

Alcoholism: The Cause & The Cure

Forward by Dr. Abram Hoffer, M.D., Ph.D.

Alcoholism is not a disease, though it has been so considered for many years. An alcoholic is not well, and seeks relief and comfort from the consumption of alcohol in the same way that people seek help from aspirin, or eat too much sugar, or are given medication for their discomfort.

The person genetically predisposed to becoming dependent on alcohol often experiences a personal combination of chronic daily anxiety, excitability, uneasiness, depression, mood-swings, nervousness, self-disapproval, and mental and physical fatigue. Often plagued by the feeling that something is missing – a feeling that is caused by imbalanced brain chemistry – and seeking to relieve these symptoms, they will self-medicate with anything available that seems at first to help. This person will show a tendency to over-indulge in simple or refined carbohydrates, coffee, and alcohol.

Essentially, people who have become dependent on alcohol have found a way to self-medicate that creates an unhealthy (and potentially deadly) brain chemistry ... one that further destroys their ability to maintain healthy states of mind and choice. Alcohol consumption, for those prone to dependency, provides more comfort than any other drug available for the symptoms of their dis-ease. And alcohol is readily available and acceptable within certain boundaries by our society.

By the time that individual is sick (not only from the original disorder, which has still been burning brightly, but also from the ravages of the drinking itself), it may be too late and too difficult to do much about it.

So why do we call it alcoholism? Do we call a diabetic who has to take insulin, an insulinic? A schizophrenic who has to take zyprexa, a zyprexix? Or a person who has to take steroids for Addison's disease, a steroidic? Should we call an arthritic that takes aspirin to control pain an aspirinic? The term "alcoholic" was helpful in the past to specify a reference to a person who drank too much, but the term is totally illogical and indefensible today, in light of the scientifically valid information we now have about the real factors that lead to excessive drinking, and indeed, to all addictions.

The real problem is that the alcohol-dependent person to be (typically regarded as an alcoholic) is not well. None of the common medical tests will show where the problem is because it is a case of severe malnutrition – not of calories, but of the nutrients essential to properly metabolizing food ... the proteins, fats and carbohydrates.

Since I first started working closely with Bill Wilson, co-founder of AA, I have believed that a person who is actually well will not become an alcoholic. It doesn't mean s/he will not drink. It means that, like most of our population, s/he will use alcohol on occasion – and not to the detriment of themselves, their families, and society. This idea of nutritional malfunction preceding addiction first began to take shape during our research on the therapeutic effect vitamin B-3 had on schizophrenic patients. We found that patients with the double diagnosis of alcohol addiction and schizophrenia could not recover until they were treated with optimum (meaning large) doses of niacin or niacinamide.

In 1960, a woman complained that she was very troubled by voices, which were incessant and loud, and that the only way she could control them was to drink enough alcohol to be drunk. She became alcoholic and joined AA,

but whenever she stopped drinking for any length of time, the voices came back, causing her to go back to the treatment that helped her send them away. She was desperate to be free of both the voices and the alcohol. She was started on 3 grams of niacin daily, and within a few months she was a good member of AA and was free of the voices. She became a member of the first schizophrenic anonymous group I organized in Saskatoon, and was in fact a leader in this group. She had been drinking not because she liked the alcohol, but because it was the only way, until she starting taking niacin, to be rid of her voices. This observation showed me that there was a sub group of alcoholics who needed niacin in order to control their underlying biochemical pathology.

Bill W. and I explored this niacin connection very thoroughly. Bill understood it first hand, for even though he had been abstinent for many years, he was still unwell. He suffered from immense anxiety, tension, and fatigue, but was able to function in spite of what might have been disabling. After taking 3 grams of niacin daily for two weeks, his symptoms vanished and he remained free of addiction. This was a peak experience that he never forgot. He became determined to give as many AA members as possible the benefit of the same healing vitamin.

Without telling me that he was doing so, Bill conducted a trial of niacin on 30 friends and colleagues in New York. Most of them were very productive and sober members of AA, but they all suffered from the common mind and mood afflictions that people formerly addicted to alcohol experience, even when they are not drinking. After three months he showed me his data. After one month, ten of the subjects were well. After the second month another ten had recovered, and the remaining one-third had shown no improvement after the third month. By this time I had also treated a number of alcoholics and had seen similar recoveries. Ms. Petralli describes what happened thereafter

in this book, where she sheds light on the fact that the physicians of AA not only refused to respond to the promising results of our research, but also dismissed Bill Wilson's efforts to introduce nutritional treatment methods into the AA experience.

