

What Compels Some People To Drink?

Chapter I

In the late 1970s Dr. Kenneth Blum, a young professor at the University of Texas, discovered that certain mice, whose metabolic system is very similar to humans', like water "laced" with alcohol. This was very unexpected; as most such mice will literally run from the smell of alcohol, much less drink it. This led him to the question, WHY?

After years of study Blum found that these mice were not able to produce as much enkephalin (with its submolecule endorphin) as the "normal" ones. He then injected the unusual mice with the endorphin source, enkephalin. The result was, the mice no longer wanted the water and alcohol combination they had once "craved."! Dr. Blum later learned that he could achieve the same result by giving the mice the nutritional supplements needed to produce more enkephalins. The most effective of these, and the least expensive to produce, is d-phenylalanine.

Dr. Blum then found a clinic in San Antonio, Texas, that was willing to give this nutritional supplement to 200 of its patients. The result was dramatic. This clinic, like most then (and now) used a technique called the Minnesota Model. (It is a variant on the one discovered and now used by Alcoholics Anonymous.) Until the San Antonio clinic began using d-phenylalanine as an adjunct to their therapy, their results were similar to those found elsewhere. Of those who started treatment, only 10% were still sober 90 days later. Of those who completed 30 days of treatment, about 50% remained sober over a similar period of time. After the clinic began using the d-phenylalanine, very few of their patients left before the completion of the 30 day program and between 85% and 90% of the original number were still sober a year later. This begged the question: **Why is this nutritional supplement such an effective adjunct to therapy?**

Blum's work continued with other scientists in the Houston area research facilities at NeuroGenesis, Inc. in the 1980s, Here Dr.s Blum, Trachtenberg, and Loblich, and Neher, along with several Masters level researchers, demonstrated the proof of this efficacy with numerous clinical trials and scientific studies. Among these was a clinical trial conducted by Dr. Terry Neher at the Colonial Clinic facilities in Spokane, Washington. Here he used a d-phenylalanine containing mixture intended to reduce the physical effects of psychological stress. (It also contained l-glutamine and l-tryptophan.) This was chosen; as such stress is often associated with the beginnings of alcoholism. The abstract of this clinical trial is given below:

ABSTRACT

An amino acid, vitamin, and mineral formulation, was designed to restore catecholaminergic, opioidergic, GABAergic, and serotonergic deficits observed in individuals suffering from long-term, moderate-to-high emotional stressors. Researchers under the direction of Dr. Neher, examined the effects such a stress formulation might have on the stressors associated with the outpatient in alcohol and other chemical addiction recovery. Two hundred eighty-five (285) self admitted outpatients were involved in a two year long controlled study. During this period, 100 patients began the program who did not take any amino acid supplements. Nine (9) of this “control” group dropped out before the program was completed. Of the 91 non-amino acid patients remaining, 78 reported 1 to 5 incidents of alcohol or drug use. An additional 185 patients regularly consumed an amino acid supplement designed for those in high stress situations. All but 3 of these remained in the program and NONE reported relapses. Thus the control group reported a 9% drop out rate and an 86% relapse rate compared to the experimental groups 1.6% drop out and 0% relapse. The only factor common to all who reported relapses, was NOT using the amino acid supplements.

Their success, and that of others, lead to this amino acid mixture being used at clinics, hospitals, and many AA sponsors prescribing (or recommending) the mixture, then known as SAAVE,¹ to people who wished to get and stay sober from the use of cocaine, morphine, heroine, or alcohol.

Is ADHD An Indicator Of The So Called Addictive Personality?

Chapter II

Over a decade ago a number of patients in an addiction recovery clinic in Spokane, Washington, observed that their ADHD diagnosed children had certain unusual personality traits very similar to those that they had when they were, themselves, at that age.

Like their children, these people remembered being over energetic, hyperactive, sometimes incorrigible, and nearly always “out of control.” Further, they could focus on anything only for a very short period of time. This meant that they could or would not study and thus their grades were far below their obvious abilities. And finally, they seemed to overly enjoy excitement. Doing something dangerous was somehow satisfying, not an activity to be avoided.

These similarities amongst nearly all 16 of the patients’ children, and themselves, seemed to be too great to be mere coincidence. (This was later proved to be statistically quite correct.) The question then became, could something be done with this information. All of the patients in this clinic were under a treatment program that included SAAVE. This program had shown unusual success in helping them stop the use of the substances to which they were addicted. They decided to look at this and see if it could help their children.

