

# Letter to the Editor

## The Orthomolecular Controversy

### The Watergate of Today's Psychiatry

#### To the Editor:

The American Psychiatric Association edited a report (APA Task Force Report) in opposition to the new and renovating ideas of Orthomolecular psychiatry which seem destined to move the very foundations of modern thought in psychiatry and psychopharmacotherapy.

Orthomolecular psychiatry, a term as yet unknown in numerous medical circles, gained the attention of scientists and laymen alike less than a decade ago, with the heartening results communicated by its pioneers, Doctors A. Hoffer and Humphry Osmond, in the treatment of schizophrenics. They heralded niacin therapy, the treatment of megadoses of vitamin B3, to correct the chemical imbalances of the cerebral metabolism of the schizophrenics. Later the new position began to gain ground within the understanding of the pathology of the problems of metabolic and enzymatic balance of the brain, acquiring the term Orthomolecular, which means "molecular equilibrium balance."

Distinguished personalities began to adhere to the new current while more and more medical and psychiatric investigations proclaimed their satisfaction with the clinical results obtained through the light which this new focus

shed upon the then enigmatically obscure chapters of psychiatric pathology.

Thus, the Academy of Orthomolecular Psychiatry was founded. A spectacular debate takes shape between the new positions and traditionalists and conservatives who seem to entrench themselves in the American Psychiatric Association. From this vantage point, they launch their offensive against the advancement of the new Orthomolecular movement, utilizing the Task Force Report, which we will comment upon in a series of articles.

We will begin with a review of the pamphlet "Megavitamin Therapy," where Hoffer and Osmond refute the position of the APA, considering it to be antiscientific, and partially and full of prejudices in the analysis of a scientific matter of public interest, which could revolutionize the modern treatment of thousands and millions of mental patients who suffer from schizophrenia and from other morbus states that could be corrected with an Orthomolecular balance in their cerebral chemistry.

The initial experience with niacin (vitamin B3) and the favorable results observed in schizophrenic patients gave rise to the scientists' interest in extending

it toward megavitamin therapy (large doses of vitamins) in general. This would involve basic concepts of the generic focus of many fundamental problems of medicine that this expansive wave originated: Orthomolecular psychiatry. It is now on the road to cementing a solid foundation of Orthomolecular medicine.

This process, by departing from one point of interest goes on to clarify and to delineate a chain of new realities so that it might not be exactly pertinent to subject the niacin therapy alone to critical judgments, excluding the broadening concepts of megavitamin therapy or Orthomolecular psychiatry and even of Orthomolecular medicine.

These, as we will see, will bring us to the examination with a renewed vision of many profound and universal problems of today's medicine, thus going beyond the criterion of limiting the analysis to niacin therapy alone.

One of the borders where the dispute manifests itself intensely is where the opinions are polarized to present the Orthomolecular focus as an alternative versus a psychiatry based on therapies with tranquilizing drugs.

If psychiatric pathology has as its basic problem the escape of the patient versus the patient facing the reality, many ask themselves what sense does it have to increase this tendency toward the escape which the tranquilizers signify? This is to say, how long will we continue treating the neurotic patient with a therapeutic plan of a neuroticizing content? Is it that there is no way to attack the evil at the very roots of its pathological dynamics?

This digression is only a manner of illustrating the broad and complex field of debate which lies within the controversy to which we refer. It becomes more polemic when it defines that the opponents of the Orthomolecular positions show a tendency to reject a priori, without any objective analysis of the content, which seems to reveal a defensive position rather than that of a scientific debate. Doubt goes through the mind of the spectator who follows

the alternative of the duel; that if the Orthomolecular position were not possible, why should it cause defensive attitudes among the members of a traditionalist scientific establishment? It therefore must really have a content that potentially threatens certain unlawful privileged positions and not precisely because of scientific superiority.

Nonetheless, you cannot reduce this controversy to a simple debate of scientific ideas or of positions of academic vanity. The problem has a third component, which is the position of the patients who, in the last instance, ought to be considered as the most important since their welfare and health is of much greater importance than triumphant rhetoric, or propaganda of one or the other two sectors.

