Hoffer's Home Page -The Schizophrenias

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Schizophrenia remains one of the most serious chronic diseases, attacking 1 to 2% of the population. Forty years ago patients suffering from schizophrenia occupied half of all the mental hospital beds and one-quarter of all hospital beds. Today, most of the mental hospitals have shut down but they have not disappeared. By refusing to accept patients,and by discharging them before they are ready for independent living, they converted the community into the new mental hospitals. About half of the homeless people on our streets are schizophrenics, many of whom have been treated in mental hospitals or psychiatric wards, placed on tranquilizers, and then discharged to fend for themselves.

The main difference is that formerly they were treated in inadequate hospitals, which provided shelter, food, nursing care and some medical care. Patients were protected from society and society was protected from the more violent aggressive psychotic patients. These patients had little personal freedom. Today, the modern mental hospital, which is the streets with their rundown hotels, nursing homes, foster homes and so on, provides tranquilizers for some, pays no attention to food, provides little shelter and provides no protection for patients and for society. But they do have much more freedom to be sick, to roam, to refuse medication, to prey upon others, to be preyed upon by others.

The end results are the same. Patients do not recover. The recovery rate today is certainly under 15% which is one-third of the recovery rate achieved in 1850 in England and in the USA in the Dorothea Lynde Dix hospital in the eastern part of the country. In my opinion, the street schizophrenics today are no better off than they were in 1950. They suffered tremendously then from psychiatric ignorance from this socially rejected disease, and they suffer today from psychiatric refusal to examine a much better treatment called orthomolecular therapy.

Modern drugs, primarily tranquilizers, are very helpful in ameliorating the symptoms of the disease, but by themselves they can not and do not lead to recovery. Psychiatric chemotherapy is equivalent to chemotherapy practiced by oncologists for most forms of cancer, they do little good and cause a lot of harm. Psychiatric chemotherapy leaves the unfortunate patients with a dismal choice: (1) to remain naturally psychotic without the benefit of these drugs in reducing suffering or, (2) suffering the iatrogenic organic disease, the tranquilizer psychosis.

Tranquilizers, no matter how helpful, create a major dilemma for patients and their psychiatrists. Given to patients, they help reduce the frequency and intensity of the symptoms, but given to normal people they make them sick. Under the communist regime in Russia, dissidents were locked up in mental hospitals and given tranquilizers. They were using their peculiar definition of mental illness, i.e. a person who disagreed with the system. These people were made psychotic by the tranquilizers. When patients are given the same drugs they begin to get better, their symptoms are alleviated to some degree, they are more comfortable and their families being to feel hopeful again that they will recover. But as they become better or more normal, they begin to respond to these drugs as if they were normal, i.e. they become sick.

The tranquilizer psychosis created by these drugs includes psychiatric and physical symptoms. The pyschiatric symptoms are apathy, disinterest, poor concentration and memory problems so they can not study and learn, personality deterioration, and inablity to function without supervision. On the physical side they develop tardive dyskinesia, other types of neurological conditions, impotence, obesity, and skin problems.

Patients are no more fond of these latter symptoms than they are of their natural schizophrenia, and many prefer to be psychotic rather than suffer the ravages of this iatrogenic disease.
Orthomolecular therapy provides patients with a third choice, to become normal and stay well.
Orthomolecular therapd Diagnostic Test (HOD) - This is a simple test we developed for assisting in the diagnosis of the schizophrenias. It is based upon the perceptual theory of schizophrenia. It consists of 145 cards, each containing a question, to which the patient replies by placing the cards in a true of false category. The true questions are scored. Schizophrenics score high, usually over 50, while all other persons tested score low, usually under 30. The magnitude of the score indicates the probability one has schizophrenia. This test has been found to be very useful in rapidly reaching a diagnosis and in accelerating the proper treatment. It is also available for computer scoring and analysis.

Hoffer A, Kelm H & Osmond H: The Hoffer-Osmond Diagnostic Test. RE Krieger Pub. Co., Huntington, NY, 1975.

HOD Test Kit Available (English only) From Behavior Science Press - Institute For Social and Educational Research, 3710 Resource Drive, Tuscaloosa AL 35401- 7059, USA. ....

My E-Mail Address: **hoffer@islandnet.com**

The importance of clinical diagnosis

Early during my career as Director Of Psychiatric Research I became aware of the need todiagnose schizophrenia accurately and reasonably quickly. Our research psychologists had spent at least $50,000 (in 1955 pre inflation dollars) and after examining the psychological and clinical literature had concluded that there was no accurate test for this disease. They also concluded that this was due to the fact that psychiatrists would not agree on a definition and stick to it. The clinical expression of the disease was so variable that it was extremely difficult to sort it out from other conditions. This has been true of medicine in general. The great disease, syphilis, had a similar wide spread set of symptoms and signs and until the serological tests were developed there was the same degree of uncertainty. The situation has not changed over the past forty years. We still do not have any good generally used tests. The MMPI in my opinion, is clinically of little value for the clinical psychiatrist even though it is used widely by psychologists. And the criteria laid down in the American Psychiatric Diagnostic Manuals seem to be ignored.

I had decided to use the criteria, described so eloquently, by John Conolly, thesuperintendent of a mental hospital in England. He wrote the book Indications of Insanity. His definition was clear and elegant and is the best working definition of this condition. It was, he wrote, a disease of perception combined with an inability to tell whether these perceptual changes were real or not. I have used this definition since and I have found it most valuable. But unfortunately American psychiatry did not know about this definition and was raised on the definition described by E. Bleuler. Dr Bleuler's definition depended upon the presence or absence of thought disorder with very little emphasis given to perceptual changes. This still remains a basis for diagnosing except that a whole host of other factors have become operative, probably because it is so difficult to define accurately when thought disorder is present.

I also became aware many years ago that the diagnosis, like changes in clothing fashions, changed with the prevailing attitude toward this condition. Thus, in the early 1950's psychiatrists under the sway of psychoanalysis would not diagnose it unless there was evidence of latent homosexuality. I remember that at one clinical conference the psychiatrist presenting the case had diagnosed the patient schizophrenic and then added that he was homosexual. During the discussion I asked him whether in fact his patient had ever actually been homosexual. He replied that he had not, but he added he must be a latent homosexual since

Freud had declared that this was the basis for paranoid schizophrenia.

When we were conducting the double blind experiments to test vitamin B-3 for treatingschizophrenics I discovered that for a while we were no longer admitting any schizophrenic patients to the Munro Wing, the psychiatric ward of the General Hospital in Regina, Saskatchewan. However as the study ran for several years this dearth of patients that I could enter into the study was replaced by a shower of patients. I soon realized that there was enough resistance among the clinical staff to allowing their patients to be included in the study that they initially preferred to diagnose them depression or anxiety or psychopathy . But since these patients did not recover and relapsed after discharge, on readmission they were forced to make the correct diagnosis.

Another factor was the knowledge that schizophrenics did not respond to psychotherapy. Knowing this, psychiatrists, if they wanted to give psychotherapy and believed it had a chance would not diagnose their patients. I recall one patient, whom I interviewed after the resident had been treating her with psychotherapy for several months. As I was talking to her she kept on looking over my shoulder into the corner of the room at the ceiling.. I asked her what was she looking at. She replied that her sister, who lived in Edmonton, was in the corner of the room at the ceiling level and she was looking at her. A few days after I informed the resident that she was hallucinating he changed the diagnosis and sent her to the closest mental hospital. Today psychiatrists know that psychotherapy alone is of little value. But they also know that drugs, although very helpful, do not really make schizophrenic patients normal. If, therefore, they have a patient that they really want to treat they will diagnose them as bipolar (manic depressive), or depressed which most of them are, and can then use lithium or anti depressants. If they don't want to treat them, if they are especially difficult, or troublesome,or have a dislikeable personality they will diagnose them as personality disorders. In any event the result is that patients who are schizophrenic, and who would respond to some treatment are ignored and banished to the modern mental hospital of our large cities, the city streets. This case represents one such case.

Elizabeth came to see me December 18, 1995. Her family practitioner wrote in his letter referring her to me "She is a 28 year old with a long history of psychiatric illness with varied diagnosis including anorexia nervosa, borderline personality disorder, multiple personality disorder and these associated with suicide attempts and multiple hospitalizations". She had also been diagnosed depression.

About mid 1992 she began to suffer severe headaches, about two to three times per month,unrelated to her periods, often preceded by nausea and vomiting. She was given the usual variety of headache medication without any response, including fiorinal, demerol, gravol, tylenol,Imitrex by injection. Her general practitioner had reported to the neurologist that she was working as a nurse's aid, was a good worker, and hated missing work.

Early in 1993 a consultant reported that she had had an eating disorder which was not responding to treatment. For over three weeks she had fasted and had not drunk any fluids. She felt faint, had palpitations and was very tired. She had been a member of an Eating Disorder support group. When she was sixteen she would starve herself for up to 6 weeks. When she gained some weight she would resume her fasting. She had also used laxatives. Later she began to use medication such as ionamine to control her appetite. She would binge and vomit 3-4 times per week. Sometimes two times each day. She had been a very good student making A's and B's, a good athlete, was happy with school and with her family. There was no improvement in the hospital.

She was admitted again. In the meantime she had spent four months at a private facility for anorexics. She was committed with severe depression, auditory hallucinations and suicidal ideation. This admission she admitted she had been a victim of child sexual abuse, by her step father. She continued to hear voices but the psychiatrist in charge interpreted these as a projection of her own thoughts. He began to indulge in psychoanalytic speculations about the causes of her voices which he denied were hallucinations. For the first time the term personality disorder began to appear in her record. This is in striking contrast with the opinion

of her general practitioner who had seen her as basically a normal, achieving person. She was diagnosed depression and placed on anti depressants.

April 7 to 20, 1995 she was assessed by psychologists, She reported hearing derogatoryvoices inside her head which had become louder in the past few years. She also heard voices from outside calling her and saw faces in several different places e.g.in flowers, in food and in a window. She reported she had been in four motor vehicle accidents from December to January 1994 due to blackouts when driving. It was suggested that she suffered from dissociative reactions but no diagnosis was made.

During my first interview, she complained she had been depressed and agitated for fouryears. She was less depressed while on Prozac but was still having problems with her eating disorder. A mental state examination revealed a large variety of perceptual symptoms including hearing voices, seeing visions. There were voices of several men. There was also a change in taste perception. She could not tell the difference from the hallucinations and real phenomena. She was also very paranoid and suspicious of her family and friends. I disregarded all the previous diagnoses which totally ignored her main symptoms and diagnosed her schizophrenia. The mean score for schizophrenia is around 65. Few patients with other diagnoses score over 30 and all normal people score less than 20. On the HOD test she scored extremely high, as follows Total 152, Perceptual 36, paranoid 9, depression 16 and short form 14. The odds she was schizophrenic were over 90%. I started her on niacin 500 mg tid, ascorbic acid 1 G tid, pyridoxine 250 mg od and zinc citrate 50 mg od. Orthomolecular therapy includes the combined use of diet, nutrients in optimum amounts and drugs as needed.

Three months later she was free of voices. A month later I heard from the referring physician to express his pleasure at seeing how well she now was. He added "She is almost unrecognizably improved". June 11, 1996 she and I estimated she was 80% better. She stated that she felt normal for the first time in five years. In July she continued her improvement. She had visited her mother with her three children and had enjoyed the visit. When she had been depressed and paranoid her psychiatrist had stated that she had a poor relationship with her parents. This was apparently not the case. Her HOD scores were now normal. She was still on niacin 4.5 G od, prozac 20 mg od and the rest of the vitamin regimen.