Interest in the role of vitamins, and the possibility of addressing nutritional deficiencies as a treatment for alcoholism, inevitably drew my attention to the problem of hypoglycemia. This became the "H word" for the medical establishment, but is a real condition that is now given a different name and is often diagnosed as diabetes type 2. I tested over 300 alcoholics with the five-hour glucose tolerance test and found not even one patient who had a normal sugar tolerance test result. The treatment then became that of avoiding sugar, which is especially difficult for alcohol-addicted individuals, since sugar becomes their secondary medicine if alcohol itself is not available. Alcohol is a liquid sugar, and harms the body in ways identical to those of actual sugar. Alcohol and sugar are also identical in that they both provide relief to those suffering from the symptoms caused by deficiencies of neurochemicals. Those symptoms are caused by nutritional deficiencies in a person's diet. This easily explains the well-researched fact that the addiction to sugar in early childhood carries with it a strong likelihood that the problem will progress to an addiction to alcohol. The conclusion: addiction to sugar and addiction to alcohol are interchangeable.

At a doctors' meeting in AA, one well-known member came in with a huge cardboard box on his shoulders. I was told that each year he would bring a box full of chocolate to give to doctors at the meeting in order to help them deal with the severe anxiety commonly experienced by the dry drunk. And when I looked at some of the empty coffee cups, I found that they had been drinking not coffee, but saturated solutions of sugar. So we

now had a second group who needed to eliminate sugar before they could recover.

The basic dis-ease of alcoholism is caused by one or more metabolic defects in the body, which creates the anxiety, tension, and fatigue that can actually be treated quite effectively by alcohol for some time. Overall, and in the short-term, alcohol is probably more effective and safer than modern anti psychotics are. But over time, the side effects of alcohol become terrible to the drinker, to the family, and to society.

I am utterly convinced that the propensity to become addicted to alcohol stems from a metabolic disorder caused by the initial symptoms in the person – the symptoms that encourage them to turn to alcohol in the attempt to self-treat their condition. Alcoholism is a syndrome for which we do not know all the generating biochemical abnormalities, although we are getting much closer.

An experiment done many years ago with rats gave me an idea of what might be wrong. These laboratory animals were placed in running cages, where the number of rotations of the cage would be counted as a measure of activity. Normal, well-fed rats ran about 3 to 4 miles daily. When the rats were starved, they doubled that mileage. This makes sense, for hunger drives animals to seek food. If a lion never got hungry, he would never hunt, but would instead spend the whole day sleeping or making love. Hunger activates. An herbivore that did not graze would die of starvation. And even for humans, there is nothing as effective as hunger to motivate activity such as work, and even anti-social behavior such as stealing.

There is an evolutionary drive that forces hungry mammals to become active in their search of food. So that experiment was not very exciting. But the investigator

(who later received the Nobel Prize for his work with vitamin A) now fed the same rats a diet adequate in calories but deficient in B vitamins. The rats were not advised to sign consent that they would not be getting their B vitamins. And they ran as much each day as they had done during the starvation diet. The deficiency of the B vitamins created the same need in the rats as the starvation diets had. They were still starving.

These vitamin-B-starved rats suffered from “affluent malnutrition”. This is our modern diet: too rich in calories and too depleted of the essential nutrients. I see hyperactive children suffering from the same problem. Their genes are desperately looking for the missing nutrients and are driven to hyperactivity. I see obese people in the same way. They are hungry for the essential nutrients, and the only way they can get them is by eating a lot more. The price is obesity.

The problem of dis-ease is in the complex biochemistry of the cells, and, in the view of orthomolecular medicine as described by double Nobel Prize winner Linus Pauling, is due to a deficiency of required natural substances such as vitamins, minerals, amino acids, EFAs, and enzymes. Therefore, to heal disease or alleviate the symptoms of a disorder, what the cell is deficient in must be identified and restored so that the cells function as they were designed to do. Cells, functioning as they should, will restore health. Two early pioneers, Sir Archibald Garrod, and later Dr. Roger Williams, made the scientific observation and theoretical conclusion that no two individuals are alike, and that we each have differing biochemistry and nutritional needs specific to our unique biogenetic structures. In 1902, Sir Archibald Garrod described chemical individuality, and later, the great chemist and nutritional pioneer, Dr. Roger Williams, attempted to popularize this conclusion. We are all individuals and different in the same way: we do not

have the same finger prints, look the same, or have the same biochemistry or nutrient needs. Now, 100 hundred years after Garrod, modern studies of genomics have confirmed these findings. But human genetic variation is more complex and subtler than even modern geneticists have realized, and throws into question many of the conclusions currently accepted as true.

