

Road to Orthomolecular Therapy

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One of the criticisms which has been hurled against Orthomolecular psychiatry is that the treatment is so complex that it can hardly be followed. This is a criticism which has been made, with all seriousness, by professionally trained people, especially psychiatrists who have spent over 10 years presumably learning physiology, anatomy, pharmacology, therapeutics, and how to place all these together. This idea that Orthomolecular treatment is so complex has also prevented many physicians from coming into the field. It is therefore refreshing to be able to present the account of how one person became interested in Orthomolecular treatment and has had a tremendous impact. It is obvious from reading Mrs. Margery Hall's account that she has become an expert Orthomolecular therapist although she does not have an M.D. It is very sad that Mrs. Hall had to do this on her own without having any professional advice, and even sadder that it is still so hard to find physicians in Great Britain who are prepared to come into this interesting and exciting field. It is obvious that Orthomolecular treatment is not too complex, but certainly it is equally obvious that it does

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require a fair amount of effort in learning and new techniques and trying them out on patients.

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My concern with nutrition started 49 years ago when at the age of 18 I was told I would be starting a three-year training in London at the end of the week. Answering my protest my mother said, "You're going to the best place, it will cost a lot of money we can't really afford, but what you learn will be useful to you all your life." **Prophetic words.** I did at least learn to buy, use, and cook proper food all controlled by dietetics, of which not much then was known. We never saw a packet, or used an artificial product, and our standards were absurdly high. When I started training other young people I realized that the end of my training marked the beginning of my real learning. Then I married and lived in India.

This meant more concern with food and adapting to Indian food (all imports were strictly rationed due to war). During one posting, to what was described as "the worst station in the Empire," as well

as no fresh food, we had endemic smallpox and cholera in the house—our nearest doctor 200 miles away—and three small children. I think we would not all have survived without my training.

I was to meet mental illness for the first time in 1962 when we were posted to Borneo, where I was asked to start diversive therapy (voluntary) in the hospital, as many of the patients could not read or write. Within a month this included the mental patients, and I was working full time. The mentally sick were housed in single cells pending journeying in batches to the other side of the island. The authorities agreed that the mentally ill could join my ward activities provided a native policeman accompanied them. The accepted noise in the hospital at 1 p.m. was the flying patter of bare feet with the clump of heavy boots in pursuit. They all behaved beautifully, though they made some very odd things as they seemed to not have the same visual impressions as the rest. Those too ill to leave their cells were given drawing materials. The treatments were all prescribed by physicians as there were no psychiatrists.

I saw all the mental patients as soon as they were admitted. They were a great mixture of races: Borneans (including from the Head Hunting groups), Chinese, Indians, Moslems, Malaysians, and mixtures of all these races. After some weeks of observation I asked Sister what the patients suffered from. She replied that it was schizophrenia and that there was no cure as it was a disease of the brain.

"If it is a brain disease why don't they all behave according to their different cultures? These all behave more or less the same way." Sister looked startled. "Quite a number go down with schizophrenia after treatment for T.B. to which they are subject." "There you are." I said, "I think schizophrenia is a physical illness."

I have come across nine other cases in Great Britain of people getting schizophrenia after being treated for T.B. with streptomycin. I wonder whether this has given rise to the belief

that schizophrenics tend to suffer from T.B.?

By this time I was deeply interested in illness of the mind and when a son had an accident parachuting (he also had a forceps damage at birth) I had to return to Great Britain knowing that I was deeply involved. To have to watch someone who has grown up to be intelligent, kind, and reasonable slowly turn into a complete stranger is a very shattering experience. However, that is all a very, long story and will be told elsewhere. The attentions from the neurological staff of a large teaching hospital were excellent, but when psychiatric symptoms developed the whole pattern altered.

From seeing the neurologist every day it altered to an interview lasting three minutes after three months of requests. He said, "You say he's no better. I can't get through to him at all (also I gather a three-minute effort). If the medication doesn't suit him, it suits everybody else—he'll never work again. I'm very busy. I can't spend any more time with you." His manner was patronizing, disinterested, and slightly offensive. I was deeply shocked. Surely this wasn't psychiatry in a famous London teaching hospital?

After that I sought interviews with doctor after doctor, but failed to find anyone I really wanted. By this time I knew my son was a metabolic case. They could call it what they liked, I was certain I was right. There were nightmares, exhaustion, loss of weight, permanent fatigue, bizarre eating habits, frequent passing of urine, addiction to sugar, as well as the psychiatric symptoms. I was getting quite desperate when I at last found whom I wanted. He was very clever, highly qualified in several branches of medicine, and started by being very cross at my description of his colleague as being "callous, indifferent, and incompetent."

"You mustn't speak like that."

"But you see it makes me feel better every time I say callous, indifferent, and incompetent, and it is very important

that I feel better."

He turned out to be splendid, skilled, kind, with no nonsense, and to have great interest in my theories and work.

