



IMAGE AWARENESS WELLNESS INSTITUTE

Coping with Addiction

1271 HIGH STREET, AUBURN, CA 95603 • PHONE (530) 823-7092 • ORDER LINE (800) 359-6091
HOURS: TUES. – FRI. 10 A.M. – 4 P.M. • E-MAIL: MAIL@IMAGEAWARENESS.COM WEB: WWW.IMAGEAWARENESS.COM

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LIBBY AND STONE

Nutritional status is very important for those who desire to break addictive habits. Many years ago a middle-aged man told me that he had been addicted to heroin for many years. He had gone on methadone, but found it impossible to discontinue the methadone due to severe withdrawal symptoms. I shared with him the early work of Libby and Stone on the use of nutrition to break addictive habits. He used a GNL D predigested protein product (Super Ease), the Stress 30, and high dose vitamin C and was able to discontinue the methadone without the typical withdrawal symptoms.

The work of Libby and Stone was originally published in 1977. They pointed out that morphine addiction began with the use of morphine during the Civil War. In 1890 heroin was introduced. Legal opiate clinics were begun in 1912 in an attempt to slow the tidal wave of crime rooted in addiction to opiate drugs. In 1924 the clinics were closed down as dismal failures.

In the mid-1950's the Methadone program was begun. This program is based on giving a legal addicting drug in place of one which is illegal. The individual I talked to told me that methadone was more addictive than heroin.

Libby and Stone observe

that addiction usually begins gradually with alcohol, marijuana, and barbiturates. It then moves on to PCP, LSD, and heroin.

Use of drugs has profound effects upon nutrition. They wrote, "On drugs, the addicts lose their appetite for food. Food deprivation or restriction leads to severe protein and vitamin malnutrition."

All of the chronic addicts Libby and Stone tested were deficient in amino acids and in vitamin C. It could be safely assumed that they were also deficient in a wide range of other nutrients.

Libby and Stone noted that when addicts were supplied with generous quantities of amino acids and vitamin C they did not experience a "high" when they used methadone or heroin. The body became much more efficient at detoxifying the drugs.

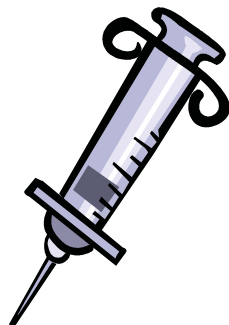
The use of nutrients allowed the addicts to sleep well (rare in addicts) and caused a return of a vigorous appetite. To accomplish these results Libby and Stone used

very high levels of vitamin C (25 to 85 grams), predigested protein, along with substantial intake of vitamins and minerals. Multiple spaced doses of the vitamin C were necessary. Addicts tolerated far larger doses of vitamin C than the average person would be able to tolerate.

VITAMIN C

In 1958 studies with rats revealed that 100 mg of vitamin C for every 2.2 pounds of weight reduced or eliminated the narcotic effects of morphine. In 1972 it was reported that large doses of vitamin C could be used to treat barbiturate poisoning. In 1976 it was learned that vitamin C could be used to reduce the sleeping time induced in rabbits by phenobarbital. Vitamin C was also introduced in 1976 as a means of reducing the side effects (constipation, loss of libido, and restless sleep) of methadone. The drug addicts were only given 5 grams of vitamin C a day. Libby and Stone felt that if higher levels of vitamin C had been used the methadone itself would have been unnecessary.

Studies suggest that the active half-life of vitamin C in the blood is about half an hour. For this reason, vitamin C is much more effective when given in multiple doses or in a continuous release form for general supplementation.



PROTEIN

When Libby and Stone began their work with drug addicts they routinely tested spillage of vitamin C and quantities of amino acids. They found drug addicts consistently low in both amino acids and vitamin C - so much so that they eventually quit measuring the nutrients and supplemented all drug addicts with these two nutrients.

The researchers observed that drug addicts have a severely compromised digestive function. For this reason it was important to provide easily digestible predigested protein in several doses rather than all at one time.

The general principle to be found here is that whenever the digestion is compromised protein will be much better used in a predigested form.

GNLD protein products are distinctive in that they are predigested with enzymes at body temperature. This is called the Protogard process. GNLD protein products also contain all 22 amino acids. The U.S. government has developed a standard for measuring protein quality called the Protein Digestibility Corrected Amino Acid Score or PDCAAS. All GNLD proteins rate 1.0 or above. A perfect score is considered to be 1.0, but many of the GNLD protein products rate a 1.3 or 1.4 due to the ready availability of the amino acids in the products which results from



the use of the Protogard process.

