Conversion to Orthomolecular Treatment

Jack L. Ward, M.D.1

I was not impressed by my first contact with the megavitamin approach in 1959. Dr. Abram Hoffer gave a presentation of his adrenochrome-adrenolutin theory of schizophrenia and his niacin-ascorbic acid treatment at the New Jersey Neuro-Psychiatric Institute. After the presentation, a short, intense, and enthusiastic man, Dr. Theodore Robie, popped up from the audience and gushed forth praise of Dr. Hoffer and said that these theories would revolutionize the treatment of schizophrenia. For myself, I stayed politely through the presentation not understanding much of the biochemical terminology and knowing that it was not important anyway. It was a wasted morning. Nothing had been said about the really important psycho-dynamics of schizophrenia.

I continued my interest in psychoanalytical ly oriented psychotherapy and theories of Rosen, Sullivan, Moreno, etc. Having participated in some of the early mass clinical trials of Thorazine and Reserpine at Saint Elizabeth Hospital in 1954, I was convinced of the value of the major tranquilizers in the treatment of schizophrenic symptoms. I thought, however, that these agents merely controlled the symptoms and that the main treatment required for lasting change was psychotherapy. I had seen enough relapses of schizophrenia after electro-shock treatment to know that EST afforded only temporary remission.

The name Abram Hoffer continued to intrude into my professional life as I became interested in treatment of alcoholics and neurotics with LSD-25. Dr. Hoffer and his colleague Dr. Osmond had done some of the early work in my new field of interest and I had some correspondence with them. My practice began to have its frustrating aspects. The heady experiences of being able to communicate with some schizophrenic patients on a highly symbolic or primary level, the identification of "double binds," the demonstration of the workings of the "schizophrenogenic" mother, etc., seemed to have little value in the treatment of my patients. Major tranquilizers and antidepressants were useful, but large doses were necessary and had to be continued indefinitely. Too often the dose necessary to control the symptoms also kept the patient on the level of a semi-functioning zombie. And even so, there were relapses. At about this time, I learned from Hoffer and Osmond that massive doses of niacinamide and ascorbic acid could modify

Suite l-L, 333 W. State Street, Trenton, New Jersey 08618.

the LSD state. I tried these two vitamins with patients who were having difficulties with LSD sessions. I found that, while the vitamins did not wholly eliminate the LSD effect, there was a lessening of the effect and that patients calmed down and were able to react more rationally. I felt obliged to look into the megavitamin approach.

Dr. Hoffer and Dr. Osmond were very kind and patient with me and my psychoanalytic ideas. They introduced me to the HOD test and to the practice of requiring patients to take horrendous quantities of huge vitamin B3 and vitamin C pills. I found the HOD test with its emphasis on the perceptual world of the patient to be very useful and to aid in close rapport with the patient. I no longer hid the diagnosis of schizophrenia and, instead, frankly discussed the diagnosis with the patient. The patients' reaction to this approach was surprising. They appreciated my going over their responses on the HOD test and "admitted" hallucinations, delusions, perceptual distortions, etc., much more readily than had been my experience up until that time. The fact that the doctor was asking the "right questions" and explaining to them that a biochemical disorder was causing the symptoms seemed to make all the difference in the world. I was lucky enough to try the megavitamin approach on patients who responded rapidly to it. I became enthusiastic about vitamins B3 and C and delighted when I found that I could use much lower doses of phenothiazines to get a superior result.

I had been using megavitamins for several months prior to a 1965 conference entitled "The Use of LSD-25 in Psychotherapy and Alcoholism" at which I presented a paper. At the conference I mentioned my positive results with megavitamins to a well-known authority in psychopharmacology. He became angry arid said, "Well, just keep using it. You'll find out." Whereupon he turned on his heel and walked away. I was already used to a kind of amused response and the observation that at least the vitamins wouldn't do any harm. But this was the first really hostile reaction that I had heard to megavitamin therapy.

Since then I have experienced the hostile reaction many times, and I continue to find the hostility as incomprehensible as I did the first instance. Following this conference I continued with the LSD work and began sharing some LSD patients with Dr. Allan Cott. Allan began to use the vitamins and became as enthusiastic as I was. Dr. Osmond introduced me to Dr. Pfeiffer and his work, particularly the use of vitamin B6. Gradually, a small circle of enthusiasts formed: Dr. Beebe, Dr. Williams, Dr. Meiers, Dr. Hawkins, Dr. MacLean, Dr. Robie, Dr. Kowalson, Dr. Green, Dr. Vogel, and others. Everyone had some input and this was rapidly communicated back and forth. It was an exciting time.

At about the same time Dr. Meiers and I found an article by Dr. Harry Salzer concerning the psychiatric effects of hypoglycemia. We began doing glucose-tolerance tests and found, just as had Dr. Salzer, that over half our patients had relative hypoglycemia. A high-protein, low-carbohydrate diet became another tool in our armamentarium. At first, Dr. Hoffer was a bit reluctant to give much credence to blood sugar, but he was caught in a crossfire of Dr. Meiers from the West Coast and myself from the East Coast and succumbed to the pressure. Dr. Hoffer's response has been characteristic of most of the individuals who have joined the Orthomolecular movement. It has been a response of open-mindedness and a willingness to try out new ideas and to dispose of ideas and methods which do not seem useful. I am pleased that we continue to grow with our interests in all the vitamins, trace metals, fasting, sensitivity and allergy, new drugs, general nutrition, and a start towards preventive goals.

On the other hand, we have our defects. Most of us are clinicians who depend on empirical data and case histories for our guidance. Certainly, thousands of patients have benefited from our methods. However, we have few people who are devoting their time to organized research on a large scale. We tend to overemphasize one interest or another, whether it be a particular vitamin, trace metals, blood sugar, cerebral allergy, or what not. We have

pieces of the puzzle. Our treatment is shotgun in nature. Thus far we have not been able to define questions such as which individuals require what specific treatment; what, if any, relationship do the various elements that we can test for have one to the other; and how many schizophrenias exist? Much more activity is required to answer these and other important questions in a scientific fashion.

Perhaps because I am the one active psychiatrist in a general hospital of 350 beds, I have had little serious opposition to treating patients as I thought they should be treated. I have had the usual pot shots from psychiatric colleagues and from medical colleagues, "He thinks everyone has low blood sugar." My local opposition has been minor. On a more general level, I have been amazed by the lack of knowledge about what Orthomolecular psychiatrists do on the part of our critics. I have been appalled by the blind bias of some of our critics and by the penalties (such as the denial of hospital privileges) imposed on some Orthomolecular psychiatrists. However, this has always been the fate of innovators in Medicine. In the long term, our application of Orthomolecular techniques to sound basic psychiatric and medical practice will endure.