

How One Psychiatrist Began Using Niacin

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Each person has a story to tell: how he fell in love, how he chose his profession, how he happened to live in his part of the world. And each story is as individual as a thumbprint. Quite simply this is the story of how I began using niacin in my practice.

If one year ago anyone had told me I would be writing a paper on niacin at this time, I would have shaken my head in disbelief. I had vaguely heard that niacin had been used with good results by a Canadian psychiatrist. And, also, like many others, I had the faint memory of having read a newspaper story stating that other psychiatrists had not been able to confirm the results.

Why Psychiatrists Reject Niacin

Three years ago the family of a patient suffering from paranoid schizophrenia asked if I would try niacin therapy for their son. I quickly rejected the suggestion. Like most physicians I resented therapeutic advice from families of patients. Also, like most physicians, I was very busy in my practice and, therefore, concluded that my present therapeutic techniques must be adequate. I had no motivation for starting out on an unknown adventure in treatment. Besides, where could I get professional information about niacin? The easiest course for me to follow was to fall back on my authority as a psychiatrist and tell the family that

niacin treatment for schizophrenia was still unproven and that I would not advise it at this time.

During the last 11 months, since seeing first hand the great benefits patients suffering from schizophrenia derive from niacin, I have often wondered how many physicians in how many different countries about the world reject niacin for the same reason I, unforgivably, once rejected it.

Why accept the suggestions of a patient's family?

Why change therapy techniques when you already have all the work you can handle?

Why take up your valuable time learning a whole new approach to schizophrenia?

Why join a group advocating a type of therapy which did not have the blessings of the academic community?

Why take the chance of becoming dubbed experimental by colleagues because you employ mega vitamin therapy?

Why risk having yourself placed in the same category as naturopaths and chiropractors who prescribed vitamins for the simple reason they are not allowed bylaw to prescribe traditional medicines?

Why take the chance of losing patients

by giving them vitamins they can buy over the counter without your prescription?

There is only one reason for learning to use niacin for the treatment of schizophrenia: it works (Hoffer^{1,2}).

Background for Change

But we must get back to the story.

Although my orientation to psychiatry was originally psychoanalytical (having completed a 900 hour, five-year analysis by a graduate of the Chicago Analytical Institute in 1955), I had gradually begun to realize that psychotherapy was not the answer for most seriously ill patients. Gradually, as I continued the practice of psychiatry, I became less interested in the mildly ill patient. I accepted the point made by Eysenck³ and many others that two-thirds of psychiatric patients recover regardless of the type of therapy they receive. Indeed the recovery rate is the same whether or not they receive any psychiatric help at all. These patients offered no challenge to me.

I had begun to enjoy working with the really sick patient; the patient who had failed to recover with two or three other psychiatrists—the woman who struggled through her day with wax plugs in her ears in an attempt to avoid the sound of voices in her head; the teenager who refused to cooperate either in life or in therapy.

I had already fished the gentle coves and was now ready for the sharks that roamed the North Atlantic.

Gradually, through trial and error, I began working out a system of chemotherapy and abandoned all but the most eclectic psychotherapeutic techniques. Multiple medications often worked when one or two failed. I might have a patient on Thorazine, Stelazine, Tofranil, Dilantin and, at bedtime, Sodium Amytal. By changing dose levels back and forth, I would often hit upon a combination of

chemotherapy that would suddenly effect a break through and place an "impossible" patient on a much higher plane of improvement.

Often I could keep a patient out of the hospital, have the patient working again and enjoying life. The emotional rewards for me were much greater because the struggle was greater. Soon I was going to any lengths to help a patient. One woman, for example, who chronically took an overdose of her medication, I would have visit the drug store each day for medication. Another patient had to report to the company nurse each morning for Antabuse. After giving the Antabuse, I had the nurse search his mouth with a tongue depressor to make certain he had not cheeked the medication to spit out after leaving her office. How much easier it is for a busy psychiatrist to dismiss patients such as these and replace them with patients not nearly so ill!

