Editorial

Progress in Psychiatry?

On a Friday in April 1993 I had lunch with a lawyer, also a graduate from the University of Saskatchewan. During our conversation he asked me whether I remembered having seen his mother about 20 years ago. He told me she was still alive and well today, at age 102. She had come to see me to discuss what sort of a nutritional program she should follow, and had been doing so since. She credited her present good health to the improved nutritional program, as did her son. I was pleased to hear this but I did not assume that her new regimen was the main factor. But it occurs to me that how will we ever know unless physicians are willing to try it out on a large scale.

Last week I spoke to a church group in Victoria who were interested in the nutrition of the elderly. Of the 50 or so people there, none were under 65. During the business portion of the evening, just before I was to speak, I was sitting beside a woman who pulled out of her bag an old issue of *Macleans Magazine*, May 14,1966. This issue featured an article written by Alan Edmonds on schizophrenia, and contained a picture of me holding niacin pills in my outstretched left hand. She told me that after she had read that article, she showed it to her son who was becoming ill. She identified his illness with the description of people who had been helped by niacin. Her son agreed and began to take the vitamin. He became normal and has remained well since. I had forgotten about having spent a lot of time with Edmonds, and about the story he had written. I obtained a copy of that report as it had awakened my sense of history. I was struck by the lack of progress made by psychiatry in examining simple biological treatments.

Psychiatrists depend solely on xenobiotics, tranquilizers. Even the strongest proponent has never claimed it will help any substantial proportion of patients become normal. Modern psychiatry has become preoccupied with drugs, claims it uses psychotherapy but hardly ever does because the results with the patients are so dismal. It is impossible to provide the usual type of psychotherapy to a tranquilized patient who can not think nor function.

Alan Edmonds had spoken to several psychiatrists before he wrote his story. It was their consensus: (1) that niacin could not and did not help any schizophrenics, (2) that the theory upon which it was based was wrong and had never been proven, (3) that I did help many patients get well but this was due to my positive personality, (4) that I was paranoid because psychiatrists did not test the treatment. Any student of philosophy would immediately conclude that there was no scientific reason for not testing, and that all the criticisms were foolish, i.e. entirely emotional. They could not know that niacin could not help for there was no scientific data showing that this was an impossibility, nor could they state it had not helped because no one had even tried to repeat the four prospective double blind experiments we had conducted beginning in 1952. This technique has since become the politically correct way of doing clinical therapeutic research.

There is very little connection between theory and practice in medicine. Aspirin worked even though for many years no one knew why it did, and even today there is conjecture, called theory, but it is probably wrong. For theories of how things work in medicine are evanescent, ever changing, as data accumulates. The only thing constant in medicine is medical description, anecdotes, even though these are so hated by the medical researchers today. The anecdotes used by Dr. John Sydenham to describe smallpox hundreds of years ago are still valid. The theories of what caused this disease and the treatments are no longer given the slightest attention, even though they have been in existence 2000 years.

Because they did not understand why vitamins should work was no justification for jumping to the illogical premise that it could not work. Furthermore, they were all strong proponents of dynamic psychotherapy which had been shown to be ineffective in 200 clinical studies.

To attribute the recoveries of my schizophrenic patients to my personality meant they believed that the placebo effect was strong. This is illogical because there are no controlled studies even today which show that psychotherapy, including psychoanalysis, had

ever helped more patients than would recover if they were not messed around with. Until that first paper is published, it is wrong to maintain that anyone's personality will cure schizophrenics. The main importance of personality is to be able to work with patients for long periods while the Orthomolecular program is given time to work, 5-7 years for many chronic patients.

Finally, my personality did not seem very helpful to the patients under my care in the double blind controlled experiments who were later found to have been on placebo. My personality always worked best when they were on either niacin or niacinamide, even though I could not possibly know which ones were on niacinamide and which were on placebo."

