

I'm Schizophrenic, Doctor, Not Stupid Megavitamins, the American Psychiatric Association and Me

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I suppose I shall be "schizophrenic" officially until the day I die since once schizophrenia has been diagnosed, it is considered by most psychiatrists only to be "controlled" or "in remission" after the symptoms are gone. This hardly seems fair: I have been well for almost fifteen years now — I was schizophrenic for eight.

In any event, I was never stupid, even when I finally considered myself schizophrenic. Confused, perhaps — there was a lot to be confused about — but not stupid.

It was megavitamin therapy, a major part of Orthomolecular therapy, that banished my schizophrenia, according to psychological and physiological tests as well as by the way I feel. The powers-that-be of the American Psychiatric Association (APA) refuse to accept this. They proclaim that megavitamin therapy for schizophrenia is "worthless" and attribute my recovery to causes other than Orthomolecular therapy. And I can't accept that!

Explanations such as "They were not really schizophrenic," "They belonged to a high spontaneous remission group," "It must have been the tranquilizers," "They had a faith healing experience" by spokesmen of the APA for those of us who are now well following treatment they call worthless are not only contrary to reality, they add insult to previous injury by implying that we and our families are not very bright and are a gullible lot. Gullible we may once have been because most of us first followed a seemingly unending course of various talk therapies, none of which helped. Having been gullible once and now having found effective treatment, we are not going to be either explained away or cowed into silence by those who failed us.

1. A pseudonym

The APA Task Force 7 and Orthomolecular Psychiatry

Megavitamin therapy just won't go back into the woodwork, despite the seal of disapproval stamped on it by the APA in its Task Force 7 Report of 1973 on *Megavitamin and Orthomolecular Therapy in Psychiatry* and news releases since based upon that report, stating that it has been "scientifically" proved that such therapy is "worthless" and might even be dangerous. The news releases, and those who quote the APA Task Force 7 Report, appear confused, and certainly are confusing, as to the meanings of "megavitamin" and "Orthomolecular therapy," as well as to the meaning of "scientific" and do not explain how much of what vitamins are dangerous and under what conditions.

Megavitamin therapy began experimentally as niacin (Vitamin B-3) therapy for schizophrenia back in the early 1950's. Doses of thousands of times (3,000 mg or more) the amount of niacin needed by most people (under 20 mg) were used successfully to treat acute schizophrenics in Canada by Abram Hoffer, M.D., Ph.D. and Humphry Osmond, M.R.C.P., F.R.C. Psych. The success of the niacin therapy was further shown in some of the first double-blind studies to be used in psychiatry. (In the double-blind studies, patients were divided into two groups with half getting niacin and half getting a placebo. Neither patients nor those actually administering the doses knew who was getting what.) To the niacin treatment, ascorbic acid (Vitamin C) was soon added in similar "mega" amounts.

In the 1960's megavitamin therapy came to include, in addition to Vitamins B-3 and C, other (usually B-complex) vitamins and also minerals known by biochemists to be involved in metabolic disorders which can cause so-called "mental illness."

It was not this megavitamin therapy, however, that was studied by the APA Task

Force 7 in 1973, but the original B-3 therapy (sometimes with C) — and that only. The double-blind studies sponsored by the APA on B-3 were considered by the Task Force 7 not to reproduce the successes of the double-blind studies of some twenty years before — for which defenders of the therapy fault both method and interpretation. Be that as it may, news releases based upon the Task Force 7 Report as scientific evidence that "megavitamin therapy" is "worthless" for schizophrenia are misleading since they do not take into account the vitamins and minerals not included in the experiment and do not fully explain the nature of the studies themselves.

The APA Task Force 7 Report itself notes only in passing that vitamins other than B-3 and C are used in megavitamin therapy for schizophrenia. News releases purportedly based on this report include the other vitamins in the "scientifically proved worthless" category only by implication.