Sometimes I felt I was driving patients well, that they recovered out of sheer exhaustion from struggling with me.

One morning the mother of a young woman who was not responding to my treatment brought a newspaper article about niacin. By this time my attitude toward new therapeutic approaches had begun to change. Certainly I had already tried many combinations of chemotherapy on this patient without success. Why not give niacin a chance?

I wrote to Dr. Humphry Osmond, Director of Research at the New Jersey Neuropsychiatric Institute, asking for information. He replied with an informative letter and told me he had more printed information available for a small fee to cover printing costs.

Motivation for Change

Now my story takes a new turn, probably the decisive one.

On June 27th during an early morning

jog on a treadmill, I felt substernal tightness. This was not too alarming, but what did bother me (a physician who had spent six years practicing internal medicine before taking a residency in psychiatry and switching specialties) was the weakness that washed over me. I lay down and telephoned for an ambulance. Three days later the electrocardiogram showed some T wave changes and I was hospitalized for the next month.

Now two new motivations pushed me toward niacin.

For one thing, I was bored. Dr. Osmond's information arrived at this time, the yellow booklet put out for AA physicians by Bill W.⁴ Here was a new idea. I must have read the booklet a dozen times.

At this point, the article by Dr. Edmond Boyle, Director of Research at the Miami Heart Institute, interested me the most. He felt lives were being saved by niacin. Cholesterol was reduced, red blood cells were electrically altered by niacin so that they no longer formed a sludge. They separated so that their oxygen carrying capacity was increased. But the best news of all was that blood clotting was discouraged by niacin.

Second new motivation: Coumadin. I was taking Coumadin. To be quite honest it was a toss up in my mind whether I would rather be dead or be medicated with Coumadin.

For example, one of my eleven-year-old patients visited me in the hospital. We started a game of checkers. When I was due a king, I said, "Crown me."

The boy laughed and hit me on the head. He thought his little joke very funny. I wondered whether or not I would develop a subdural hematoma.

Coumadin.

I remembered the picture I had once seen of a patient on Coumadin who developed a spontaneous hematoma in the spinal cord and never walked

again. Soon I would be driving an automobile. One minor accident, one careless driver, and I might be bedridden.

The Search Begins

Dr. Boyle was good enough to answer my letter.

Yes, he still recommended mega vitamin doses of niacin.

Yes, he felt he was still saving lives with niacin.

Yes, he thought niacin therapy was quite appropriate, but if I stayed on Coumadin, the dosage would probably need to be reduced.

I bought books by Drs. Hoffer, Osmond and Altschul⁵ and began reading all I could find on the subject of niacin. By this time I had ordered a supply of plain niacin tablets. I flushed. I became nauseated. My heart beat so fast I thought it would bounce through the chest wall. Finally I had to give myself one of the three ampules of Demerol my internist had sent home with me.

If anyone had asked me about niacin at this point, I would have said it might be a perfectly good medication, but sometimes it gave undesirable side effects (Hoffer⁶).

For several days I thought about the reaction. I pulled out the books and read some more. Was it the histamine that caused the tachycardia and pain? Should I take a smaller dose and build up gradually to therapeutic levels? Should I take an antihistamine along with the niacin? Or should I forget the whole experiment?

But I am one of those unfortunate people who have the feeling that everything mankind does can be done better.

There is a better way to drive a nail if you can only find it.

There is a better way to take out an appendix if you can only find it.

There is a better . . . but the list is endless.

The Coumadin and the possibility of spontaneous hemorrhages kept simmering in the back of my mind. At least if I died from niacin, it would be a sudden fatal coronary, I told myself, not paralysis of the spinal cord with its endless complications. After all, this was my life and I had a right to live it in my style, even leave it in my style.