During the above battles, three most important things happened. Somewhere about 1966 I saw a book review advertised. It was **How to Live with Schizophrenia** by Hoffer and Osmond. I sent for it and I remember well it arrived one Monday morning. I opened it feeling sure it was a lot more rubbish, and I had read plenty of that. In about five minutes I was buried in the book, and all work was abandoned. At last somebody had written some sense, and mental illness they thought had physical causes. They actually knew what they were talking about. The next thing was learning that there was to be a program televised from a local psychiatric hospital. I offered to take part and say what I had found out. I was accepted at once as I discovered that nobody ever offered to participate. I was put up against a Consultant Psychiatrist who asked me lots of questions he wanted publicized. Then they said it was finished, they'd been filming for six weeks and that was the last "take."

"But I haven't started," I said in desperation.

Everybody was ordered to return. The cameraman whispered to me, "We've been here six weeks and we haven't learned anything at all."

I thought my comments would be all the more interesting. Back came the Consultant Psychiatrist, and I asked him all the burning questions about mega-vitamins, urine tests, physical symptoms, etc. When we finished I put out my hand and said, "Thank you so much for helping."

He backed, shaking with emotion, refused my hand, and said "You read all that rubbish and believe it."

I went to the producer and said, "If all this is a matter of money we could raise it."

He looked at me very sadly and said, "Money isn't the problem."

I was very worried and realized I was up

against something deeply wrong and beyond my understanding. So as usual I did something practical and bought up all the B3 and C I could lay my hands on. I arrived home with a huge supply thinking there was something sinister afoot, and if it included stopping the sale of these vitamins I'd have lots to help people. Of course they were all mixed strengths but the collection pleased me, and they all ultimately ended up down the throats of the mentally sick. I asked to see the script of the broadcast, and my part was cut right out except for one sentence about lack of money for research. So I cut that out, too. My suspicions were correct.

From 1966 I had volunteered to work as a diversive therapist in Holloway women's prison. Although I was not trained in that field I was appointed by The Inner London Education Authority on probation for two years! I stayed seven years and worked once a week. I observed and learned a great deal more about mentally disturbed people, as there are many such in prison. I watched with interest the bartering of tea and sugar—the usual food addictions of most psychiatric cases in Great Britain.

In 1970 I became Chairman of a voluntary association and was one of the organizers of the first World Schizophrenia Conference at which a number of the early Orthomolecular psychiatrists and doctors spoke. These included Drs. Hoffer and Osmond. The conference had great impact inasmuch as the speakers produced an entirely new concept of mental illness. In spite of this there has been relatively little progress since except for that done by voluntary organizations. This still obtains today. However, it was an enormously important step forward.

I was a founding member of the American Schizophrenia Association and a subscriber to the Orthomolecular Journals which I read with great care. Many of the papers have been of enormous importance to me and my work.

By this time I had begun to see sick people begging for help. I found their

symptoms overlapped a great deal and concluded that the principles of Orthomolecular treatment covered a far larger field than schizophrenia, indeed the whole field from neurosis to schizophrenia. I do not like the word "schizophrenia," neither do those who qualify to be called this. I call all the illnesses biochemical imbalances. I never ask what diagnosis has been made. I make no comment on medication nor on the psychiatrist's opinion unless mother (or father—rather rare) has been blamed. I say to desperate mothers, "Are you guilty?" The answer is always an indignant no, so I say "You stand and fight. Ask for the evidence the psychiatrist has, and demand a biochemically-oriented consultant."

Once at a National Association of Mental Health meeting I was allowed the final question. It was that "I would like the experts' answer to the following questions: Why do psychiatrists consider they are qualified to assess the amount and quality of love of one human being for another, and why do they appoint themselves judge and jury and find people guilty of crimes they have never committed?"

There was, to my surprise, rapturous applause from the all-professional audience, but the psychiatrist on the platform wouldn't answer.

Afterwards the Chairman said, "That was a very good question."

"But it didn't get a good answer," I said.

At the next meeting I asked a young, enthusiastic psychiatrist who was demanding more psychiatrists for the rising numbers of mentally sick, "Do you include biochemical research in your plans?"

"I must have time to consider that question."

When I asked again for an answer it was reluctantly "yes."

In November, 1973, I became a founder of "Sanity" (to raise funds to further research into the nutritional and biochemical factors in mental illness). We have an Executive Committee of five, and a Medical Adviser (who cannot take patients but has done a splendid job of collecting,

monitoring papers, etc.), Solicitor, Chartered Accountant, and Dean. No one is paid, and everyone is responsible for their own expenses. Money can only be withdrawn for research projects approved by the Executive Committee. We were founded only to raise money, but the sick trickle in steadily. We have had to produce a sheet of dietary suggestions and a bibliography. We observe a great deal and more by discussions with the sick and their families. Once we were surprised if one got better—now we are disappointed when one does not. We have recently sent 30 random cases to our House of Commons. We have many more.

We have come to some conclusions about schizophrenia.