I have been paranoid in 1953. It lasted for two weeks and followed the ingestion of adrenochrome. Dr. H. Osmond and I were starting our hallucinogenic studies with adrenochrome, and we were in the process of giving it to each other before allowing it to be given to normal volunteers. For two weeks I was very depressed and mildly paranoid. Both symptoms suddenly lifted two weeks later after a brief afternoon nap. I have never been paranoid before or since. An ad hominem attack merely indicates that the attacker is bereft of any valid criticism.

The situation today is unchanged. Sporadic papers appear which show that vitamins and other nutrients play an important therapeutic role but they are ignored. They ignore over 200 books published in the past fifteen years which detail Orthomolecular treatment and the results. The current psychiatric journals refuse to accept clinical papers, and the current medical index refuses to abstract and enter these papers when they are published in journals such as this. They do abstract a large number of small journals dealing with out of date psychological ideas, however.

Most psychiatrists are afraid to examine my clinical data. I have invited many physicians to study my practice and see my patients. About 60 doctors have visited me over the past 35 years. They have all become Orthomolecular practitioners and several as a result lost their licences. One psychiatrist came about 20 years ago and he has remained an Orthomolecular psychiatrist, and has published several papers with his findings. Seventeen young men became schizophrenic in their teens. They recovered with Orthomolecular therapy, took medicine and psychiatry and are today practising. This may surprise you, but one is a chairman of a large department in one of the medical schools in a well-known U.S. university, another was for a year president of a large psychiatric association, one is a research psychiatrist and has published papers; all are well.

Delay in using treatment which is effective is very expensive. Every schizophrenic treated only by drugs will cost the community, over his/her lifetime, over 2 million dollars. The cost to the patient and family is incalculable. The report on the chronic population series in this issue is the first report on the treatment of very chronic sick patients. All the older studies have avoided these patients because there was no response to short term treatment. We had recommended many years ago that they not be treated since we had seen no positive results. I was wrong because I had not persevered long enough. This long paper is my attempt to correct the record and to apologize to all the chronic patients who have not been treated and have been condemned to permanent disability.

How Many Experiments Are Enough?

One of the major criticisms against the use of vitamins in large doses for the treatment of schizophrenia, is that there have been no double blind controlled experiments to establish the value of these vitamins. This criticism is wrong, since in Saskatchewan we completed four double blind experiments by 1960 which established the value of vitamin B_3. Later, Dr. J. Wittenborn reported that he had confirmed the value of using vitamin B_3 in acute schizophrenic patients. But these experiments were ignored, presumably because they were all biased, even though bias — theoretically — is removed by this type of therapeutic trial.

So the question arises, how many controlled experiments, done by how many people, must be published before therapeutic claims are taken seriously? The history of the use of Pyridoxine for the treatment of infantile autism may help us answer this question.

Dr. Bernard Rimland was a co-worker in the first double blind prospective controlled experiment which showed that Pyridoxine

was therapeutic for children who have infantile autism.[1] Dr. B. Rimland stated, "There are now 17 published studies — all positive — showing that high dosages of vitamin B_6 and magnesium are a safe and often helpful treatment for autism. Eleven double blind controlled experiments are included in these studies. Thousands of parents are using B_6 and magnesium to help their children. Almost 50 percent show worthwhile improvement and the vitamins are immeasurably safer than any drug." There were behavioral improvements, and positive changes in the EEG and in urinary metabolite measures.

These studies were done by different investigators and conducted in several countries. But there appears to be no interest in the psychiatric or pediatric establishment. I must therefore conclude that when a report does not fit into the established paradigm, i.e. is not politically correct, that no matter how many double blind or clinical studies are completed, the treatment will be rejected. If it does fit into the favorite paradigm, none are needed. However, even one critical paper making toxicity claims which are not established will be taken very seriously by the establishment whether or not they are double blind. Why, then, should anyone do double blinds except that their studies will not be accepted by politically correct medical journals.

Reference

1. Rimland B: Recent Research in Infantile Autism. *J. of Operational Psychiatry* 3: 35, 1972 *and Autism Research Review International* 7: No. 2, 1993.