Next, I decided to start on a very low dose of niacin and build up to the recommended level of 3 gm. daily. Quite modestly, I began with half of a 50 mg. tablet. A flush and a little gastric burning appeared. This was tolerable. Next came a 100 mg. tablet. The flush was stronger but my stomach felt as if I had swallowed a glowing hot golf ball. I tried the niacin successively with bicarbonate of soda, Am-phojel, milk and antihistamines. The burning returned every time.

Occasionally, I learned, people could take niacin best if it were dissolved in warm water and swallowed while the stomach was empty. The theory was that most of the gastrointestinal symptoms resulted when the vitamin was absorbed low in the gastrointestinal tract.

I crushed the 50 mg. tablet, dissolved it in warm water and drank it down. The flush hit so strongly that I could feel the burning in my eardrums, but the stomach remained peaceful.

Progress.

A New Attempt

Then I learned about a buffered niacin tablet. I ordered these, broke them into the smallest possible pieces and began dissolving the red tablet in warm water. Gradually I was able to build up to 250 mg. four times a day, but then, after a few days, the dose would begin giving me abdominal cramps and I would have to skip a day and start all over again.

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By this time I was convinced that niacin did have strong physiological effect. While taking even this small dose, I found I had far more energy. I could even tell the moment the dose wore off. One day I had driven 60 miles to look at a show dog. While I was standing in front of the pen, I suddenly became so weak I thought I would collapse. It was as if someone had pulled a plug and drained all my blood away.

I explained the situation to the breeder who ushered me into his kitchen and watched in fascination as I crushed one of the tablets on the sink, mixed a part of it in a glass of warm water and drank it down. Ten minutes later I felt as if the blood had been pumped back into me again. We went out to look at the dogs once more. The breeder noticed my renewed strength as well as my red face. I am certain he wanted to ask questions, but he controlled his curiosity. This ebb and flow of strength happened frequently. Certainly it was not the conventional vitamin effect of niacin which I was experiencing.

Clinical Trials

Soon I was back in practice. I had been looking forward to trying niacin on a number of my patients. The mother who had first interested me in niacin brought in her daughter. It has been very difficult, strangely enough, to get this mother to keep her daughter on niacin. She gives it to the

girl one week, then reduces the dose, stops altogether and then starts up again. During the past 10 months the daughter has received the medication only about half the time. The girl has shown no improvement, but she has for years been backward-state-hospital material. I plan to continue getting as much niacin as possible into her and to hope for the best. (In passing, I should note that Dr. Hoffer makes no claims for niacin to help chronically ill, back-ward type patients suffering from schizophrenia.)

The next patient I placed on niacin was a young housewife suffering from multiple phobias. I felt she was essentially schizophrenic, even though the full force of her illness had not as yet surfaced. She took 250 mg. of the buffered tablet at the drug store. The drive home turned into a psychedelic experience. The road undulated and swayed. She had to struggle along at 10 miles an hour to miss the other auto-moiles. I must have had her on 20 different medications during the past eight years. Never had she shown any bizarre reactions. I felt her reported symptoms were not hysterical. A short time later when I too experienced this type of reaction, I was certain she was reporting physiological changes. She was later switched to niacinamide and built up to 500 mg. four times a day, the largest dose she could tolerate. During the months that followed she settled down quite nicely. Now she visits me for 15 minutes four times a year. During all the time I have treated her, she has never shown such high quality, long term improvement.

Perhaps I should say that, for me, people have a texture. I have sat across the desk for so many years from so many emotionally ill patients that I have developed a feel for them much the same as a cloth merchant must develop a feel for the textures of his stock in trade. This texture of people I find most important. A glance at their face and manner and a

few words from their lips tell much about their level of adjustment, whether they are operating at 90% of their potential, 50%, or barely hanging on at a 20% level.

