

Resistance To Orthomolecular Medicine — Or Why You Don't Read About Megavitamin Therapy In JAMA

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Why the resistance to Orthomolecular medicine? Why do medical professionals ignore megavitamin therapy? These are questions frequently asked. Many answers have been attempted, but few have been related to an interdependent social and economic relationship between institutions that intentionally and incidentally act against Orthomolecular medicine.

The obvious reasons why megavitamin therapy or bio-ecologic diseases are frowned upon by the medical establishment include these: Physicians and psychiatrists are not trained in Orthomolecular medicine while in medical school. Dr. Bernard Rimland has succinctly said (and attributed the statement to a member of one of his audiences), "If you're not up on something, then you're down on it." The quickest defense against something of which you have little knowledge is to disparage it.

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Peer and other social pressures, the fear of ostracism, play another role in subtly and sometimes not so subtly encouraging physicians and psychiatrists to shun any serious interest in Orthomolecular medicine. Many doctors, Rimland frequently points out, are more concerned with the opinion of their colleagues than the health of their patients.

Another factor affecting resistance toward Orthomolecular medicine is a narrow view of the biochemical roles of vitamins and minerals in human metabolism. The general attitude is that only a trace of these nutrients is required, but this ignores biological individuality between patients and exaggerated biochemical requirements among some persons (for reasons due to genetic or acquired defects in metabolism). The ultimate source of these biochemicals rests in the diet, and it means that greater needs may be expressed in the requirement for larger quantities of specific nutrients.

Are vitamins a panacea? This is a common accusation hurled against proponents of megavitamin therapy. No, nutritional supplements are not panaceas — at least not

any more than are cortisone, antibiotics, or tranquilizers.

There is also resistance to Orthomolecular medicine from the more general forces of tradition and Zeitgeist, the spirit of the times. The spirit of past times created resistance to vaccination, to improved surgical sanitation, and to penicillin. Today, it takes the form of resistance to nutritional therapies.

Still another factor influencing resistance to Orthomolecular medicine is the lack of interest given to it in postgraduate medicine and continuing medical education. Most medical journals, which are a significant source of continuing medical education, have not been inclined to publish many positive articles on Orthomolecular medicine, often for the reasons already mentioned. But editors of such journals and conventional physicians might also say that Orthomolecular modalities are controversial, unscientific, unproven, a fad, or too new to judge until more data are received and published. A "catch-22" situation is created; a scientist cannot publish on the subject until he has already published on the subject.

All of this essentially points to an avoidance of controversy and discussion of significant and new medical research in the journals. The remaining alternatives are to publish that which is already known and accepted as medical fact, or to delve into the medically obscure and practically irrelevant. The philosophy that "controversy stimulates" appears to be rejected in toto.

Indeed, the Journal of the American Medical Association, the flagship of traditional medical journals, has consistently rejected articles (and almost exclusively rejected letters) by Dr. Linus Pauling, a two-time Nobel Prize winner. At the same time, JAMA has seen fit to provide editorial and cover space to topics such as injuries from opening umbrellas. Editorial priorities seem seriously misplaced when a leading figure in science (Pauling) cannot publish an article reporting on his investigations of Vitamin C as an anti-cancer substance. It would appear — to the uninitiated — that cancer, the second leading cause of death in North

America, is actually less serious a concern than umbrella injuries, a killer of very few persons.

This deplorable situation with regard to the editorial policies and publication practices of established medical journals has led, obviously, to the creation of several (albeit smaller) journals that have attempted to fill the gap in medical knowledge by publishing reports on Orthomolecular medicine. The Journal of Orthomolecular Psychiatry, the Journal of the Academy of Preventive Medicine, and the Summary are among these. In many respects, such journals have adopted the role of an "underground press" amidst all the conventional "surface" publications that are limited in their editorial content.

If one were to attempt to judge medical progress by review of these conventional "surface" medical journals, he would be seriously dismayed. Rather than publish significant or original material related to the major diseases with which our culture is afflicted — or seek to encourage development of significant or original material — most of the journals limit themselves to the regurgitation of established medical knowledge. In reality, new and significant research and its reporting are discouraged.

