Letter to the Editor

Orthomolecular Therapy in the Family Practice of One Physician

To the Editor:

It is interesting that Orthomolecular therapy has proven to be a godsend to my family practice. The hypothesis of Dr. Hoffer that schizophrenic patients respond and become normal has been repeatedly demonstrated in my practice. Nicotinamide, Pyridoxine, and ascorbic acid in dosages varying according to the severity of the disease process produce cure and improvement in almost all cases unless there is a lack of cooperation. Autism, social withdrawal, ego disintegration, phobias, disinterest, fecklessness, despondency, guilt feelings, anxiety attacks, anergy, and psychomotor retardation respond. Onychophagia with and without overt schizoid psychologic profile has responded in all cases wherein tried. Enuresis has responded in a few cases wherein tried.

Mrs. V. C. was schizophrenic for over 20 years. She deteriorated to a state of stupor and noncommunication. I saw the patient in consultation because she developed bilateral Babinskis. Discharge was arranged. Psychotropic drugs were abruptly stopped. The patient was placed on appropriate dosages of nicotinamide, Pyridoxine, and ascorbic acid. In a few days she was neurologically normal. In one month her mental disease was classified as a cure according to the stringent cure criteria as outlined by Dr. Hoffer. Furthermore, in my clinical opinion, her psychologic profile is more stable and integrated than the profile of patients who are generally considered normal. I have produced similar results in multiple schizophrenic patients including paranoid schizophrenics.

Mrs. P. B. was in a wheelchair for two years since an auto accident. Her psychologic profile included projection, ambivalent hostility, suspiciousness, centrality, meanness, and delusions. Her illness exacerbated to the point that she was convinced her husband was trying to poison her. Consequently, she attacked her husband with her crutches. On several occasions the husband had to sleep on the porch. She was brought to my office by a concerned son. The patient was glaringly paranoid. My nurse was instructed to give the patient a priming dose of Orthomolecular therapy. The patient stared at the pills, screamed, "Poison," and threw the pills against the wall. She promptly arose from the wheelchair for the first time in two years without aids or assistance and ran out of the office. In two weeks on Orthomolecular

therapy she became and remained well, pleasant, and intelligent.

Mrs. V. B suffered from the pangs of claustrophobia for 20 years. Closed doors, closets, etc., all caused severe panic reactions. One week of Orthomolecular therapy made her well. She is maintained on 500 mg nicotinamide and 500 mg ascorbic acid daily.

Approximately 1,000 patients with abnormal psychologic profiles have been treated in my office with Orthomolecular therapy. According to Hoffer's criteria 90 percent would be classified as greatly improved or cured. Sometimes tricyclic antidepressants, phenothiazines, and minor tranquilizers are used, but frankly these drugs are seldom necessary. When tricyclic antidepressant agents are used as the primary agent for endogenous depression, Orthomolecular therapy markedly improves the effectiveness of therapy and shortens the recovery period.

Most patients on therapy in our office routinely receive a fingerstick hematocrit determination and a fingerstick whole blood one-stage prothrombin time determination. In some cases Orthomolecular therapy has produced a fall in the prothrombin time to one-half the control value. Prothrombin times done by our method are frequently reduced to values below the control.

Relative to the foregoing matter, Mrs. R. S. had cirrhosis with a prolonged partial thromboplastin time and prolonged prothrombin time. The prothrombin time did not respond to oral or parenteral Vitamin K. Orthomolecular therapy stopped her overt bleeding phenomena, restored her prothrombin time to normal, and caused the disappearance of multiple spider angiomata.

Mr. F. K. had nutritional cirrhosis. He developed a massive pulmonary infarction on Orthomolecular therapy.

Mr. F. R. had decompensated liver disease with ascites and ankle edema. Two weeks of Orthomolecular therapy made him well and he has not imbibed alcohol since therapy was started.

In my view the above observations tend to indicate that both the normal and the diseased liver work more efficiently on ortho-molecular therapy.

Dr. Linus Pauling's definition of Ortho-molecular therapy relative to psychiatric illness is the provision of the optimum molecular environment for the mind, especially the optimum concentrations of substances normally present in the human body. My hypothesis is that his definition can be broadened to include diseases of all organ systems. I present the following observation to support this opinion. Mr. J. C. with multiple actinic keratosis proven by biopsy responded to Orthomolecular para-aminobenzoic acid therapy with a cessation of formation of new lesions.

It baffles me that some psychiatrists are adamantly resistant to this mode of therapy, claiming that controlled studies do not confirm its effectiveness. Some 50 patients and their families in my practice have consented to be interviewed in private by any reputable authority to assess the effectiveness of therapy in their particular cases.

The purpose of this article is to point out that Orthomolecular therapy works in my practice. This article is not concerned with the postulated biochemical explanations of the action except to say that the postulated mechanisms of improvement may or may not be correct. These matters are well-discussed in articles by Hoffer and others.

It is my hope that the matter of Orthomolecular therapy will be investigated in depth, posthaste, so that the many patients in need of this mode of therapy may obtain it.

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