For clarification, we can designate "Megavitamin Therapy" as that therapy which is used for schizophrenia and usually involves water soluble vitamins in truly massive doses. Some nutrition columnists and lay reporters, however, consider "megavitamins" to mean any amounts of vitamins much over a bare minimum daily requirement established before a great deal was known about vitamins or their actions. Stories about the ineffectiveness or dangers of "megavitamins" may discuss "Megavitamin Therapy" and vice versa without distinguishing one from the other. Such articles usually dwell upon the documented dangers of the overuse of the fat soluble Vitamins A and D which are stored in the body and can build up a toxicity. These vitamins have little or nothing to do with Megavitamin Therapy for schizophrenia which concentrates on water soluble vitamins not stored in the body.

If I were paranoid, I might think there was a plot. Certainly one would expect that the word-masters could clarify the issue if they wanted to. Scare stories about vitamins appear to be more political than medical; across the board, vitamins appear to be safer than aspirin.

"Megavitamin Therapy" had already expanded beyond the boundaries implied by the name when, in 1968, Nobel laureate biochemist Linus Pauling coined the more descriptive term

"Orthomolecular psychiatry" for this biochemical approach. Orthomolecular ("correct" or "right" molecule) psychiatry is based upon the fact that one must have the right molecules working together in the body, and especially the brain, if the mind is to function correctly. This should come as no great surprise unless our minds are thought to exist in a vacuum.

Orthomolecular psychiatry, the outgrowth of megavitamin therapy, not only takes into account vitamin and mineral deficiency and dependency diseases, but also toxic conditions, allergic reactions, and other correctable biochemical problems — including some long known endocrine problems — which can cause symptoms called "schizophrenia."

The APA Task Force 7 disparages Orthomolecular psychiatry for a reason that causes patients and their families to hold it in high esteem: it represents individualized medical treatment, usually based upon exacting and detailed physical laboratory tests. One would think, reading the APA Report, that individual medical treatment is not scientific because it does not fit the double-blind model. Patients and their families consider laboratory tests and treatment based on their findings to be more scientific and more beneficial than experiments in which the same medication is used for all patients and in which half of the patients are not getting the medication — no matter who is running the study. The APA Task Force 7 Report and the news stories stemming from it do not mention the laboratory tests given by most Orthomolecular psychiatrists and do not mention that most other members of the American Psychiatric Association do not base treatment upon such tests.

Having proved scientifically (that is, by double-blind studies) that megavitamin (that is, Vitamin B-3) therapy is not successful in the treatment of schizophrenia, APA spokesmen have had to account for those of us who did recover under Orthomolecular treatment. One gambit of the APA's Task Force 7 is to say that those who recovered may not have been schizophrenic in the first place.

What is Schizophrenia, Anyway?

Schizophrenia affects from one to 25 percent

of the population of the world — depending upon whose statistics you read and who is doing the diagnosing. It is much easier, however, to get statistics for schizophrenia, the psychosis most often diagnosed in the United States, than it is to find out what it is. At the moment, it appears to cover anything from disagreeing with cultural beliefs to your garden variety nervous breakdown to the homicidal maniac you read about in the newspaper.

Was I schizophrenic? I did not know that "it" was schizophrenia for years. The thought never entered my mind. I had only one, miserable, personality. I did not live in a fantasy world, but only the same old world — which had become very painful for me. I did not "see things" or "hear voices" and might not have associated these with schizophrenia if I had. (My college psychology courses had been vague as to what schizophrenia is: only psychiatrists knew enough to decide.) No one told me that I was schizophrenic, although I was diagnosed "schizophrenic" the year after "it" happened following a family crisis in early 1964.

I handled the crisis well. I thought so, everyone else thought so, we still do. "It," that eerie feeling of unreality, the sleeplessness, the inability to eat, the sudden weight loss, the emotions that shook me like internal storms, did not start until several days after the actual crisis was over.