Our group of 16 patients in the Spokane clinic further reasoned that since they once had the typical ADHD characteristics and these characteristics had left them as a part of their treatment, perhaps it could help their children. It further occurred to them that instead of starting with the entire treatment program, they might start just with the amino acids. This they did, and the results were very interesting:

The 16 Children were each taken off of the amphetamine with which they were being treated for ADHD and were given the amino acid mixture. This began on a Friday, after school. They continued taking the mixture until Monday morning. At that time, 10 were doing better than they ever had since taking the amphetamines (each for a minimum of one year.) The other 6 did not respond to this extent and were put back on the amphetamine. Four months later all of the 10 were indistinguishable from the general population. They never again needed the amphetamines and over a period of time were able to titrate off of the amino acid mixture.

The manufacturer of the mixture used above was NeuroGenesis, Inc. They now call it beCALM'd, an improved form of SAAVE.

The patients' use of this mixture was neither sanctioned by the clinic or the manufacturer. It was not, of course, illegal at the mixture is an ordinary dietary supplement and, as such, does not require FDA approval. It is required to advertise the use of it to *cure or treat disease*. Such approval has been known to cost as much as \$800,000,000 (nearly one billion dollars). Such a sum cannot, as a practical matter, be raised for a dietary supplement. Thus, NeuroGenesis, beCALM'd's manufacturer, could not and cannot advertise the product for ADHD use.

However, word of this success spread rapidly. E.g. some of the parents in Spokane called a parent in Maine, who in turn tried the mixture and then recommended it to someone in Florida, and so forth. As a result, there are literally thousands of ADHD children and adults who regularly take beCALM'd even though the Company cannot advertise the fact.

This is a double shame as will be explained in Chapter III

Chapter III

Is The American Illicit Drug Problem Solvable?

The history over the last decade of the use of the amino acid and vitamin mixture, beCALM'd, had been interesting from two points of view: 1) Its wide spread use and 2) An unexpected colorary of it use.

1) The "word of mouth" knowledge of the mixture spread to not only over the United States but also to Australia, Canada, England, Germany, Russia, and much of Scandinavia. Only Germany and a few other European countries declared it a *mind-altering drug* and refused to allow it to be imported. Everywhere else it has gained significant acceptance.

The result has been an informal collection of data, which leads one to believe that the original pilot study numbers are correct. That is, about two thirds of those who are diagnosed as having ADHD find that the mixture is a very effective adjunct to therapy. Much of the other third have different, and non-related problems. Some of these are medical and some are emotional. We shall neither attempt to diagnose nor to suggest treatment for this third.

The actual number of people affected by ADHD varies greatly among the studies that have been done. The highest number is about 30% of the United States population. The one more commonly accepted in the Western World is about 20%. Two thirds of that 20%, or if you will, **one of every 8 people in the world should be taking this amino acid mixture to alleviate their** being over energetic, hyperactive, sometimes incorrigible, nearly always "out of control", unable to focus on anything for more than a very short period of time, and in general, *stressed out*.

2) Having discovered the above, the next question that most parents ask is: "At what age will my child get over this? It is a childhood disease, isn't it?"

The answer depends upon from which of several causes it is the result. From the above we learned that two thirds of the time the problem is simply one of nutritional deficiency. The remaining third of the time, the cause is unknown. However, it is probably safe to assume that one caused it or more of several diseases described in the psychiatrists' diagnosis manual, the DSM-IV.

Lets look at the probable life history of a person (male or female) who is born with an inability to produce the quantity of enkephalin neurotransmitters required by their hypothalamus and/or hippo campus areas of their brain². As a young child this person will have a great deal of trouble focusing on any task for any period of time. This is often caused by the feelings of urgency

resulting from a lack of the opioid neurotransmitters (such as endorphin) He or she may continually want to risk punishment. This will cause a release of norepinephrin resulting in *adrenalin rush*. It masks the continuous, unwarranted, urgency feelings, at least for a little while.

By the time such children begin grammar school, they begin to resent being continually told their behavior is *bad*. They soon learn that the best defense is to take control through *bullying* action. This helps them in a second way. Bullying action usually includes making threats, which run the risk of having to commit to violence and thereafter suffer from the receipt of physical or psychological damage in return. The danger of such response invokes fear and that causes an adrenalin release which masks the opioid, etc. shortage discomfort. Please note that all of this normal and predictable for the person suffering from such nutritional shortage.