REFERENCE

Libby, Alfred F. and Stone, Irwin, The hypobscorbemia-kwashiorkor approach to drug addiction therapy: A pilot study, *The Journal of Orthomolecular Psychiatry*, vol. 6, Nu. 4, 1977, 300-308.

SO WHAT! I DON'T USE DRUGS

The number of individuals using recreational drugs is a limited population, but I think there are some wider implications for research which suggests that malnutrition underlies a good deal of addictive tendency and behavior. Americans exhibit a wide range of addictive behaviors including struggles with processed foods, sugar and chocolate as well as gambling and other behaviors.

Abram Hoffer wrote the following in 1978, "Refined sugar is particularly insidious since it produces addiction as severe as any drug addiction. The only difference between heroin addiction and sugar addiction is that sugar doesn't need injection, is readily consumable because of its availability, and isn't considered a social evil. However, the strength of sugar addiction is just as strong as heroin addiction. One of my patients, a seven-year-old-boy, exemplified sugar addiction. He would sneak into the kitchen at three a.m. to steal handfuls of white crystalline sugar. Many adolescents grab for sweets even though they notice their behavior is normal when they avoid sugar and pathological when they consume it. Another of my patients drank three forty-ounce bottles of sweetened soft drink daily just to keep herself going. Otherwise, acute onset of hypoglycemia would drop her into depression and despair if even thirty minutes passed without a drink of sugar water."

"Sugar addiction provides typical addiction withdrawal symptoms as severe as those accom-

panying withdrawal from drugs."

In the mid 1980's Dr. Elliott Bass conducted a study which proved that sugar acts in the same way as narcotic drugs like heroin and morphine. He rested the foot of a mouse on a hot plate and observed that it took an average of 10 seconds to remove the foot. He then gave the mice a drink that was 11.5 percent sugar and repeated the experiment. This time it took the mice an average of 20 seconds to remove the paw from the hot plate-twice as long. Sugar was exercising a pain blocking effect.

Dr. Bass then administered an opiate blocking drug to the mice with the sugar solution. They pulled their little paws off the hot plate in 8 seconds. Dr. Kathleen DesMaisons who reports on this study said the following: "this experiment showed that sugar affects the brain the same way opioid drugs do, by stimulating a beta-endorphin release."

Note carefully a couple of key principles. Firstly, sugar blocks pain. If someone is in chronic pain they are at increased risk of becoming addicted to sugar consumption.

Secondly, remember that poor nutrition increased the tendency to become addicted. The worst diets in the human population are among young people. They are almost certainly at greatest risk for becoming addicted to sugar or other addictive substances. Since addictions tend to lead to severe malnutrition, addictions which begin when an individual is young can travel with them for many years or a lifetime.

REFERENCES

Hoffer, Abram and Walker, Morton, *Orthomolecular Nutrition*, New Canaan, CT: Keats Publishing, 1978, 100.

DesMaisons, Kathleen, *Potatoes not Prozac*, New York: Simon and Schuster, 1998, 69-70.

ADDICTIVE ALLERGY

Another aspect of addiction which must be considered seriously is that which is associated with allergy.

People can become allergic to a food and eat it frequently. Marshall Mandell describes this as an addictive allergy.

Mandell writes, "most people with food addiction are completely unaware that this process is taking place in their body. If an addicted person misses a meal that would normally include the food which he is allergic, allergic-addictive withdrawal symptoms appear. In order not to experience the discomfort of a withdrawal reaction, a person has to keep eating the food to which he is allergic in order to stave off withdrawal symptoms. Dr. Rinkel described this blocking phenomenon, where the appearance of symptoms is prevented by repeated exposures to an offending substance, as masking. The person suffering from a severe degree of the addictive type of allergy is aware of his addicted state. He may refer to himself as a 'foodaholic' or 'junk food junkie.'"

It is my belief that addiction to alcohol, recreational or prescriptive drugs is often accompanied by addictions to sugar or to foods which damage the digestive tract, deteriorate nutritional status, and set the stage for addiction.

Addictive allergy is an interesting study. Dr. Carleton Lee developed a technique of blocking or reversing allergic symptoms throughout the body with a neutralizing dose. Thus if wheat triggered a coughing spasm



he could block the reaction with an injection of a small dose of wheat.

