

Letter to the Editor

The Road to Shangri-La is Paved with Vitamin and Psychotherapeutic Faddism

To the Editor:

The article "The Road to Shangri-La is Paved with Vitamins," by Reuben Bitensky, Ph.D., is first amusing, instructive, and then sobering. The author disqualifies himself as an expert about vitamins and their possible relationship to his patients' emotional symptoms and qualifies himself as a wise father figure interpreter of their motivation for inquiry into the value of vitamins, assigning such interest to hostility for the establishment and a magical and mystical desire to live forever.

Is the public justified in looking to the psychotherapist, be he medical doctor or Ph.D. psychologist, as more qualified to give guidance about essential nutrients and their possible relationship to emotions than the books they read from lay press? The M.D. somewhere in his medical training had lectures on biochemistry and nutrition, which specific malfunctions of the central nervous system are described relative to deficiencies, dependencies, and metabolic errors relating to essential nutrients as minerals, vitamins, amino acids, and so forth. Every Ph.D. psychologist studies physiological psychology, which endows him with some evidence of central nervous system function in relation to essential nutrients. Do we professionals honestly resurrect this basic information and place it in our

differential diagnosis when the patient, loaded with symptoms referable to central nervous system function (all emotion is mediated through the central nervous system), comes to us, or do we engage in inactive armchair philosophy by quickly ascribing motivation to their central nervous system-produced behavior or efforts at solutions to their behavior?

Scientific medical treatment can be described as treatment specifically tailored to the individual needs. Faddism can be described as an inappropriate attempt to apply a procedure that, though applicable to a specific situation, is not universally applicable and therefore is being frequently misapplied. Any subject of any individual importance will be subject to such faddist applications. Since nutritional therapy as well as psychotherapeutic therapy are individually valuable, they will also be subject to an attempt at inappropriate universal application, the inappropriate application really being faddist. The many schools of thought in the field of psychotherapeutic endeavor are a witness to the faddist application in psychotherapy.

What guidelines can we follow which will individualize our patients' needs and prevent or reduce faddism (either nutritional or psychotherapeutic)? One thing is sure, you cannot simply listen to a

patient's complaints of irritability, depression, fears, and so forth, and have any earthly way of having a logical judgment about how nutrition enters into that central nervous system irritability. Unless we are clairvoyant with a direct communication to Cod himself and are prepared to adequately prove this to our professional brethren, we would be wiser to withhold our judgment on the matter and resort to earthly known, accepted, reproducible techniques such as: 1. laboratory assay of vitamins, minerals, metabolic errors, toxins, and so forth, 2. indicated clinical therapeutic trials with nutrients given IV., intramuscular, or oral, 3. assessment of reactions to commonly-used foods and commonly-met chemicals resulting in allergic-addictive symptoms.

There are known laboratory methods of assaying the nutritional and metabolic errors and toxic states. There are known diagnostic techniques demonstrating whether a symptom is or is not related to allergic and allergic-like reactions to foods and chemicals. Therapeutic trials for relief of symptoms based on information gained from a chemical survey and diagnostic exposure to foods and chemicals can proceed first with IV. nutrients and then with oral nutrients as a therapeutic trial. You only need believe or use what you can demonstrate as having an immediate value.

Case History

A 44-year-old white woman hospitalized nine times between 1966 and 1973, diagnosed and treated by five psychiatrists with diagnoses varying from depressive neurosis, alcoholism with depression, anxiety neurosis, chronic undifferentiated schizophrenia, hysterical neurosis with conversion.

Wheat (provocative food test of sublingual drops of wheat extract) - dry mouth, difficulty breathing, dizziness, and off balance, weak right leg, tears, yawning, sleepy, stiff neck, blurred vision, flat affect, feeling her face was a mask.

Wheat (deliberate food test after four days off cereal grains) - numbness in mouth, hot flash increasing to continuous generalized

warmth, choking with tightening of muscles of the throat to an increasing extent and ending in severe hyperventilation, feels like head is pulling down, headache, tired, burping, eyes heavy, eyes red, eyelids swollen, perspiring, crying, hot alternating with cold, jaws trembling, legs weak with inability to stand, flat and depressed affect.

Wheat (deliberate food test three days after first deliberate food test, given immediately after IV. vitamins. Vitamin C 7¹/₂ grams IV., Pyridoxine 1000 mg IV., niacinamide 1000 mg IV.) - no symptoms developed.

Wheat (three feedings of deliberate food test meals one day after the above deliberate food test. All vitamins given 1¹/₂ hours before each test meal. Vitamin C 3000 mg, niacinamide 1000 mg, Pyridoxine 200 mg).

First test meal - no symptoms.

Second test meal - minor hot flash.

Third test meal - She had Ralston plus pizza (by error) for this meal. She became angry, felt tense, and justified smoking a cigarette even though she had given up smoking several days before and heretofore had been proud of not smoking.

Conclusions About Nutritional Supplements

1. It is possible in some cases to provide nutrients intravenously before feeding a test meal to a known maladaptive food reactor and prevent reactions. Vitamin C, B6, and B3 have value in preventing such maladaptive reaction. Vitamin C and B5 are the most effective vitamins for such a symptom-cancelling effect. The vitamin C alone is effective for some, B6 alone is effective for some.

2. It is possible in some cases to provide oral nutrients sufficiently ahead of a meal for absorption to have occurred and thus prevent a maladaptive food reaction.

3. It is hard and likely impossible in some to prevent a maladaptive food reaction in susceptible subjects if the incriminated food is loaded in several consecutive meals.

4. Maladaptive foods can in some cases be returned to the diet on a spaced rotation basis if individualized appropriate

nutrients are provided sufficiently ahead of the meal for a priming of enzymes and hormones.

Conclusions

Nutritional and psychotherapeutic faddism can be reduced by a chemical survey of nutritional deficiencies, nutritional dependent states, metabolic errors, toxins, and specifically arranged exposure to commonly-met foods and chemicals. Information gained from such studies gives indications for therapeutic trials of food and chemical avoidances of incriminated substances and indicated nutrients given a trial IV., IM., or oral.

As scientists we should believe only that which can be demonstrated by ourselves and reproduced by others. The qualities of formulation and guessing have characterized both nutritional therapy and psychotherapy. By reducing the guesses (by testing and therapeutic trial) we can reduce the halo of faddism surrounding both nutritional therapy and psychotherapy.

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REFERENCES

BITENSKY, Reuben, Ph.D.: "The Road to Shangri-La is Paved with Vitamins." *The American Journal of Psychiatry*, Vol. 130, No. 11, November, 1973.