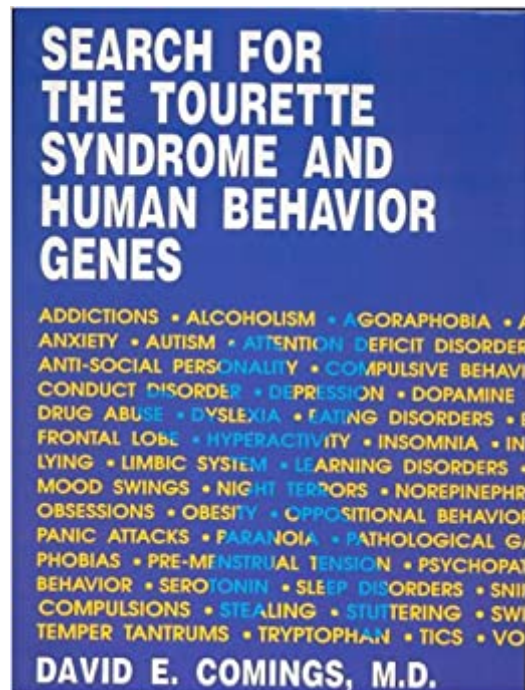




The book was found

Search For The Tourette Syndrome And Human Behavior Genes



Synopsis

Dr. Comings tells the story of his 18 years of involvement with Tourette syndrome, from both the level of treating thousands of patients with this common and complex disorder, to his clinical, genetic and molecular genetic research. He quickly realized this was more than just a tic disorder. His patients and their relatives had problems with a wide range of behaviors including attention deficit hyperactivity disorder (ADHD), obsessive compulsive behaviors, conduct and oppositional defiant disorder, rages, mania, depression, anxiety, panic attacks, phobias, sexual, sleep, and other disorders. Because Tourette syndrome is genetic, this involvement with a spectrum of disorders had broad implications about the causes of behaviors that most mental health workers attributed to psychological problems, poor parenting, or learned behaviors. His genetic studies led him to eventually conclude that Tourette syndrome was a polygenic disorder caused by the coming together from both parents of a number of genes affecting dopamine, serotonin and other brain chemical. Dr. Comings relates how the concept that many human behavioral disorders were genetically interrelated was initially ridiculed. These attitudes began to change as other reported similar findings and as his concept gained support from molecular genetic studies of specific genes.

Book Information

Hardcover: 309 pages

Publisher: Hope Pr (August 1996)

Language: English

ISBN-10: 1878267361

ISBN-13: 978-1878267368

Product Dimensions: 0.8 x 7.2 x 10 inches

Shipping Weight: 1.6 pounds (View shipping rates and policies)

Average Customer Review: 4.5 out of 5 stars 2 customer reviews

Best Sellers Rank: #7,645,343 in Books (See Top 100 in Books) #94 in [Books > Health, Fitness & Dieting > Diseases & Physical Ailments > Tourette Syndrome](#) #8044 in [Books > Medical Books > Basic Sciences > Genetics](#) #29236 in [Books > Science & Math > Evolution](#)

Customer Reviews

Forward: "It is at once a detective story, a scientific essay, and a study in the folly of human nature. It is also a love-story. The book lays bare to the reader all the intrigue and meticulous care that occupy the life of a professional gene hunter, as Dr. Comings recounts the history of his latest foray into uncharted territory of the human genome. He was, and is, a hard scientist who got caught by

his work as a clinician. David Comings moved into the study of Tourette syndrome, this strange condition of twitching and shouting, after a long and illustrious career exploring the genetics of better-understood, more clear-cut problems. He and others had long been convinced that there was a simple, straightforward genetic basis for this disorder." John Ratey, M.D., Author of *Driven to Distraction*, *Answers to Distraction*, and *The Neuropsychiatry of Behavioral Disorders*.

"The one feature about Tourette syndrome that fascinated us from the very beginning was the effect this gene had on conduct. Although it was the motor and vocal tics that brought these children into the clinic, it was the conduct problems that the parents complained about most bitterly. Although not present in every case, approximately half of TS children had problems with oppositional defiant disorder showing some combination of constant talking back, not taking no for an answer, short temper, rage attacks over trivial things, lying, stealing, fire starting, or aggressive behavior. As the medical half of the team, I would attempt to bring these behaviors under control with medication."

