

Editorial

Saying Goodbye after Fifty-Five Years of Psychiatric Practice

My research career has been very interesting, at times very exciting and infrequently downright awful. Doing research is a little like being a fire fighter, who endures long periods of rest and routine and intense periods of very dangerous activity. The firefighter's life is often at stake but the scientific reputation of the scientist is also at stake. It is like what faced our ancestors when we still had only spears with which to fight our fellow four legged carnivores. So in research there are long periods of work, of tense, boring activity and a few rare moments of great excitement. I've had them all but the moments of excitement made the journey worthwhile.

Here are a couple of "eureka" moments. The first was in 1952, when sitting at my dining room table looking at the formula of the known hallucinogens, I suddenly saw that they were nearly all indoles. This meant that instead of having to search the body for one of thousands of compounds we would only have to look for one out of a very few indoles that are known to be present in the body. This led to our adrenochrome hypothesis, which directed my research for the next fifty years. A good hypothesis directs productive research. The adrenochrome hypothesis led to megavitamin therapy and later to Orthomolecular therapy and to an entirely new concept of what it is like to be schizophrenic and how to help schizophrenic patients get well.

My second moment was when we decoded our first double-blind controlled study and found that the addition of vitamin B₃ (niacin and niacinamide) doubled our two-year placebo recovery rate of 35% to 75%. Both forms of B₃ were equally effective. It is very rare for clinical hypotheses to be confirmed by clinical data so soon. Accompanying the excitement was the realization that my clinical

colleagues at the Munro Wing, General Hospital, Regina, Saskatchewan, did not show any interest. Even though some of their patients had been part of the controlled trial and had recovered they could not believe that a simple vitamin could be effective in treating such a serious disease as schizophrenia. They would credit every other possible factor including chance, my personality and the wrong diagnosis. But I too remained skeptical. I could not believe that we were so lucky to have discovered a better treatment for this disease; a treatment so effective and so safe. By 1960, after other controlled trials, I was convinced. Every psychiatrist who used our procedure reported the same result, there were no negative results.

By 1960 the hostility against our research was immense and was led by the Canadian Mental Health Association (CMHA) following the advice of eastern Canadian psychiatrists. The first attack was directed against our psychedelic research. A president of the Canadian Medical Association, a professor of psychiatry, told his students that nothing coming out of Saskatchewan could be trusted since those guys were giving LSD to patients. Now our work is accepted as a valid approach and is being pursued by Harvard Medical School and other institutions. The film, *The Psychedelic Pioneers*, is a well-crafted documentary describing our research for first 10 years.

We were so absorbed in our research that we were only dimly aware of the amount of antagonism that it was generating. But as long as Tommy Douglas was Premier of Saskatchewan we were protected. He had interned as a student minister at the Saskatchewan hospital at Weyburn and he was personally aware of what went on in these institutions. I was also protected by my position at the College of Medicine as an associate professor of Psychiatry (Research) and strangely enough my Ph.D. awed many

physicians. But after Tommy Douglas left, the Department of Public Health, which had been solidly behind our work, turned chilly. And when the College of Medicine rejected the development of a Psychiatric Research Institution on the campus that had been approved by the Government of Saskatchewan and the Federal Government at Ottawa and by the CMHA which was still friendly, I realized that it was time to move on. I decided to replace two employers by thousands of patients who, I expected, would want to see me in private practice. I was able to clinically test the methods we had developed out of our research. The results of treatment remained good and gradually, with a small number of US and Canadian physicians, we began to gather the data which eventually led to Orthomolecular Psychiatry and Medicine. Linus Pauling was a major supporter and announced his support in his 1968 paper in the journal *Science*. The medical world dumped on him as well. Later Dr. Osmond and I were investigated by the American Psychiatric Association who refused to censure us and instead they released the damning APA task force report on "Megavitamin Therapy" in 1973, a report full of lies, distortions and misconceptions. But it became the bible of the psychiatric establishment and we were all but killed.