1. There has been evidence of something going very wrong back over the years. This is when tests should be made because it would be easy to control biochemical imbalance at this stage.
2. There is frequently a pattern of family illness, diabetes, migraine, asthma, rheumatoid arthritis, cancer, as well as the history of mental illness.
3. There are often brown patches on the body which fade with nutritional treatment and stretch marks which do not.
4. The sick are always cold, require a lot of clothes, seek warmth, but cannot stand extreme heat or strong sunlight. Also they have no capacity to tan.
5. They nearly all loathe animal fat. This suggests a physical intolerance.
6. They are extremely addicted to certain foods which nearly always turn out to be the allergens which are factors in their illness. These allergens are frequently grains, cow products, sugar, eggs, tea, coffee, chocolate, beer, and whiskey. These are allergens affecting the brain.
7. All have very confused memories of their ill periods—when recovered the schizophrenic is conscientious, hardworking, kind, somewhat naive, unable to understand devious remarks or behavior. He tends to lack drive.

Now how does "Sanity" tackle its cases?

1. Advise cooperation with a biochemically-oriented doctor. It is useless to try to help a schizophrenic who can communicate neither emotionally nor logically unless he is medicated. Medication usually reduces as dietary control improves.
2. Obtain the support of the family. This is very important. Families are splendid when they know what to do. Supply them with literature and easily available support at all times.
3. Take all cases off sugar. This can produce very pleasing results. Some say, "I'm walking on air." This sort of euphoria does not last, but they do obtain lasting reduction in symptoms. Neurotics benefit especially quickly.
4. Substitute coffee with decaffeinated coffee. Reduce tea to three weak freshly made cups daily. If addicted, change to herb tea. Our green buckwheat is the nearest substitute.
5. Suggest a really good vitamin and mineral supplement to cover a full range. We have had one especially made for us, and we add to this two others.
6. If the sick have symptoms of schizophrenia, add mega B3 and C to the regime.
7. Suggest the trial removal of likely allergens from the diet. The order of removal will depend on the addiction. The favorite food of a psychiatric case is nearly always the allergen. We note that most of these are latest in the ecological tree, e.g., wheat, cow products, sugar, coffee, tea, chocolate, beer, and whiskey.

Sometimes results are dramatic— sometimes they take three months. When the sick begin to improve they can keep diaries and can pinpoint a food causing a down spell. This week one reports that string beans, peas, or lentils can produce "voices" and a sort of LSD trip.

The question of sugar is of great interest. No doctor here believes in hypoglycemia as a contributing factor in mental illness. We can only get six-hour glucose-tolerance tests (GTT) done in rare circumstances, and after continuous

demands. One of our very interesting nonpsychiatric cases was said to be a terminal case of hypoglycemia. He carried sugar in his pocket to eat when he felt an attack coming on. He came to us as a last resort. His G.P. cooperated and we suggested he come off sugar and gluten. The improvement was dramatic, and he lost nearly all symptoms in 13 days. He was so grateful he offered to help us by undergoing a six-hour GTT to demonstrate his condition, so more tests could be done. However, he reacted so violently to the glucose that a doctor was sent for.

Within a few minutes I could hear a violent argument developing, ending in a final scream of, "Go and get your own head examined."

When the patient returned he looked in very bad shape indeed. Eyes very hard and shiny, black hollows under them, he staggered like a drunken man, and held his side where he had a severe pain. He was closely followed by the doctor who turned out to be a psychiatrist; perhaps someone thought it would be a good experience for him to see a patient during a hypoglycemic attack. The sick man had by then lost the use of his legs.

I asked, "Did you examine the patient's pancreas?"
"No—he just had a little tummy ache!"

There was a doctor who failed to observe, listen, or be curious about his patient's physical state. He was a psychiatrist, so it was "all in the mind."

Another case of agoraphobia was told that the results of his GTT (flat curve) were rubbish in spite of enormous improvement. Another case had been ill for seven years, with treatment by psychiatric hospital and psychiatrists. The very kind pleasant G.P. will not accept that the diagnosis of reactive hypoglycemia (after a six-hour GTT) and the implementation of a proper diet for this condition has anything to do with the recovery of his patient. A curious inflexibility of mind.

Of course some doctors are not

pleasant, and one gets insulted. It is better so than to be ignored. They at least remember.

I am told that doctors cannot help their attitudes and must not be blamed; also that they will never prescribe anything of which they do not know the end result. If this is so the outlook for the mentally sick in my country is very depressing indeed.

Orthomolecular psychiatry is so simple and so tremendously exciting. While medication has to date been very valuable, surely it is essential to find causative factors which biochemists can research.

Our failure to progress in the field of psychiatric medicine in Great Britain seems to me to be due to the following reasons:

1. The unscientific inflexible attitude of the greater number of psychiatrists.
2. There is a deep wish to maintain the status quo. When a large income can be earned by burying one's head in the sand, why learn something new?
3. The easiness of the whole treatment makes it suspect.
4. There is little money to be made by drug firms in manufacturing vitamins and mineral salts, and nothing at all by food firms when people revert to simple natural food.

It will perhaps be of interest that my son made an excellent recovery. He is now in his fourth year of an exacting job requiring great concentration. His total absence has been three days.

I give my grateful thanks to:

1. Dr. Hoffer
2. The Medical Adviser to "Sanity"
3. The patient's neurological psychiatrist.