THE VITAMIN B-3 THERAPY:

A THIRD COMMUNICATION TO A.A.'s PHYSICIANS

EDITED BY BILL W.

January 1971

CONTENTS

An updating, progress report
and
Supplement to the 1968
(yellow cover) B-3 booklet

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U.S.A.

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PUBLICATION NOTE

Although the original 1965 B-3 booklet (green cover) from Bill W. had a very limited distribution, it initiated widespread trial of the megavitamin approach, as was subsequently reported in the 1968 B-3 report (yellow cover). Throughout 1970, there were many meetings, both at Bedford Hills and New York City, devoted to an updating of the booklet and during that time, there were many delays for a variety of reasons, including Bill's illness.

With the retirement of Bill's assistant, Helen W., in May, the B-3 office was transferred to Maggie H. and it was moved to its new address at P.O. Box 125, Oyster Bay, New York 11771.

Additional copies of this booklet are available at $1.00 each.

Copies of the yellow covered 1968 booklet will continue to be available, but they are now $2.00 each. The reason for the increase is not only increased costs, but the fact that the true cost of the booklets previously had been offset by sizeable contributions from personal friends of Bill's. The operation is now self-supporting and, therefore, the charge now covers the actual cost of printing, distribution and postage.

To The Reader:

The yellow B-3 booklet, since it was published in 1968, has been ordered by 30,000 people and hundreds more orders arrive every month. This updating supplement was edited by Bill W. and was put together to meet the thousands of requests for further, current information. As the attached letter from Lois explains, although Bill wanted this discovery to benefit the alcoholic, he kept this activity separate from AA and published the information as his own enterprise with contributions coming from a small number of grateful alcoholics.

Bill's first inspiration has had a profound impact throughout the world as evidenced not only by the growth of AA itself and its affect on the field of alcoholism, but also its impact on the field or mental health in general, with AA type group therapy having become the foremost successful treatment modality. Bill and those closest to him felt that he had a second inspiration when he recognized the importance of certain vitamins in returning the brain of some alcoholics to normal functioning. It was Bill who saw the far reaching implications of this discovery and brought it into awareness. This, again, is already having an impact on the entire field of mental health. The scientific importance of this discovery was recognized by the brilliant Nobel Prize Winning Professor, Linus Pauling, who termed this new development, Orthomolecular Psychiatry.

This, then, is the updated B-3 booklet supplement edited by Bill W. in the year prior to his passing, which so many have requested. The original B-3 booklet will also be kept in print and available to those who are interested in the original as well.

Very truly yours

Edwin Boyle, Jr., M.D.

David Hawkins, M.D.

Russell F. Smith, M.D.

MRS. WILLIAM G. WILSON
Stepping Stones
Bedford Hills, N. Y. 10507

Dear Dave, Ed and Russ:

When the matter of the AA Trustee's ratio was finally settled, Bill felt that he had finished his job and done all he could to help AA to build a lasting structure. Then, as rarely happens in life, he was given a second opportunity to aid the sick alcoholic.

Aldous Huxley, a great admirer of AA, introduced Bill to two psychiatrists who were researching the biochemistry of alcoholism as well as schizophrenia. Bill was convinced of the truth of their findings and realized he could again help his beloved alcoholics by telling them about this probable aid for the physical component of alcoholism. He recognized that this work must be kept separate and distinct from AA and wrote a letter to the AA Board so stating.

As you know, Bill's last years were mainly devoted to the spread of this information among alcoholics and other ill persons. With your help, he wrote and distributed to AA doctors a brochure which has twice been enlarged and brought up to date. Before he passed on, he dictated a letter stating his hopes that you three doctors who were interested in AA and had worked closely with him in the niacin field, would extend your endeavors along the latter lines.

I sincerely believe that you only want what is best for the sick alcoholic who, as yet, has not been able to join AA, and that you will continue to place the principles of AA first and researching second.

Bill's great hope was that continued research would find a means whereby those thousands of alcoholics who want to stop drinking but are too ill to grasp the AA program could be realeased from their bondage and enabled to join AA.

All good wishes.

