

Reflections by an Orthomolecular Psychiatrist

Allan Cott, M.D.¹

On the return flight from Pasadena, where I had participated in a two-day symposium sponsored by the International College for Applied Nutrition, I left my assigned seat as soon as we were airborne and returned to the lounge to enjoy the leisure of a quiet interlude to gather up the loose but exciting thoughts which streamed through my brain. I thought about how I could more effectively bring the vital message contained in such titles as *Orthomolecular Psychiatry* by W. H. Freeman and Company, Publishers, or "Malnutrition in Learning and Behaviour," published by Massachusetts Institute of Technology, to the countless millions of parents who at all times are so desperately seeking the help which we can bring to them, to their children, and their loved ones.

1. 303 Lexington Avenue, New York, N.V. 10016

I was soon interrupted by two men who were part of a group of hydraulic engineers travelling to France to observe some newly designed equipment. They asked what my line was and I launched into a description of Orthomolecular medicine and the human condition. One of the men interrupted me excitedly with a question about help for a good friend who suffered from arthritis, and could he be helped? How about a relative who, at 55, was exhibiting signs of early senility? He then said quietly, "By Cod, I bet my wife could have been helped in this way." She died 15 years ago at age 45 from alcoholism and diabetes.

The second gentleman who was now finishing his second drink asked if the confusion, fatigue, and jittery feeling he experienced after one or two drinks might fit in-

to "that there ortho - what do you call it." He was rather surprised by my question about recurring periods of craving for sweet foods.

By this time the background level of sound in the crowded lounge had reached such a decibel level that we were shouting to make ourselves heard. Soon another man who overheard us came close and his friend excitedly asked him to sit down and "hear what this man is saying." He picked up the flyer on the Gables Academy Symposium on learning disabilities which I had earlier brought out. He opened it and began to read. He came to the agenda for the symposium and at the top of the list read, "Film on the Dyslexic Child", and his eyes opened wide in amazement as he asked, "Can they do anything for that? My boy is 13 years old and he is as bright as my other four children, but the poor kid cannot read and they told us it was too late now. He is too old to be helped."

He continued to relate the heartbreaking story of this beautiful boy teased by other children, called a retard by them and even by his brothers and sisters in moments of anger. He spoke of the disruption of the child's relationship with his parents and of the strain of his own relationship with his wife when he so frequently accused the child of being lazy and not trying. He related the fury and dismay he felt when, after helping the

boy with his assigned work, he seemed to know it and an hour later had retained nothing. He went on to detail all the endless sorrow and anguish which the child's condition brought to the family and the emotional storms which he provoked. He spoke of the concern which the family felt for his future and the regret over the waste of such potential.

Very few of these millions of children can have the good fortune to overcome their disability in the manner of a person I met who was important in the political world who grew up with a reading disability which he overcame by developing a phenomenal memory. This permitted him to deliver his speeches extemporaneously and he is at the present time one of the finest orators in his field.

After years of such chance encounters, I have come to the inevitable conclusion that it is impossible to speak to another human who doesn't have a child, a relative, a friend, or loved one whose life could not be immeasurably enriched in many significant ways by the application of the simple principles of creating a healthy environment for the cells of their bodies and brains through proper nutrition and the use of supplements, not calculated in minimal daily requirement doses but in doses adequate for their bodies.

Publishing Policies

The Academy of Orthomolecular Psychiatry

The Journal of Orthomolecular Psychiatry is a professional journal published quarterly by the Academy of Orthomolecular Psychiatry as a service to the public. Memberships to the Canadian Schizophrenia Foundation and the Huxley Institute for Biosocial Research of \$30 a year and over include subscriptions to the Journal, and a quarterly Newsletter. To become a member, write to the Canadian Schizophrenia Foundation, No. 10-1630 Albert Street, Regina, Saskatchewan, Canada, S4P 2S6, or to the Huxley Institute, 56 West 45th Street, New York, N.Y. 10036. Membership contributions are income tax deductible. Members of the Academy will receive the Journal.

Annual subscription rate for the Journal of Orthomolecular Psychiatry to nonmembers is \$17.

Copyright 1973 by the Academy of Orthomolecular Psychiatry. All rights reserved. Publisher's written permission must accompany papers published previously in another journal.

Send correspondence relating to published issues and annual subscription orders to the Canadian Schizophrenia Foundation, No. 10-1630 Albert Street, Regina, Saskatchewan, Canada S4P 2S6.

Errata

The following is a correction to an error which appeared in ORTHOMOLECULAR PSYCHIATRY, Volume 2 Numbers 1 and 2 of 1973. Page 47, "Schizophrenia an Evolutionary Advance" by Dr. A. Hoffer M.D., Ph.D.

<i>Score</i>			<i>Total Score</i>	<i>Pe-ceptual Score</i>	<i>Paranoid Score</i>	<i>Depression</i>
<i>LB.</i>	<i>13</i>	<i>2</i>	<i>0</i>	<i>2</i>		
<i>B.B.</i>	<i>13</i>	<i>2</i>	<i>12</i>			