

Editorials

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Treatment of a Mucopolysaccharide Type of Storage Disease With The "U" Series

Apparently the greatest sin in medicine is to cure a patient by using a non established treatment. Modern medicine has become more scientific and many patients have been helped, but the introduction of science has had undesirable effects. The scientific approach aims at having a treatment which works while having some understanding of how it works. The last objective has become a major obstacle against developing better treatment, because for most physicians "understanding" how a treatment works simply means that most physicians accept the rationale given to them in medical school. Whether or not that rationale is correct is of little consequence. In fact, most rationales are ephemeral compared to observations which are permanent.

The observation made many years ago that Vitamin B3 cures pellagra is an eternal fact. The explanation why it cured is still being modified. Since facts are eternal and rationales are ephemeral, why do we persist in using rationale to deny the fact of treatment?

Dr. H. Turkel, in the case reported here, committed the sin of helping a supposedly

incurable child become well using nutritional treatment. This placed physicians who had treated the same child in a peculiar situation. They did not doubt that the child had recovered, but they could not understand how nutrients could be of any help while admitting there had been a dramatic improvement. The solution was simple—it is a solution often used—first, the diagnosis is changed for, so the reasoning goes, if an incurable disease is cured then it was not that disease. If a schizophrenic is cured he never had schizophrenia. Then one downplays the use of nutrients, hinting that the same changes could have occurred spontaneously. This deception was used many years ago when a few pellagrologists began to give Vitamin B3 to patients in mental hospitals. Schizophrenic patients were given this vitamin. If they recovered quickly they were promptly rediagnosed as pellagrin because they all knew schizophrenia was incurable. If the patient did not respond the diagnosis of schizophrenia remained. This deception held back a serious examination of the role of Vitamin B3 in schizophrenia about 15 years.

We recommend a different approach. If a physician reports that a disease properly diagnosed as one for which there is no treatment does recover after treatment, then at

least three hypotheses should be considered: (1) that one member of a class of a disease considered untreatable has recovered and that if a proper search is made other responders will be found, (2) that the disease had been incorrectly diagnosed but that a different disease had been treated successfully, (3) that the disease had been incorrectly diagnosed and the recovery was spontaneous. Each hypothesis leads to certain consequences. The first one may lead to a new treatment for a hitherto uncured disease—like penicillin for pneumonia—and so relieves many patients of a terrible burden of disease. This is the optimistic hypothesis for it may lead to new discovery. The second hypothesis will discourage some but can lead to the same discovery. It is reasonably optimistic. The last one leads nowhere. Unfortunately it is the one most often used by physicians unable to break out of the bounds of their own narrow vision of science.

The Role of Candida Albicans in Human Illness

In this issue we feature a report presented by Dr. O. Truss to the Huxley Institute for Biosocial Research Annual Meeting at Boston. This research represents a very important contribution to the entire field of medicine, including psychiatry. Briefly, Dr.

Truss has shown that chronic yeast infection can cause a variety of diseases for which we have had no specific treatment.

Candida albicans is one of the yeast organisms present everywhere which thrives in warm, moist areas provided its favorite foods, sugars and starches, are readily available.

Candida infection may be a major factor in diseases of children including bowel disturbances, allergies and learning and behavioral disorders. It is especially common in women due to use of birth control pills, antibiotics and immunosuppressants. Depression is common. It may cause schizophrenia, and a number of autoimmune diseases such as M.S. and myasthenia gravis.

The relationship to autoimmune diseases is especially important. Dr. Truss has found that *Candida* decreases the percentage of "natural killer cells" from about 15 percent to around one percent. When the yeast infection is treated the symptoms clear and the percentage of these cells increases. This observation may at last open up all the autoimmune diseases to specific treatment. Other autoimmune diseases include lupus, arthritis and perhaps some of the neuromuscular diseases.

I suggest that every physician who has access to these types of diseases use the anti-yeast program developed by Dr. Truss and let me have the clinical report of their results. I will then prepare a report for publication here as soon as I have heard from a number of physicians.