

Orthomolecular Medicine's Answer to the Uncertainties of Psychiatry

As a non-psychiatrist, I am astounded by the number of psychiatric diagnoses given to suffering patients. A patient presenting with schizoaffective disorder was previously told that he had psychotic depression, and then some years before that, bipolar disorder, and then decades earlier, schizophrenia. A patient with long standing anxiety received another opinion and was informed that, in fact, he did not have anxiety but depression with agitated features. Another patient was told that her anxiety was really misdiagnosed and her clinical presentation was better described as attention deficit hyperactivity disorder, requiring the addition of stimulant medication. I have heard hundreds of stories from psychiatric patients describing their personal diagnostic dilemmas, including the many different labels that have been ascribed to them during their years of searching for viable solutions to their problems.

Given that psychiatric diagnoses are so varied and unpredictable, and that patients with different diagnoses are often given similar treatments, how important are psychiatric diagnoses to providing sound and reasonable psychopharmacologic care? I propose that psychiatric diagnoses have little relevance to medicating patients effectively. The only thing that seems to matter, especially to patients, is whether or not the prescribed psychopharmacologic treatments are safe and effective. Unfortunately, there are no predictable and practical ways that clinicians can be certain about which psychopharmacologic therapies are going to benefit their patients.¹ The prescribing of medications is an arduous process of meticulous trial and error – titrating doses, adding combinations of other treatments, subtracting treatments – and all the while receiving important feedback from the patient about the benefits and/or side effects from the prescribed treatments.

Like mainstream psychiatrists, the orthomolecular clinician has to contend with

similar diagnostic dilemmas and treatment uncertainties when providing care to psychiatric patients. The orthomolecular clinician can also integrate a diagnostic framework developed decades ago to assist in finding appropriate restorative orthomolecular treatments. Hoffer and Osmond devised a simple classification to determine the potential causes of schizophrenia.² Their classification elucidates potential nutritional causes implicated in all the psychiatric illnesses that plague us today. I have added vitamin deficiencies/insufficiencies for obvious reasons, as well as omega-3 essential fatty acid deficiency to their classification, based on the initial work of Rudin involving substrate pellagra,³ and on other publications by Horrobin⁴ and Stoll.⁵ Hormone disturbances (i.e., deficiencies and excesses) are also added to this classification since hormones are orthomolecules. Thus, in the work-up of the mentally ill it might be more instructive to consider the following potential causes:

A. Vitamin Deficiencies/Insufficiencies

1. Folic acid.
2. Vitamin B₁₂ (cobalamin)
3. Vitamin C
4. Vitamins A, D₃ (cholecalciferol), E and K
5. The remaining B-complex vitamins

B. Vitamin Dependencies

1. Vitamin B₃ (niacin or niacinamide)
2. Vitamin B₆ (pyridoxine)
3. Others such as vitamin C (ascorbic acid), vitamin B₁₂ (cobalamin), and the rest of the B-complex vitamins

C. Mineral Disturbances

1. Deficiencies (e.g., chromium, iron, manganese, selenium, zinc)
2. Excesses (e.g., copper, lead, mercury)

D. Cerebral Allergies

1. Food
2. Inhalant
3. Food additives

E. Omega-3 Essential Fatty Acid Deficiency

F. Hormone Disturbances

1. Deficiencies (e.g., cortisol and thyroid hormones)
2. Excesses (e.g., aldosterone, cortisol, and prolactin)

These aforementioned causes can be deduced by a careful clinical evaluation, involving a robust patient history and performing a comprehensive physical examination, which helps to identify patient complaints and physical signs indicative of abnormal nutrition. Most orthomolecular clinicians utilize laboratory investigations to determine the presence and/or the absence of nutrient excesses, nutrient deficiencies, cerebral allergies, and hormone imbalances in their patients. While laboratory testing should be done only when a history and/or physical examination suggest the benefits of biochemical analysis, it is certainly helpful to search objectively for contributing factors in a patient's psychiatric presentation.

I was recently part of a panel discussion (moderated by Dr. Ron Hunninghake) in which other clinicians and I discussed the merits of nutrient laboratory testing.⁶ We discussed how various laboratory investigations often provide more solid diagnostic answers, and therefore better therapeutic outcomes, than those achieved from the usual trial and error approach of mainstream psychopharmacologic therapy. One terrific case example was provided by panel member, Dr. Todd LePine. He reported a case of a 23-year-old female who was recently hospitalized for a couple of weeks due to severe depression and anxiety. She was given the usual mix of various pharmacologic drugs to address her mental state – paroxetine, bupropion, clonazepam, and zolpidem – but she remained unwell and sought out his care. Through nutrient laboratory testing he determined that she was deficient in vitamin B₁₂, omega-3 essential fatty acids, zinc and magnesium. Her mental status normalized as a result of restorative orthomolecular treatments, enabling her to taper off all her medications. In LePine's words, "She did not have a deficiency of these medications. She

had metabolic imbalances and nutritional deficiencies that were so profound that she had to be hospitalized."

While mainstream psychiatry has its place in health care, psychiatric diagnosis and treatment are complicated by much uncertainty. As orthomolecular clinicians we can increase our commitment to patient evaluation by searching for contributing causes, which supports the relevance of our diagnoses and helps to establish greater prognostic certainty with respect to the treatments we prescribe.



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Editor

References

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