

Orthomolecular Treatment of Schizophrenia

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Introduction: An Apology and Explanation

For many years we have advised physicians and psychiatrists about the therapeutic advantages of giving their schizophrenic patients vitamin B₃ in the right doses as a part of the treatment they were already receiving. There were two general reactions: many psychiatrists became interested and spent one or more days with AH. With one exception they all became orthomolecular practitioners and many became the pioneers and leaders of this new field. However, very few doctors who did not visit AH ever tried to follow the treatment, even though it has been described over and over in many papers and books. Why the difference?

One factor was that the psychiatric profession became corrupted by the observation that the powerful psychiatric drugs quickly controlled abnormal behavior. It was concluded this was the cure, and was all one needed to do—similar to giving an antibiotic to a patient with pneumonia or putting a cast on a broken bone, it would heal rapidly, and the psychosocial aspects of the doctor-patient relationship did not matter very much. Psychiatrists concluded the very rapid changes induced by the drugs were the same as a cure. One day you would be dealing with a very agitated, hospitalized patient, and the next day he or she would be tranquilized and apathetic, apparently much better. One enterprising psychiatrist installed a noise meter in one of the chronic wards of his mental hospital and recorded the level of noise before and after tranquilizing his patients on that ward. He provided objective evidence that the noise levels went way down. He assumed this meant

patients were improved. All it showed is that they were less noisy.

What was not realized was that tranquilizing disturbed patients was not the same as curing them of the disease that had made them behave so badly in the first place. In the same way one can teach an autistic child new habits and ways of doing things, but it does not mean that their basic biochemical pathology is corrected. Depending upon these drugs as the treatment meant one could ignore all the other elements of a good treatment program—shelter, good food, civility and good care—which are part of any healthy doctor-patient relationship.

To give a bit of background, in the 1940s and 1950s psychiatric experience was usually gained in mental hospitals on patients for whom there was no treatment, and anything that would settle them was preferable to no treatment. A few doctors were more enterprising and were willing to use very harsh treatment such as insulin coma and ECT in order to help their patients; the results were not good, took a long time, and were unpredictable. Drugs appeared to settle all these issues. Discharging these patients—no better but tranquilized—became one of the new objectives of the mental hospitals. The clinical evidence that while drugs are helpful, they are not and never will be curative was, and is, ignored. The word “cure,” like the “N-word,” is forbidden in modern psychiatry.

The doctors who did not visit me (AH) did not see the results that I and the doctors who visited me were seeing. They were therefore not impressed by anything I wrote. Over the last years of my practise in psychiatry, forty medical students in their third or fourth year visited me and spent one or two days

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observing and interacting with me and my patients. They were completely surprised when they saw my recovered or recovering patients. During their training they had never seen even one schizophrenic patient who was as well.

We apologize because we did not understand that advising psychiatrists to add vitamins meant adding one new drug, so they could still ignore the other three essential elements of any good therapeutic program. Had we understood this, it might have been more effective to preach to doctors who were already practising good therapy including those three elements. Most of the early pioneers around 1960 were trained as psychoanalysts: Allan Cott, David Hawkins, Jack Ward, Harvey Ross, and Moke Williams. They were accustomed to spending a lot of time with their patients.

The total dependence on drugs eliminates the basic three elements of good treatment for any disease: shelter, food, and treatment with civility and respect. These are the basic elements of the Moral Treatment of the Insane practised by the Quakers 150 years ago, which allowed nearly half of their psychotic guests to recover without drugs. No doctors or nurses were allowed into these treatment homes. We will not discuss shelter and food, as this should be so obvious: living on the streets or rundown slum areas, 'dumpster diving' or eating modern hospital food is not good care. In this report we will concentrate on civility and care, and the doctor-patient relationship.

A second factor is that the journals usually read by psychiatrists refused to publish articles reporting positive orthomolecular findings. Many years ago an assistant editor of the American Journal of Psychiatry told me that he would never allow any of my papers to appear in his journal, no matter how good they were. He kept his word. But even worse is that MedLine, which is supposed to abstract

and review scientific articles in the world scientific press, undertook a censoring function to keep orthomolecular reports out of medical awareness. It resolutely refused to abstract our journal, considering that Readers' Digest is more scientific. There are also no ads in the standard medical journals extolling the virtues of vitamins, whereas up to fifty percent of the pages of some medical journals carry very impressive drug ads. We think that many journals are in fact advertising sheets with a little content so they can call themselves medical journals. This stranglehold on the public dissemination of information has come to an end with Google and other Internet search devices. This journal can now be downloaded from Google. Perhaps it is time to say goodbye to MedLine.

