Vitamin B₃ and Krebiozen

— a polemic

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AN EDITORIAL COMMENT

While addressing a medical meeting recently at a college of medicine in Vermont, Dr. L. Mosher, Chief, Center for Studies of Schizophrenia, National Institute of Mental Health, compared the mega vitamin treatment of schizophrenia with the Krebiozen treatment of cancer.

Since the differences between the two treatments are very much greater than their similarities one of us (A.H.) wrote asking him to explain this analogy, which seemed astonishing. He replied:

"Krebiozen came up as follows: I was noting how frequently reports of 'the' cure or 'the' answer to schizophrenia have come up. This process seems to be one which relies heavily upon the almost universal wish for certainty and authoritative answers to difficult questions. It seems to me that schizophrenia and cancer comparable in this regard because both have been surrounded by an aura of hopelessness and perplexity and have, consequently, been subject to this process. With that as a context I discussed the of the usefulness of niacin question as а treatment schizophrenia. I said that at the moment I was not certain to what extent niacin would prove to be helpful, but that I thought it would be in many instances. I went on to note that I was concerned about the recent publicity given niacin as a treatment of schizophrenia as perhaps indicative of a trend for it to be seen, at least by uneducated laymen, as 'the' cure for schizophrenia. I explained that I thought this might turn out to be an example of the process I had described. I also noted

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that professionals would need to exercise great care in their statements about any treatment, such as niacin, which had become such a focus of publicity and oversimplification in the minds of laymen. If such care were not exercised I indicated that I was afraid it might become, at least in terms of the amount of disappointment engendered in patients and their families, Krebiozen of psychiatry. The major aim of the discussion was to urge caution to members of the scientific and lay public in their statements about the effectiveness of niacin. By urging caution I hoped that fantastic expectations of 'cure' would not develop, which, if unfulfilled can lead to out-of-hand rejection of a treatment. In turn, this would deprive some people of a potentially very helpful agent."

Dr. Mosher's main concern seems to have been that badly informed laymen might come to believe that the mega vitamin treatment was a "cure" for schizophrenia. The belief that such a "cure" existed might raise false hopes in patients and as a result of this, doctors would reject a potentially valuable treatment out-of-hand.

One could hardly cavil with his intention, although, from the laughter reported among the audience, it would appear that he did not achieve his expressed goal. Indeed his audience, far from accepting his cautionary address in the spirit in which it was intended, apparently rejected the use of mega vitamins; something which he clearly did not intend them to do.

However benign his intentions, his remarks seem open to this misconstruction and might be considered an attack upon mega vitamin therapy (an aspect of ortho-molecular psychiatry). His comparison between Krebiozen and the mega vitamins seem likely to prejudice physicians who know little or nothing about either treatment. Far from encouraging a cautious and informed approach to the mega vitamins, the Krebiozen analogy is likely to result in immediate rejection. Krebiozen suggests a valueless treatment, employing a secret remedy whose composition could not be divulged even to other investigators, promoted by people whose ethics are suspect and who themselves stand to make a personal

profit from producing and selling the alleged remedy.

Since some physicians may be just as unaware as Dr. Mosher was of the unsoundness of this mistaken analogy the brief table on the opposite page may clarify the matter.

Since there is no similarity whatever between these two compounds and the way in which they have been presented to the profession, one must suppose that the nubbin of Dr. Mosher's concern lies within the matter of false hopes. Is there then evidence that false hopes have been engendered by those who advocated the mega vitamin treatment?

The original papers which reported the benefits of niacin were specific in referring to it as adjunct to the other treatments then in current use. We know of no physicians who, since those original papers were written, have ever suggested that it was a panacea capable of producing a promised or guaranteed cure. Such a claim would be as foolish in psychiatry as in any other branch of medicine, and such rashness, if it had indeed occurred, should be deplored.

What physicians using the mega vitamins have done, quite properly in our opinion, is to inform the patients and their relatives that the chances of recovery can be greatly improved by this method. There is

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substantial evidence to support this encouraging attitude.

Those patients and their families who may appear to have become excessively hopeful about mega vitamins, have either experienced some unexpected benefit or have never previously been given any hope by their therapists.

When this happens even the simple statement that there is a reasonable chance for improvement or recovery can make all the difference between hopelessness, which may culminate in suicide, and undertaking a treatment which sometimes takes a long time and is frequently slow at first.

It has never been the doctor's business to refuse to give hope when some cause for it exists—indeed failures to do this is at least as grave a danger as that of giving

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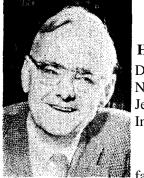
those false hopes which so greatly concern Dr. Mosher.

An example of this occurred recently in our practice.