From the time I had first seen her there was one more visit to the Emergency Department of the Hospital. In 1992 she was seen in the Emergency 6 times. In 1993 she was seen 12 times with one after an overdose of drugs. In 1994 she was seen 16 times after 9 overdose attempts and spent 95 days in hospital. In 1995 she was seen 16 times with 2 overdoses. (Fifty visits to Emergency Services over a four year period with 12 suicide attempts and a total of 101 days admitted to hospital.) She started orthomolecular treatment on December 18, 1995. So far (November 1, 1996)she has been seen once in the emergency services.

Conclusion

Assuming that each day in hospital costs $1000 and that each visit to the Emergency cost 100, the total cost of hospital care, not counting payment to physicians for services rendered, was $106,000, over a four year period. After these numerous admissions to hospital, after extensive treatment, she had not shown any improvement. But after she was properly diagnosed which led to the correct orthomolecular treatment, she was almost normal in a few months. From a person declared inadequate (personality disorder), who had suffered severe depression and Migraine headaches she became the normal person she had been before she became ill, free of Migraine, free of depression. She is once more able to look after her children. She will probably remain well as long as she remains on the regimen.

Scientifically, when a phenomenon (this patients history of illness and repeated admissions) suddenly changes direction after a new variable has been added, one must assume that the change in direction arose from the application of the new variable. Consider the course of her illness as a object moving in a straight

line. Several pressures are applied but the object remains on course. However when the course is abruptly altered after the application of a new force then one can conclude there has been a true effect of the new force on the course of the illness i.e. that orthomolecular treatment caused her marked improvement.

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A Chronic Schizophrenic Woman Comes Back to Life.

Chronic patients respond more slowly to treatment. It may take up to ten years before the maximum benefit is seen. Following a recent survey of a small sample from about 500 chronic patients under my care, I concluded that the major recovery occurred about 5 to 7 years after treatment was initiated, Hoffer (1994) If, therefore, treatment is discontinued too soon the optimum therapeutic effect will not be seen. One of my complaints about psychiatric hospitals is that, on the rare occasion when my patients are admitted, they promptly stop my whole program, place them on other medication, take away their vitamins and when they are discharged and return to me, I have to start them all over again. A few determined patients have had their families smuggle the vitamins to them and a few patients have surreptitiously taken them on their own. One of the patients hid them in his boots so that he could take them when alone. This interrupts the treatment of these patients and retards their recovery. This case history, anecdote, illustrates the slow pace of recovery and the happy final outcome.

Lena came to see me in October 1988 with her father. When they walked into my office my first impression was that she was either severely retarded or a chronic deteriorated schizophrenic. I obtained the first history from her father, as she was not able to tell me anything. She sat looking to one side the whole time. Her father complained that she suffered unusual blotchy skin, and her hands became very sweaty when she became excited. Her parents were surprised when in grade 6 they were told that she was not able to learn. From then on she went to special classes. About one month before she came to see me she had fallen asleep in her chair and had spent the night there. Her parents awakened her. She accused them of trying to drown her and ran away. The police picked her up, called her parents and she went home with them. The mental state examination revealed only that she was paranoid believing people were saying nasty things about her. I concluded that she was an adult learning disordered person which had been present from childhood. I started her on niacinamide 1 gram after each meal, the same amount of vitamin C, pyridoxine 250 mg each day and zinc gluconate 50 mg each day. Six months later her skin was normal, she was less depressed, had more confidence in herself and found it easier to communicate. She was no longer paranoid. But during July 1988 she had to be admitted to hospital. This time she complained about hearing the voices of her father or mother when they were not present. I rediagnosed her chronic schizophrenic.

She was started on small doses of thioridazine and in a few days discharged. She was admitted again in March 1990 after her mother had advised her to stop the tranquilizer. She was admitted for the last time

March 1990 for 7 days. She was discharged on the same vitamin program with thioridazine 300 mg daily, This is the average dose for this tranquilizer. She no longer heard the voices of her parents. By the end of 1990 I was able to reduce the drug to 100 mg daily. By the end of 1991 she was getting along well and working part time. She had been free of the voices. April 1992 the drug was decreased to 75 mg. She was cheerful, on the same job, getting along well with her fellow workers. January 1993 she was on 25 mg of the drug plus the same vitamins. She was less sleepy, cheerful and much more communicative. I kept on reducing the drug but in the end of 1994 had to increase it back to 50 mg. Early in 1996 the drug was down to 25 mg. She came to see me July 1996 very excited. She was free of all symptoms. She brought along her math test results and had made 100 percent. She proudly showed me the certificate she had received for her scholastic performance. She was a better reader than the other patients in her class and was not afraid to read in front on them. She told me that she was very happy because for the first time in many years her parents who had not been getting along had reconciled and they were enjoying each other's company again.

The woman I had seen 8 years earlier no longer existed. She had been transformed from a sick looking woman who had the appearance of a retarded person as used to be portrayed in old text books of psychiatry to a young woman who dressed well, and spoke freely to me. When I first saw her, and for several years, she would always talk in response to my questions but would look off to the side. She enjoyed coming to the office, andespecially enjoyed saying hello to my secretary and getting a hug from her. I wrote to the referring physician "It is always a delight to see how much improvement Lena is showing as I continue to see her. Today she was feeling really good, was very cheerful and she was especially delighted because her parents, who apparently had not been talking to each other for years are getting along very much better. I think she is doing great"

My criteria for recovery are very simple (1) There must be no symptoms and signs, (2) The patient must be getting on well with family (3) The patient must be getting on well with community and (4) The patient must be employed i.e. paying income tax. Lena has achieved all four but does not earn enough to pay tax. She has been sick so long that the handicap of those lost years has not yet been resolved. But she is learning more skills in a fine program designed to rehabilitate patients. Without the vitamins she would have remained the same dowdy, retarded appearing women with no hope of ever getting any better.

Lena is one out of several thousand I have seen. Why are chronic patients elsewhere denied the opportunity to get well?

One of the advantages of the orthomolecular regimen is that patients are more compliant since they do not suffer major side effects and when they have to take drugs the dose is so small that for this reason side effects are minimized or avoided.

Side effects may have been a main factor in Manley Eng's criminal career and will force him to remain in prison for 11 years. Mr. Eng was found guilty of arson and was found to be schizophrenic. He refused to take medication because it left him feeling lethargic and stupefied, (Wested, 1996.) I have seen numerous patients who could not remain on the medication because of severe side effects.

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This anecdote illustrates the following points 1) Chronic patients must be treated patiently and continuously with adequate support. 2) A combination of medication and nutrient therapy combines the advantages of the rapid effect of the drugs and the slow curative effect of the nutrients. This permits a gradual reduction of medication until the dose is so low the drug no longer creates its own psychosis - the tranquilizer psychosis.

3) Schizophrenia in children may take the form of a learning disorder so that normally intelligent persons appear to be retarded. Lifting the psychosis by means of orthomolecular therapy will remove the apparent learning difficulty.

Twenty Years On Orthomolecular Therapy

November 11, 1996

On December 8, 1976 Mr. CR, age 25, arrived in my office. He complained that he was much better than he had been but that there were days when he was nervous and depressed. Six years earlier he had become very depressed. He was treated with electroconvulsive therapy receiving about 11 treatments. His memory had been bad before the treatment and was worse afterwards so that he could not remember what he had been like. But most of his depression had been lifted. He married a few years later. His wife told me that his episodes of depression had been getting worse. During these he would become quiet, and obscessive. He was still taking Haldol regularly. He added that he had, in the past, believed people were staring at him, had suffered visual hallucinations and had heard voices but had not experienced these perceptual changes after his treatment. He had been started on large doses of the B vitamins, with zinc gluconate and brewers yeast. I added niacin 500 mg three times each day after meals and advised him to remain on his Haldol 2 mg daily. One month later he was normal.

April of 1977 he had suffered an infected finger requiring 7 days in hospital and two operations. He had also broken a bone in his heal. He had not been taking his Haldol and he began to hear himself think. (This is a classic schizophrenic symptom). One month later, back on Haldol 2 mg, he was well. By the end of the year the Haldol was decreased to 1 mg daily. In March 1978 I increased his niacin to 1000 mg three times daily. July he was normal but still needed tiny amounts of Haldol. I increased his niacin to 1500 mg three times daily. By February 1983 he was normal and no longer needed any medication. In January 1983 he became depressed again and had to resume his Haldol which he maintained for a couple of years. I also added 25 mg of amitrytiline and 2 mg of perphenazine to his program. May 1989 he was normal. He was a very busy contractor building houses and had moved to an acreage. October 1960 he came to see me. He was worried tht he was not facing stress adequately. But he had observed that whenver he ate sugar he became worse. He still needed to take small amounts of the combination of the anti depressant and the tranquilizer. He was normal, very busy as a contractor and looking after his family and his aged parents. He had built a house for them on his property so that he and his wife could look after them properly. He meets my criteria for recovery in spite of the fact that now and then he needs some help with medication. In this he does not differ from patients with other chronic diseases. Patients on megavitamin therapy usually require much lower doses of tranquilizers and thus can avoid most of the side effects associated with the usual doages that are in use today.

Had he not been placed on vitamins by the first psychiatrist who treated him and which I continued and modified there is little doubt he would be receiving welfare, on a variety of major drugs and not a major contributor to Canadian and BC government coffers. A small investment in vitamins converted him from a chronic schizophrenic consumer of everything to a major contributor to society.

Patients Not Schizophrenic Also Respond to Orthomolecular Therapy.

Orthomolecular Medicine is not limited to the treatment of schizophrenia. Schizophrenia was the first disease that was treated, beginning with our six double blind controlled experiments that we started in Saskatchewan in 1951. But this treatment has expanded into the rest of psychiatry and medicine. I will demonstrate this by

describing the last four patients I saw last week after the coffee break, none of them were schizophrenic, all of them recovered within four months of starting this treatment.

Lorraine, born in 1961, suffered from restless leg syndrome present for two years. Neurological examination showed no reason for this. She suffered from weak legs, unsteadiness and if she walked a lot extreme fatigue. Mainly she suffered from an uncontrolled urge to move her legs when awake.This made it very difficult for her to fall asleep and she suffered from sleep deprivation. She was given several diagnoses including chronic fatigue syndrome. On her own she began to take small amounts of a few vitamins and believed this had been helpful. I advised her to take niacinamide 500 mg fter meals, vitamin C 1000 mg after meals, folic acid 15 mg daily, vitamin B-12 l mg sublingually daily, lysine 1000 mg after each meal, vitamin E 400 iu daily and zinc citrate 50 mg daily. November 18, 1996 she was normal. An anti depressant, Paxil, she had been tking two years had not helped and she had to discontinue it because of side effects.

Lee, born in 1963, was very anxious and tense. For years he had controlled this by using alcohol. He would binge every three to four months for one day. He suffered blackouts and often committed irrational acts that he did not remember later. I started him in niacin 500 mg after each, meal twice as much ascorbic acid and folic acid 5 mg twice each day. I have been using niacin for alcoholics for the past 30 years. This treatment was first widely publicized by my good and close friend Bill W. Co founder of Alcoholics Anonymous. He circulated a treatis called The Vitamin B-3 Therapy to physician members of AA. I had advised Bill to take niacin 3 grams daily to control his severe tension, fatigue and insomnia. Within two weeks hewas well. When I saw Lee for the second time in mid November he was almost normal and no onger needed to be seen.

Frank, born in 1962, had three complaints when he saw me September 30, 1996. He was very anxious and fearful, was unable to stick to any particular line of acivity and could not cope with stress. During his teens he had experimented with LSD, with pot, mushrooms, cocain and alcohol. At age 17 he began to consult various therapists and take many self help courses, spending about $30,000. I found that depression and anxiety were the main features. I started him on niacin 500 mg after each meal, on twice as much ascorbic acid, and on folic acid 5 mg once daily. By mid November he was nearly well. He was able to concentrate better, was better focussed, his mind was clearer and his mood was better and level. I then doubled his niacin amd folic acid for maintenance. He no longer needed to be seen.

