

Vitamin Therapy for Hyperactivity and Schizophrenia A Family's Struggle

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Recently, at an annual meeting of the Canadian Schizophrenia Foundation, a man and wife handed me an account written by their hyperactive child many years after he had recovered. When I returned home, I looked up the correspondence with this family, which began in 1969. On rereading this file, I was once more impressed with the determination some families display in getting help for their sick members, and I was once more depressed by the failure of psychiatrists to listen to their patients' relatives and who allow their reason to be blinded by prejudice. This condemned one patient from this family to permanent ill health while two members recovered - but these two escaped receiving psychiatric treatment.

In August, 1969, I received a letter from a woman who described her schizophrenic brother. He was admitted to a New Jersey mental hospital in 1962 and received about three ECT with slight improvement. After discharge, he deteriorated and was readmitted in 1965 for a year for more ECT and insulin coma. Thereafter he was better for one year. He was admitted again, catatonic, in 1967 until February, 1969. Again he began to relapse on tranquilizer medication. In the fall he was started on niacin, 3 grams per day, by a Chicago psychiatrist and improved remarkably in one month, but within another month he relapsed and was again admitted and given more medication which stabilized him at an improved level.

By February, 1970, his sister was able to write: *He is doing much better. He is still taking 4 grams of niacin daily, but the other drugs he is taking were reduced and I am very pleased with the progress he is making. He still worries too much and tires easily,*

but the weird and abnormal ideas he had before are almost completely gone. He never got along this well on tranquilizers alone.

She was very worried about her seven year old child. She described him as follows:

...he has always liked to look nice and clean (he is the opposite of his 9-year old brother who loves dirt). But since he was a happy little boy in all other respects, I did not worry about it. However, for the past month or so he has become too much concerned with dirt and germs. I had a talk with his teacher in school a few days ago and she also is worried about him. It seems as though he feels that everything is dirty around him. He smells his desk and insists on washing his hands for every little crayon mark or dust that gets on him. He gets upset and cries if she doesn't let him go to the washroom. He also doesn't play with the other children as much as he used to. There 'is no change in his work and she had no complaints about that part.

Three months later she wrote me again, describing a remarkable improvement in her son. She wrote:

Dr. M. put him back on 1 gram of nicotinamide a day and told me to bring him back in 10 days, which I did. He had improved greatly by then and had stopped washing his hands all the time and sniffing everything. Dr. M. suggested that we gradually take him off the nicotinamide, reducing it to 500 mg at first and then to stop altogether.

I gave him one 500 mg tablet for the next few days, but somehow he didn't seem as

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well. So I put him back on the 1000 mgs and I am still giving it to him. Although the worst symptoms were gone after about a week of taking the vitamin, he has since been improving in many other ways as well. He is less stubborn now than he ever was and his schoolwork has improved considerably.

There is another thing I'd like to mention. He used to wet his bed every once in a while - on the average of about once a week. This has stopped completely since he is getting the nicotinamide. He weighed 59 lbs when I took him to Dr. M. three months ago and he is 63 lbs now.

.. I don't know what would have happened to him without this vitamin. Dr. M. said he was not a schizophrenic child, just a hypersensitive and hyperactive little boy. But watching him as a mother, I feel he did not have too far to go to become one.

I had another conference with his teacher and what a difference from the one I had with her three months ago. She can't get over the change in him.

I sent her a hyperactivity questionnaire I have been using for nearly twenty years and have used it on up to 1000 children. Normal scores are under 45. The mean score for hyperactive/learning disordered children is 75. The test requires about five minutes to do and is scored in one minute. Both mother and the child's teacher completed this test independently of each other before and about three months after starting niacinamide.

Hyperactive Scores

	<i>By Mother</i>		
Before:	83	After:	33
	<i>By Teacher</i>		
Before:	71	After:	32

The teacher noted the following when she first tested J: *J has the habit of washing his hands constantly. Felt that they were dirty and smelled. He kept his hands clenched constantly. Objected to smells and felt that other children in the room were dirty and smelled. He wanted his seat changed constantly.*

Her final comments were: *He is just the opposite of what he has been. Didn't want to wash his hands even when they were smeared with chocolate. His behavior is normal. He lost his tense look. He played with other children and tried to finish his work. I was very pleased with his progress.*

February, 1971, I received another report. Her brother was almost well. But her oldest child, a girl aged 12, was very irritable and defiant, suffered from severe insomnia, daydreamed a lot, believed she was fat and ugly when she was slim and beautiful, had become seclusive and was doing less well in school. Her hyperactivity score was 58. Her mother started her on niacinamide 1 gram per day. In a few weeks she was better.

March, 1971, she wrote that her daughter was better but still was irritable and displayed unusual behavior. J, she said, had been elected "Boy of the Month" by his class.

By the end of June her daughter was well. Her mother sent me a copy of a letter she had written to the Center for Studies of Schizophrenia. This is what she wrote:

There are two people in my family that I would like to write about.