It is this texture, this level of well being, which I find so often changed by one of the B₃ compounds. The young lady with phobias is an example. After going on the niacinamide she developed a manner of self-assurance which I had never seen in her before. For the first time in her life she could make a speech before a woman's club. She stopped worrying about her children and was no longer browbeaten by her husband. She was no longer a fear-filled creature existing on the sidelines of life forever fearful her hands would tremble or she would break into tears and betray her illness. Interestingly enough, in the past, she always visited my office wearing the largest pair of dark glasses she could find, in hopes no one would recognize her. Now she enters bare faced and doesn't particularly care whether or not she might run into a friend on her way out the door.

Success with A Difficult Patient

The next patient I placed on niacinamide was the son of a pharmacist. He was already taking Mysoline, 500 mg. four times daily; Dilantin, 100 mg. four times daily, and Mellaril, 75 mg. four times daily, in an attempt by me to hold in check his psychomotor epilepsy, as well as his paranoid schizophrenia.

This patient had been under my care for eight years, since he was a boy of 13. During this period I tried several dozen medications and combinations of medications in an attempt to hold back the twin horns of his illness. One week I would add a new drug, cautiously, always in small steps. Through a process of trial and error

I had arrived at the particular combination cited above.

In spite of all my efforts the boy had made only a borderline adjustment. He was not able to stay in school. He was tolerated at his father's place of employment, barely tolerated because he would, once a month or so, misjudge an interpersonal relationship and become extremely angry. Occasionally, he would rebel against his parents and go out beer drinking, a disastrous road for him to follow. Also, several times a month he would have brief psychomotor attacks.

To his regular medication I added niacinamide, 500 mg. three times a day. Since there were no untoward effects on his illness, this was gradually increased to 1,000 mg. three times daily. The boy went for three months without having a seizure or an outbreak of rage—the first three months free of symptoms since childhood. Not only was he symptom-free, but his face had relaxed into a friendly smile.

The texture of his personality had changed. Later he had another seizure, at which time the niacinamide was increased to 1500 mg. at breakfast and lunch, and left at 1,000 mg. at dinner. Since increasing the dose he has had no more seizures and his temper outbreaks have disappeared.

I had the most gratifying experience a physician can know: the transformation of a sick person into one full of health and confidence.

Another Success

After having this patient on niacinamide only one week, I decided to give mega vitamin therapy on a well-known businessman who suffered from paranoid schizophrenia. Like many paranoid people, he was a hard worker and had built up an industry that employed several hundred people. For two years I had been struggling mightily to control

his flamboyant psychosis. All I had succeeded in doing was to barely keep him out of the hospital.

Again, through trial and error, I had arrived at a combination of medication that worked best for him: Dilantin, 50 mg. three times daily, Haldol, 2 mg. four times daily; Librium, 5 mg. four times daily, and Sodium Amytal, 200 mg. at bedtime.

In spite of his associated depression he was only made violent by any of several antidepressants. For months I had been flying by the seat of my pants, and not very well at that.

Then I placed him on niacin. As always luck was against me with this patient. On the plain niacin he became violently ill with stomach cramps. I switched him to buffered niacin. The next day he telephoned to say he was tolerating the new form of niacin quite well.

"How are you feeling?" I asked.

"I think you've got it at last."

Two days later we increased the dosage. He tolerated it well. Everything satisfactory. No explosions as with the antidepressants. I had to control myself to keep from telephoning him every night. At the next visit he reported at least a 40% improvement. I continued to increase the niacin beyond the 3 gm. per day base. Three days later he telephoned. Quite obviously he was very paranoid, but at least I was able to convince him that an office visit was necessary.

I never quite get over the fact that even brilliant people take years to develop any insight into their condition. I told the man that I had pushed his niacin too far, that the fluoride paranoid symptoms which he showed were brought about by the increase in niacin. As always, he was convinced that all the people at work were against him and were just about to do him in.

I gave him Valium, 15 mg. by i.m. injection, and instructed his daughter-in-law to administer 15 mg. of Valium by mouth

four times daily, to continue his regular medication and to reduce his niacin to 1 gm. three times daily.

At the time of his next visit he was in good control of himself.

