.

Clinical reports by physicians have been the basis for modern medicine. These observations are considered therapeutic facts. After a while these observations become part of establishment medicine, part of the current paradigm. But, in order to be considered scientific, attention is given to determining the reasons why these compounds are therapeutic and how they perform in the body.

The medical observations are the clinical facts and the explanations are the hypotheses or theories which attempt to explain how these compounds work. Thus we have two main schools of thought: (1) Doctors who are happy with treatments that work, even though they may not know how or why; these are the pragmatists. Most practicing physicians are happy to have treatment that works, as are homeopaths, chiropractors and naturopaths. Of course every patient wants to be treated successfully and they have very little concern for the theory behind that treatment; (2) Doctors who are much more impressed with

theory and who see clinical facts only through very thick lens of theory or hypotheses. To this school a clinical fact is only a fact if it conforms to the predominant theory of the day. Galileo's contemporary astronomers refused to look in his telescope because they "knew" that the sun circled the earth and therefore there was no point in looking.

Between 1952 and 1960 my colleagues and I reported that our double blind controlled experiments had shown that vitamin B₃ was therapeutic for schizophrenia. This became a fact for us but not for the establishment because they knew the following facts about schizophrenia: (1) It was caused by bad mothers; (2) It was not a biochemical disease; (3) It was not a vitamin deficiency disease; (4) A complex disease like schizophrenia could not respond to a simple vitamin; (5) Everyone was getting enough vitamin B₃ in their food because of the government food rules. Our facts contradicted their theory and since their theory was the popular paradigm our facts were not recognized as such. I find this curious because, in the long-term point of view, clinical observations are facts that do not change throughout the ages while theories which attempt to explain these facts are very evanescent and change each decade as more information accrues. Thus the description of a convulsion given 2000 years ago is still valid but I do not think many today will accept the explanation of these clinical facts that were looked upon as correct 2000 years ago. Hypotheses and theories are evanescent. Clinical facts are true.

Professor Gearin-Tosh struggled with the conflict between these two schools of thought. One school of thought is the rationalist, defined by the Oxford English Dictionary as physicians who do not value the facts themselves as highly as their explanation. This school holds the vast majority of physicians, both generalists and specialists, and it was the one Professor Gearin-Tosh dealt with after he was first di-

agnosed. The other school ought then to be called the irrational school since it believes more strongly in the value of observation.

Paradigm battles are very vigorous and strident especially from the paradigm under attack. The conversion from the old to the new paradigm is so rare that it receives major attention if the converted was a prominent member of the old paradigm. Thus in the *New York Times* of January 13, 2002, Dr. William Fair's obituary is given nearly one quarter page. He was a leader and powerful member of the older paradigm until he himself faced death because the older paradigm of surgery and chemotherapy was no longer effective and he began to use complementary methods. He created a Health Complementary Center for Cancer. Some of his colleagues were critical and others were surprised he lived as long as he did. Arising from Professor Gearin-Tosh's long interaction with the medical profession of both types he has formulated a series of rules that I think are very valuable for any patient with any chronic disease.

(1) Be proof against rush to treatment. Watch against being pressured into treatment by doctors who quote the most dismal survival statistics in order to pressure you. Here is an example. A young man began to suffer hip pain so severe that he could not run any more. He was found to have a very large sarcoma of the pelvic bone. He consulted two excellent surgeons in Canada and each one told him that they had booked him next day for surgery, a hemi-pelvectomy. He would lose a leg, a big chunk of his hip, or his bladder and some of the bowel or rectum. He rejected this advice and started an orthomolecular program instead. Today two years later his tumor has receded to half its former sized and he is fully functional. Rush to treatment probably would have killed him early or after a few months of dreadful living. Take your time, think, talk to your doctors, read and then make

up your mind so that you can cooperate with the treatment

(2) Be proof against proof. Do not let your surgeon, or oncologist or radiologist bully you into treatment with which you cannot agree. Simply to attack other treatments such as vitamins is not proof that they must not be used. Many of my patients tell me that their oncologists warn them not to use vitamins and one even threatened not to treat that patient if he persisted in taking vitamin C.

(3) Be proof against the impression that there must be more to clinical argument than may appear. Do not allow the rationalist arguments to overwhelm your own native pragmatic observations.

(4) Be proof against a collapse of your self-identity. Professor Gearin-Tosh writes "You may be one of these people whose temperament is at ease with so-called unorthodox possibilities, but you may also be crushed by a tyrannizing consultant or writer. Check his facts if you can, and examine their arguments." The author recovered by following these principles. He combined the best of a number of alternative treatments including Max Gerson's nutrition, coffee enemas and vitamin supplements. He took 9 grams of vitamin C every

day, following the protocol Linus Pauling and I published. He followed a Chinese breathing exercise called breathing through your fingers. I tried it and it is very easy to do. He also took clodronate to protect his bones. He had excellent support from his University, from his friends and colleagues. And he was assured that his teaching job would remain. He consulted with the experts including Dr. Hugh Riordan, and Charlotte Gerson.

Part three presents "The Case of The 0.005% Survivor" by Carmen Wheatly, D.Phil Oxon. When Dr. Wheatley called me seven and a half years ago I assumed she was a physician. Now that I have read her excellent case history I think she should have been one. This is a superb anecdote. I use the word proudly in order to counter-balance the modern tendency to label anything that is not liked as anecdotal. I wish I had her literary skill to write this type of history. This you must read because it provides in minute detail the illness, and the course it took in response to the treatment that Professor Gearin-Tosh followed. Dr. Wheatley referred to her discussion with me in August of 1994 and listed the average program that I follow. At that time I had one long survivor out of two patients.