Marion, age 32, consulted me October 2 because she suffered from chronic fatigue and was unable to cope with recurrent infections. She had been diagnosed bipolar psychosis (manic depressive) and had been on and off lithium for 13 years. When on lithium her mood cycled very rapidly. In mid July she was diagnosed depression and started on an antidepressant which was very helpful. But when I saw her she told me about the voices she had heard in the past, about her paranoia, poor memory and difficulty with concentration. I started her on a dairy free diet with ascorbic acid 1 gram after each meal, pyridoxine 250 mg daily, zinc citrate 50 mg daily, selenium 200 mcg daily and a B complex 50's once daily. By November 18 she was well. She had started to improve about ten days after starting on the program. She was not able to tolerate the selenium.

These patients had been referred after they had been examined by their general practitioners who had not found any physical basis for their complaints. I did not give them any dynamic psychotherapy but did give them the kind thatshould be used by every physician. After presenting their history they were told what my diagnosis was, how I would treat it and about how long it would take to get well. Each nutrient was described and the reason for the diet.

Seeing four non schizophrenic patients in one afternoon who had gotten well or nearly well after two visits reminded me that orthomolecular therapy should be made available to all psychiatric patients.

March 4,1997..Last week I discovered that I had saved British Columbia and Saskatchewan piles of money by practicing orthomolecular medicine. I concluded this after hearing from four patients I had treated in the

past.

1)During July, 1996, I saw a young woman, born in 1968 who had suffered a post partum depression for which she was treated in hospital on two occasions. She was treated with risperidal, one of the three most modern tranquilizers. She heard voices when she was pregnant, still heard her own thoughts and was delusional believing that her four year old son was an Antichrist. She was also preoccupied with the death of her brother who had been killed in a car accident. He had been my patient in 1972 and had recovered from his schizophrenia. She was also very depressed and fatigued. I advised her to eliminate sugar from her diet, to take niacin 1 Gram after each meal, vitamin C 1 Gram after each meal, folic acid 5 mg after each meal, pyridoxine 250 mg daily, zinc citrate 50 mg daily and a B complex 50's once daily. She remained on the risperdal 6 mg daily. In March I doubled her niacin dose and in July increased it again to 3 Grams after each meal. The following November her local psychiatrist decreased the drug to 4 mg. February 26,1997 she called. She was well but was worried about her son who was typically hyperactive with a short attention span. I advised her to put him on a sugar and dairy products free diet and to add a simple B complex preparation for children. She had observed that a coke would drive him wild.

Had she remained on the drug only the odds are over 90% she would have remained permanently ill and would cost British Columbia $2 million over the next forty years.
(P)2)The same morning I received a call from Saskatchewan from a woman born in 1924. I had seen her in Saskatoon many years ago. She had been suffering from severe Meniere's disease which had not responded to any medication nor diet. On her own she had started taking small amounts of niacin and for the first time began to get better. She came to Victoria in December 1987 with her husband and consulted me about her orthomolecular program. Both were normal. I suggested she remain on the niacin 1 gram three times daily, the same amount of vitamin C, some vitamin E and B complex 50's. In 1993 she reported that she was normal but she was worried about her husbands arthritis. He was two years older. He too was started on a vitamin program. February this year she called again and told me how pleased and delighted she was at their good state of health. Both were symptom free, They wre both leading a wonderful life, she said. That last call saved Saskatchewan the cost of two consultations but even more saved the cost of recurrent consultations at home with their family doctors and specialists if they had not started on the megavitamin regimen.

3)An elderly man called from Victoria where he had been visiting his family. He had wanted to see me but his wife died suddenly and he could not. He reminded me that I had treated his daughter between 1970 and 1972 for schizophrenia with the vitamin program. She had recovered, got better each year. Her two children were attending University. He was delighted with her recovery. Her recovery saved Saskatchewan $2 million. She has been well and productive for 25 years and there is every indication she will not relapse. On tranquizilers alone she would still be ill, a burden to herself, to her family and to her society.

4)A former patient I had treated in Saskatoon 25 years ago wrote about his mother-in-law and her identicle twin sister, He gave me a progress report on his own recovery every year end. The twins were born in 1910. They married brothers when they were 25. His mother-in-law was financially better of and her lifetime diet was more nutritious. In 1966, following a series of difficutlies and frequent moves the sister began to show signs of psychiatric illness. She fabricated stories for example. Four years later she left her husband and worked. By this time her diet had deteriorated even more and she basically lived on tea and toast. Eventually she had to be admitted to a nursing home and was diagnosed Alzheimer's disease. She died in 1981.

As soon as this sister was diagnosed my informant became worried about his mother-in-law because of the hereditary factor and started her on a good mulitvitamin multimineral program, including the B vitamins and vitamin C and E. She remained well on this program. Today her son-in-law decribes her as an alert eighty-six-year-old person.

...If these women had been fraternal i.e. not identicle twins, this comparison experiment would not mean

much. However because they had the same genetic makeup and because it is recognized that Alzheimer's disease has a powerful genetic component the results are very persuasive, In animal comparison experiments one identicle twin pair is equivalent to 40 pairs of non identicle twins. This is why there is so much excitement about the identicle twin monkeys just born in the United States. They grew from two cells taken from a eight cell embryo and have the same genetic make up. I doubt there is another identicle twin pair with a similar history, one on a good orthomolecular program, the other on a poor program. It suggests to me that if everyone were to start on a good nutritional program supplemented with optimum doses of vitamins and minerals before age fifty and were to remain on it the incidence of Alzheimer's disease would drop precipitously. By keeping his mother-in-law well my informant has saved Saskatchewan a lot of money,

Today, March 11, 1997, a ninety-four-year old woman came to see me. I had been seeing her since 1992 because of her anxiety over breast cancer. This time she had been experiencing a lot of difficulty from congestive heart failure which was improving. She had been driven to my office by a patient of mine who had been a chronic paranoid schizophrenic. And this is the point of this anecdote. She told me how kind he was to her, that he took her for walks, drove her around and was very supportive and helpful. He represents a patient who had been very sick, had been fired from his job as a nurse twelve times, and even after his recovery could not get a job because the hospitals judged him only on the way he had been, and refused to accept my opinion that he had recovered and was able to work. He is a normal man who has been on permanent pension, even when he did not have to be, because of the popular view that no schizophrenic can ever recover. Of course this is true if tranquilizers alone are used. I saw him first in 1983 when he brought with him a list of 52 problems. By then he had been ill for several years and had been in hospital two years before for three months. He told me about his visual hallucinations. Once he awakened at night and found two men in his room who were trying to awaken him, and they were both ice cold. He heard his own thoughts and felt unreal. He was extremely paranoid, felt people wanted him to kill himself, there was a lot of blocking and his memory and concentration were very poor. No wonder he was so depressed. I assumed he was potentially violent although he had not been violent but he had written threatening letters. I started him on treatment. By 1984 he had recovered. He wanted to go back to work at the hospital but the hospital would not take him after another psychiatrist had maintained that he was still not fit to work. His behaviour had been so paranoid they refused even to consider him. Since then he has been well. He is kind, considerate, helpful to his neighbors. He travels each year with individual members of his family with whom he has a good relationship. He does a lot of volunteer work. Still it is sad that the services of this good man have been rejected simply because he had been so sick in the past. My 93 years old patient is very grateful and appreciates his help. I doubt she knows anything about his previous history. He meets my criteria for recovery i.e. he is free of symptoms and gets on well with his family and with the community and he would be paying income tax if his past had not been used to prevent him from ever working again.

The 26th Annual International Conference. Nutritional Medicine Today. April 18,19,20. Royal York Hotel, Toronto.

This was a very sucessful conference with over 150 participants including 100 physicians. We discussed the treatment of depression and schizophrenia the first half day session. Dr. Sherry Rogers gave us a remarkable outline of the causes and the treatment of depression. She is a specialist in environmental medicine in private practice in Syracuse, N.Y. Her books are excellent and she is a very skilfull informative lecturer.

Then Dr. J. Smythies outlined the modern view of the relation of the aminochromes to normal and schizophrenic brains. The original transmethylation hypothesis developed by Dr. H. Osmond and Dr. J. Smythies in 1952 led to the adrenochrome hypothesis of Hoffer, Osmond and Smythies. Dr. Smythies was Chairman. Department of Neurosciences, University of Alabama, for many years. He is retired but is a Senior Research Fellow at the Institute of Neurology in London and is in the Brain and Perception Laboratory,

Department of Psychology, U.C.S.D., La Jolla, CA, and very active in continuing his writing for medical and psychiatric journals. I was delighted to see John again after about a ten years hiatus. In his lecture he outlined the massive evidence that these aminochromes (adrenochrome is one a number of similar compounds) are intimately involved in the functioning of the brain. Some of this is discussed in his report "On the Function of Meuromelanin" Proceedings of the Royal Society (London) B, 363, 491-496,1966. Also in the Journal of the Royal Society of Medicine, "The Role of ascorbate in brain: therapeutic implications". May 1996, Volume 89, Page 241.

I wound up this first session with my report on "The Optimum Treatment for the Schizophrenias". I told the meeting of a discussion I had with a couple and their daughter the night before at the reception. The couple were friendly and relaxed and the girl was cheerful and interested. Father reminded me that he had written to me a half year earlier about his daughter and I had referred her to a Toronto Orthomolecular Psychiatrist. She had not responded to any treatment for the ten years of her chronic schizphrenia including huge doses of tranquilizers. On one occasion her parents complained that 70 milligrams of stelazine was of no help and was causing severe side effects. The psychiatrist told them to increase it to 80 mg. They dismissed him. She was started on the vitamin program and by the time I saw her she was normal. While she was very ill they had arranged for her to be seen by the schizophrenic clinic of one of the local psychiatric hospitals, the best in Toronto. By the time she met with this clinic she had already shown marked improvement. During the intake conference the attending staff were very busy taking notes and showing great interest in her history. Toward the end of the session father told the group that his daughter had started on a vitamin program and was very much better. There was a sudden hush, the notebooks snapped shut, interest dissipated and a chill descended on the meeting. The chief of the clinic remarked that they should stop the vitamin program in order to test whether they were effective. She did not give the same advice for the tranquilzers which she knew was the only recommended treatment. Apparently the worst sin in orhodox medicine is to see a recovery for the wrong reason. The schizohrenia clinic knew that vitamins could not ever help anyone. The patient was not invited to participate in the clinic program, nor of course, would her parents have allowed her to do since she was already well on the way to recovery and on a much lower dose of tranquiliser. I am puzzled by the callous advice given so freely to stop the program that had gotten her well after ten years of illness. Obviously this psychiatrist is overly impressed with double blind therapeutic trials during a time when this particular way of studying response is sinking into the dust bin of history because it is inappropriate for testing multiple programs.

Dr. David Horrobin Is President of the Schizophrenia Association of Great Britain, Founder and Research Director of Efamol Professor at Wolverhampton University and the University of Dundee and one of the formost experts on the essential fatty acids. In his discussion he referred to a new finding which will markedly simplify the recognition that schizophrenia is present. This ought to introduce some diagnostic clarity and prevent many of these unfortunate patients from being labeled incorrectly as bipolar or borderline personality disorders. He has developed a simple skin test. An adhesive strip containing four different concentrations of niacin is placed on the skin and left there five minutes. The strip is removed. Normally the niacin in the patch will cause some redening; a mild flush or dilatation at the point of contact. Non schizophrenic people are much more sensitive to this effect while schizophrenic patients are not. About 70% of the schizophrenic patients will not flush at levels which will flush normal people. This test may soon be available commercially. His report created great interest at a previous meeting in the USA where he presented this finding.