"When are you going to learn," I inquired, "that you are nothing but a skin full of chemicals, that your brain is only another organ like your liver or kidneys; that your mood and thought processes depend upon the particular combination of chemicals at work in your brain?"

He smiled. I had gone over this point many times with him. Hopefully he would eventually learn the lesson and stop blaming his difficulties on his associates.

The Valium was slowly reduced and then eliminated. He continued the level of improvement he had rapidly reached on the niacin.

Calcium and Magnesium

As a side note I would like to add that later I empirically placed this patient on calcium gluconate 1 gm. daily and Mg Plus (a protein related magnesium product) three times daily. He showed little change with this addition. Then one weekend he flew to a business meeting in Tel Aviv and forgot the calcium. He reported a marked improvement of symptoms, but relapsed to his usual (now fairly acceptable) level of adjustment upon return home when he resumed taking the calcium gluconate.

At first I assumed he improved away from home because he had left behind all of his responsibilities, but then I began thinking about the biochemistry of the situation. In reality he had been on calcium gluconate for several months before adding the Mg Plus. Calcium and magnesium competed with one another for absorption. Could his sense of well being during the trip have come from a rise in the level of magnesium in his central

nervous system?

I had him leave off the magnesium again, this time while at home and engaged in his usual heavy work schedule. The next day he telephoned to say that he felt much better.

"Another 40% improvement."

I continued the new dose level. If we were seeing a placebo effect (though I had placed him on many different medications during the two years he had been consulting me and I had never obtained a placebo effect from any former medication) the new level of well being should fade in several weeks.

The improvement continued. We tried giving him the calcium once more. Anxiety and anger returned. Now that he had developed interest in chemistry he was beginning to find some insight. Maybe he was a skin full of chemicals. The calcium was discontinued. The feeling of well being returned and has been maintained for many months.

At about this time a hair analysis for minerals and trace metals returned. The hair sample had been grown before the Mg Plus was started. The report stated that he had a low tissue level of magnesium.

In my own mind I am satisfied that what we term schizophrenia is caused by multiple biochemical defects. This present patient was helped to some degree by traditional therapy, but improved markedly with the addition of niacin and magnesium to his chemical pool.

A Different Approach

Long before this point in time I was convinced that niacin was an important advance in the treatment of schizophrenia. But I felt very frustrated by not being able to take the niacin to reduce my cholesterol.

Recently I had discovered that I was hypoglycemic. Niacin often helps elevate blood sugar levels, giving me another

reason for taking niacin. My nagging distrust of Coumadin had continued.

Now I learned that most psychiatrists using niacin combined it with ascorbic acid in their treatment regime. I began to wonder if the ascorbic acid somehow reduced the side reactions to niacin.

The addition of ascorbic acid to the anti-schizophrenic regime was based on the observation that most patients suffering from schizophrenia had such low levels of ascorbic acid in their body that they were difficult to saturate with the vitamin.

But medicine is an empirical "science." We often use a medication because it heals, not because we are fully aware of the mechanism of healing. Perhaps ascorbic acid had become popular in the treatment of the schizophrenic syndrome because it "worked." Perhaps one of the reasons it worked was that it reduced reactions to niacin.

Also I began to wonder if, by some method unknown to me, the body reacted more favorably to large doses than to small doses of niacin. Who could sort out all the facets to any approach to chemotherapy?

I decided that I would pull out all the stops on the next Saturday night and take a full dose of both niacin and ascorbic acid. Since I had reacted more favorably to the buffered niacin, I would use it.

On Saturday night I swallowed 1 gm. of the buffered niacin together with the same amount of ascorbic acid. I lay down on the bed and started watching a TV program while I made observations on my reaction.