Table 1. Survival time of cancer patients following an orthomolecular program.

Patient Number	Age	Treatment started	Chemo	Radiation	Alive	Years Lived
125	73	3/87	No	Yes	Yes	
270	68	8/89	Yes	No	No	1
525	55	11/93	Yes	Yes	No	1.5
686	32	8/95	Yes	Yes	Yes	
816	73	3/97	No	Yes	No	4.5
923	72	1/98	Yes	No	Yes	
983	49	7/98	Yes	No	Yes	
986	51	7/98	Yes	No	No	1
1057	69	5/99	Yes	No	Yes	
1152	69	7/20	Yes	No	Yes	

As of January, 2002, I have seen ten patients. They followed my program only. The results are shown in Table 1 (p.60).

From this very small series four died, mean survival two years after orthomolecular treatment was started. This clinical material is available on the Orthomolecular Oncology website <http://www.canceraction.org.gg> and it will be updated. Dr. Wheatley formed Orthomolecular Oncology, a UK and overseas registered charity. You can contact her at canceraction@gtonline.net and at Orthomolecular Oncology, The Estate Office, Ashton, Peterborough, PE8 5LE, UK.

**The Madness of Adam and Eve—
How Schizophrenia Shaped Humanity**
by David Horrobin. Bantam Press,
New York, 2001

Very few people find anything good to say about schizophrenia. For most patients and their families it is an unmitigated disaster. For this reason the word itself is feared and loathed. In 1960 when I first began to tell my patients that the name of their condition was schizophrenia, this was considered the rankest of heresies. Karl Menninger had published a paper in which he advised that patients should never be told because it would cause so much fear and suffering. But it was the disease itself that was the problem, not the term, and especially the way it was treated or more accurately maltreated. If, therefore, this is such a dreadful disease, why do we still find it almost universally distributed around the world? One would think that the genes producing this disease would have died out long ago. There must be some natural advantage, in an evolutionary sense, which allowed these genes to maintain themselves. In other words, although the disease itself is one I would not wish on anyone, the genetic configuration that causes it may not be so bad after all and may have major advantages.

Many years ago we (Huxley J; Mayr E; Osmond H; Hoffer A: Schizophrenia as a genetic morphism. *Nature*, 204: 220-221, 1964) summarized the positive changes present in the first order relatives of patients. These relatives were not sick but they must have had some of the genes. There were psychological advantages and physical advantages. In this excellent book David Horrobin, one of the world's foremost experts on the connection between essential fatty acid metabolism and schizophrenia outlines his fascinating theory that the genetic structure played a major role in shaping humankind by giving us the advantage in creativity and that these genes are slowly spreading throughout our population and may already be present in half. Horrobin suggests that perhaps 100,000 to 150,000 years ago there was a major genetic change which allowed humans to take advantage of the diet in coastal regions that had food rich in essential fatty acids. This made it possible for the brain to develop to its present capacity and the increased creativity permitted these kind of brains to gradually spread through all mankind.

I will not summarize his arguments and the facts on which these are based. I do want everyone to read it. It is very well written, very provocative and very exciting.

Since it is probable that more than one gene is involved (or perhaps the absence of one or more genes) there is a range of individuals from those who are irreparably psychotic because they have too many genes and probably die very young to those who have only one or two genes involved.

The ideal person would have not have enough of the genetic makeup to make him psychotic but enough to enhance his creative powers. It is likely this process is continuing and one day the gene or absence of genes will be ubiquitous. As I see it having even too many genes is only a problem if we do not feed the genes properly. Pellagra is caused by a deficiency of vitamin B₃ in the diet and produces an intense psycho-

sis. Simply putting back tiny amounts of this vitamin into the diet nullifies the negative action of the genes by providing them with what they need or else by providing what these genes would be making if there were enough of them.

By analogy, a vitamin B₃ dependent individual will need much larger amounts of the same vitamin, so large that they can not be provided by the usual diet and it must be supplemented. My views on the connection between vitamin B₃ and schizophrenia are well known and I will not elaborate them here. But there is no doubt that schizophrenia is a multi-nutritional problem and the most important deficiency is the one which that person suffers from most. One cannot ignore the role of the essential fatty acids so ably summarized by Horrobin here and in his numerous papers, nor the vitamins B₃ and B₆, nor some of the essential minerals such as zinc.

Thus our problem is to determine which of these nutrients plays a major role in a particular individual and to provide these. This is much more effective and cheaper than depending only upon drugs. I think Horrobin is on the right track. I think his argument is reinforced by my observation that schizophrenic patients do not get cancer nearly as often as non-schizophrenic patients. This has been recorded in the literature and as recently as a few months ago an excellent study in Finland confirmed this. Thus I can add to Horrobin's thesis. Not only do the genes increase creativity which has shaped humanity but they also increase longevity and since schizophrenia is a disease of young people who are still fruitful, the chances are these genes will survive longer, and this also will assist in the spread of these genes around the world. I think nature is on the right track. I tell my patients that I wish I had some schizophrenic genes, but I do not want to be sick. They then have the advantage in that they already have the genes and all they have to do is to feed them properly

with good nutrition, with the essential fatty acids, with the right vitamin and minerals.

I have already seen this in a small group of teenage schizophrenic boys, from the thousands of patients I have treated successfully, who recovered, went to University, became doctors and psychiatrists and one of these 17 is now chairman of department in the medical school of a major university and another was the President of a large psychiatric association.

Read this book. Be thankful that the genetic configuration which creates the schizophrenia syndrome is around, flourishing and will eventually help save mankind.

—A. Hoffer, M.D., Ph.D., FRCP(C)