Affectionately,

Lois

(Mrs. William G. Wilson)

MIAMI HEART INSTITUTE
4701 North Meridian Avenue, Miami Beach, Florida 33140
Phone: 532-8341

Research Division: Edwin Boyle, Jr., M.D., Research Director

Dear Bill:

Niacin is one of the most promising drugs currently available to lower blood fats and cholesterol and help reduce death and disability from heart attacks. Heart attacks kill more alcoholics than any other cause. This unusual vitamin tends to "normalize" blood clotting and blood fats as well as help overcome certain nervous disorders. This vitamin is safe to take in large doses. The safety of niacin has been established over the many years since its discovery in 1867 and most states in the U.S. require by law that it be added to common foodstuffs to prevent overt pellagra – laws similar to those requiring the addition of iodine to table salt to prevent goiter.

The Federal Government is conducting a study known as the National Coronary Drug Project under the auspices of the National Heart and Lung Institute of the National Institutes of Health. Close cooperation is being provided by the American Heart Association with the Food and Drug Administration functioning in a monitoring capacity. This study involves testing four selected drugs with the most promise in reducing heart attacks and is being carried out in 53 research centers in the U.S., Puerto Rico, and Hawaii. Niacin is one of these four and was chosen because of its lowering effect on blood cholesterol and fat.

The Safety Monitoring Committee of the National Coronary Drug Project, after 3 years of careful observation, sees no cause for concern regarding human safety even when niacin is used at a dosage level of 3,000 mg. daily. This compares very favorably to acute and chronic toxicity data of commonly used agents such as table salt or aspirin. Nonetheless, it should be pointed out that patients with diabetes, peptic ulcer, or drug treated high blood pressure, should comply with the advice of their physicians when niacin usage is contemplated or undertaken.

My personal experience with large daily doses of niacin (3 to 4 grams) in patients with cardiovascular disease and high blood fat levels continues to be most encouraging. This experience extends back to 1956 and is particularly true when coupled with good general medical care, correct diet, and exercise programs.

Very truly yours,

Edwin Boyle Jr.

Edwin Boyle, Jr. M.D.
Policy Board Member
National Coronary Drug Project

Research Director
Miami Heart Institute, Inc.
Miami Beach, Fla.

RUSSELL SMITH, M.D.
P.O. Box 518
Whitmore Lake, Michigan

Dear Bill:

The accompanying observations are intended to update our experiences with nicotinic acid in the Midwest. The invitation to set aside the strict cirteria for scientific publication and to speculate freely on the possible, present and future implications of our findings should make this report all the more refreshing and stimulating. Although these comments represent projections and impressions, they are nonetheless based on fact.

You will recall we are now in the fourth of a five year longitudinal study of 500 alcoholics taking B-3. During this period we have added roughly another 5,000 alcoholics and several hundred adolescents to the number of persons taking nicotinic acid and at this point have accumulated approximately 4,500,000 patient days of clinical experience. The latter includes alcoholics during all stages of the disease and under a variety of circumstances, as well as adolescents with acute toxic and chronic organic brain syndromes. Observations based on such extensive experience can hardly be considered irresponsible.

We have nearly completed this year's survey of our hard core, treatment resistant, alcoholics. This group has diminished from 507 to 406 persons – a loss of only 101 after nearly four years being impressive in itself. Our subjects have proven to be highly motivated and their geographic and vocational stability has defied initial predictions. The current tabulation of results is presented in the attached table.

A review of these figures indicates that the participants in our study are now stabilizing and show little tendency toward further change. It seems that the following preliminary conclusions will not require alteration.

1. Those who derive little benefit from B-3 eventually discontinue its use.
2. The motivation for continuing B-3 therapy in the absence of benefit may be based on a desire to please the therapist.
3. The hope of obtaining improvement comparable to that of others has prompted continuance of therapy despite modest results.
4. Benefits derived from B-3 may occur within weeks or perhaps take several years.
5. When B-3 therapy is interrupted, the resultant subjective change invariably prompts restarting the medication
6. One of four individuals started on B-3 derives no apparent benefit.
7. Failure may result from our lack of sophistication in the use of niacin and the measurement of its effects.
8. Three out of four persons derive benefit from B-3 therapy and demonstrate dramatic changes in their ability to abstain from alcohol.
9. Nicotinomide has demonstrated no beneficial effect in the pure alcoholic and those taking it have retired from the study.
10. Many of the effects seen in alcoholic subjects taking large doses of B-3 are demonstratable in nonalcoholic adolescents with chronic or acute toxic organic brain syndrome particularly caused by abuse of violatile inhalents or hallucinogens.
11. Benefits noted in those treated successfully include: an improved sleep pattern, a reduced anxiety level and mood stabilization, and increased ability to solve problems, absence of "dry drunks," reduced alcohol tolerance and reduced severity of withdrawal (where applicable), occasional

dramatic improvement in judgement and memory, protection against cardiac and cerebral vascular accidents, sustained job performance, improved family life and a better integration into Alcoholics Anonymous. In addition, it has been noted that niacin therapy reduces serum cholesterol and serum lipid levels as well as producing a lowering effect on blood pressure.

