

Some Philosophical Reflections on Orthomolecular Psychiatry

In the article, "Some Philosophical Reflections on Orthomolecular Psychiatry" (*J Orthomol Med*, 2010; 25: 52-55) Dr. Rudnick laments the "scientific deterioration [that] happened in orthomolecular psychiatric research...", which "proceeded from randomized controlled studies (such as those of Abram Hoffer) to case series and case studies, which are widely considered to provide low level evidence..."

I understand Dr. Rudnick's yearning for the kind of research which would clarify the efficacy of orthomolecular treatment of mental disorders and make the modality more palatable for those who depend on randomized controlled trials for their evidence-based medical decision making; however, I have difficulty imagining a scenario where this could happen.

Who will do such trials? The way medical people relate to orthomolecular therapy is divided into two categories: those who study it and those who ignore it. The latter will never do randomized controlled trials, because they ignore the subject, having been taught that there is no merit to orthomolecular therapy. The former, those who have studied, are uniformly convinced that it works. They are then forbidden by basic medical ethics and human decency from giving a placebo to a study participant, since they are obligated to give the best treatment possible. Dr. Hoffer wrote that some 60 doctors visited his practice, and they all became orthomolecular practitioners. Only someone who has looked at only a small bit of the orthomolecular literature and then stopped before becoming convinced can ever do a placebo controlled trial. This is probably a non-existent breed; therefore, the trials will never be produced.

In any case, there has not been a "scientific deterioration" in orthomolecular research. Excellent workers have greatly expanded the literature, from theory to practice. Anecdotal

reports may be considered weak evidence, but when these "stories" are piled up by many clinicians over the course of more than a half century, they become massive evidence. I personally learn more from the many case reports published by Hoffer and others, than I could from the statistics of controlled trials. It would be most helpful if the International Society for Orthomolecular Medicine website would provide a virtual room for the sharing of clinical experience of practitioners around the world. (Editor's note: There is such a website where all you need to do is register and receive a password. Once accepted, it is a great place to share clinical experiences with other orthomolecular practitioners. Web address is: <http://www.isom.eu/login.php>.)

The control group against which to compare orthomolecular treatment clearly exists: all those millions of sufferers who have not received the treatment, and therefore have not improved as much as those in the anecdotes. If this cannot be quantified, it doesn't matter anyway, for each case is so different. As far as using controlled trials to "spread the word," it is as Dr. Hoffer said, "No amount of evidence can persuade someone who is not listening."

—Dolev Reuven Gilmore
Nutritionist, Israel

Author: "Nutrition and Your Child's Soul:
Don Quixote's Heart-Cry"
www.dolevgilmore.com
dolev@dolevgilmore.com

Author responds:

I thank Mr. Gilmore for his response to my editorial. As I understand his response, the gist of it is that orthomolecular psychiatry does not have to demonstrate benefits in randomized controlled trials (RCTs), as cumulative anecdotal evidence is sufficient for the convinced and RCTs are insufficient for the unconvinced. I hope that the field of orthomolecular psychiatry does not heed this advice, as RCTs and otherwise well-controlled trials, as well as systematic reviews based on them, are now the gold

standard of evidence in health care and there is no apparent reason why orthomolecular psychiatry should be exempt from this standard (with or without placebo controlled research, which is widely considered unethical only when active treatment has been demonstrated in RCTs and/or in otherwise well-controlled trials to be beneficial). Moreover, practice based on sub-optimal evidence can be considered irresponsible, both in relation to individual service users and in relation to society at large, which is required to allocate resources for health care interventions based on rigorous evidence. Thus, without RCTs and/or otherwise well-controlled trials, orthomolecular psychiatry may be unethical.

–Abraham Rudnick

BMedSc, MD, MPsych, PhD

CPRP, FRCPC

–Associate Professor, Departments of
Psychiatry and Philosophy, University of
Western Ontario (UWO)

–Chair, Division of Social and Rural Psy-
chiatry, Department of Psychiatry, UWO

–Physician-Leader, Psychosis Program,
Regional Mental Health Care (RMHC);
RMHC, 850 Highbury Avenue London,
Ontario, N6A 4H1

Tel: 519-455-5110, ext. 47417/47333.

email: Abraham.Rudnick@sjhc.london.on.ca
