

### Can Orthomolecular Medicine offer something to U.S. Health Care Reform?

In September 2009 my wife and I were on holiday along the Oregon Coast. When people we encountered discovered that we had come from Canada, inevitably we were asked about the Canadian medical care system. The questions were framed with varying degrees of anxiety because of the attempts to reform the US system.

We replied that each province had its own system. But the differences did not seem to depend on the political stripe of any particular provincial government, whether right wing or left leaning. The one universal feature is that every Canadian citizen is covered from cradle to the grave, no matter the individual economic circumstances or pre-existing medical conditions. This was frequently met with disbelief.

The other response was: "Why should we reform the "Best Health Care System" in the world?" The capital letters were clear. Our rebuttal was to ask why was the US system among the least cost-effective in the world? Why are the US perinatal and infant mortality rates abysmal in comparison with so many other nations? Why is the US life expectancy nowhere near that of many other nations which spend considerably less of their gross domestic product upon medical care? Why are so many millions of US citizens uncovered by the system, and others made bankrupt by serious illnesses?

Through the pages of the *New England Journal of Medicine* I have kept abreast of the debate in America as best I can. For example the Chairman of the Senate Finance Committee, Senator Max Baucus (D-MT) has summarized why the status quo in the US is not acceptable along similar lines to those I have mentioned above.<sup>1</sup>

The debates in the US Congress and Senate are now over. But the political battles are not over. Comparatively little attention has been paid to what might become the most critical arena, comparative effectiveness

research (CER). If there are to be true reductions in the cost of US medical care it has to be more cost effective. And this is true of other nations as well.

In my opinion orthomolecular medicine plays a central role in this. An obvious example goes back to the very foundation of the field, the management of schizophrenia. The orthodox management of schizophrenia, using the so-called anti-psychotic drugs, condemns millions of people to life-long illness, disrupting families, and depriving the economy of large amounts of taxable income. The outcome of orthodox treatment is even worse than leaving the patients untreated. No evidence exists that the newer, "improved" drugs provide any better outcomes. Not to mention the significant short- and long-term morbidity and mortality associated with them

By contrast orthomolecular treatment, as pioneered by Drs. Hoffer and Osmond back in the 1950s, with diet, attention to food sensitivities, vitamins and minerals, essential fatty acids, and attention to chronic candidiasis, has restored many millions of patients world-wide to their full, productive roles in society. Similar considerations apply to the other major mental illnesses, the various forms of bipolar disease, depression, chronic fatigue syndrome, and fibromyalgia.

The question arises: Why isn't orthomolecular treatment the "Standard of Care" for schizophrenic patients? The agents used in orthomolecular treatment are natural and cannot be patented by drug companies. The companies have no incentive to fund CER studies on orthomolecular therapy. Drugs can be patented and provide a profit for drug companies. Many prominent psychiatrists receive funding from the drug companies and cannot be considered unbiased as a result.

Then there is the issue of the leading killer in the "civilized world:" cardiovascular disease. The cardiology community is armed with statin drugs, angioplasty and coronary bypass grafting. None of these have any demonstrated long-term benefit but consume a major part of the health care budget. The surgical procedures have a high incidence of

serious adverse effects, and even mortality.

The obvious comparison is between the statin drugs, at an annual cost of from \$50,000 to \$135,000 per annum per patient, and niacin. Certainly, statins lower cholesterol and low density lipoprotein, but they have significant effects on liver function, cause muscular problems including lethal rhabdomyolysis, and cause long-term depression by lowering coenzyme Q10 levels. Niacin does lower cholesterol and low density lipoprotein, but also raises high density lipoprotein (the protective lipoprotein), which no statin does; niacin's vasodilator property lowers blood pressure and improves general circulation; it is cheap; and the world-wide death rate due to the use of large doses of niacin is zero!

But statins provide huge profits for drug companies. Many orthomolecular physicians use Ethylenediaminetetraacetic acid chelation therapy as part of their armamentarium. When the efficacy of that is compared with angioplasty and coronary bypass grafting it is much safer and effective. Because expensive hospital facilities are not used it is also considerably cheaper.

The various forms of cancer are a different issue. Appropriate surgery, chemotherapy and radiotherapy are the mainstays of cancer treatment, but cannot guarantee cure. Only if a patient has been disease-free for ten years does the World Health Organization accept that a cure has taken place. In the meantime, surgery, chemotherapy and radiotherapy carry their own risks and proneness to adverse effects.

Adding orthomolecular therapy to cancer treatment, mainly optimum doses of vitamin C, as well as other nutrients, helps patients to withstand the adverse effects of conventional treatments while yet making such treatments more effective. Again orthomolecular medicine cannot promise cure but there is ample evidence that patients live longer with better quality of life and better chance of cure.

Honestly performed CER, liberated from dogma, looking at the benefits of orthomolecular medicine compared with many

forms of conventional therapy, will likely fulfill the promise of US health care reform, with beneficial implications internationally.

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## References

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