The first one is my brother, now 43 years old. He came to live with my husband and me in 1959. I do not know if he was schizophrenic then. If he was, it must have been what some psychiatrists call the 'simple' kind. He was not psychotic, but somewhat odd in his behavior and frequently repeated himself. However, he was able to work and apparently did a good job working for a stockbroker in New York City.

Gradually he became worse and very moody and one day he accused me of poisoning him. He also began then to 'hate' everybody. I was certain by that time that something was wrong with my brother and made several appointments for him to see a doctor. But he refused every time.

Finally, in 1962, he went on his own and saw a psychiatrist in New York City who later told me that my brother was definitely schizophrenic. He had to see this doc-

tor twice a week. Unfortunately, I do not know what kind of treatment the doctor gave him. He did not have to take any medication at home, but he got an injection at every visit which made him very tired. He got a little better at first, but then he became worse than before and after four or five months he stopped seeing him.

In 1963 we took him to [a] hospital in New Jersey for treatment. Their description of him was 'severe depressions and anxieties.' He received a few electroshock treatments and was put on Stelazine and thorazine. After a week my brother signed himself out, because he was afraid of the shock treatments. There was very little improvement, but at least he saw the doctor who had treated him at the hospital. He was kept on the Stelazine and thorazine (three times a day). After a few months he claimed that the medication gave him trouble breathing and swallowing and he stopped taking it and seeing the doctor.

In February of 1964 he had become so bad and lost so much weight (he refused to eat) that we admitted him to [a] hospital in New Jersey. He was there for one year and four months and during that time received insulin and electroshock therapy. He also took Stelazine, thorazine and ar-tane three or four times a day. When he was released he was much better, but still very suspicious and peculiar. He kept seeing a private psychiatrist for the next two years and stayed on the medication he had taken in the hospital. In spite of this, he got worse again and the doctor doubled the amount of thorazine he was taking. After a few weeks he had breathing difficulties again and asked the doctor to change his medication.

About this time I read an article in one of the New York Sunday newspapers about the Vitamin B-3 approach to schizophrenia. I told my brother's doctor about it and asked him to try it on him, but he refused. Instead, he put him on 'something new and very good', as he called it. I do not remember the name of this medication (they were little pink pills), but after taking it a few days my brother was completely psychotic and we had to take him back to the hospital.

This was in October of 1967 and the doctors at the hospital told me that he was in a catatonic state. This time he was put on large amounts of drugs. During one of my interviews with his doctor I was told that they were trying to dope him up so he would forget whatever it was in the past that made him sick. I visited my brother once a week and I remember he seemed a little worse every time I saw him. His head shook back and forth when he walked, as though it was loose on his shoulders, and he could not sit. He constantly walked or lay down.

We moved ...in August of 1968 and I had my brother transferred to a state hospital, so I could visit him. There they took him off all the drugs he was getting ... and put him back on Stelazine and thorazine. But again he had trouble with the thorazine - he said it was closing up his throat. He was released ...in the spring of 1969 as 'improved' on 5 mg of Stelazine, three times a day.

Between May and August, 1969, my brother had five different jobs. He was too sick to keep any of them and rapidly got worse. I was desperate and knew that we would have to take him back to the hospital very soon - maybe for life.

As my last hope I remembered the article I had read years earlier about Vitamin B-3 and I went to the bookstore and asked them to order the book, *How to Live with Schizophrenia* by Drs. Osmond and Hoffer, for me. After reading the book, I took my brother to a psychiatrist in Chicago who uses megavitamin therapy. My brother was put on 3 grams of niacin a day, plus the Stelazine he was already taking. About a month later we noticed an improvement in him. He gained weight and his behavior improved.

Then, suddenly in October he relapsed. His doctor put him in the hospital for three days where the niacin was increased to 4 grams and later to 6 grams a day. He also was put on large amounts of tranquilizers (25 mg librium, 100 mg mellaril, 5 mg Stelazine - 4 times a day).

When he came home he was much improved, but still very depressed and forgetful. He had to see the doctor once a week

for awhile. After a few months his medication was reduced very gradually (not the niacin) and as he improved he had to see the doctor less frequently. Now, approximately 1¹/₂ years later he only takes the tranquilizers once a day, at bedtime, and he sees the doctor once a month.

He did not improve overnight with niacin-therapy. It came on very slowly and gradually. First his memory improved and he was not so depressed any more. But he still was very fatigued all the time and didn't seem to have any 'pep'. Since about six months now this has disappeared also. I can honestly say that he is better now than he was when he first came to live with us in 1959.

He is living by himself now and gets along very well, but he spends the weekends with me and my family. A few weeks ago I visited him in his room and I was very happy when I saw him stop and talk to people in the hall. Nothing special, just 'Hallo, how are you?' and 'Nice weather today', etc. A few years ago he would pass everyone up with his head towards the ground. When I told him that I wanted to write this letter about him he said: 'Of course you can write about me, if it will help other people!'