Historical Note

Often it seems that the harder we try, the more difficult it is to change the habits which go back thousands of years. Perhaps this innate conservatism of the human population is built into our genes and served a very important survival strategy.

As are all professions, the medical profession is very conservative when it comes to paradigm changes. Once a paradigm has been established it is not conservative at all with respect to minor changes within that paradigm. Thus, once the antibiotic treatment of infections had been accepted, it became very easy to switch from one antibiotic to another. But it required a good deal of effort and the terrible threat of the last world war, to change the pre-war paradigm of dealing with infections to the post war paradigm. Another example is the use of tranquilizers in psychiatry. It required Herculean effort and the expenditure of millions of dollars in advertising and promotion before they swept into the field. Today, every slight advance in the tranquilizer field is hailed as a major discovery, when in fact they are little better than the ones first introduced over 30 years ago.

I was reminded again of these paradigm battles (I really do not need much reminding) in reading the latest issue of the Information letter published by the Canadian Medical Protective Association, Winter 1994.

Dr. J.E. Mullens wrote, "In Egypt of the Pharaohs practice was prescribed in the Sacred Books and physicians who deviated from the rules did so at some peril ... If the physicians deviated from orthodoxy, and the patient should die, the penalty was deportation, or death by beheading. These penalties effectively discouraged innovation, and medical treatment changed very little over the centuries." As I read this I wondered well after all, what is new? So many of the pioneer Orthomolecular practitioners have been subject to so many sanctions that it appears we have progressed little over the past 4,000 years. It is true we are no longer beheaded, but for some doctors, to lose their licence may be equivalent to a living death. It is possible today to be banished, for loss of a licence to practise is quickly relayed to all the medical bodies which control licensure. A few physicians have been banished to other health professions such as naturopathy.

Dr. Mullens then adds, "Our modern guidelines of practice are likely to be framed to allow the exercise of clinical judgement, or controlled experimentation and not to be so confining that physicians will fear reprisal from the law and officialdom when it is necessary to deviate from them." This is happening in a few states in the United States including Alaska and Washington. There the law governing medical bodies has been changed so that physicians who do not harm their patients with alternative methods can not be punished.

The Canadian Colleges have not liberated their members and no province of Canada has yet passed similar legislation. The Medical

Society of Nova Scotia is the first medical body in Canada or in the United States which is allowing the creation of a complementary medicine section. The board of directors voted overwhelmingly in favor of creating such a section, which had been requested by Dr. LaValley and 16 other physicians. Dr. LaValley had led the fight for such recognition for several years.

Nova Scotia may be at the beginning of a movement to carry out the terms of the Helsinki Agreement of the 19th World Medical Assembly, amended in Hong Kong in 1989, to which Canada is a signatory. It states, "In the treatment of the sick person, the physicians must be free to use a new diagnostic and therapeutic measures, if in his or her judgement it offers hope of saving life, establishing health or alleviating suffering."

In Ontario, the College has forbidden the use of chelation therapy to their members, even though it has been given to over a million patients in the U.S. and is among the safest of procedures. Large numbers of patients from B.C. have traveled south in order to obtain the benefit of this treatment, and they may soon have to travel there again if the B.C. College follows the Ontario precedent.

For nearly two thousand years the Greeks allowed their physicians freedom to practice. They saw their role as one of assisting nature effect a cure. But they were not allowed to kill the patients either by neglect nor by intent.

Finally Dr. Mullens writes, "We physicians and surgeons will never again be as privileged as our ancient colleagues of Greece. On the contrary, we seem to be entering an era where orthodoxy will be defined by inscribed standards of practice; licensing bodies and the courts will expect conformance. It will take much time, thought and expense to keep guidelines current so that innovation and resourcefulness are not stifled." To this one can only say, Amen. I hope the registrars of all the Canadian colleges of physicians and surgeons will read Dr. Mullens' Historical Note.

A. Hoffer, M.D., Ph.D.
#3A - 2727 Quadra Street
Victoria, B.C. V8T 4E5