Come to our Ottawa, Ontario, meeting April 1999. For information contact The Canadian Schizophrenia Foundation, 16 Florence Avenue, Toronto, Ontario, Canada M2N 1E9 Fax 416 733 2117, Telephone 416 733 2352 E Mail Center@Orthomed.org

I will review the rest of this conference in my cancer web site.

Recently I was informed that the HOD test questions have been transposed into a poem, present in the Regenstein Library of the University of Chiiciago. These timorous lines were assembled out of The Hoffer Osmond test for schizophrenia]

..

..IDENTIKIT CRISIS

My world has become timeless
sometimes very dim as I look at it
People's faces pulsate
I watch when I read
the words begin to look funny
they move around, grow faint
sometimes the world becomes
very bright—objects pulsate
The world seems very unreal

Now and then when I look in the mirror
my face changes and seems different
I feel rays of energy upon me
Often I see sparks or spots of light
floating before me
I hear my own thoughts echoing
outside my head an empty courtyard
Eyes pierce and frighten me
they interfere with my body to help me My hands and feet
sometimes are much too large some of my organs may even be
dead
Perhaps my stomach is dead
my bowels definitely are dead
How often have I felt
another voice in my head
Strange sounds come
laughing
frightens me
Voices from the radio
television, tape decks
talk to and about me
My ears burn with the exposure
times my mind goes blank
aware that people are talking about me
There are times when they read my mind
There may even be some kind of plot

When I come into a new situation
it is occasionally a repeat
one that happened before
I read other people's minds
hear my own thoughts as clearly
as if they were a voice

find that past, present and future seem all muddled up Time has
changed recently only I'm not sure how People are messing with my mind
to harm me everything seems to be altered
too big or too small, out of proportion Every so often I leave my body
my hands and feet look awfully far away the bones feel soft
I am no longer sure who I am

By Acteon Blnkage. (D.S.Black)

Processed World # 13 (Spring 1985)

These verses were derived from the questions asked on the HOD test. They sample the experiential world of schizophrenia much in the same way as they sample the experience induced by LSD. It is a very useful, easy to administrate test for helping to dignose schizophrenia. It is probably more accurate than the diagnosis given by most psychiatrists.

Schizophrenia and Crime in Victoria.

July 5,1997. Recently a twenty two year old man killed his mother. He was schizophrenic and found unfit to stand trial. Until he is fit he will remain in a mental institution. His father demands an inquiry and a coroner's inquest will be held. A few days earlier a patient walked out of the local psychiatric hospital, got on a bus, and when his transfer was challenged hit the driver. He was eventually subdued and taken into custody by the police. These are a few of the anti social acts committed by schizophrenic patients. The Times Colonist, Victoria July 4, 1997 reported that in March Aaron was charged with mischief and he was held in jail. He was assessed in jail by a psychiatrist who concluded that although he had no violent thoughts and no prior history of violence he should be in hospital. However the hospital was full. Rather than have Aaron in jail his mother agreed to take him home on bail on condition he take his medication and attend at the outpatient forensic clinic. His father commented "No family in this province is equipped to provide home care for someone as sick as my son. Leaving him in the care of family is like sending someone who needs heart surgery back to his parents house for treatment". Aaron had stopped taking his medication two weeks before. But he continued seeing a psychiatrist and probation officer once a week and they noticed nothing wrong, according to his father. Neighbors had been calling the police for weeks before the killing becaue of his bizarre behaviour.

Rick Cooper of the B.C.Schizophrenia Society said there are few supports for these sick people, that there is no one responsible for ensuring that they take their medication regularly, that there is almost no treatment provided for patients not in hospital. The chief of police reported that crime by mental patients had increased from about 200 each year to around 250 in 1996.

The Times Colonist, July 5, 1997 carried more information. The paper quoted the father " During the past few weeks I have heard dozens and dozens of real-life stories from strangers and friends alike about other families of schizophrenics who were at their wit's end, abandoned by a health system that had little to offer unless a crime had been committed".

In their communications with the public the mental health associations and the professional people involved in the care and treatment of schizophrenics have maintained that these patients are as law abiding as the general population. There are two aspects to the crime problem; these are the quantity and the quality of the crime. It is true that schizophrenic patients are not more prone to commit crime than are the average population but it is also true that schizophrenics are much more apt to commit strange, bizarre and totally illogical crimes than are the rest of the population. That is because they commit their crimes in response to

their hallucinations and their thought disorder. Thus, many years ago a man was committed to hospital in Regina because he was chasing a young girl on the main street. When I examined him he told me he had seen a vast illumination in the heavens as we was walking west in the late afternoon and that from this illumination he heard a voice say "You have syphilis and to be cured you must have intercourse with a virgin". He had both a visual and an auditory hallucination and he thought the voice was the voice of God and must be obeyed. He recovered on megavitamin therapy and remained well thereafter.

Another case was the Hoffman, case in northern Saskatchewan, Kahan (1975). A schizophrenic yoong man was in the Saskatchewan Hospital, North Battleford on medication. In hospital he described his hallucinations to his psychiatrist. He heard and saw both the Devil and his guardian angel. They were fighting with each other. The angel wanted him to be good and the Devil tempted him with the world's riches if only he would kneel before him. His psychiatrist ignored these symptoms. He was discharged and given a months supply of medication. A few weeks after he ran out of the drug the Devil came to him at night, following a splitting headache. He described him as a 6-foot 2-inch huge man with the face of a pig who ordered him to get into his car, to drive exactly 60 minutes and wherever he then was to kill. He stopped at the Hoffman farmhouse, and shot and killed every member of the family except a baby who was crawling on the floor. By then, he told me, he ws too tired of killing. He was found not guilty by reason of insanity and was committed to a mental hospital.

The criticism hurled at the community mental csre supports and facilities are alwsys directed agaisnt those matters which appear to be most important such as not enough beds, not taking ones medication, not enough community supports. They can all be described as factors which can be healed by throwing more money into the system. With more money there would be more psychiatrists, more beds, more community support nurses, more follow-up workers, better shelters and so on. While these are all needed one of the most important aspects of the problem is totally ignored. That is the need for more effective treatment. The situation can be blamed squarely on the psychiatrists who insist that the only treatment of value is the use of drugs. But these drugs, while controlling symptoms, do not lead to recovery. On the contrary, it is impossible to be well while on tranquilizer medicine. The side effects are so troublesome that too many patients refuse to stay on the medication unless they are forced to in hospital or by injection. If we are going to have any impact on the intensity and quality of the crimes we must improve the quality of treatment. Psychiatrists must be made more accountable for the results they are getting. Psychiatric Institutions must be made forced to release annual reports showing what proportion of their schizophrenic patients have recovered and why they are not doing any better. They must be forced to examine seriously at orthomolecular psychiatry which yields results very much better.

Around 1968 a young man took his rifle, went to his parents bed room and fired the gun at the pillow between their heads. No one was hurt. He ran from the room and out into the mid winter snow and cold (forty below) in his bare feet. I found him to be schizophrenic. I described the situation to the judge who released him to my care at City Hospital in Saskatoon. I treated him with megavitamin therapy. He recovered and when I last heard from him he was happily married living somewhere in Northern Canada. A second example was a graduate student in physics at the University. He was shooting at cars driving down the road. He was referred to me. I found him schizophrenic. He had a history of illogical, silly and dangerous acts. For example on one occasion he hid in the stacks of the public library in Washington D.C. and when everyone had gone home he enjoyed himself by pushing all the stacks over. I started him on vitamin therapy. Three months later he was in a cold sweat with anxiety. He told he he had just realized that he might have killed someone. He continued treatment, was released by the court on condition he return to the US. Last I heard he was a professor in physics in one of the mid-west Universities in the US.

I do not claim that every patient will be treated as succesfully as this. But I do claim that many more will and that we have to improve the quality and quantity of treatment for all patients so that the proportion of the crimes committed by them will vanish. Every person charged with a crime which contains the elements of the

bizarre, the difficult to understand, the illogical acts, should be examined to find out what the determinants of that behaviour were so that appropriate treatment can be started and combined with punishment in most cases. Punishment alone is of little value. Treatment without punishment is better but best of all would be good treatment program combined with minimum punishment.

Kahan,F.H. Schizophrenia,Mass Murder and the Law. J. Orthomolecular Psychiatry, 2,1256-146, 1975.

Today (July 5, 1998) Sixty Minutes described the tragic story of a New York family who adopted a son from a respected, not-for-profit adoption agency. He was intelligent, fit, interested in sports and loved by his family as he in turn loved them. In his mid teens he began to skip classes, later became clearly paranoid and eventually was admitted many times to New York hospitals for treatment of his schizophrenia. After several years the family and especially the adopted son tried to obtain information about his parents, especially his mother but the institute would, at first, not release anything and later under pressure informed the son that his mother had episodes of depression. It was common policy for adoption agencies everywhere not to release information about the parents of the children they placed. In many areas this is now mandatory. The family sued the institute and after seven years it has still not been settled. But the court ordered the institute to release their file. The file reported that his mother had been a chronic schizophrenic patient, that she had been lobotomized, and had spent time in hospitals. They also found that the father had been classed as mentally ill. In the mean time their son continued to suffer, continued to have treatment and eventually died at age 29, from a drug reaction. The name of the drug was not given. I would guess it was clozapine because it is used for refractory patients and it does kill a very few patients.

The Sixty Minute report concentrated on the tragedy and the loss of the son to his family as a result of the failure of the institute to provide the essential information. However one must ask What difference would it have made? Suppose the institute had given them the information that his mother was schizophrenic, that 10% of children of one schizophrenic parent will become schizophrenic, that if both parents are ill half the children will become ill. The parents might have decided that since there was a 90% chance the child would not become schizophrenic that they could live with these odds. But in either case, knowing the odds, or not knowing anything about the mother the outcome would have been exactly the same for with orthodox, xenobiotic treatment there is no way by which they could have prevented the illnesss or treat it properly. This is the real tragedy of this very sad anecdote. But it could have been different. The parents should have been advised of the mothers illness. They should have provided information that if there was any significant change in behaviour or learning ability of their child they should promptly seek help from an orthomolecular psychiatrist who could start the correct treatment and that this is the only way this tragedy could have been avoided. In New York City The Fryer Research Center, at 30E 55th St, 10016, 212 808 4940, has been treating schizophrenic and other patients with success for at least the past 25 years. This center might have helped this desperate family seeking help for their son.

The following anecdote illustrates an entirely different outcome. In 1960 Bill W., the co-founder of Alcoholics Anonymous, asked me to see a girl, seven years old. Anabel was adopted by her grandfather and his second wife. Anabel's mother was a chronic schizophrenic patient, in a chronic back ward of one of the mental hospitals. I knew Anabels mother having treated her at University Hospital in Saskatoon for a couple of months. She was well after discharge but could not find anyone in Washington D.C. who would continue the program. She eventualy relapsed and went back to hospital. Anabel's adopting parents were very worried because she had been diagnosed retarded, and it was very difficult to deal with her behaviour. She was being prepared to go to a special school in New York City for the retarded. Knowing the odds she might be showing the earliest manifestations of her mothers illness I advised them to start her on niacinamide, 1 gram three times each day aftermeals. For two years there was no change and then she began to get well. She graduated from university on the Dean's Honor list. Later she married, raised a family. She became a piano teacher. I was in contact with her a few months ago. She is still well. Had Anabel not been treated with this B-3 vitamin I have no doubt she and her family might have suffered the same fate that enveloped the family

of the young man who was killed by a drug. By the way each year, in the United States and Canada, over 110,000 patients die from the proper use of drugs in hospitals. I think it would be logical for the family also to sue the hospitals who did not treat their son with the most modern and most effective treatment. Antipsychotic drugs, used alone, do not allow schizophrenic patients to become normal.