In the first year, in addition to questioning internists about some of the symptoms of what one physician told me not to call a "nervous breakdown," I saw a Navy chaplain for several months and a Navy psychiatrist just once. The second year I had electroconvulsive (shock) treatment for over a three week period. I had gone into the psychiatric ward of a general hospital after being told that government medical insurance would pay for me to talk to a civilian psychiatrist only if I were hospitalized. The only time I saw the psychiatrist — other than when he was bending over me with a hypodermic needle prior to shock treatment — was once in his office before I went into the hospital. At that first meeting he asked me if I wanted to get well and I answered, "Yes."

I was not told that I was to have shock treatment, nor was my spouse. Neither of us was warned that I would suffer from partial — and

temporary — amnesia from the shock treatment. This, in addition to my previous symptoms, which had not abated, led me to sign myself out of the hospital in a state of panic.

In another city later in the second year and into the third, I saw a Navy psychiatrist for eight months or so. This was the physician who wrote "schizophrenia" into my medical record. When I pushed him for an explanation of what had happened to me, he hedged with a statement about "anxiety neurosis." It was his custom to answer a question with a question or to simply listen without comment. Life continued unreal.

When that Naval officer left the base, the replacement psychiatrist started the initial interview with, "What appears to be the problem?"

"Appears to be?" Hadn't the first doctor passed on any of those notes he was always jotting down? I did not go back.

About two years later and after another move, my spouse and I were sent by another Navy psychiatrist to a civilian psychiatrist, a marriage counselor. (Government medical insurance was paying for even this, by then.) "It" had been hard on what had seemed to be a good marriage. For the most part, I was able to play the familiar role of myself even though there seemed to be no "me" at the core. Only my husband had been exposed to my constant desperation, but until that time, he had been away at sea for over half of each year during that period.

The marriage counselor told us that I had been diagnosed schizophrenic "somewhere along the way." This was the first time either of us were told that. The psychiatrist said she did not think I was, and, from what little she told us of schizophrenia, I agreed. In something short of a year, she dismissed us as having "come a long way."

I was no better, the marriage was no better. We went into group therapy with another psychiatrist of the Family Systems school of Georgetown University. Group therapy did not help either me or the marriage, but that psychiatrist did loan me a book for my post-graduate term paper on schizophrenia.

I was terrified as I began research on the topic — using the borrowed book, the 1971 Program Reports of the National Institute of

Mental Health (NIMH), and literature on genetics from the university library. At first I was afraid that if I *were* schizophrenic, reading about the symptoms would make mine worse. Instead, I found that when symptoms mentioned pertained to me, it was supportive. I wondered why the psychiatrists I had seen had not questioned me about them.

When I finished the research project, I was convinced that I was, indeed, schizophrenic. At the same time, I had learned that schizophrenia is not just one condition with a simple list of signs and symptoms and that "schizophrenic" does not necessarily mean "crazy" (one can have a psychosis without being psychotic). I had learned a great deal, but it was only background. Neither my reading nor that parade of "mind" doctors and other medical men had explained schizophrenia, *my* schizophrenia, to me.

"Define yourself" was the name of the game in our therapy group. I finally declared in frustration: "I define myself as sick. I define myself as schizophrenic, and I'm going to find out what that means for me!" The psychiatrist said that having defined it, I would get well.

Defining yourself as "schizophrenic" will make you *well*?

"Hey, everybody, I'm schizophrenic. That means I'm well!"

Schizophrenic, probably; stupid, no.

Have You Lost Your Mind or Lost Your Senses?

I decided to list all of my heretofore ignored symptoms to try to discover what was at the bottom of the agonizing sense of unreality. After about a month of listing and categorizing, I was astounded to discover that all of my sense perceptions had been changed. There had been important alterations in sight, hearing, taste, smelling, and feeling.

