

Editor's Introduction

A. Hoffer, M.D., Ph.D., F.A.P.A.

Psychiatrist (private practice)
1201 CN Towers
First Avenue South
Saskatoon, Saskatchewan,
Canada



For many years my colleagues and I have used megadoses of certain vitamins in combination with well-established psychiatric practice for the treatment of schizophrenia and allied conditions. At our meetings we have discussed the terminology and theoretical concepts around which similarly inclined physicians could rally. We required an easily identifiable term which would embody the entire nutrient approach. This would include not only the provision of the missing nutrients which were either lacking in the diet or which were required in larger quantities but the proper balance of major nutrients such as protein, fat and carbohydrate. We had uncovered a good deal of evidence that this approach would be helpful not only to schizophrenics but to some seemingly unrelated disorders.

"Orthomolecular psychiatry," the term originated by Dr. Linus Pauling, provided us with that concept. It identifies a particular trend in psychiatry toward the use of nutritional concepts in the treatment of many mentally ill patients. It is therefore appropriate that the papers given at our first Conference on Orthomolecular Medicine should be recorded in our journal.

We will expect major disagreements between proponents of the new school and adherents to the old. Some of them will appear here since it would

be unfair to allow the reader to believe there are no major disagreements.

Dr. T. Ban in his paper presented at the symposium and published here represents adherence to the older school which before Orthomolecular therapy has given us the only major psychiatric advance in 60 years. This is his first attempt to examine some of the minor aspects of the Orthomolecular approach.

His conclusions have no relevance beyond the particular design of his study. It merely shows that if one combines nicotinic acid at a fixed dose level with tranquilizers, there is no difference in the number of days in hospital for the first admission. This had already been reported by our group in 1957.

In contrast Orthomolecular psychiatrists using the entire approach have no difficulty recovering the same high proportion of patients. Hopefully the Ban studies will slowly expand until the megavitamin approach is used in its entirety. This will then quickly remove our disagreement.

A. HOFFER, M.D., Ph.D., F.A.P.A.

President
American Schizophrenia Association