Starting a Schizophrenic Patient on Orthomolecular Treatment.

Today, July 6, 1998, I interviewed K.J., just turned 20, with his mother. They were both very concerned about the side effects he suffered from Olanzapine. He was taking 20 milligrams daily.K.J. was well until one night in January, 1998, he suffered a horrible nightmare, ran out of his room because he believed the devils were chasing him. The next day he remained terrified and quiet. Over the next few days his behaviour was bizarre and he was admitted to the local psychiatric hospital for about 2 weeks. He was treated with fluanxol but serious side effects after discharge forced him back into hospital for one month. This time he was given Olanzapine. With this medication he was quiet and was able to get along in the community in a special home. For the previous ten days before he saw me he was with his mother. He was given his diagnosis but no further explanation was offered.

With his mother's assistance I completed a mental examination. He had perceptual changes including visions of the Devil. He did not hear voices but did hear himself think. He was paranoid although it was not as bad now as it had been. He had believed he would be poisoned, that the Devil was after him and he believed people were staring at him. He had been very depressed, and still was very tired, sleeping 16 hours each day. He also gained 50 pounds while on Olanzapine and was beginning to look very pudgy. I advised him to follow a dairy free and low sugar diet. To this he was to add niacinamide 1 gram after each meal, the same amount of vitamin C and one B-Complex 50's tablet each day. This was added to the Olanzapine. During the interview I outlined for him my version of what I think schizophrenia is, why I was advising him to take these nutrients and why I wanted him on this diet. His mother told me that as a child he had been very allergic to milk. In the hospital he drank three glasses of milk each day and continued to do so at home. Also in hospital he learned how to become a heavy smoker. The psychiatric ward had the only smokers room in the whole hospital.

He will be seen again in about three months. He can not come more frequently since he lives too far away from Victoria. His treatment will be monitored by his local psychiatrist and by his family doctor. Every time I see him I will add a progress note to this report. This running report will illustrate the process of orthomolecular treatment. October 7, 1998. His mother called to cancel his appointment. She reported that he was going to school and did not want to miss classes and that they would call again for another appointment. This indicates to me that he is already substantially better since he is now able to concentrate on his studies and felt this was more important than visitng me many miles from his home.

July 14, 1998 I interviewed a 24 year old woman, S.N. For the past two years she suffered from intense fear and panic in the presence of people. She could barely cope having to interact with one, but with more than one the anxiety was intense, often leading to panic. For this reason she had been too fearful to even consult a pychiatrist. Her family doctor had prescribed the anti depressant, Zoloft, 25 mg daily, a month earlier and this has been helpful in decreasing the level of anxiety. She was forced to leave her mother who she described as insanely jealous, difficult and hostile and lived with her father for two years. Since then she was on her own and when I saw her was unemployed and living on pension. Her mothers behaviour was typical of schizophrenic behaviour. My patient suffered from the two sets of symptoms characteristic of this disease. She had perceptual changes such as feeing unreal, hearing her own thoughts,and believing people were staring at her. She was paranoid with some insight but believed people were talking about her, in a derogatory way. She was also depressed, very anxious and fatigued. I diagnosed her as suffering from schizophrenia and when I discussed this with her she agreed and said she had thought the same thing earlier and wondered

whether she had gotten it from her mother. I asked her to eliminate sugar from her diet, to add niacin, 500 milligrams after each meal, and eventually to increase it to 1 gram three times daily. To this I added vitamin C 500 milligrams after meals, folic acid 5 mg after meals, pyridoxine 250 mg each day and finally zinc citrate 50 milligrams each day. I reassured her that if she followed this program her chances were very good that she would be much better within 6 to 9 months. Her intense anxiety and panic arose from her intense paranoid ideas. She came again with her father February 15,2000. Her father told us that he had seen tremendous improvement in two years, much more than she herself felt had occurred. She knew she was getting better steadily but she was still concerned about anxiety which was not as bad as before and she was worried that she found it difficult to interact with more than one person at a time. She also had more insight and became aware that during childhood she had major problems controlling her thinking. She wanted reassurance that she would eventually become normal. I assured her that I thought this would occur over the next year or two during which time she would continue to improve. She spoke about her family and how she felt inferior and strange becuase she could not think as quickly as they could and that she felt comfortable only with her close friend. This is a phase that patients with schizophrenia often have to go through. They are much better and realize how ill they have been. Support and councilling are very helpful during this phase as is understanding from family and friends.

She came back October 5, 1998. She was significantly better, felt less unnreal, was less paranoid, had more insight and was beginning to regain social skills that her disease had removed from her. Her artistic skills were coming back. She had gone off her antidepressant and vitamins for a week and during that week suffered a relapse with severe fatigue and more difficult paranoid ideas. In the past when, on occasion, she smoked pot she would become catatonic. This time when she smoked pot once this did not happen. I estimate that she is about 25% better. She was pleased as was I. I did not change the program.

February 1, 1999 she told me that two weeks ago she became aware that she was beginning to recover. Her thinking had become more organized, her mood was level, she had more energy. She had developed severe side effects to the anti depressant she had had to take before. She discontinued the medication and continued to improve, She suffered much less pain and had fewer perceptual abnormalities. She still had a major problem. She was too jealous but she recognised this was a problem. This is called being parnoid with insight. She was troubled by this and I reasured her that this too would gradually disappear. I increased the niacin to 1.5 grams after each of three meals. She was concerned about her partner and had arranged that he too would be referred.

She came again in October, 1999. Her schizophrenia was much better with a major decrease in all the symptoms but she was still too depressed and did not sleep well. I added 25 milligrams of amitriptyline combined with 2 miiligrams of perphenazine. These are very low doses but I have found them to be very effective for many patients who need very little medication. For many of my patients they are better than the hot shot new tranquilzers now available at exorbitant costs. She was still taking the vitamins and was on niacin 2 grams three times daily, in spite of her family doctor who advised her that this would cause liver damage. This is an idea, a myth, so well engrained in the medical profession that it ia a major factor in preventing them from giving their patients adequate doses. She had been through three very stressful months becaase her partner was not well and his behaviour kept her under constant stress and uncertainty. But in spite of this major stress she continued to improve.

February 24, 1999 I saw her partner. His main complaint was that he could not think clearly, that he suffered from irrational ideas, that his short term memory was non existent and that he had zero concentration. As a result he had to be supervised by S.N. even in minor matters such as reminding him to eat. She had advised him to start on vitamins and he took niacin 1 gram each day for the month before I saw him. In that month he improved significantly, found his brain was coming under his control. I increased his niacin to 1 grams three times daily and asked him to continue the program S.N. had advised him to follow.

When seen last in November there was no doubt S.N. was better, was better able to function. I increased her niacin again to 2.5 grams three times daily and added one gram of salmon oil, for its omega three content, three times daily. Hi! S.N. I know you will read this. Let me know if I have not gotten this right.

In May 2000, S.N. was in better touch with reality, was able to function better but was still depressed and troubled by disturbing thoughts. I added folic acid 25 milligrams daily to bring her out of her depression more quickly.

Murder in Washington,D.C.

July 31, 1998 Russell Eugene Weston Jr. forced his way in and killed two Capital policemen. This tragedy raised the usual questions about this event. Why did he do it? Was he mentally sick? Did his backgound have anything to do with it? Was it due to the availability of guns? Could it have been prevented? And so on. In this case it is clear that he was schizophrenic, that he had been treated in a mental hospital, that he must have been given medication (tranquilizers) at one phase of his illness and that those who knew him appear not to have been surprised. One psychiatrist stated that he was not taking his medication. This was probably true. But no one asked the most important question of all; Why was he not treated successfully. There is no doubt that he shot the policemen because he was suffering from a paranoid delusional state and that this may have been in response to hallucinations. He may have thought that he must bring down the government, either to save his own life or to save society. He may have been given a mission by his voices. There is no end to the type of bizarre ideas he acted out. We will never know unless his psychiatrists actually ask him why he did what he did and whether or not he did suffer hallucinations. But if he had been treated successfully he would have lost his delusional state and he would not have shot the policemen. If he had received orthomolecular treatment, he probably would not have shot these two men. Not only are the results of treatment so much better, it is also easier for patients to remain on the program because the severe side effects, which patients object to, are avoided. In future, as these schizophrenic criminal acts continue to plague society, the family, the press, the society, the criminal investigative team should always ask this very important question. Was the criminal ever given psychiatric treatment and what was the response and why was the best available therapy not used. It is time psychiatry took some responsiblity for these major, tragic, criminal events.

Psychiatrists report that patients with schizophrenia are as law abiding as the general population. This is true. The same percentage of each group will commit antisocial acts. But there is a major difference. The schizophrenic criminal is most apt to act out bizarre delusions or fantsies and, therefore, when s/he does commit a crime it will be more bizarre and much more difficult to understand. It is, in fact, easily comprehensible if the criminal will tell what the hallucinations and delusions were.

According to an Associated Press report, Democrats and Republicans in Congress asked the National Alliance for the Mentally Ill to draft suggestions on improving mental-health care. I doubt NAMI will ask the right question. NAMI appears to be content with the psychiatric treatment offered by psychiatrists and they devote their attention to other matters such as a having facilities available. In any treatment program the following measures are important (1) the medical treatment -- this includes good nutrition and psychiatric care, (2) the site of the treatment, the shelter i.e. hospital, home, the streets (3) the ancillary care i.e. from nurses, social workers, psychologists and so on. I found many years ago that of these the most important was the medical treatment. In other words, orthomolecular treatment, even in a very low quality hospital or home is better for the patient than standard tranqulizer treatment in the best possible psychiatric ward. About 30 years ago, I found that the response to my treatment of a large number of schizophrenic treatment-failures from all over North America was the same when they were housed in a nursing home for $20 per day compared to my results with similar patients treated in a University Hospital, for $80 per day. From over 100 chronic patients who came to Saskatoon to the nursing home, half returned to their homes in USA and the rest of Canada much improved. They were in the nursing home less than three months. They had previously

failed to respond to many admissions to the mental hospitals from their own region including the Menninger Institute, then considered one of the best.

October 8, 1998. Three years ago Max arrived in my office from the mainland. He was 18 years old. He complained that he could not concentrate, had very poor recall and was very tired. He became depressed two years earlier and had to drop out of grade 11. After that he began to neglect himself, lost interest in his peers. The anti depressant Paxil did not help, nor did Manerix. At the end of 1994 he was in hospital. After discharge he deteriorated further. He drank excessively, began to hallucinate voices and visions and on one occasion was found confused and disrobing on the street. He was admitted for two months. This time he was placed on resperidone, 6 milligrams daily, the modern tranqulizer and surmontil one of the older anti depressants. His first diagnosis was bipolar later changed to schizo-affective. His mental state was fairly typical with hallucinations which be believed to be real, severe paranoid and grandiose delusions and a lot of anxiety with depression. I started him on niacinamide 3 grams daily, ascorbic acid 3 grams daily, pyridoxine 250 milligrams per day, zinc citrate 50 milligrams daily, selenium 200 micrograms daly and vitamin B-complex 50's one each day. He remained on his medication as well. In August of 1997 he was started on lithium carbonate, 900 milligrmas each day.

I saw him in October 1998 for the twelfth time, (in three years). In the meantime he or his family had called me about six times. During this last visit he happily told me he had graduated from Grade 12 with a ninety average and was planning further studies. He was free of perceptual complaints, and his thinking was good although he still found it difficult to concentrate. His mood was level but a bit too flat. He was on niacin 2 grams per day as he could not tolerate any more. His resperidone was down to 1 mg daily and he planned to decrease it to 0.5 mg.