There seemed to be a very clear pane of glass or a sort of science fiction force field between me and the rest of nature. This cut me off from experiencing visually as I once had: something like looking through a new pair of glasses — you can see all right, but somehow it is eerie, not quite the reality you are used to. Sounds seemed hollow or grating. They were generally unpleasant now

and I usually had a sort of humming sound in my head. There was a loss of fullness, of richness, in taste and smell: both seeming to be purely local, just in my mouth, just in my nose. There was a strong feeling of not being quite a part of the world, not quite real. If I pinched myself, it did not feel right. I felt almost like "Pinch me, see if I am dreaming!" and having it feel like only a dream pinch with little feeling. I associated this with a decided lack of feeling in my muscles and called it "numbness of middle sensation."

All of my senses were affected. How could I not have a sense of unreality if I were perceiving the world with short-circuited senses? There had been no dramatic change in any one mode of perception, but the cumulative effect equaled unreality. Why call it "mental" illness? I wondered. Perhaps "losing one's senses" is a much more descriptive phrase than "losing one's mind." There were other feelings which I called the "weird" sensations. These included the feeling of spiders in my blood: a sort of inner activity or sensation akin to black ants crawling on the outside of my skin. There was the feeling I often had at night of someone sticking pins in me and the red hot poker plunged into my heart just as I was about to fall asleep. I thought how easy it would be for a doctor to consider these to be delusions although they merely *felt like* spiders, pins and pokers.

In the course of observing and listing symptoms, I re-discovered, if only fleetingly, the sense of identity, the "me" that had been missing for over seven years.

I had been looking at a tree, trying to figure out the why of the pane of glass or force field which cut me off from proper experience. After about a week of this, off and on, I began to "empathize" with the tree, to wonder what it felt like to be a tree — which was certainly not what I had had in mind. So I stopped. Then one morning when I was unusually rested, I just happened to glance at the tree. There was no strange transparent barrier between me and the tree, even though I was looking at it through a window. Somehow it was "right." When I checked to find what was right in myself, I found that it had little to do with actual vision, but that my back and neck were relaxed (something meditation could not accomplish) and, in addition

to being generally comfortable, I had a tangible good feeling in the pit of my stomach. With that, I realized with a start, I had the "me" feeling again after all of those years.

That was all it was.

"Id?" "Ego?" "Self image?" "Unresolved conflicts?" It was just a feeling, a *somatic* sense of identity. I felt elated at finding an answer, but let down at the same time because it was so simple. Much of my education, both in and out of school, had had to do with sociological and psychological theories that discount bodily feeling and make identity a one-way "mind over matter" affair, or something having to do with beliefs, or reflections of other people's beliefs, in what one is.

The normal feeling did not last, but I felt much less fearful, less lost, after the experience. At last I knew what the sense of unreality and the missing sense of identity were, that they stemmed from malfunctioning sensory equipment. (The internal sensors upon which the sense of identity is based are called "proprioceptors," I learned later.)

There had to be a physical basis for all this. The next step was to find out what was causing the interference with normal sense perception and get it corrected.

I tried to get a catecholamine test at the Bethesda Naval Clinic since this test for neurotransmitters was the subject of one of the NIMH reports I had previously studied. Instead, I was given a short, sharp lecture on using the term "schizophrenia" when I did not know what I was talking about. Then I asked our psychiatrist for a referral to a civilian internist...who told me that I was going to the best psychiatrist in town for my "tension."

I had felt despair before, but never like this. I could see the light at the end of the tunnel, but I was blocked from reaching it by the very medical professionals I needed to help me. Suicide was not far from my thoughts.

My feeling of hopelessness was deepening when my sister, who had been going to psychiatrists off and on for twenty years, wrote about psychiatrists who use, would you believe, vitamins? Vitamins for schizophrenia? Well, if she had gotten rid of what she called "Grand Central Head," it was worth a try.

Orthomolecular Therapy in Real Life

My sister had taken three grams of niacin a day to stop ideas flooding her mind so fast she could not really follow one and dismiss the others — a problem I shared. I decided to start slowly, with one gram. All I could get were 100 mg tablets. I took ten and gave ten to my teenage son who recently had been talking about a depression not based on anything that he could think of or anything that was happening.