This was on an early fall day just as the sun lay low over the mountains. I mention this because of the symptoms which followed. Soon I began having a psychedelic experience. The furniture in the room, the picture on the TV screen took on a magnificent depth of color; the mahogany of the furniture had never been so dark and rich, the TV screen had never been so lifelike. I shall never

forget the beauty I saw when I walked over to the window and looked out at the yellow and red leaves on the trees. Each leaf was a shimmering picture story in itself. I realized I was having a reaction to the vitamins, and thought of my patient who had tried to drive an automobile through a haze of weaving traffic after having a psychedelic experience with niacin.

I lay down again. After another five minutes the familiar thumping of the heart began once more. My pulse went up to 162. The pain associated with the tachycardia was not typical of angina and was not really severe, but after an hour the reaction began to worry me. I looked at the two remaining vials of Demerol and wondered if I should give myself an injection. Certainly these two vials were the last. If I used a second vial, the third one would have to wait for the real thing.

After spending another hour lying on the bed with my eyes closed, waiting for whatever might come along, I decided to take the Demerol. Fifteen minutes after the injection, my heart rate began falling and the chest pain-fullness began subsiding.

I made one conclusion: niacin worked very well for many patients suffering from schizophrenia, but the vitamin had nothing but difficulty to offer me.

Decision About Practice

By this time I had used niacin on more patients suffering from schizophrenia. There were failures. Some of the failures later turned into successes. In spite of the failures, however, I learned that niacin was quite definitely a useful medication for many persons with schizophrenia.

I was in a particularly suitable situation for judging the results with niacin since I live in a stable community and have had a very stable practice. Many of my patients had been seeing me for a number of years

and I had already had an opportunity to try a number of medicines and combinations of medicines on them. I pretty much knew those patients who would respond to a placebo effect and those who would not.

At this point I came to a crossroads in my practice. Should I place many more of my patients on niacin or travel a middle path without committing myself? What would the reaction of the other psychiatrists and physicians in my community be if I had a local pharmacist stock up on mega vitamin products and I began using them heavily?

For several weeks I pondered the problem and then concluded that the only intellectually honest path to follow was to go ahead and use niacin wherever it was indicated. If this approach hurt my practice I would simply have to take the consequences.

Rapidly I began switching patients to niacin. Soon I had more than a 100 patients taking it. I was still pleased with the results.

More Successes

A paranoid boy whom I had known for a long while suddenly refused to take any more Thorazine. He agreed to take a simple vitamin. His response was almost immediate. He has maintained an excellent level of improvement and returned to college.

A young man and young woman whom I considered pre-schizophrenic were placed on niacinamide. They stopped fighting, were able to work out a satisfactory sexual adjustment and began enjoying life.

Several people with chronic alcoholism began showing marked improvement.

The list could go on for many pages. I was well pleased with the results.

Effect of Niacin on Practice

What effect did the use of niacin have

upon my life and practice?

First, as background, the reader should understand something about the environment in which I work. Asheville, North Carolina, with a population of only 60,000 and a rather low level of per capita income, has eight full-time psychiatrists. These men have no psychiatric hospital beds, which means they must earn their living in the office.

In addition there are two private psychiatric hospitals in the town with closed staffs. That is to say the psychiatrists in private practice cannot admit patients to these hospitals. One of these hospitals, mainly an institution for alcoholics, has three psychiatrists on its staff, and the other hospital has a staff which varies but remains at about six to eight psychiatrists.

These "full-time" hospital psychiatrists almost without exception "moonlight" on the side. The result is that Asheville has one of the most competitive psychiatric environments in the world and the psychiatrists are rather quick to speak ill of one another.

From the very beginning of my practice in Asheville, I had a full schedule. When I began using mega vitamin therapy, the other local psychiatrists reacted violently. One psychiatrist even stated that I must be mad to abandon conventional psychiatry and involve myself in something as foolish as vitamin therapy.

But my practice never faltered. One cannot get around the fact that many patients suffering from schizophrenia do very well on niacin.

Now physicians and psychiatrists are beginning to evaluate my work once more in terms of results.

The Conservative Science

Medicine is a very strange field of "science." I know of no other science that is so slow to accept new methods.