December 1999 he had improved even more. He was taking post grade twelve courses and making a B average. He had been able to deal with a moderate depression starting about two months earlier and ending one month later. His resperidone was down to 0.25 mg daily and paxil 30 milligrams daily. I added salmon oil, 3 grams after each meal, to help stabilize his mood even more. He was relaxed, alert, communicative, free of symptoms; in fact he was normal.

Assuming he remains as well, or even better, his recovery will save the province of British Columbia 2 million dolars over a forty year life span. But like most psychiatrists the province refuses to take this work seriously. His family are very pleased.

Edmond Yu, born Oct 2, 1961 was killed by police bullets, February 20, 1997.This is another tragedy which could have been avoided had Ednond been treated for his schizophrenia using Orthomolecular Methods. The Toronto Star, October 3, 1998 under its Insight Section Headed the story "Edmond Yu's mental illness killed his dreams. But it was the way we treat the mentally ill that eventually killed him". But the writer, Scott Simmie, was not being critical of the psychiatric treatment offered this young patient. The tenor of the report is that society somehow failed by not paying enough attention, by not providing enough support, by not providing enough of the psychosocial suports that could have been provided. Perhaps had the supports been better he might not have been killed but it is certain he would not have gotten any better becuase the fault lies, not in the community, but in the psychiatric community which depended solely on the use of drugs, the modern standard treatment for this disease.

Edward was a brilliant student, tops in his classes , who in his second year in medical school became psychotic. He became seculsive, irritable, paranoid and his behaviour became antisocial.His family and friends made strenuous efforts to have him admitted to hospital for treatment but it was difficult because of the illogical mental health laws in Ontario. The authorities decided that he could not be admitted even though he needed help because he was not dangerous to himself or to others. It turned out that he was in fact dangerous, mostly to himself, and to others and that he should have been treated adequately in hospital long

enough to stabilize his condition and started on the path to recovery. Eventually he was in the Clarke Institute several times and given the usual tranquilizers. But he would not take them because of the severe side effects including tardive dyskinesia, weight gain and it was impossible for him to study. He could never complete medicine while on tranquilizers. He is described as non compliant, a very common problem when only drugs are used. Eventually he drifted downward and downward ending up in the new mental hospitals of this age, the streets of downtown North America. In Toronto it is the city surrounding the mental hospital on Queen street. He was shot by the police in self defence when they tried to apprehend him.

This is how he should have been treated. When he first became ill and this should have been recognized by the professors of medicine at the college, he should have been seen by a psychiatrist who would have diagnosed him properly and started him on proper treatment using nutrition, medication and supplements. At this stage he would have been much more cooperative and would have stuck to the regimen. As he began to improve he would not have needed so much drug and he would have been spared the side effects which prevented him from staying on the medication. If he had been too ill to cooperate as an out patient he should have been admitted and then placed on the proper orthomolecular program and kept in hospital until he had regained his insight. Then he would have been followed as an outpatient. Had be been given the benefit of this treatment the odds are great tht he would have graduated and become a useful physician. I know of 17 young men who became schizophrenic in their teens. They were treated properly, became doctors and went on to have successful practices. Several became professors at medical colleges and one became President of a very large psychiatric organization. But Edward was denied his chance to recover. The fault lies not only in the community but mainly in the psychiatric profession, which stoutly refuses to look at anything but drugs as if they were beholden to the drug cmpanies who make these drugs. The community must be blamed becaase it did not ask the right question and demand the right answer. The right question is Why do you psychiatrists not do a much better job of treating these patients.

J.B., Born in 1970, came to see me with his parents in August, 1998. He told me that five years earlier he suddenly became catatonic and was admitted to hospital for one month. Since then he was in hospital for twelve admissions, each lasting one to two months, except for the last one when he was admitted to University Hospital for 3 months and then transferred to the closest mental hospital for 7 months. Since then he has been living in a group home on medication.

He had suffered from hearing voices were were most often derogatory about him but occasionaly he found them helpful. They were not troublesome at the time of my examination. He had thought he was being poisoned in the past and had been very depressed. I started him on niacin 1 gram, three times daily after meals, the same amount of vitamin C, folic acid 5 milligrams afer meals, zinc citrate 50 miligrams daily and B Complex 100's, one daily.

He and his parents came into my office two months later. I knew immediately that he was better because all three were smiling broadly. He told me he had more energy, felt better and a noted a return of a sense of well being. He had started taking courses to complete his high school and in the few examinations made grades over 90%. I increased the niacin to 1.5 grms, after meals, added selenium 300 microgams twice daily, Evening Primrose Oil 2 capsules daily and increased the B complex to 100's, one daily. Patient and both parents were much more optimistic and we discussed realistically what he would do after he recovered. He considered the idea that he might become a doctor. For readers who think this is a pipe dream, I know personally 17 men who became ill in their teens, recovered and became physicians, some achieving very high professional status. I will add to this report in three months.

He came with his parents on February 24, 1999. He was more relaxed, the voices were less troublesom and he felt better. His psychiatrist in his home town had decreased his clozapine. His mother told me that this was the first time in five years that he had been able to write examinations without decompensating with the stress. His marks ranged in the high A's. He planned to review more of his high school subjects in order to

refresh his memory and then to get back to Unversity. He spoke about becoming a psychiatrist. I encouraged him to think this way. We need as many orthomolecular psychiatrists as we can get. All three were pleased with his response. He smiled frequently.

June 7, 2000 his mother called. Her son was doing very well. Two weeks earlier he was moved to semi-independent living. The support staff and family were very grateful for his progress. He still followed the program.

My book "Vitamin B-3 and Schizophrenia" is now available from Quarry Health Books. Quarry Press, P.O. Box 1061, 240 King Street, Kingston, Ontario, Canada, K7L 4Y5. E Mail info@quarrypress.com Its subtitle is "Discovery, Recovery, Controversy" This book contains much of the original data from our double blind controlled experiments conducted in Saskatchewan between 1952 and 1960. The material was too voluminous to be published in medical journals. How To Live With Schizophrenia, now out of print, will be published in a new edition from the same publisher. "Dr Hoffer's Guide to Natural Nutrition for Children" is through the proof state. Same publisher. It is an answer to the ritalin craze now sweeping North America. If you value your own health and the health of your family you must read these books.

See you at the 28th Annual International Conference of the International Society of Orthomolecular Medicine(ISOM) on Nutritional Medicine Today. It is held in Ottawa, Ontario, Canada at the Chateau Laurier Hotel, April 16 to 18, 1999. People who profit from and enjoy these conferences include physicians, other healing professional persons and intelligent lay persons. Seventeen countries are represented in ISOM. Miss Margot Kidder will be keynote speaker. She narrates and appears in the film "Masks of Madness. Science of Healing" It is produced by Sisyphus Communications. In this excellent film physicians who treat patients with schizophrenia and patients who were treated successfully appear and tell their story. They pay income tax, one of my hallmark characteristics of recovery. These patients, on drugs alone, would still be languishing in their illness with no hope of recovery. This video is available for sale from the Canadian Schizophrenia Foundation. For information about the meeting in Ottawa and the film contact CSF at centre@orthomed.org.

May 6, 1999. Yesterday, while I was shopping with my wife, a man came up to me and greeted me as if he knew me. He told me I had seen him many years earlier and he added he had not had a drink in 16 years. He was well and neatly dressed and buying groceries as my wife and I were. He was still taking three grams of niacin which he thought was great and we discussed the best way to take it. This morning I looked up his file. I first saw him in 1976 in the intensive care unit of the psychiatric hospital. He had suffered from mood swings all of his life. His diagnosis was chronic schizophrenia. He was admitted to a chronic mental hospital in 1970 following abuse of amphetamines. After that he was admitted to many hospitals. He suffered from hallucinations, voices and visions, paranmoid ideas, mood swings and was often hyperexcitable. He was very depressed. He had been in several fights, I considered him either suicidal or homicidal. He was admitted again in 1977 to another service and was not given any vitmains. Of course he had also been diagnosed bipolar. He drank a lot and used street drugs. After I saw him again I started him on niacin 1 gram after each meal, and ascorbic acid the same dose. I saw him last August 5, 1981. He had been abstinant for 17 days. His response to niacin and ascorbic acid illustrates once more what can be acheived with chronic patients if they continue to remain on these vitamins for many years.

December 3rd, 1999 Susan Sachs, New York Times, reported in the Globe and Mail, Toronto, the death of Gidone Busch in Brooklyn, New York. A grand jury will begin hearing evidence. The most important question will not be asked. Why was this young man, at age 21 a promising medical student, not treated successfully so that his psychotic actions led to his death. His history as described by Miss Sachs is typically the history of an intelligent schizophrenic person. His father, a retired dentist, described him "He had a mental illness; no question about it" "But he was not a violent person. He was never violent". He was committed to psychiatric hospital three times and there diagnosed paranoid schizophrenia. Will the psychiatrists who treated him be invited to talk about his illness, about the tranquilizers they gave him, about

his failure to get well and will they be asked why they did not give him orthomolecular treatment which had a much greater chance of restoring him to normal. I doubt it. Isn't it about time that psychiatry is asked these difficult questions. When surgeons botch up their surgery they are soon called to task by the pathologists. Should we not have the same system for psychiatric failures. Should not psychiatrists use the best treatment, not the most popular ones.

Dr. Miriam Shuchman, Globe and Mail, Toronto, August 24, 1999, in discussing medical mistakes referred to the suggestion by Dr. Don Berwick and Dr. Lucian Leape published in the British Medical Journal that medicine needs to learn from the aviation industry. In the aviation industry the fatality rate has fallen significantly despite increases in volume and complexity. Every major crash is followed by an investigation to consider the causes and how to prevent similar accidents. This I think is a great idea. Every time a schizophrenic patient kills or is killed after treatment there should be a similar intense investigation to consider the causes, and how it might have been prevented by better treatment. About 50 years ago at a clinical meeting for residents and staff I, then one of the professors of psychiatry, made the same suggestion. We were discussing the fact that some patients returned to hospital very soon after discharge. I suggested that we ought to examine every failure to determine why, whether it was the difficulty in treating that patient, was it that the wrong treatment had been used, was it anyone of many psychosocial factors. This I explained would allow us to learn much more about treatment and might decrease the number of readmissions. The revolving door policy in psychiatry was just beginning to flower. I was greeted by a sudden chill, a cold silence, not a word of criticism nor support and the discussion continued as if I had not been there.

This is another anecdote describing two female schizophrenic patients, one sick for a short time and the other sick for many years. Mary, born in 1976 , became depressed five years ago and responded well after 2.5 weeks in hospital to antidepressant medication. She remained well until three months before I saw her. This time her depression did not lift even with the same medication. She described it as much more severe. But her clinical diagnosis was schizophrenia since she heard voices which were very real with some insight that they were not real, she suffered shadow illusions, heard herself think, had many nightmares, was unreal and believed that people were staring at her. Often during the day she was disoriented, often paranoid even about her husband, her memory and concentration were very poor and she was very depressed and tired. Her HOD scores were all very high, within the high schizophrenic range. They were total score 105, perceptual score 21, paranoid score 8 and depression score 16. The normal scores are under 30, under 3, under 3 and under 3 respectively. I started her on niacin 1 gram three times each day after meals, the same amount of vitamin C, folic acid 5 milligrams after each meal and zinc citrate 50 milligrams once each day. At that time she was also taking luvox, an antidepressent 150 miligrams , pindolol 2.5 milligrams three times daily, valium 10 milligrams daily and halcion for sleep 0.5 milligrams at bedtime. I saw her two months later and she was normal. She had weaned herself off all the medication. Her scores were 10,2,1 and 1, all normal. She was delighted with her recovery as was her husband. This will be her lifetime program. The other patient, Alice, was born in 1944. She suffered her first depression when she was seventeen and was committed to a mental hospital for three months. She was again in hospital when she as nineteen. I saw her for the first time in 1984 By that time she had been in various hospitals at least eleven times, each admission ranging from 1.5 to 4 months. She had spent 11% of her life in hospitals. Since I first took her on she has been in hospital twice, in 1987 and in 1991 for 2 months each. She remained on the orthomolecular program faithfully and is well. She is now making strenuous efforts to complete grade 12 and later will take a secretarial course. She free of schizophrenic symptoms, gets on well with her family and the community and would be paying income tax if she had not been sruck so severely by this chronic illness and if she had been treated properly when she first became ill when she was 17 years old. She does community volunteer work while pursuing her studies. She has been under my care for 15 years. Mary will not repeat Alices history because she is being treated with orthomolecular methods.