I have often read since then about the "niacin flush" experienced by some people when they first take niacin. "Flush" is a euphemism for what happened to us. My son turned bright red — and called Poison Control, who assured him that it would wear off and that his mother was not trying to poison him. I felt nothing until after drinking a cup of coffee and taking a hot bath. Then I turned magenta with white splotches. I felt as though I were sunburned and had rolled in nettles. (Taking niacin — which dilates the capillaries — on an empty stomach, drinking or eating anything hot, or taking a hot bath afterwards, is exactly the wrong way to go about it.)

This looked like something to do under the supervision of a doctor even though my sister had had success on her own. She had included the address of the American Schizophrenia Association (ASA), the lay organization which had developed around megavitamin and Orthomolecular therapy, so I wrote the ASA asking for a doctor referral. The ASA was in the process of moving to New York, and I did not hear for a long, long month. Finally, I received a letter of explanation and the telephone number of an officer of the local ASA Chapter. I called that number, got the name and number of a local psychiatrist and neurologist, called that number and was given an appointment.

I did not know what to expect. This doctor asked me all the questions I felt that physicians should have asked before — and more. Then I was given tests at various laboratories for thyroid function, brain dysrhythmia, the catecholamine test I had been denied previously, and many other tests I had never heard of.

The diagnosis based on these tests included: hyperlipoproteinemia, type two (a familial problem of high lipids, including

cholesterol, which can lead to arteriosclerosis and heart attack); malabsorption (shown by a "flat" glucose tolerance curve with a normal curve after intravenous glucose — which indicated that vitamins I consumed in a balanced diet probably were not getting through to do much good); pancreatitis (chronic problems of the pancreas gland); slightly low thyroid gland function. Later, border line pyroluria (a genetic Vitamin B-6 and zinc dependency disease) was shown by kryptopyrroles in a urine test — the "mauve test."

A major component of treatment is niacin, the controversial Vitamin B-3. Whatever else it does, niacin lowers the cholesterol level and is used by some heart specialists for this reason. (Niacinamide, an alternate form of the vitamin does not have this particular characteristic, nor does it cause the painful flush). Vitamin C, a small amount of desiccated thyroid, and an enzyme I need were also given early in the treatment. Later Vitamin B-6 and a mineral supplement high in zinc were added. A no sugar, low carbohydrate, low fat diet is important and harder to stay with than taking all those capsules.

My son's tests showed similar problems and his treatment was similar, but not exactly the same. For instance, he had a high histamine level which I did not have and tests showed his Vitamin B-12 level to be practically nil. These problems required other treatment. Skeptical at first, my son later said, "I think you got me just in time."

After almost eight years of unreality by 1972, I wanted the treatment to work immediately, although I had been told that it usually takes time. It took six weeks for my body just to get used to the jolt of the niacin. First this took the form of the burning sensation for half an hour each time I took niacin, then there was burning with inner chills, then just chills. But in between the flushes and chill periods, I began feeling better. Eventually there was no adverse reaction at all.

The change in my condition was gradual. It took six months before I really felt well again. I undoubtedly was more aware of the details of recovery than I would have been had I not tracked down my physical symptoms. Even before my body adjusted to the niacin, I lost the symptoms which I had earlier decided were

due to poor circulation: the feeling of spiders in my blood, the pin pricks, the lack of "middle sensation." Soon a pinch felt like an ordinary pinch. The generalized constant pain I had been told was "psychosomatic" almost disappeared. I had a continuous sense of "me-ness," the somatic sense of identity, starting early in the treatment. The humming in my head stopped, sounds were "right" again. I could feel my full sense of smell returning, the feeling of little nerve endings turning on again after so many years. Food began to taste good again. The invisible pane of glass between me and the rest of the world was sometimes there, sometimes not, depending partially upon how tired I was. I had less trouble going to sleep, less trouble concentrating, and my emotions evened out.

Now I am real and the world is real, not always pleasant, but real. I consider this to be worthwhile — and it's *my* life.

If It Isn't Schizophrenia, What Is It?