In dermatology publications, for example, discussions of acne appear to the point of redundancy. How many ways can the same pimple be described or pondered? In the journals, as a whole, one finds repetitive reports of drug indications in particular diseases — knowledge that can be acquired by a quick reference to the **Physician's Desk Reference**. Likewise with the medical news magazines and the typical psychiatric journal — except that the word neurosis is to be eliminated from the vocabulary (which is a clever way to rid the world of neurotics!).

If there is another emphasis besides redundancy in the traditional medical journal, it is on the obscure. Under some pressure (and with some desire) to do something different, to discover a new treatment, medical professionals have largely been misdirected to doing it in areas of obscurity and practical irrelevance. Tackling the major diseases can become too

great a challenge and such research, when done, can be accomplished only slowly due to the dynamics of bureaucracies which fund and direct research.

It is acceptable under these circumstances to investigate and report on ochronosis, or alkaptonuric arthritis, which affects only one in every 40 million persons. But one would think that an original and innovative approach to cancer, cardiovascular disease, and schizophrenia would generate greater interest, priority, and dollars — since each of these diseases affects far more than one in 40 million. Conventional medical confrontations with these diseases have shown little advancement in the last 25 years, and this may partly explain the growing emphasis on obscurity and redundancy during this period. The disillusioned may believe that the only remaining medical frontier lies in obscurity rather than significance.

The too obvious question at this point is why traditional medical research and journals continue along this limited approach. The paradigm given herewith may explain some of the dynamics related to medical publishing.

Anthropologists note that in every culture, institutions are created and supported through interdependent relationships and dependencies. Technology offers an excellent and easily understood nonmedical example of this: A sprawling and complex business, such as air travel, is dependent on computers for organizing activities from reservations to meal selection to air traffic control. Without computers, the level of sophistication now demonstrated by the major airlines would not have been possible. In other words, airlines grew as an industry because the computer was available and could be applied to its needs. Likewise, the demand for computers by the airlines established the value of computers beyond a doubt, creating another autonomous industry with diverse applications. Each could not have developed without the other, and each remains dependent on the other. The same holds true for other businesses that have grown because of increased sophistication in air travel and computers.

In medical publishing, there exists a com-

parable interdependence among several otherwise autonomous parties. In this interdependent relationship, each party acts in its own interest, but each receives rewards guaranteed by others involved in the same effort. Their contributions, in the end, result in a published medical journal.

The first party that is involved in this interdependence is the medical publisher, who may be affiliated with a medical association or may be part of an independent profit-making firm. The publisher's goal is to make money by performing what is generally considered a socially beneficial act. Profits can be made from both advertisers and subscriptions.

Advertisers in medical journals are almost exclusively pharmaceutical firms, and they wish to convince physicians and psychiatrists to prescribe their drugs after reading the advertisements in the journals. The pharmaceutical advertisers support the medical publishers by purchasing advertising space in the journals, and the publishers serve the pharmaceutical firms by creating a medium for advertising. In many instances, as when the journal is mailed free to doctors (known as a "throwaway" journal), the advertiser pays entirely for the authors, editors, printing, and distribution, since there is no subscription fee.

The third party to the paradigm is comprised of the authors and editors of the journal. Physicians and psychiatrists are encouraged, especially if they are affiliated with a high-pressured teaching institution, to publish rather than "perish." An impressive list of published articles enhances a professional's reputation, so little other incentive is really needed, although a modest monetary honorarium is typically offered. Similarly, being the editor of a medical journal is the customary feather in one's professional cap, indicating that one has acquired the expertise to judge the medical work of others.

But will these medical articles be read? Will the advertisements leave an impression? Enter the fourth party.

Individual physicians and psychiatrists who receive the journal, either by subscription or

as a throwaway, are encouraged to read it because Continuing Medical Education (CME) credit hours can be earned by taking a short test at the end of the journal. CME credits are generally recognized by states for continued licensing to practice medicine. And the advertisements are difficult to avoid because they are interspersed with the articles.