An 18-year-old girl was referred from Winnipeg. She and her parents had just completed a diagnostic evaluation at a

Comparison of Krebiozen and Niacin

	Krebiozen	Niacin
Composition	In doubt	Pure vitamin
	Proprietory and never made public	Public domain
How introduced into medicine	Uncontrolled studies	First double blind controlled studies in psychiatry
	Few publications in medical press	Many publications in medical press
Results	Uncertain	Every physician using method as described reported similar results (much better recovery rate and fewer relapses).
Other uses	Unknown	Anti pellagra, hypocholesterolemic, anti stress, anti hallucinogenic
Toxicity	Unknown	Among least toxic of all medi- cation used in psychiatry
Cost	Reputedly about \$10.00 per daily treatment	About \$.10 per day if purchased in ½ or 1 gm. tablets in lots of 500 to 1000 tablets



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famous psychoanalytic hospital.

This involved frequent interviews with psychiatrists, psychologists and social workers, which lasted for two weeks. When this was over the parents were told that their daughter was schizoid and that there was no hope for her unless she spent at least four years in their hospital.

However, even then they could give no promise for recovery. The fact that any treatment was offered implies some hope existed. This hope was long deferred and even after a huge expenditure of over one hundred thousand dollars, there was no assurance that their daughter would be any better.

Testing showed that the girl was severely schizophrenic and had been so for some time. Judging from the published results for psychoanalytic treatment in schizophrenia, this hospital was being perfectly honest and straightforward about her prospects.

In February, 1970, she began the mega vitamins and by June was doing well enough to enroll at a university for the fall term.

The question arises as to who was offering false hopes—the psychoanalytic center which offered a prolonged and very costly treatment for which there is still no evidence of any benefit after some 70 years, or the mega vitamin treatment which has already benefited this patient greatly?

We have read all the papers by psychiatrists

and physicians using the mega vitamin treatment. None of them has claimed 100% recovery of cures. What they have claimed and produced evidence to support these claims, is that when this treatment is used as recommended in combination with the best current treatments, the results are superior to those treatments alone.

Dr. Mosher himself reported recently* that only 20% of discharged schizophrenics are gainfully employed. This is apparently the best that the tranquilizers alone and other current treatments can achieve. If he is correct there seems no reason to be complaisant with results which are less than the natural recovery rate of about 35% or the 50% recovery rate reported by John Conolly and others over one century ago.

By adding the mega vitamin treatment these figures can be greatly improved—indeed if we accept Dr. Mosher's own findings they would be nearly quadrupled.

Concern about false optimism seems to be most common among physicians who have seldom seen a recovered schizophrenic in their own practice and so have come to believe that this seldom occurs.

Many physicians have come to see our patients during the last four years. These are doctors who have acted upon the advice which the great Will Mayo gave to his young associates.

"When you hear that a certain celebrated surgeon is a liar, and that you are not to believe what he says, go to see him. Find out whether the trouble is his goodness or his badness. Sometimes a good man is cussed more vigorously than if he were bad."**

Our visitors are astonished to meet re-

covered schizophrenic patients who discuss freely and without shame the hallucinations, delusions and misperceptions which once bedeviled them and made ordinary life impossible.

These visitors are sceptics, but not cynics.

They believe the evidence of their own eyes and ears and go back to try the treatment for themselves using the methods which we employ. Once they have seen much the same results in their own cases they develop that same enthusiasm which any doctor has for a treatment which works in many hitherto unresponsive cases

If one wishes to find a candidate suitable for the dubious honor of comparison with Krebiozen, psychoanalytic therapy, alone, for treating schizophrenia is far more appropriate.

Its composition (mode of delivery) is unstandardized and variable, its differing schools have a proprietary interest of a substantial kind in furthering their particular approaches. It was introduced with uncontrolled studies. Its results are uncertain and according to many authorities, ineffective and possibly harmful. There has so far been no corroboration of such results as have been reported. There are no proven uses of psychoanalysis, such as controlling pellagra, LSD reactions, delirium and in the treatment of other conditions resembling schizophrenia.

Since Dr. Mosher is concerned about the dangers of generating false hopes, then he should surely turn his attention to those many proponents of psychotherapy for schizophrenics, who certainly arouse hope and provide it at very high cost to those who can afford it. Furthermore, they rarely if ever, give patients and their families an opportunity to study the results on which those

hopes are founded, which, when expenditures are so enormous both in time and money, would surely be the proper thing to do.

In reply to Dr. Mosher, one of us (AH) wrote:

"I must point out to you that none of my colleagues who have worked in the field of mega vitamin therapy has ever claimed a cure for schizophrenia and if you will study my papers very carefully you will notice that I myself do not use the word cure. Not that I am afraid to do so but because I do realize how emotionally charged this word is to the point that it does not even appear in the standard psychiatric dictionary.

"The usual word I use is recovered or well or sometimes I may have talked about a tenyear-cure-rate which I have defined as a patient who has been well for ten years. I have also made it very clear, and have my colleagues, that the recovery of a schizophrenic patient depends upon his continuous use of the chemotherapy which is appropriate for him. Therefore, I think that there is no comparison whatever and I do resent the fact that this comparison has been made and in fact would consider it somewhat unethical.

"You may remember that many months ago I invited you to come out to Saskatchewan to see my results and you pointed out that you would not have the money for this. I am certain that in your high position you could easily arrange such funds if you were truly interested in looking at my results at first hand. I think that once you have done so, it would be very difficult for you to continue to make the kind of comparison which you did make."