The foregoing observations apply equally well to the additional 5,000 alcoholics now taking nicotinic acid.

Response to B-3 is generally dose related but dosage adjustments should be made by the therapist not the subject. Some degree of favorable response is discernable early and often increases slowly with prolonged treatment. Interruption of therapy causes slow and predictable regression frequently requiring weeks to reach complete relapse. This represents an objective change which is dose and time related. The physiologic reaction to niacin serves as a model for what can and eventually should be accomplished by B-3 therapy. Those who respond best rapidly achieve a normal sleep pattern, freedom from uncomfortable extremes of mood, and elimination of the physical manifestations of the urge to drink. There is a marked reduction in alcohol tolerance with little tendency to risk exposure. All ancillary psychotropic medications become unnecessary and sustained alcohol abstinence is the rule. When a return to drinking is attempted, subjects find it very difficult to initiate or continue with a bout. Most impressive is the fact that these results are possible with B-3 alone and without the assistance of any other drugs.

Correcting what appears to be a biochemical lesion will do much to improve our traditional approach to the treatment of alcoholism. Certainly the problems leading to and stemming from alcoholism will always need attention. Nothing in our study to date indicates B-3 could ever restore the ability to return to controlled drinking. Therefore, the traditional forms of therapy (such as A.A.) remain necessary and desirable. However, relief from the physical problems of insomnia, mood swings, and "dry drunks," can make staying sober far easier, while reducing the need for other medications to accomplish these objectives will make the process much safer. In addition, when alcohol tolerance has decreased, a physiologic barrier against relapse is established providing a more humane deterrent than existing agents. Although sufficient motivation is necessary to continue nicotinic acid therapy, it seems possible in some alcoholics to remove the thought of gain from drinking. Thus we can discourage the use of alcohol in a positive way rather than by existing punitive, negative chemical restraints. Humphry Osmond was perhaps the first to recognize this possibility.

Even some of the unwanted effects of niacin may bring to light new insights into conditions other than alcoholism. Several years ago we began to encounter complaints of blurred vision. Initial examination failed to reveal anatomical or refractive errors, but later examinations indicated what we should have suspected initially, namely, that the difficulty stemmed from failure in convergence. Nystagmus and extraocular muscle difficulty are components of the alcohol withdrawal picture. We have also had difficulty maintaining glucose control in some diabetics. Much can and should be learned from these experiences.

I am convinced that nicotinic acid provides the opportunity of striking at the heart of the physiologic mechanisms underlying alcohol tolerance, withdrawal, and perhaps even the alcoholic disease process. Its apparent mode of action does not really fit the traditional concepts of a vitamin but rather that of a hormone. In any event, it seems to make a significant difference in the ability to obtain and maintain alcohol abstinence. This assistance has been denied a large segment of the alcohol population. Considerable experience has been amassed with nicotinic acid, including its effectiveness and a knowledge of its adverse reactions. With this information at hand it should be possible to measure risk versus effect.

At this point we have nearly completed the feasibility trials of niacin in an alcoholic population. It appears to be a most promising agent and we should enlist support from all sources. We must solicit financial support, advice, criticism, interest, and direction through the usual channels of scientific communication, governmental regulatory agencies, and the scientific community at large. Only

by following accepted procedures can we establish the use of B-3 as a useful adjunct in the treatment of alcoholism while ensuring that treatment costs will remain modest and within the reach of any individual who needs this form of therapy.

As ever,

Russell F. Smith

Russell F. Smith

Attach.

* * *

October 10, 1970

	Year	Poor	Fair	Good	Excellent	TOTAL
Outpatient Group	1967	18	70	109	42	239
	1968	3	42	126	62	233
	1969	0	20	125	69	214
	1970	0	0	124	70	194
Hospital Group	1967	40	19	111	46	216
	1968	26	21	87	57	191
	1969	0	20	91	63	174
	1970	0	0	101	63	164
Sanitarium Group	1967	8	9	20	16	52
	1968	3	5	23	19	50
	1969	0	3	25	21	49
	1970	0	2	25	21	48

Russell F. Amith