The Objective of the Doctor-Patient Relationship and Its Enhancement

We will describe a first interview with a schizophrenic patient and his mother in order to demonstrate our objective-recovery and how to achieve it. We believe patients must be taught something about their illness and must have hope that it can be treated successfully. We do not follow the usual mantra of modern psychiatry which is; (1) You will never get well; (2) You will never be off drugs; and (3) You will never complete your education. We have seen too many examples of patients who have been given this advice and have recovered.

On November 13, 2007, John came with his mother from hundreds of miles away. Age 20, he was tall, good-looking, quiet, and his face was frozen in anxiety. His mother looked weary and fearful. John had been diagnosed schizophrenic, or schizo-affective, and was on parenteral drugs. On his own he had stopped taking Zyprexa a month earlier with few withdrawal symptoms. When AH asked how could we help him, he was very vague and spoke very softly. Fortunately, prior to his

appointment, his mother had sent us a very good history of his illness.

I (AH) then opened up the topic of schizophrenia, telling him that I wished I had his genes but not that I wished to be sick. I emphasized that schizophrenia genes are good genes if you feed them properly, which meant giving his genes the vitamins he needed, especially niacin. Immediately he woke up and became much more interested. I assume he thought I would once more make him tell me his history.

I then outlined why in our opinion schizophrenic genes are such good genes. On the physical side their possessors tend to be good looking (he was), they aged gracefully, hardly ever got arthritis and rarely got cancer. We told him that out of 5,000 schizophrenic patients AH had seen, only ten had gotten cancer and they had all recovered with treatment that included vitamins. By this time he was wide awake. We then told him that, psychologically, possessors of these genes tend to be very intelligent, creative, and talented, and we described some of creative successful patients who had been treated. He told us he had received top marks in Grade 12 but after that he deteriorated, was struggling in his second year of university, and could not even hold minor jobs. He previously loved to play classical guitar and had been an excellent athlete.

Why did we use this approach? We did it because the information we gave him is true, as anyone reading AH's books will realize, and secondly, no one will ever recover without hope and a reason to live. The usual negative mantra of modern psychiatrists to their schizophrenic patients is correct, as they only use drugs.

The transformation in this young man in just a few minutes of discussion was amazing. He was now fully alert and taking part in the discussion. His mother now and then cried softly from relief, and kept saying she should have brought him

to see me a few years earlier. We also had to neutralize the word schizophrenia, so stigmatized and, of course, dead wrong. The term itself is meaningless, does not tell us anything about what is really wrong, and does not indicate the correct treatment. We told him that the correct term is pellagra and explained in detail what we meant.

What were we hoping to achieve? First, we had to start the process of giving him back his self-respect. He had been a very intelligent, creative young man and this had been taken away from him. He could again hold his head high, knowing that he had a biochemical disorder for which he was not to blame, and that this disorder, if treated properly, gave the possessor a whole set of highly desirable properties that most of us would like to have. Most people think that schizophrenic genes are bad genes. They are asked about them and a family history is taken, as if the whole family has been tainted. In our opinion there are no bad genes except for those that do not permit survival. If any individual has been well for even a short period of time, then the genes are not bad; they have been badly treated by not providing them with the essential nutrients in their environment, and by overwhelming them with the toxins with which our planet is now so overly loaded. If a brilliant scientist develops Alzheimer's disease at age 75, one cannot say that his or her genes were bad because they did so well for so many years. They have not been well treated (well fed) for about 20 years. With proper orthomolecular treatment they would continue to serve as good genes.

Our second objective was to restore hope that the condition was treatable. Until now all he could look forward to was a life of chronic pain, medication, failure, and indifference from the psychiatric profession. The best way to restore hope was to tell him stories about other patients who were equally sick who had

recovered; like the teenager with schizophrenia who was seen in 1973, now a professor at a famous university, or the teenaged girl practically on the streets, who recovered, married, raised her family, and then learned a new profession which she is pursuing successfully. These stories inspire hope and are very therapeutic.