Like the Scottish fighter who said, "Fight on, my merry men all, I am a little hurt, but I am not slain; I will lay me down for to bleed a while, Then I'll rise and fight again." We did the same. The APA has never apologized for this massive unreasonable attack on a treatment which they had never examined and which promised so much to the unfortunate schizophrenic patients. The APA must accept full responsibility for this bigoted attack on a new treatment. This was one of my darker moments.

I was sustained by witnessing patients recover. None of our critics allowed

themselves the same pleasurable experience since they were so convinced it was all hokum that they would not even look at it and they tried their level best to destroy the concept. The majority of the five thousand patients I have seen can testify to the beneficial effect the orthomolecular approach had on their lives and well-being. The psychiatrists and physicians who are today practicing and who were sick in their teens, the other professional patients who are paying income tax, people from all walks of life who owe their sanity to the use of vitamins, many of whom are having children and grandchildren who are also benefiting.

We are again gaining momentum as readers of this journal will realize. The International Society of Orthomolecular Medicine is widespread even though small and we have 18 member countries including Japan, Korea, Europe and the United States. We have universities that are not so fearful of using vitamins and very slowly but inexorably I can see more and more good nutrition information seeping into the psychiatric literature. Our adrenochrome hypothesis is in good shape and has been summarized by John Smythies and more recently by Foster and Hoffer.

The future of orthomolecular psychiatry is good and I am content, surrounded by colleagues and friends who are continuing the fight for a saner psychiatry. But here is my problem. How do I say good-bye as a practitioner? I will still agitate, write, promote and continue to push my firm conclusion that the best treatment available today is orthomolecular. It is not perfect but would have been better had psychiatry undertaken its expected role and looked at new treatment with fairness and decency and not just as a threat.

When I tell my patients that I am retiring I also add that they will be able to use the information they have obtained

by working with me, that they will take charge of their own health and, if they have a good general physician as most of them do, to keep in close contact with them. I advise them that they must remain on the program which got them well and that the greatest risk they run in taking vitamins is that they will live longer.

I now publicly thank the thousands of patients for teaching me how to be a good physician, for being tolerant of me when I did not get the proper program for them the first time that I saw them and for allowing me to see how, with determination and faith, very damaged patients are able to overcome some of the most horrible conditions.

...Like the woman whose body was plagued by many sores and lesions for whom no treatment was available. After seeing nine dermatologists, she was told that she was doing it to herself. Her husband was given a lecture on her psychiatric disorder (scratching herself to bleeding) and how he must not let her do so. Not one recognized that she had a form of subclinical pellagra with mostly skin manifestations. She recovered in a few weeks and has gone back to work.

...Like her husband, a very intelligent professional, who developed early symptoms of multiple sclerosis and was told by a neurologist that he had MS. "Good bye," the doctor said. "You will be in a wheel chair in three months." The husband came to see me and has started treatment.

...Like the hostile paranoid who had been fired from twelve jobs because of his paranoia who is now a sweet and gentle person unable to get work because of his past history, who does volunteer work to help people.

...Like the teen-aged girl who told me, "Dr. Hoffer, it is so great to have my brain back." This after a few months of niacinamide.

...Like Sharon who came under care in 1979 after being depressed and schizo-

phrenic for eight years, with six previous admissions and one series of electroconvulsive therapy (ECT). She was plagued by visual hallucinations, blobs which spoke to her in a derogatory way and she would frequently burn herself with cigarettes so that the pain would make her feel real for a short time. After I saw her she needed one more admission for two months and another brief series of ECT. Since then she has been slowly and surely improving and in spite of a turbulent marriage, she has become most valuable in her husband's small family business. She pays income tax. She remains on 12 grams of niacin daily and 150 milligrams of chlorpromazine, the first tranquilizer and still often the best.

...Like John born in 1942, sick over 20 years when I first saw him with seven admissions, complaining of unreality, paranoid ideas, blocking, very poor memory and concentration, and depression with suicidal ideas. He began to improve and since 1971 has done relatively well but having been sick for so long will never be able to enter the work force. He is one of the victims of poor psychiatry. He is off all drugs, copes well with diabetes and maintains good relations with his family and like thousands more.

To all my friends and patients I thank you and also thank your general practitioners who were brave enough stand outside the box and refer you to me.

—Abram Hoffer, M.D., Ph.D.