To illustrate this, Dr. Roger Williams used a symphony analogy. Visualize that you are at a concert with a superb orchestra, enjoying a world-renowned conductor and superb music. The symphony is great because every player, and every instrument, is perfectly performing the important role it is meant to perform. But during the concert the lead violinist suddenly loses her memory. What can the conductor do to ensure that the show goes on? He must find a replacement for the violinist. If there are no other violinists available for her position, and he invites instead his lead drummer to move up with his drums, you can guess that the result will be a cacophony, no longer a symphony.

Williams is pointing out that each essential nutrient must play its role in the same way that each member of that orchestra must, if the thousands of simultaneous reactions in the body are to continue. Pauling made it clear that molecules cannot replace each other in the body's complex biochemical systems, so adding the right nutrients to the body is like putting the right musician back in the right place in the orchestra. Putting in any other drug to replace the lost nutrient is like asking the drummer to replace the lost first violinist; or even worse, is similar to calling someone up from the audience, who cannot play an instrument at all. The result is chaos, and for the living cell this means death.

Modern drugs convert the symphony of life into a cacophony. Only by the miracle of the body's ability to

maintain some kind of stability is it able to more or less function with these faux substitutes, and at an enormous cost to the person and to our society. Quality of life diminishes with the degree that the structural integrity of the cell and cell communities is compromised. We do not need any more xenobiotics. Let's assume that niacin represents the violinist in our symphonic analogy. No other chemical can have the same properties in the cell as niacin does, due to the remarkable sensitivity of the relationship between the molecule and its receptor. A replacement drug may be partially acceptable to the cell, but it will also be only partially successful. The only cure for a deficiency is providing the substance that is deficient. This may be the actual substance itself or something that will release/rebuild it in the body. If, for example, niacin is deficient, it may (to a lesser degree) be replaced with tryptophan, because some of the tryptophan provided will be converted into niacin. Another possible cure is inositol niacinate, which is split in the body and releases niacin.

If the missing member of the orchestra is folic acid, the result is depression. Giving that orchestra Prozac will not re-form the orchestra. Neither will it cure the depression. Let's call the pianist thiamin. If the pianist is not up to par and there is not enough thiamin, the whole orchestra will suffer. We can diagnose this malaise of the orchestra as a deficiency of piano players, or as a deficiency of thiamin. The integrity of the musical composition can only be re-established by replacing the intended instrument defined by the composer. The integrity of the human body during dis-ease can only be re-established by replacing the intended nutrients required for each biochemical process, as defined by the creator, not a pharmaceutical company.

In this book, Ms. Petralli describes in careful detail how these essential nutrients play a role in the cause and the treatment of alcohol addiction. Further, Alcoholism:

The Cause & The Cure enlightens the reader by clearly demonstrating that alcohol addiction is truly, at its core, a Nutrient Deficiency Disorder, and provides a fascinating account of how to properly treat it. It provides the course of action that must be taken to cure an orchestra of the malaise created by one or more defective musicians. The results are immensely superior to those that depend upon psychosocial methods alone, though these are important. Every practitioner of orthomolecular medicine specializing in treating addictions sees the same very good results – very high recovery rates. And if preventive measures are started early, the results will be even better. To carry the orchestra analogy even further, every excellent conductor knows that rehearsals must be done to ensure the peak performance of every individual in his orchestra. Why should we expect less from every cell in our body?

Once it has been diagnosed, a search will be made to find out which nutrients are lacking in a person's body. During this search, there is sometimes a trial and error phase to pinpoint the exact deficiencies in the person's biochemical structure; however, there is no loss in this method since providing nutrients, even if they are not needed, is not dangerous, as is the case with pharmaceutical drugs. Ms. Petralli demonstrates how, once the biochemical malfunction has been identified, the treatment becomes rational and relatively simple, while illustrating the details of the proper procedures for treating alcohol addiction.

The education you will find in Alcoholism: The Cause & The Cure, and hopefully, the successful treatment that you will embark upon, is that there are underlying nutritional deficiencies that create the symptoms that you use alcohol to relieve, which leads to alcohol dependency. Alcoholism: The Cause & The Cure exposes these deficiencies while providing a proven dietary and nutritional supplement program that reduces or eliminates

these symptoms. This method of approaching NDD, or alcohol dependency, diminishes the likelihood of relapse with the degree of health and balanced brain chemistry that is achieved with your treatment. When the symptoms are gone, so is the craving or need for alcohol.

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Canada, November 28, 2006