

Huntington's Disease: A Follow-Up

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In a previous issue of this Journal a woman whose mother had Huntington's Disease in a mental hospital described why she had started to take vitamin supplements. She had become interested after witnessing her husband's recovery from schizophrenia. If a disease as serious as her husband's could recover, why not try a similar approach? She was not aware that H.D. may be considered a schizophrenic syndrome, at least its psychiatric component, and that a comparison of both these chronic diseases can be made with pellagra, another schizophrenic syndrome. She recovered.

I suggested that she suffered from a prodromal H.D., or a sub clinical H.D., which had not developed fully. Her recovery suggested to me that we might have a way of identifying children of H.D. parents who were most likely affected. If the H.D. gene simply carried a demand for above-average vitamin doses, (perhaps B3 and E), the expression of the disease would be denied by supplementing with these vitamins. That is, if every child born to an H.D. parent were given the correct type and dose of vitamins, only those children with H.D. genes would note a significant improvement. This is a "good" hypothesis, meaning it can be proven wrong easily by a few simple

experiments. But the clinical scientist doing this test must not be simple and must use the correct program. I fully expected that since this hypothesis was published, a few enterprising physicians with access to H.D. patients would have started these tests. Perhaps they have.

The family described have three children. Recently the father sent me an excellent progress report describing how these children had responded to orthomolecular preventive therapy. The first results are favorable, but it may take many years before we have a final conclusion. An adequate number of children, all having one or more H.D. parents, must remain free of H.D. well beyond the time when clear symptoms should have appeared. When the expected 50 percent frequency is reduced significantly, hopefully to 0, then the hypothesis will have become established. This will salvage a large number of people, will neutralize the fear of their children, and provide new clues to geneticists who can then search for genes which control vitamin metabolism. Of course, research will be required to deter-

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mine which vitamins (and other nutrients) are the most essential and which ones are supportive.

Here is what Mr. B. reported.

"Here is the report on Huntington's Disease and my wife and children and the mega-vitamin treatment, after about a year's time:

My wife, age 48:

She is doing very well, shows much less fatigue, is able to drive with no special disperception, has enormous will and energy, and is holding down a job as engineer under great pressure.

Our assumption is that she has the gene, due to previous symptoms and although she has manifested no great symptoms. Inability to get up, memory loss, and spacial disperception being most noticeable. Her mother just died from it, as well as her aunt and maternal grandfather. My wife takes: 8,000 mg niacin, daily in the evening; 1,500 mg vitamin C, daily; 800 i.u. vitamin E, daily, mixed tocopheral form. (However, we are switching this to vitamin E succinate, d-alpha, a much purer and stronger form, because we see the necessity); 700 mg calcium, 300 mg magnesium daily in a complex; 2 tablets either Solotron or Nuclix, daily, both being B-complexes with minerals, the Solotron being more complete; 200 mgs inositol, every other day; 425 mgs Phosphatidyl Choline Concentrate, a very pure, strong form, every day, alternating with the inositol.

We have found the choline has a very important effect, as well as the vitamin E. Is it because it is synergistic with the vitamin E? I would think so.

Eldest daughter, age 22:

She just graduated from college, follows somewhat the same treatment as her Mother, but in lower doses, and can be very erratic about the vitamins and her diet, being away from home and often under stress. My wife is very rigorous about any intake of sweets (not often, and very mildly).

Our eldest daughter, as far as I can tell, when fatigued and under stress, will manifest a facial twitching and a twitching of eyelids. Diet and a proper taking of the vitamins, seem to alleviate this. She has also complained recently of a sporadic involuntary twitching of the foot.

She can have great difficulty in getting up.

We are now in the process of writing her in Minnesota to check on all this, and will let you know. She also has smoked fairly heavily.

Second daughter, age 21.

Follows somewhat the same treatment as her Mother. Has never manifested twitching or any of the related symptoms. But has had back trouble, aggravated by working part-time as a nurse. The vitamins do seem to help her back a lot. There might be some deficiency there.

She is an artist, like me, and tends more toward depression when she doesn't follow the vitamins, or takes heavy sweets, or has a poor diet. Like I do, she has never had any trouble arising.

Third daughter, age almost 13.

This is a real problem. Will manifest heavy twitching around the mouth, an involuntary pulling down the right side of the neck, twitching of the eyelids, and rolling her eyes in a way that can be alarming.

The vitamins and minerals cut this way down. But we think she is still missing a component, or several. We are going to add the choline, which her mother takes, and inositol, and change the form of the vitamin E to the succinate. The other form has apparently been too impure and weak. What would you recommend? It is the D-alpha, like her Mother, we want to try.

She presently takes: 1,500 mg niacin daily, in the evening; 1,000 mg vitamin C daily; 800 i.u. Vitamin E, (mixed tocopherol form); 1,400 mg calcium, 600 mg magnesium, daily, in a complex; 2 tablets Nuclix daily.

We also want to up the niacin.

You can understand our reluctance to give a young child heavy doses, but I can see from this picture, we're missing something. She has trouble getting up, is terribly affected by sweets (almost automatically producing symptoms). Also when she is under stress, and fatigued. But she manifests no loss of motor control, and is really excellently coordinated, taking horseback and ballet lessons.

Recently, she went down to Long Island to stay with a Korean friend for a week, who puts a lot of MSG in the food, and probably didn't follow the vitamins nor the diet very

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well. When she came back, we were alarmed, but we got her stabilized and quieted down.

Without being premature, our third daughter, has been taking the vitamin E succinate for about two weeks, since we ran out of the other. It is not only D-Alpha, but way, way stronger than the other. She is taking 800 i.u. She has been taking the Choline for about 4-5 days.

The involuntary pulling down the side of the neck, and from the mouth, looks like it is stopping. There no longer seems to be that spastic tension there."