Was I misdiagnosed as "schizophrenic" as spokesmen of the APA claim happened to some individuals for whom megavitamins work?

Well, obviously, I had malabsorption, hyperlipoproteinemia, etc., etc. Put them all together and they spell "schizophrenia" since apparently the resulting symptoms — following stress — were those of schizophrenia. The symptoms disappeared with the proper treatment for the underlying physiological problems.

Other individuals previously diagnosed as "schizophrenic" and later in contact with the local Chapter of ASA were found by doctors using the Orthomolecular approach to have: diabetes (high blood sugar, low insulin); hypoglycemia (low blood sugar); hypothyroidism (underactive thyroid gland); epilepsy; congenital syphilis (contracted before birth); syphilis thought to have been cured; celiac disease (intolerance to wheat); cerebral allergies (allergies affecting the central nervous system); pyroluria (B-6/zinc genetic dependency disease); porphyria (abnormal form of blood pigment); heavy metal toxicity (like lead poisoning); various vitamin and mineral deficiencies and dependencies; and metabolic problems without diagnostic labels. These too have yielded to proper (not

always megavitamin) therapy and the "schizophrenia" symptoms have disappeared or have greatly lessened.

If something is *called* "schizophrenia" and *feels like* "schizophrenia" it is schizophrenia until a more exact diagnosis is discovered.

It is interesting to note that the spokesmen for the APA are publicly concerned about the misdiagnosis of schizophrenia but only after the "schizophrenics" are successfully treated by Orthomolecular and megavitamin therapy. If we were not really schizophrenic, as the APA spokesmen claim, it was not the talk therapists who made this discovery, but the Orthomolecular psychiatrists who re-diagnosed the problem.

And who diagnosed us as schizophrenic in the first place? I was diagnosed "schizophrenic" by a conventional psychiatrist, learned of it only by chance some years later, and didn't take it seriously for years after that. Like me, many others in my Chapter of the ASA learned of the "schizophrenia" diagnosis long after it was given by establishment psychiatrists and then by such indirect means as from army discharge papers or the codes of insurance forms.

This, of course, is far from the point the APA Task Force 7 Report tries to make. The report would have it that patients are first (mis)-diagnosed as "schizophrenic" on the basis of a psychological test devised and administered by Orthomolecular psychiatrists.

There are now two such tests, the Hoffer-Osmond Diagnostic Test (HOD) and the Experiential World Inventory (EWI). Both tests are based upon the belief that altered sense perceptions are primary symptoms of schizophrenia and both separate thought process, such as thoughts coming too fast, from thought content, what the thoughts are about. They are the first of all the psychological tests I have taken or studied that I can relate to in regard to schizophrenia.

Schizophrenia was not always "schizophrenia." A century or so ago it was "insanity" which then meant perceiving things not in the environment (hallucinations) and not being able to tell these from reality (delusions). Then it became "dementia praecox," meaning "out of one's mind" with an early onset to distinguish it from senile dementia. Finally, early in this

century, it became "schizophrenia," Eugene Bleuler's "split personality." Bleuler appears to have meant a split between emotion and thought, or the fragmentation of personality. Certainly he did not mean the multiple personality that writers have had such a field day exploiting. Bleuler considered hallucinations to be secondary symptoms at most. (But tell the people on the psychiatric ward that you are "hearing voices" and you probably will be diagnosed "schizophrenic")

Returning to changed sense perceptions as primary symptoms of schizophrenia, whether or not these include what are usually considered to be hallucinations, emphasizes the fact that something biochemical is going askew, just as fever indicates that there is some sort of infection in the body. "Fever" is not disease and it may well be that "schizophrenia" is no disease, but both are indications to look further — and not just into the subconscious, or the family system, or the state of society — if the patient is to be really helped.