Of the parties involved in medical publishing, the pharmaceutical firms are probably the most pivotal. They are, by themselves, the most powerful economically and stand to gain or lose the most.

Not being likely to act against their own financial interests, the pharmaceutical firms influence the editorial content of the journals both directly and indirectly. In a subtle and usually (but not always) unspoken fashion, editors and publishers will not often seek to publish something that would possibly affront advertisers. Such action might jeopardize advertising revenues.

In a more obvious fashion — at least, obvious to those in medical publishing — some pharmaceutical firms publish their own impressive appearing medical journals. Physicians with established credentials sit on the editorial boards, and equally qualified physicians write apparently scientific and unbiased articles. In these instances, the advertisers control the editorial content of the journals. Under the guise of scientific respectability, these journals become a carefully marketed medium for drug advertising, reaching as many as two hundred thousand doctors. For example, a journal that focuses on asthma and allergy, published by a major pharmaceutical firm, is not likely to contain an article on bio-ecologic allergy, since bio-ecologic allergists typically view drugs as a cause of illness rather than a cure. An article stating this would be clearly antagonistic to the interests of the pharmaceutical firm. Nor is the journal likely to publish reports on the anti-histamine properties of ascorbic acid, which is inexpensive and easily obtained. Nor is it likely to contain the advertising of a competitor. The journal is likely to publish advertising promoting its own pharmaceuticals.

In the journal described, the advertisements are prepared by a medically oriented advertising agency. That agency is affiliated with, and shares offices and staff with, the medical publisher involved in producing the finished journal for the pharmaceutical firm. In essence, the pharmaceutical firm contracts with an independent firm to help produce the journal. One arm of that independent firm designs the advertising while the other edits the articles and arranges for printing. It is a relationship that is not only interdependent, but perhaps unethical as well.

Against the financial interests of pharmaceutical firms would be the advocacy of megavitamin therapy in the treatment of disease. The reason is that vitamins and minerals are relatively inexpensive and easily available, and they cannot be controlled or licensed as strictly as the new drugs which can be controlled through patent rights. Acquiring a patent on a tranquilizer or psychotropic drug means that its manufacture, licensing, or assignment can be completely controlled. This translates, economically, into the potential of sizable profits.

The pharmaceutical firms do not perceive nutrients as being potential profit makers. A news feature titled, "Zinc Therapy's Success in Acne Reported, but Interest Isn't There," in the April, 1978, **Skin and Allergy News**, reported that it was "unlikely that a well-financed study of zinc therapy will be attempted soon. Extensive financial support for a nonpatentable, readily available substance is not likely to come from major research funding sources..."

It thus becomes clear that pharmaceutical firms, which are a major contributor to medical research and schools, will not fund projects involving readily available substances, such as nutrients, since no single firm can obtain all rights to such substances. Indeed, a growing interest in megavitamin therapy would probably be perceived as being antagonistic to the interest in patentable drugs exhibited by the pharmaceutical firms.

Editorial consideration of positive articles on Orthomolecular medicine therefore instill

into medical publishers (and their editors) a fear of offending pharmaceutical firms and losing advertising revenues supplied by them. The publishing of such articles becomes a gamble they would rather not take, and the result is resistance to publishing articles on Orthomolecular medicine. Additionally, individual physicians are discouraged from challenging this paradigm since they would then expose themselves to risks of not enhancing, and even demeaning, their position among medical peers. It does appear that a concern for economics and prestige is far stronger than a concern for the health of patients. It appears, too, that this situation is strongly reinforced by interdependent social institutions and the pressure (and power) they yield.

The gains of Orthomolecular medicine, as we know, have largely been a result of grass roots efforts, such as greater militancy among patients in demanding safer and more effective treatments, as well as the growth of the "health food" movement. This grass roots movement, in many respects, is circumventing the interests of pharmaceutical firms and conventional physicians. Even though this is a slower method of acceptance than if the pharmaceutical firms vigorously promoted vitamins, in the end it will perhaps be a stronger and more permanent social and medical force.

Much of the information in this paper was based on observations made during a period of employment with a medical publisher.