Lithium was in use for mania for 20 years before it became legal in this country. Ascorbic acid was known to cure scurvy for more than a 100 years before its use became mandatory in the British Merchant Marine (Lind⁷ and Hess⁸).

It took more than a generation for Semmelweiss's work on puerperal fever to be generally accepted (Grosse⁹).

The argument pro and con for the use of Coumadin following coronary occlusions still goes on.

When Harvey said that the blood circulated, fellow physicians tried to expel him from the medical society.

The only way for a psychiatrist to decide about the value of mega vitamins is to use them and observe the results.

If Hoffer and Osmond had advocated the use of vitamins for schizophrenia during the twenties or thirties or even during the early forties, their work would undoubtedly have been received with open arms.

Styles in the sciences come and go, much as the styles in ladies' dresses. Today vitamins are out of style, just as Semmel-weiss's theories about contamination could not take root until after Pasteur brought into the fore the science of bacteriology.

I am always a little surprised that scientists are so very human, but then why should we really expect them to be otherwise, especially in a field such as medicine which is such a medieval mixture of science and art.

Hoffer, Osmond and people like myself are not the only ones who are accused of bad faith when it comes to mega vitamin therapy.

When a man of the stature of Linus Pauling¹⁰ (Professor of Chemistry at Stanford University and two-time recipient of the Nobel Prize) reported favorably upon mega vitamins in *Science*,¹⁰ the journal of the American Association for the Advancement of Science, a whispering campaign said

he was becoming senile. Anyone who thinks Pauling is becoming senile need only read his article in *Science* to be convinced otherwise.

When Hoffer and Osmond began advocating niacin for patients suffering from schizophrenia they must have felt much like William Harvey who said, upon publishing his work on the circulation of blood:

"I tremble lest I have mankind at large for my enemies, so much doth wont and custom that become as another nature, and doctrine once sown and hath struck deep root, and respect for antiquity influences all men: still the die is cast, and my trust is in my love of truth, and the candor that inheres in cultivated minds." (Bettany¹¹).

One wonders what medical world reaction will be to Dr. Leon E. Rosenberg of Yale University, who recently spoke out in favor of mega vitamin therapy. This meeting was sponsored by Jackson Laboratories, Johns Hopkins University and The National Foundation of March of Dimes.¹²

Another Self-Trial

But this is not quite the end of my story about niacin.

While in New York last fall for a meeting on niacin therapy, I decided to try a new product put out by Willner Chemists. They not only placed a sugar-free, starch-free niacin tablet on the market, but also featured a niacin capsule which would allow me for the first time to test the niacin without binder. I held a taxi waiting in front of the drug store while I made a quick purchase of both the tablet and the capsule. Back at my hotel room I opened a capsule, shook some of the powder into half a glass of warm water and drank it down.

Soon a pleasant flush was spreading from my face down to my chest, arms and legs. For the first time while taking niacin

I experienced a feeling of well being and this time was entirely free of tachycardia and abdominal discomfort.

I added more niacin to another glass of warm water.

Still I felt nothing but pleasantness. I was certain I had at last found the proper form of niacin for me.

Late that afternoon, after finishing dinner at the airport, I swallowed a 500 mg. capsule with the same pleasant results.

Soon I was regularly taking a gram of niacin three times daily. It took my serum cholesterol level down from 312 to 213 and brought about a similar spectacular fall in my triglyceride level.

Now I have discovered a new, as yet unpublished complication resulting from the ingestion of niacin: it makes me feel

so good that I lack the misery needed for creative work. To write this article I had to stop niacin for a period of time.

I have a novelist friend who has noted the same complication. Once he begins writing a book, he has to cut down on his niacin to the point where he feels the hellish fires of creation burning within. From these fires spring his works.

I might add, however, that I have treated several artists who were too ill to create. These patients began productive, creative work once more after they had been on niacin for a few months.

An interesting new world has opened for me and many of my patients. Hopefully this new world will soon be opened for many others.

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