The Doctors Protest Too Much

Perhaps we who recovered with Orthomolecular therapy were not really schizophrenic. But in case we were, outspoken representatives of the psychiatric establishment have made public pronouncements to cover every contingency. Citing the APA Task Force 7 Report as scientific proof that megavitamin therapy does not work, they use it to give credence to their own rejections of the approach, which are often based upon all too human beliefs. Consider these well publicized arguments: Megavitamin therapy only appeared to have been successful, they say, since we who recovered belong to a group of schizophrenics who have a high spontaneous remission rate. Without ever having seen us, they voice their confidence that we would have recovered anyway. Why, one might wonder, did we all wait until after having Orthomolecular therapy to "remit?" And how can something which is "only in the mind" remit, anyway? The remittance explanation is only a plausible guess which would apply to talk therapy or any other kind of treatment since "schizophrenia" does remit — about a third of the time. Remittance is in common

with certain other biologically based disorders, such as cancer. (And sin, which has sometimes meant "out of balance.")

Then again, we merely may have found a new kind of faith healing according to some physicians. We believed the vitamins would work, so they did. Some people will believe anything, so the argument goes: if they think a placebo will make them well, it will; if they think rubbing jam on their bellies will cure them, even that will work. Our question here must be: "If faith is so important, why didn't believing in you and your theories heal us, doctor? Why didn't religion?" That galling "jelly on the belly" argument has appeared in print a number of times: when our lives are at stake, we need doctors, not comedians.

It was undoubtedly the phenothiazines or other anti-psychotic drugs used by Orthomolecular psychiatrists which really did the trick, claim other psychiatrists who also use these major tranquilizers and don't go in so much for psychotherapy as "religious experience." I was not given these drugs either by talking therapists or by Orthomolecular psychiatrists. Some now recovered patients received these drugs long before turning to Orthomolecular therapy — why hadn't they worked over a long period?

Establishment psychiatrists worry about the cost of Orthomolecular therapy — if not the cost of their own. Here they may have something. The initial outlay for my tests came close to \$500 and treatment for a year was a like amount — a little on the high side comparatively in the field at that time. But that was just about it, rather than \$50 a week or more forever. After the first year, the major expense has been vitamins, enzymes, and so on, which cost less than the cigarettes I used to need. In terms of money paid by the family or the government, my Orthomolecular therapy, the one that worked, cost about a fourth that of the preceding therapy, which I, and my marriage, merely survived.

It is the fear of some esteemed establishment psychiatrists that by putting our faith in a treatment which, they claim, is of only

symptomatic value at best, we may be diverted from reaching psychological aims. This sounds impressive, but it is the doctor's goal not mine. Had it not been for the painful and frightening symptoms of the biochemical problems, doctor, my psychological aims would never have come to your attention. Psychological aims are more easily reached when one is well, more difficult to reach when one is ill, impossible to obtain if one has committed suicide. Wouldn't you — or shouldn't you — agree, doctor? My aim was to get well.

The objections to the Orthomolecular approach by the APA Task Force 7 and by doctors who use these objections as scientific validation for their own beliefs, show an outdated understanding of schizophrenia and the people who suffer from it. It should be clear by now that schizophrenia, as presently diagnosed, is not a single disease entity, but a *state* comprised of a syndrome of symptoms maintained by a variety of physiological problems. The whole person is affected, psychologically as well as physically, and may need all kinds of help in addition to corrective biochemical therapy. From the point of view of the patient and his frequently maligned family, the current feud between conventional psychiatrists and Orthomolecular psychiatrists is delaying the day when such encompassing aid will be forthcoming.

The theoretical edifice of the lay religion of psychiatry now towers to unrealistic heights, probably because we need something to believe in, to hang on to, when faced by the appalling hitherto unknown and apparently unknowable. Psychiatrists have been most willing to assume the mantle of high priests of the human "psyche" to fill this need. Now the medically unknowable is becoming better known — but adequate treatment still is not readily available.

"M.D." stands for "Medical Doctor," not "Medical Divinity." It is high time that all psychiatric physicians live up to the real meaning of these initials after their names and actually practice medicine, in addition to whatever other support they want to offer their patients.