For those suffering from larger amino acid shortages (of these types), faster reacting and/or more potent neurotransmitter substitutes may be found³. These are usually highly addictive, e.g. heroin.

This raises the question, are people whose metabolic systems are different from average somehow ill. If this is true, everyone with an I.Q. higher or lower than 100 should be committed to medical treatment. For that matter, the worldwide average eye color is brown. Should people with blue, hazel, green or black eye color be hospitalized? After all, it is well known that people with very dark eye pigment see better than those with very light pigment! ***No! Of Course not.*** People whose metabolism requires more of certain nutrition than does that of others are not “sick”. They just need more of certain foods than do others.

Lets see what happens if they don't get that nutrition.

The child we were discussing earlier begins by being unruly; He or she may be very intelligent and yet make poor grades in school. What person of any age could focus on new things if they were continually fighting a strong “sense of urgency” especially when there was nothing urgently needing to be done. This child will suffer from poor grades. The result might only be a significantly lowered income for life.

It might not stop there for someone with a slightly greater need for the neurotransmitter precursors (raw materials). The next step is inability to sleep well and usually an accompanying ease to anger. (Anger also releases adrenalin.)

Next comes the nightmare of any parent, drugs or drunkenness. (This is discussed more fully in the endnotes.) Addiction treatment results, as discussed earlier, are usually successful in the long run for about 10% of those who get into treatment. It is interesting to note that only about 1 in 10 of

those who go into treatment do so for the first time. It is obvious that if 85% to 90% of all those going into treatment remained sober, the American drug problem would quickly become so non profitable that our illicit drug problem would become unimportant. It is also obvious that the need for drug treatment would almost be non-existent. All that is required is for all children, with the characteristics listed above, to be given the following nutritional supplements as early as the characteristics are detected:

Nutritional supplements needed (PRN)

	Daily Min/Max mg	
d/l-Phenylalanine	300	1800
l-Glutamine	150	900
l-Tryptophan	125	750
(Or 5-Hydroxy-tryptophan)	5	30
Calcium	50	300
Magnesium	25	150
Vitamin B6	1	6
Folic Acid	0.1	0.6

Table 1

In Conclusion, we have seen that many addictions are not diseases but rather just nutritional shortages. Further, the symptoms of these nutritional shortages can easily lead the young to mistakenly indulge in the substances, which quickly substitute for the missing nutrition. If you or a loved one are in this position, whether before or after the addiction is controlling your body, there is a solution. Three things are required as was learned by the founders of AA. Bill Wilson, the founder of AA called it the three-legged stool. Two of those legs are found in any AA group or professional organization using something like the Minnesota Model. The third leg, which Wilson sought his all the rest of his life, was the nutrition or nutritional supplement which would enable the brain to function normally. He didn't find it, but you can. Just read Table 1 above.

End Notes For Those Interested In More Technical Facts

¹ FDA labeling laws forced the name to be changed. The manufacturer chose beCALM'd, which for marketing reasons was later changed to Neu-Becalm'd

² Blum, and many other researchers, found that this is usually metabolic trait. That is, this person requires more of certain nutritional items than are usually found in normal diets. Similar higher than usual requirements may occur for the nutritional items used by the body to produce other neurotransmitters. These include norepinephrine, (called adrenalin elsewhere in the body), dopamine, gamma amino butyric acid (GABA), Serotonin, and epinephrine. As all of these are interrelated, the shortage on any one of them can cause a shortage of others. This says that to make sure that a person has all of the needed neurotransmitters, he or she needs to be given a sufficient quantity of each of them. Fortunately, they are all water-soluble and therefore any excess is simply washed away. Consequently, a person that takes enough of the nutritional supplements to ensure the required availability of all of them will solve the shortage of any one or more of them.

³ For example, any of the opium derivative substances more than overly fulfill the need for the lacking opioid production. A more common opioid substitute is found in that alcohol metabolizes into acetaldehyde, which will cross the blood-brain barrier. Once there it further metabolizes into tetrahydroisoquinolines, which looks so much like the opioids, that the receptor sites looking for the opioids accept this substitute. These, and other substitutes for the lacking neurotransmitters, are usually quite addictive. Once such addiction has come into being it is usually very difficult to stop. Please note that recovery from these addictions should include the consumption of the nutritional supplements they will need just as though they had never had this nutritional shortage which "set up" the addiction in the first place.