Whether you believe it or not, the patients have begun to have a word in the debate. Many of them perceive, at times through simple intuition, that the taking of tranquilizers for a lifetime or for long periods of time is far from the ideal solution to their problems. They have experienced, at times, the toxic collateral phenomena of some tranquilizing drugs. They have become aware that there is something new that Orthomolecular medicine offers, thus, they request that their doctors treat them with the megavitamin therapy.

On this point, according to the pamphlet which we are commenting upon, it can happen that the doctor maintains a contrary personal medical position to that of Orthomolecular therapy. However, at the insistence of his patients, and led by the false concepts that the megavitamins are substitutes for the tranquilizers, he or she decreases the doses of tranquilizers of their patients, and tries doses of megavitamins, many times incorrect.

Naturally, the patient who felt a certain well-being, thanks to the tranquilizers, worsens and regresses in the process. This is erroneously interpreted, many times, as the result of the orthomolecular treatment when in reality what has happened was that a correct ortho-

molecular treatment was not given, be it through ignorance, or be it through prejudice.

Sometimes it even makes you think that it was done with a premeditated intention to discredit the megavitamin therapy. However, the serious part is that the one who pays for the a priori aversion is the patient who fails in health and who remains disillusioned with the thought that the hope that he had in this new Orthomolecular focus in medicine has failed. No one explains that he ought to keep up his hopes because what really happened was that the therapy was not applied correctly.

### **Orthomolecular Medicine vs. Toxi-molecular Medicine**

Another gripping facet of the ortho-molecular controversy is conceded here because this new therapeutic focus tries to restore the adequate balance of the molecules of the organism without introducing foreign elements in the normal chemistry of the biological processes. Consequently, it is surprising to know, as the pamphlet "Megavitamin Therapy" notes, that, from the biological point of view, this very moderate trend has come to constitute one of the very reasons why the big manufacturing companies of drugs are not interested in the therapeutic value of the mega-vitamins and other biological products that cannot be patented, because they are not expensive, nor are they difficult to acquire. For these very reasons, they do not offer these laboratories the opportunity to make huge financial profits.

A good example noted in the pamphlet is the hypolipemiant properties of the niacin. It is a fact that it is more effective and more innocuous than other drugs in reducing fats in the blood. However, the big laboratories and manufacturers of medicines are not interested in promoting it commercially simply because it is a substance easy to obtain and any competitor could make a fortune, once it was adequately advertised. This example shows us how the efficiency and the

innocuousness of a substance has very little bearing to it being adopted and diffused when, at the same time, it does not afford big business deals for the big manufacturers of drugs. This also plants a somber doubt about the little value placed on health and the toxic risks of the patient in the scheme of values and priorities that move the great currents of medical propaganda and of the diffusion of pharmaceutical products.

There is a tendency among the nonmedical public and even among doctors of considering a priori a medicine of more value, all the more if it is costly or if it appears in the more elite medical journals which enjoy the greatest circulation. All this simply points up the following dilemma. A product is expensive because it is good, or it is expensive because the consumer should pay the additional promotional costs that show it to be superior. Also supporting the last possibility is the fact that the layman tends to value what costs more to acquire. Only with great difficulty can he come to realize that elements so simple as the sun, pure air, and water as well as some other foods and vitamins can have therapeutic action much more potent than sophisticated synthetic drugs.

The technological idol and the myths of consumer society together with the mass media of propaganda seem to have blinded man to the extreme of forgetting the importance and the value of the simple gifts of nature. From this point of view, the Orthomolecular controversy seems to rise up as a new David facing the gigantic Goliath of the economic and the commercial interests at play within the lucrative business of drug manufacturing.

It is not difficult for the reader to come up with the question that perhaps these aspects are the very reasons why Orthomolecular medicine suffers rejections and a prioristic condemnation.

Is the establishment of traditional psychiatry defending privileged economic positions in preference to scientific privileges, legitimately

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acquired by study, investigation, and the capacity to cure?

The quantity of incandescent questions which present themselves as logical corollaries of an impartial observation of this gripping polemic will multiply themselves as time passes.

**Rafael Valdivieso U., M.D.**  
**P.O. Box 1743**  
**Santa Cruz, Bolivia,**  
**South America**

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