There's that old saying - "When all you have is a hammer, the whole world is a nail." Since the author has made the study of Tourette's such a large part of his life's work, and since his son was diagnosed with the Syndrome - he sees it everywhere. He genetically associates the Syndrome with just about every other kind of dysfunction you can imagine, from all forms of OCD - to autism - to alcoholism - to depression - to schizophrenia - to hyper-sexuality, hypo-sexuality, and homosexuality - and the list goes on. In the end, he even says that he can see himself as being likely responsible for passing at least some part of the Tourette's gene complex onto his son, because he has been a workaholic all his life. Thus even working hard at a career gets labeled as a form of Tourette's. So Comings does tend to cast his net too wide, dragging in every kind of fishy malady that's out there as a result. This far-flung association might tend to make the reader skeptical about the whole body of his work. This approach also obviously will make it difficult for future researchers to focus down on any real remedies. What's more, it becomes difficult to see why Comings specifically chose Tourette's as the fulcrum of this whole gamut of disorders. Couldn't he just as easily have made something like compulsive hand-washing or any other OCD behavior as the centerpiece of his researches, and hung every other disorder, including Tourette's, on that hook? However, Comings' researches, as reported here, still make a valuable contribution to the understanding of Tourette's and all compulsive behaviors. Comings was a pioneer in this field, and he hauled the Syndrome out of the Dark Ages when it was blamed on a mother's aloofness or on some other parenting failure (usually of course on the mother's part). He moved it from the sphere

of vague Freudian accusation onto the firmer ground of genetics. His extensive observations also served to raise awareness of the Syndrome in the medical community and relieved many parents of their struggle to get a diagnosis for their child's troubling behavior. Comings took complaints seriously and took the time to observe over the long haul. He came to understand that someone with Tourette's could suppress symptoms for a while and appear to be trouble-free when sitting in a Doctor's office, again causing the Doctor to accuse the mother of being overly protective and of imagining symptoms, or even of imputing symptoms to her child. Comings also has assembled a huge number of family histories, charting what he found to be the increased incidence of OCD, alcoholism, and other troubling symptoms in the family trees of Tourette's sufferers. These records can serve as a valuable data bank for all kinds of researchers, although again, the readiness with which an uncle of a proband Tourette's sufferer gets labeled as an alcoholic with a habit of flashing school girls might be called into question. Comings does tell what standardized personality tests he used to label individuals with the variety of associated problems he finds. However, readers might still find these histories to be a bit random. Comings himself admits that other researchers have looked at his data and found NO linkages to Tourette's. The records might also be of minimal value in differentiating the families of sufferers from non-suffering families. Almost every family, even those without any Tourette's complaints, can probably find any number of uncles, great-uncles, and cousins, who were alcoholic flashers in their family trees. Nevertheless, Comings' records still stand as an impressive repository of suggestive data, and if nothing else, make for interesting reading. So all-in-all, I can recommend reading Comings if you have any interest at all in the subject of compulsive disorders or in genetics in general. In this later book, he traces how his thinking developed from the assumption that Tourette's might be linked to one specific gene or to a small number of interacting genes - to his current opinion that it could be the result of a complex multitude of interacting genes and their triggers, even including what we'd currently call "epigenetic" factors. However, if you keep in mind that Comings' ideas have developed away from any single-gene theory, you might still find his earlier book, "Tourette Syndrome and Human Behavior," more informative. That earlier, longer book serves as a lucid primer in genetics and includes many diagrams that clearly illustrate the principles of heredity involved. That 1990 book also includes more detailed family histories. These accounts of dysfunction are forensically fascinating and make you feel as if you're a detective following a familial trail of clues to solve the great mystery of Tourette's Syndrome.

The book helped me cope somewhat with toubettes. It can be tough but you can find some answers

that are comforting and helpful. The Dr. who wrote this book is ahead of his time. I actually talked to him on the telephone to thank him for writing this book.

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