

The Orthomolecular Controversy

A. Hoffer¹

In July, 1973, the A.P.A. Task Force on vitamin therapy in psychiatry, with the approval of the A.P.A. Council on Research and Development, published their report entitled, "Megavitamin and Orthomolecular Therapy in Psychiatry." Dr. A.M. Freedman, President, made the usual disclaimer, i.e., "The findings, opinions and conclusions of the Task Force Reports do not necessarily represent the views of the officers, trustees or all members of the association."

This report has discouraged a few psychiatrists from learning the facts about Orthomolecular therapy, which is a pity since it will deprive many patients of their chance for recovery. The report has been looked upon as a convenient excuse by institutions not to improve their treatment of schizophrenics. It is therefore essential to examine the report critically and to bring the conclusions of such a study to the attention of physicians and institutions who have more than the usual interest in improving the results of treatment.

The Task Force Report represents the views of five physicians of whom none have personally used megavitamins or Orthomolecular therapy. The report was written chiefly by its chairman, Dr. M.A. Lipton, who had already provided us with a preview of his report in an address delivered to a public audience three years before in California. The two presentations are remarkably alike even though none of the negative pseudo-controlled studies were available at that time.

¹ 1201 CN Towers. SasVatoon, Saskatchewan S7K 1J5-

The committee at no time invited any Orthomolecular physicians to appear before them, to present their data, to discuss their methods, nor to comment on the final report before it was published. There was therefore no opportunity to correct the obvious biases which are characteristic of this report.

The motivation of the authors of the report is of the highest. They were determined to prevent patients from succumbing to hope, "false hope" generated by the claims of Orthomolecular physicians, for they had been absolutely convinced these claims were pernicious and wrong. Because of these high motives they felt that any methods which would destroy the claims of Orthomolecular physicians were permissible; the end justifies the means. This meant they could examine the literature selectively, play down or ignore conclusions favoring the Orthomolecular approach, and magnify findings, no matter how trivial, which were antagonistic. They even used negative findings first reported by my research group (O'Reilly, 1955) as support for their own position. O'Reilly found that out of 11 chronic schizophrenics who had not responded to any treatment (ECT, insulin coma, and so on) only three were improved slightly. From this O'Reilly concluded, as had I before, that 3 grams of nicotinic acid was not therapeutic for chronic patients. O'Reilly concluded this, but added that perhaps larger dosages might have been more effective. From this moment every Orthomolecular physician has claimed that vitamin B3 alone (with a

few exceptions) was not helpful in treating chronic schizophrenics, yet Lipton persists in misquoting and misinterpreting our claims.

In their report they refer quickly to one of their few correct conclusions, i.e., that they had not tested Orthomolecular therapy. They had not tested megavitamin therapy either; they had only selectively examined the published literature. Even their title is wrong since they did not examine Orthomolecular therapy. There is no reference to the book, **Orthomolecular Psychiatry**, edited by D.-Hawkins and L. Pauling, W.H. Freeman and Company, San Francisco, 1973. Nor did their terms of reference include Orthomolecular therapy. It is clear they did not read all the literature they cited for a number of papers read at Brunswick Hospital Center, January 21-22, 1967, were never published. None of the committee were at that conference nor were unpublished manuscripts available.

Had this committee really been interested in preparing more than a bad literature review, they would have adopted the following approach:

1. Have a fair committee which included Orthomolecular physicians as well as its opponents.
2. Prepared a fair and unbiased literature survey.
3. Interviewed physicians who were using the Orthomolecular approach whether or not their conclusions were positive or negative.
4. Prepared conclusions scientifically sound and acceptable.

This they did not do. But this is not surprising. Medical committees have a habit of drawing conclusions based upon their own preconceptions and not upon the facts. Vitamin B3 has inherited the controversies generated by pellagra. November 11, 1915, a news release was issued by the U.S. Government as follows, "What is believed to be a dietary cure for pellagra has been found as the results of experiments by the Public Health service, the cause of the disease as well as the remedy, it was officially announced at the Treasury Department today. Assistant Secretary Newton, who has charge of the Public Health Service, spoke of the discovery as one of the greatest achievements of modern science in recent years."

It was established that persons whose diets lacked a normal proportion of protein seemed particularly subject to the disease, while those whose food contained enough protein seldom were afflicted.

But November 19, 1916, a medical committee consisting of Drs. Thompson and McFadden issued their own conclusions. From an independent study which they had personally financed, they concluded there was no connection between nutrition and pellagra. Pellagra was an infectious disease caused by the sting of the stable fly.

The Lipton report reminds me of the Thompson/McFadden report.

Recently a medical student who has completed his third year in medicine prepared a detailed examination of the Lipton report which is published here. To follow its reasoned and careful argument it is important that the Lipton report be read first. It is available from the American Psychiatric Association, Washington, D.C.

Each person must then reach his own conclusion. Each physician must then test the Orthomolecular approach in his own clinical practice. He is probably already familiar with the limited approach of the standard tranquilizer therapy.

One of the main criticisms of the Lipton report is his refusal to match treatment with patient. Chronic schizophrenic patients require different treatment than do acute and subacute patients. There is much evidence they are schizophrenic syndromes with different etiologies.

Recently serious attention has been focused on the role of cerebral allergies in producing schizophrenic syndromes, see Newbold et al. (1973)

Between March 1 and June 1, 1974, I have treated about 50 chronic schizophrenics with the four-day fast to eliminate foods to which they possibly were allergic. They were all either total megavitamin failures or had only partially

responded. Of this group 35 were well by the fifth morning. In three-quarters of them milk produced a prompt relapse. This study will be reported later. But it has a vast theoretical importance.

The 35 patients who were well within the four days represent Phase III patients. They represent megavitamin failures, and they represent the kinds of patients used in the so-called controlled studies referred to as superb studies of research by Lipton. It is likely a large proportion of all chronic and relapsing schizophrenics consist of cerebral allergies. It is highly unlikely they could be treated successfully by any treatment until the offending chemical (food, pollen, etc.) is removed from their internal environment. The 35 patients who recovered no longer require any medication including vitamins. But they must keep away from the dairy products or other substances to which they are allergic, or else they will promptly relapse.