December 17th, 1999 a young woman brought her psychotic mother. Her mother was guided by her daughter and walked with her eyes closed. I though she was blind and retarded. She was neither. She first became sick

in 1960 following a stillbirth and a hysterectomy. Since then she was been in a mental hospital more than half of the time, continually since 1990. Her current diagnosis was bipolar psychosis but not having access to her first admission records I do not know what she was then diagnosed. She was on a two week leave from the hospital so that her daughter could bring her to see me. She had several series of electroconvulsive treatments in the past and was on five different modern drugs currently. But in spite of at least 5 million dollars worth of treatment in the hospital she was just as sick as she had ever been. The new drugs cost at least twenty times as much. Eventually she opened her eyes and spoke briefly to me admitting that she was always hearing voices who told her she was a very bad person and that she had killed people, referring to the still birth. Her daughter had read Miss Margot Kidders account of her recovery, was inspired and became determined to help her mother. Had she been started on niacin in 1960 she surely would have been well in a few years and her life and that of her family entirely different. She was schizophrenic. I do not accept that bipolar patients hear voices all the time and see visions. This is characteristic of schizophrenia with mood swings. But she could have been labeled schizo-affective and the treatment would have been the same. She represents the best that modern psychiatry can do, and it is not good enough. Unfortunately because she has been sick so long and exposed to the sick atmosphere and attitudes of the chronic mental hospital it will take a long time, perhaps up to ten years or longer. But her daughter was determined she would help no matter how long it took. The psychiatric care given to her by the Province of British Columbia so far cost about three million dollars. She is worse today than she was so many years ago because her life has been destroyed by the kind of care given her, by the disease itself unchecked and by the medication she is now on.The retail price of the five modern drugs she is on cost about 450 dollars each month. This should be contrasted with the story of my patient Mary, not her real name, decribed in How To Live With Schizophrenia. In 1953 after 14 years in a chronic mental hospital she was started on niacin 3 grams each day and we took her into our home for about 2 years. She recovered and has worked since. She retired several years ago on full pension. She was one of the best workers on the cleaning staff of the Royal University Hospital in Saskatoon, Saskatchewan. The cost of treating her after we took her into our home has been well under 1000 dollars for the niacin and vitamin C. These two cases represent the real cost of sloth and inertia in the psychiatric profession. When they recover they pay income tax. When they are treated with or without drugs only they do not.

Tranquilizers cause brain damage. The amount of the damage depends on the total dose in grams. Thus if a patient takes 100 milligrams each day of one of the older drugs for 1000 days, the total dose is 100,000 millgrams or 10 grams. One multiplies the daily average dose by the number of days on that drug. On the internet, L.Stevens, a lawyer, described the tranquilizer psychosis as follows. " These major tranquilizers cause misery - not tranquility. They physically, neurologically blot out most of a persons ability to think and act, even at commonly given doses. By disabling people, they can stop almost any thinking or behaviour the therapist wants to stop. But this is simply disabling people, not therapy. The drug temporarily disables or permanently destroys good aspects of a persons's personality as much as the bad. Whether and to what extent the disability imposed by the drug can be removed by discontinuing the drug depends on how long the drug is given and at how great a dose.The so-called major tranquilizers antipsychotic/neuroleptic drugs damage the brain more clearly, severely and permanently than any others used in psychiatry. Stevens referred to Professors Joyce G Small and Iver F Small, Indiana University, who criticized psychiatrists for using psychoactive drugs known to have neurotoxic effects. He also referred to Professor Conrad M Swartz, Chicago Medical School, who reported that neuroleptics relieve psychotic anxiety but blunted fine details of personality, incuding initiative, emotional reactivity, enthusiasm, sexiness, alertness and insight.In addition to side effects which may be permanent. Profesor Jon Franklin in Brave New Science of Molecular Psychology observed - This era coincided with an increasing awareness that the neuroleptics not only did not cure schizophrenia - they actually caused damage to the brain: In severe cases, brain damage from neuroleptic drugs is evidenced by abnormal body movements called tardive dyskinesia. However this is only the tip of the iceberg of neuroleptic caused brain damage. Higher mental functions are more vulnerable and are impaired before the elementary functions of the brain such as motor control. Without doubt Stevens has capured the essence of the tranquilizer psychosis. In a recent report Madsen and colleagues found a

significant association between the amount of tranquilzers taken over years in grams and cerebral cortex atrophy, (The Lancet, 352, page 784,1998).

We are preparing the ground for the next major pandemic of illness with millions of chronic schizophrenic patients becoming more and more brain damaged as they are forced to remain on their drugs. And when it is fully upon us how are we going to deal with brain damaged schizophrenic patients, taken from the mainsream of life which passed them by. We will have a permanent core of helpless people with hardly any hope they will ever recover. Are we looking forward to the greatest mass action suit of all time?

March 7th, 2000 I received the following letter. It speaks for itself. " My name is ....You probably receive a lot of letters like this. I wanted to write and thank you for all your research and work in the area of schizophrenia and niacin. Your work really changed my life. A year and a half ago when I was 26, I began hearing voices and experiencing paranoia and panic attacks. I quit my job becaue of this and quit school where I was working on a second degree in chemistry; becaue I was losing control. I ended up in the hospital where I started treatment with risperdal. I tried to commit suicide and ended up in the hospital again. The only way I could pay my bills was by the generosity of people from church. For a year I tried risperdal, zyprexa and others. The results were minimal in controlling the symptoms. I also became like a zombie. I could barely work and had trouble walking or doing physical exercise . I gained 50 pounds. I couln't supsport myself and relied on the Center for Human Services to provide the 80$ a pill medication. While starting on a new medicine seroquel, I happened to find a reference to niacin for mental illness in a diet book. I looked up the reference and your book How To Live With Schizophrenia. I decided to try the treatemnt although honestly I didn't believe it would work because nothing else had. After taking niacin in the doses you recommended for a month, against the advice of my doctor, I found while the seroquel was reduced the niacin totally eliminated the symptoms. I could listen to noise again without it overwhelming me and quit having panic attacks. I could think clearly and read normally. The voices are virtualy gone. I went off the medication and am doing great, as long as I take the niacin. I did this against the advice of my doctor with his warning. Thank you for all you have done!! I have my life back! I am finishing my degree and thinking of going into further education. I don't understand why this information and treatment isn't made available to others with mental illness and it makes me very angry. Destroyed lives are being wasted. I sent for the medical research you did for my doctor and for myself. If there is anything I can do I would love to. Thank you.

Orthomolecular treatment for the schizophrenias includes optimum doses of vitamin C. These range anywhere from 500 miiligrams three times daily to many grams taken after each meal. Patients on this program may be fearful of continueing with their vitamin C following a news report linking vitamin C with clogged arteries. I have already had many calls from my patients after this first report was redigested and puked out on the airwaves with dire warnings of the dangers involved. The Vitamin C Foundation contacted the investigators who read this report at a meeting and discovered that they had measured only one variable instead of the usual three required to shows interference in arterial blood flow. They measured the thickness of the carotid artery wall, but did not measure plaque formation nor for the actual rate of flow through the vessels. The last measurement is the most important one. However they suggested that there was in fact hardening of the arteries and that people with heart problems should avoid taking this vitamin. So here we have another nascent factoid. The facts are that vitamin C decreases plaque formation according to many clinical studies, that clinicians such as Dr Robert Cathcart have not seen any evidence for this in over 30,000 patients. They also ignored the knowledge that thickened arterial walls in the absence of plaque formation indicate that the walls are becoming stronger and therefore less apt to rupture.The original report by Dr James Dwyer, USC was submitted for publication and was not yet reviewed by his peers. Perhaps these peers will persuade the authors to change their conclusion, to simply report what they found and not make thwse unwarranted recommendations to the public at large. I have not seen any evidence for the Dwyer conclusion in the past 45 years that I have given large doses of vitamin C to perhaps 10,000 patients and at age 82, have been on large doses since 1960. My cardiovascular system seems to be working pretty well. Scientists should avoid the hubris of extrapolations of simple and inadequate laboratory data to the clinical world at large.

The Nutritional Medicine Today, 29th Annual Internationl Conference, Vancouver April 6-9,2000 was great. Audio Tapes are available from the Canadian Schizophrenia Foundation, 16 Florence Ave, Toronto, ON, Canada,M2N 1E9 416 733 2117, Fax 416 733 2352 E Mail centre@orthomed.org See also www.orthomed.org

Orthomolecular treatment of cancer was discussed by John Hoffer and Hugh Riordan. Vitamin C played a major role in these discussions. David Horrobin reported the results of a double blind controlled study, using 2 grams daily of eicosapentaenoic acid, which showed that it was more effective than tranquilizers and much less toxic. This important essential fatty acid should be incorporated into the treatment of every patient with schizophrenia. Dr. Horrobin developed the niacin skin test for diagnosing schizophrenia. Klaus-Georg Wenzel reported that the orthomolecular method, following Carl Pfeifers classification of the schizophrenias worked well in Germany. He hopes he can complete a double blind study that was interrupted by government interference.David Kennedy reviewed the toxic impact of fluoride especiaily in children were it caused learning disorders while in sharp contrast to this real and dangerous use of flouride, Patrick Bouic showed that certain plant sterols improved the function of the immune system. Richard Kunin spoke about ischemia induced apoptosis (cell death) and Tory Hagen showed that dietary supplements could reverse the mitochondrial decay of aging. Mikhael Adams combines nutritional and homeopathic therapy with standard cancer treatment and Isaac Lesser reviewed his new clasification of mental patient types and the brain chemistry diet. We were all pleased to hear Stephen Lawson of the Linus Pauling Institute, located in Oregon at the University, bring us up to date on this important institution. It is following in the grand footsteps originated by Linus Pauling. The Vancouver Premier of the film "Masks of Madness. Science of Healing" featuring Miss Margot Kidder was wonderfully well received by a full house. I followed with a discussion again pointing out that schizophrenic patients on tranquilizer medication alone seldom pay income tax, they do not and can not become normal.

The Canadian Schizophrenia Foundation is starting a drive to raise two million dollars for the A.Hoffer MD Endowment Fund to be used as a capital fund for the CSF. It will be used to stabilize the budget of the CSF and to ensure its survival.

CSF, beginning in 1968, began to educate the public and the medical profession that using nutrition and vitamins improved the results of treating patients for schizphrenia. Simply adding niacin or niacinamide in optimum doses tripled the two year cure rates compared to placebo. Thirty years ago no other organization existed whcih provided this kind of information to schizophrenics and their relatives.This was the basis from which Linus Pauling later develoed the concept of orthomolecular psychiatry and medicine. This has been described in this website. Later we organized the American Schizohrenia Society which eventually became the Huxley Institute of Biosocial Research. Both organizations held a large number of annual scientific and clinical week end training serminars for physcians to introduce them to these concepts. Many of the leaders in the field of orthomolecular medicine participated in and later taught these seminars. These included scientists like Dr. Allan Cott, New York, Dr. C.C. Pfeiffer, Princton, Dr. Harvey Ross, Los Angeles, Dr. M. Williams, Miami, Dr.Bernard Rimland, San Diego and many more. They played a major role in establishing the new paradigm called vitamins-as-treatment.Today this concept is becoming well established and is growing rapidly. For example a recent report from Harvard Medical School showed that folic acid in doses of 25 to 50 milligrams daily was in many cases better than the modern antidepressants in dealing with depression.