The very fact that an allergic response can be neutralized by a small dose of the same substance suggests that the typical scratch testing to identify foods to which one is allergic may have some flaws. This has led to other methods of identification of allergic responses based upon examination of the way the live white blood cells or antibodies respond to different substances.

Dr. Marshall Mandell observed the power of a neutralizing dose in one of his patients. This patient would awaken at 2:00 AM with a craving for a small amount of wheat which blocked his asthma attacks triggered by withdrawal from wheat.

People with an addictive tendency to one thing can easily become addicted to other foods if they are overexposed to these foods for a period of time. This is why allergists developed what is referred to as the four day rotation diet. The same food category is only consumed once every four days when one is on a rotation diet. This greatly decreases the tendency to develop allergic responses or addictions to foods.

REFERENCE:

Mandell, Marshall, and Scanlon, Lynne, *Dr. Mandell's 5-day Allergy Relief System*, New York: Thomas Crowell, 1979, 33-39.

COMPULSIVE EATING

Dr. Mandell writes, "Obese people are living testaments to the strength of food addiction." He notes that obese people often become addicted to high calorie foods. They receive a positive feeling when these foods are consumed "just like the relief a heroin addict feels when he has another 'fix' of heroin which temporarily controls his withdrawal symptoms."

There is some good news in the awareness that addiction is not just a psychological problem. Mandell goes as far as saying, "The compulsive eater is not overwhelmed with emotional problems or an unfulfilled need for love that requires oral gratification. He is a chronic foodaholic with a serious but easily diagnosable and not too difficult to manage nonpsychological ailment."



Those who are addicted to foods will often exhibit edema or water retention as the body attempts to dilute the antigens. Avoidance of offending foods can result in a loss of 5 or 10 pounds within a day or two. Blood pressure can also drop dramatically if it is high.

REFERENCE:

Mandell, Marshall, and Scanlon, Lynne, *Dr. Mandell's 5-day Allergy Relief System*, New York: Thomas Crowell, 1979, 108-112.

ALCOHOLISM

Nutrition also appears to play an important role in alcoholism. Alcohol does considerable damage to the digestive tract, actually causing a loss of nutrients. Dr. Roger Williams reported on an early experiment in which an alcoholic patient was unknowingly given glutamine which is a tasteless amino acid. He writes, "The result was dramatic; the individual voluntarily, with no other apparent reason, promptly stopped drinking, got a job, and at last report, two years later, no longer craved alcohol."

Dr. Williams observed that responses to glutamine can be inconsistent and sometimes negative. This is not surprising as we now know that large doses of glutamine can



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lead to ammonia buildup if the body does not have sufficient quantities of a specific substance (pyridoxal alpha-ketoglutarate) available.

Nevertheless, there is a very important principle associated with the use of glutamine to benefit the alcoholic. Glutamine is the primary nutrient required for the health of the small intestine. The administration of the nutrient probably resulted in restoration of health to the digestive tract of this alcoholic, allowing him to absorb and utilize the nutrients available in his diet and minimizing allergic responses to foods.

Allergic responses to foods or alcohol are often found to be associated with a compromised or poorly functioning digestive tract. Restoration of digestive competence reduces harmful microbes in the gut, assures the breakdown of foods while minimizing allergic or immune activation, and prevents the absorption of harmful compounds.

Williams also observes that low magnesium levels are associated with withdrawal symptoms from alcohol.

Alcoholics are often addicted to the materials found in the alcoholic beverages they consume.

This was demonstrated in 1948 by Dr. Ted Randolph. An alcoholic can be addicted to wheat, rye, malt, or potatoes if he is consuming an alcoholic beverage with these ingredients. In this situation, avoiding the alcohol will not be sufficient to permit the individual to feel truly well.

REFERENCE:

Williams, Roger, *Nutrition Against Disease*, New York: Pitman Publishing Corporation, 1971, 173-174.

Mandell, Marshall, and Scanlon, Lynne, *Dr. Mandell's 5-day Allergy Relief System*, New York: Thomas Crowell, 1979, 117-118.

DIGESTIVE RESTORATION

Restoration of digestive function may require a wide range of nutrients including amino acids, fatty acids, vitamins, minerals, and antioxidants. Consistent intake of these substances in adequate quantity for a sufficient period of time may be necessary. Amino acids and



vitamin C play a special role where addictive problems are involved. Hydrochloric acid (Betagest), Enzyme Digestive Aid, Multi-fiber Blend and Acidophilus Complex are often helpful in food allergy situations.

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