The Treatment Approach

Then we asked about his diet and whether he had allergies. He did not think he had allergies but he did show some evidence of these including dark rings under his eyes, called allergy shiners, as well as a few white spots in his fingernails characteristic of dairy allergy. His mother told us that he drank a lot of milk when he was three years old, and although he did not have many colds or earaches, he did suffer many episodes of strep throat. We talked with him about the need to rule out whether he had an allergy or not. We advised him to totally eliminate all dairy products for one month, and gave him an instruction sheet to guide him. After the end of the month he would do a challenge test by eating a dairy product. To illustrate what I meant, I told him about a few patients I had seen and how they had responded. One particularly striking example was a young man, age 21, who complained he had been depressed all his life. After two weeks eliminating all dairy products he was normal, completely free of depression. He then ate some ice cream. Within two hours his depression had come back, and after another hour he was psychotic. He was very agitated all night, fell asleep in the morning, awakened after three hours and has been well since, off all dairy products.

Food allergies are trigger factors and have to be eliminated, as the constant inflammation of the gastrointestinal tract creates the 'leaky gut' syndrome and prevents the adsorption of nutrients, vitamins and minerals from the small

intestine. Milk intake is also associated with iron deficiency anemia and with zinc deficiency; being aware of this makes it easier for patients to accept that they will have to take nutrients in order to make up what they have been missing for many years.

Then we listed each of the nutrients John needed including the following recommendations:

tid three times daily

bid two times daily

od once daily

Niacin 500 mg tid after meals for two weeks, and then 1000 mg tid. This is a starting dose and one may have to go much higher depending upon the response. The most common minor and non-harmful side effect is the vasodilatation or flush. Niacin itself is the best anti-niacin-flush product and after a few days schizophrenic patients will have stopped flushing. The flush was discussed with him in detail so that he would not be surprised or frightened.

Vitamin C 1000 mg tid. This is a major antioxidant, anti-stress nutrient, and decreases the incidence of colds and the flu—a time when patients have an increased tendency to relapse.

B complex 100 mg od to replace some of the other B vitamins which have not been absorbed well for several years.

Vitamin D 6000 IU od in the winter and 4000 IU in the summer for Canadians. No Canadian gets enough from September to April unless they supplement, or holiday in Florida or California. Even in southern areas there is now so much unreasonable fear of the sun that many southern residents also need to take vitamin D.

Omega 3 essential fatty acids – salmon oil 1 gram tid

Zinc citrate 50 mg od. Dairy allergy often causes zinc deficiency and he had signs of deficiency.

He was advised to take all the pills

together at the end of his meals. Finally, he was advised that if he had any reaction to any of the pills that worried him, he should immediately call us by phone or contact us by email. All questions are usually answered within 24 hours,

The first part of the interview took about 30 minutes. The rest of the hour was open to questions from John and his mother. Every question was answered.

Discussion

At the time AH started in psychiatry, when no effective treatment was available, it was the fashion to prepare very long histories, almost brief biographies. The less that was known about causes and treatment, the more information was piled into the charts for the unfortunate secretaries to transcribe. This was based on Adolf Meyer's view that everything was important. But with growing orthomolecular experience over the past fifty years it has become clear that most of the history is not essential, unless it is needed for legal reasons or to impress one's superiors while a student or resident. A brief history such as is taken by doctors not practising psychiatry is adequate and should not take more than a few minutes. The only essential facts are when it started, what were the stresses (trigger factors), what was the treatment and response, and the present situation. Almost every schizophrenic patient AH saw was referred by their general physicians, as he did not accept any non-referred patients. Almost all had failed to respond to previous multi drug treatments or they would not have been referred. Usually the diagnosis was made by other doctors and psychiatrists and in most cases I agreed with it. Therefore, taking a history need not cut too much into the time needed for the real objective of the visit: to establish adequate treatment that will increase the patient's chance of becoming normal.

Orthomolecular treatment is so-

phisticated, effective and safe and not time-consuming as many more patients can be seen. Patients need not be seen as frequently because they recover, in contrast to those given only drugs. The saving in time and money is enormous; there is nothing more economical than recovery. Unfortunately, because the medical profession has not endorsed orthomolecular treatment and learned how to use it, patients are denied their chance for recovery and to take their place in a normal society. Sadly, it is a treatment for the people who can afford to travel long distances to get this treatment. It remains beyond the reach of the poor who have to remain dependent upon the drugs-only therapy offered to them and enforced by government. A few patients recovered by following the regimen outlined in AH's books. Some of these cases are described in *Mental Health Regained*, published by International Schizophrenia Foundation, Toronto, 2007.

Postscript December 1, 2007: John just emailed to tell us he was doing much better. According to him he has more energy, his sleeping patterns have returned to normal, his thoughts are much more organized and studying has been easier. He also said he is enjoying exercise and continues to hold athletic aspirations. John, who had been so vague about what was wrong with him, and somewhat withdrawn, especially during the early part of the consultation, made this email contact himself and was able to express clearly what was going right.