Early in our development of these concepts it became apparent that the use of orthomolecular treatment applied well to almost every aspect of medicine. How can anyone doubt that it is better for every person to fight off any disease if they are in a good state of nutrition.

As the concepts grew the opposition also became more raucous and shrill and appears to be reaching a peak. New factoids about vitamins are being launched into the media almost every month. Therefore we still need a stable organisation that can and will continue to provide accurate information about treatment. The Huxley

Institute of Biosocial Research is gone leaving the Canadian Schizophrenia Foundation as the main organisation which can and will do so. It must remain free from pressure from Government, from Universities, from any establishment organisation. These organisations have never provided us with any supprt and have been uniformly negative about our work.

Each schizophrenic patient not treated by orthomolecular methods costs the state or province 2 million dollars over their 40 years life span. And because of the standard treatment of the day, the tranqulizers, in the next twenty years we will have a huge number of chronic brain damaged patients wandering through the modern mental hospitals, i.e. the streets in downtown America and in the prisons of North America.

Mr Michael Wilson, age 47,a tall gaunt schizophrenic, was walking down a lonely street in Toronto just before Christmas last. He suddenly kneeled and began to pray. He was soon surrounded by a group of men from the urban wilderness of squatters along Lake Shore Boulevard. Soon he was attacked, beaten, robbed, then covered with an inflammable liquid and set afire. Fortunately a fireman was driving by, covered him with his coat and saved his life, after third degree burns over half his body. He lived alone in a subsidized apartment and got on relatively well but then stopped taking his medicaton. He remained in a delusional state for several months with several admissions to hospital.

He was a studious child, a top student and considered the smartest kid in the school. In High School he told his parents he wanted to become a priest. He studied philosophy at the University of Western Ontario in 1972 but found it very difficult and quit after two years. Three years later he returned to earn his third year diploma. He worked for awhile and then had his first obvious mental breakdown. On medication he was calmer and apeared almost normal but could not work. Instead he formed a circle of friends, mostly from a drop in center called Our Place. He was gentle, quiet, humorous, had a girl friend and always was cheerful and took pride in his appearance. Gradually he became more religous. Every week day he walked to his church where he would sit and pray.In 1986 he moved into a high rise apartment and slept on the mattress. His neigbors found him very eccentric. He might spend 10 minutes locking and relocking his door. He knew he was schizophrenic and that he had to keep on taking his medication telling a neighbor that if he stopped he would have to go back to hospital. Early last year he complained to his parents about what had happened to him. He had been snmart. Why was it so difficult for him now. In May he was pulled out of a very busy trafic lane. Thereafter he went downhill very rapidly. He was in hospital several weeks after that, then returned to his apartment. His neighbors were shocked by his emaciated condition. After taking his medication for 20 years he had gone off. He lost his insight, no longer considered he was sick and refused help from his neighbors and friends. In December he was in hospital again for 8 days. Four days before Christmas he was released with little improvement. His behaviour was psychotic and later he went for his walk to be torched on the street.

It is clear that schizophrenic patients need more protection from the public. By this I mean that they must be diagnosed early and treated effectively. Mr Wilson started out with a very promising life ahead. He was a very good student, did well in school until he entered university. He should have sailed through college with no problem but he was already showing the first evidence of his insidious disease and undoubtedly no one recognized what was wrong. For too long are the initial insidious symptoms ignored while the classical features develop, hallucinations and delusions and even then they are often ignored, overlooked or misdiagnosed as depression or bipolar or borderline personality disorder. I have no doubt Mr Wilson received a large number of diagnoses before finally being diagnosed schizphrenia. And he was not treated effectively. The only effective treatment today is orthomolecular, the use of nutrition and nutrients in combination with medication but the medication is used as one uses a crutch to assist in the process but in the same way as one does not depend upon the crutch only and proceeds to set the limb first so one should use the treatment that will recover the patients. In a bill before King County in Washington State it is recognized that fewer than 10 percent of schizophrenic patients ever recover to the point they can work and pay income tax. This is not good enough. The public of schizophrenic families and the general public must demand that modern

psychiatry give up its slavish adherence to drugs only and use the whole spectrum of treatment which has been discovered, tested, works and is widely available. After twenty years on tranquilizers Mr Wilson must have had brain damage. After twenty years of modern treatment he was a chronic brain damaged schizophrenic. I think that this is what led to the torching. Had he behaved as he did when he was not ill he would not have been torched. The two men accused of torching him are also products of our modern society and perhaps even they might have been sick. But the major portion of the blame is ours, our society, society and its terrible neglect of the unfortunate and most helpless of all people the schizophrenics.

Here is what Mary Collins, Chief of Council and President of the South Island Metis Nation, wrote in the Times Colonist,, Victoria,May 21, 2000 about a young man in prison."The facts are that this young man was released with a blood alcohol reading 0.28, well above where he was able to be in control of himself. He was released with known suicidal notions. He was released having told his "keepers" that he also felt like he was perhaps dangerous to others. He was released without medication or a precription for medication. He was released without community support or a place to go except Street Link. He was released having had no treatment for his serious depression, schizophrenia and without addressing or fully understanding any of the conditions he allegedly has been diagnosed as having. The diagnostic tests were incomplete on this young man as stated by one of the psychiatrists treating him".

"This young man is not a "designer" patient but he is mentally ill. The hospital needs to take responsibility for the release of such patients to make sure there is proper planning and support for them in the community upon release".

"I firmly believe that we as a society need to speak for those who cannot and demand transparent, accountable, responsible, respectable and supoortive care for our mentally ill". To this I add Amen.

June 11,2000. If you are interested in the medical reports and books I have published since 1955 look up Dr Andrew Saul's Website at http://doctoryourself.com under References;Hoffer. He also listed health book reviews I have written as Editor of the Journal of Orthomolecular Medicine for the past thirty years. Look under Best Health Books 3. Dr. Saul has also listed Dr. Linus Pauling's and Dr. Robert Cathcart's complete nutrition bibliography. This web site has an enormous amount of very important information dealing with the use of nutrition in the treatment of mental and physical disease. Thank you Dr. Saul for making this information more available and thus promoting the development of the medicine of the 21st century, Orthomolecular Medicine.

Early in July, 2000 a twenty five year old man consulted me complaining that he had schizophrenia, was on medication and could not tolerate the side effects of the risperdal that he was taking, 2 milligrams daily. He was admitted to a psychiatric hospital four times, the first in Octoer 1999, each admission lasting two to three weeks. Each admission was precipated by abnormal behaviour. The drug controlled his psychotic behaviour and he was able to start a course at a local community college. After examining him I concurred with his diagnosis, then advised him to start a dairy free and sugar free diet suplemented with niacinamide, ascorbic acid, B complex and folic acid. I gave him my opinion that he could recover if he followed the program but that he should stay on the drug until the nutrients and diet began to work, about two to three months. He was especially disturbed by the weight gain, fifty pounds while on the drug to his weight, 180 pounds at 5 feet 7 inches. He was sure this weight gain had destroyed his life, his body and he could not tolerate this any more. He left my office with his mother with some hope for the first time. I then arranged to see him again the end of September. But he did not come. Instead his mother phoned and told my secretary he had hung himself in mid August. After seeing me he had consulted his previous psychiatrist who was monitoring the drug and he refused to lower the medication even though my patient told him he could not tolerate the side effects. The psychiatrist then told him that he would never recover, would be sick the rest of his life and would have spells when he would be much worse and that the medication would have to be increased. He lost all hope, and became much more depressed after that interview. He told his mother he respected that doctors opinion.

He then joined a church, was baptized and killed himself.

So far I am not aware of any of my patients killing themselves as long as they remained on my care (out of about 5000 patients seen since 1955). I doubt this patient would have done so if he had retained hope. He was not on the program long enough and he should have been reminded that he could recover but hope was removed. The tragedy is that his psychiatrist was entirely correct. Because in his experience no one ever recovered. But when I told this sad anecdote to my son Professor John Hoffer, McGill University John remarked that no good physician would ever remove any hope from his patients. The company that makes risperdal claims that on the average there is very little weight gain. But averages are very misleading and wash out the effect of those few who do gain up to 60 pounds in a matter of months. This weight gain is devastating to these patients and should be taken into account in continuing treatment.

One of the greatest pleasures from practicing orthomolecular psychiatry is to talk to a patients who have been well, have lived useful lives, and have cost the community little. I am able to report that another such patient came to see me recently, not becaase she was ill but because she wanted to let me know how well she had done and because she was concerned about her two grandchildren. I first saw her about 35 years ago because she developed the belief that she was ugly and could see lines under her eyes. She was in fact a beautiful teen ager. But because of her delusion she became seclusive, would not leave her room. Her behaviour, so different from her usual behaviour, brought her in for psychiatric treatment. After several years of treatment she recovered and after I left Saskatoon in 1976 she continued to follow the treatment program. This consists of nutrients and dexedrine provided for her by her family physician. She married and raised four children as a divorced mother. The oldest is a teacher, the second child a graduate engineer, the third child is graduating in law and the fourth is married and has two children. This patient is much improved. I do not class her as well because she is not employed and does not pay income tax but is free of symptoms, gets on well with family and the community and she would be working if the disease had not struck during her mid teens and deprived her of the opportunity to learn a trade, profession or other work. She is content with her life, devoted to her children and is very artistic and she showed me pictures of her handicraft, especially a cedar chest that she made by hand.

The HOD test is very helpful in diagnosing whether ones perceptions are working alright and whether there is some evidence for thought disorder. It is described in more detail at the beginning of this website. It has the following properties (1) It is very ease to do, does not tire the person even after repeated tests and is very easy to score. This is in sharp contrast with most psychological tests. Of course the HOD is not really a psychological test. It is a rapid method for getting answers to a large number of clinical questions and it is very important to get this information if one wants to diagnose properly. (2) It is very helpful in diagnosing whether schizophrenia is present since with this disease there are often many disturbing perceptual changes. Bipolar patients seldom have the same number of these sensory changes. In my research many years ago we found a very high correlation with the test for kryptopyrole and with the response to vitamin treatment no matter what the clnical diagnosis was. (3) It is very useful in following progress. As patients get better the scores go down. When they get worse the scores go up. (4) High school students who have trouble keeping up with their classmates should be given this test. They may have perceptual problems with make reading, spelling, math and concentration difficult.(5) In my opinion the earliest indicators of any vitamin B deficiency are perceptual changes. Putting these students on vitamin B complex will often improve performance in school .

Dr. Andrew Saul is publishing a new newsletter called "The Doctor Yourself Newsletter". The first three issues have appeared and based upon the contents in this newsletter I recommend that you obtain this free newsletter. It is available at http://doctoryourself.com The first issue contains a discussion of some of the myths about vitamins when used in large doses. The mythology of megadose vitamins is rich and is assiduously cultivated by the opponents of megavitamin therapy. Some of these myths are exposed in this first issue. This issue also contains a review of a study on AIDS published in the American J of Epidemiology

(hardly an alternative journal) wherein it was reported that only half as many HIV patients treated with vitamins developed AIDS compared to the placebo control group. The study was done at Johns Hopkins Medical school. Had a similar result been found with any drug there would have been front page stories in the New York Times. Look up Andrew Sauls website. You will be amazed at the information he put together.