Here are the tranquilizers he needed 1¹/₂ years ago and the amount he needs now:

November 1969	June 1971
Mellaril 400 mg	50mg
Stelazine 20 mg	2 mg
Librium 100 mg	25mg

He also takes 6 grams of niacin a day and 1 gram of Vitamin C.

The other person I am talking about is my little boy, now 8 years old. When he was seven, he suddenly showed signs of overactivity and developed an odd behavior. He constantly washed his hands and was petrified by dirt and germs. After a week on the megavitamin therapy he was back to normal. His teacher was so impressed that she wanted to find out more about the treatment. About a month later he stopped wetting his bed and has not had an 'accident' since.

More than a year has passed since then and he has gone from all Cs on his report card to just As and Bs on his last one. I'd like to quote what his teacher remarked on it. '[J] has improved and tried harder than any other student in his class; he has been my pride and joy.' I do not think that this would have been possible without the vitamins. He can concentrate much better on his work now.

He is still taking two grams of niacinamide a day and I will gladly give it to him for as long as he needs it.

Six years later I again heard from her. She reported that as long as her brother lived with her and took his niacin he remained improved. But she and her husband were transferred to another country and had to leave her brother in a psychiatric center. There they immediately stopped all vitamins and he promptly began to deteriorate. On heavy tranquilizers he made four suicide attempts in fourteen months. J, she reported was normal, in his second year of high school, doing great, active in sports and had many friends. Her oldest daughter was well and planned to become a veterinarian. Both were still on niacin, ascorbic acid and Pyridoxine.

The psychiatrist in charge of her brother considered her attempt to get her brother back on vitamins constituted interference. He wrote to her on August 10, 1977, "... until it is proven megavitamin therapy is an effective form of treatment of schizophrenia he should not be getting different messages regarding treatment." He added, "... he is adjusting very well to the Family Care Home and is functioning at a fair level." Yet when he was said to be *functioning at a fair level* her brother went swimming in a motel pool near the Family Care Home in his underwear and was taken out by police. His writing was sloppy and he was mixed up, spending a lot of time on politics and religion as he usually did when psychotic.

This is a very carefully controlled anecdote. A chronic schizophrenic patient failed to respond to any psychiatric treatment including psychotherapy, ECT, insulin

coma, tranquilizers and mental hospitals. On vitamins and tranquilizers he became almost well and was able to live with his sister. When forced back to an institution because the family had to move, the psychiatrist in charge promptly did what was necessary to adjust the patient to the hospital - he took him off the vitamins because he demanded "proof. The patient's own history of response was ignored. Since then, the State has assumed the burden of keeping him heavily tranquilized in a special home, a permanent schizophrenic whose only personal solution was a choice of suicide or vitamins. The State prevented suicide, as it should, but denied him his chance for recovery. J is now a university graduate and teacher. I have here portions of his essay submitted to his teacher entitled, "A Hyperactive Child."

In 1970, [J] Kramer was a seven year old grade two student enrolled in an upper middle class Catholic elementary school, located in the suburbs of a large city. The Kramers were an upwardly mobile family, who made a sincere effort to live their Catholic faith.

Thus far in his brief academic career, J had been an average student, and he seemed to be a fairly normal young boy. Though he did have a tendency to exhibit rather silly behavior at times, this was seen to be mainly an attention seeking device.

During the winter months of grade two, J's behavior began to get more and more bizarre. He began to develop a phobia toward dirt, germs and unpleasant smells. This phobia got worse. J was constantly going to the rest room to wash his hands, and as a result, his hands became very chapped. He was also constantly sniffing: sniffing his hands, his desk and other things around him. J also greatly feared coming into contact with the germs of others, especially non-relatives. He felt that products used by those not in his family needed to be disinfected before he could comfortably use them. J was also very vocal about these concerns.

At the same time, J's grades began to go down. This was most pronounced in his penmanship. The class had begun moving

from printing to writing. J's letters were still very often written backwards, and his writing was uneven, jumbled and sloppy.

J's teacher, Mrs. Hughes, was frustrated and baffled by his behavior. She suspected that he may need a child psychologist, and that he may be having problems at home. Mrs. Hughes also feared that J may need to enter a special education program eventually, if his behavior did not improve. She phoned Mrs. Kramer to discuss J's eccentric behavior, though she did not recommend any possible treatment specifically. Mrs. Kramer was aware of J's behavior, and she was also concerned about it. They both agreed that J exhibited signs of hyperactivity.

Mrs. Kramer was fairly well read on this issue. Her own brother was schizophrenic. She had seen what little effect psychotherapy and drugs had had on his behavior, other than making him very sedate. He was in a hospital, however, and she could do nothing to effect his treatment. Mrs. Kramer had read about a treatment known as megavitamin therapy, which had been effective in the treatment of schizophrenics, hyperactive children, and other problem children...

Though research on megavitamin therapy was not very extensive at that time, Mrs. Kramer decided to give it a try. She found Dr. Stylo, who treated patients with this method, in the nearby metropolis. She brought J to him. After talking with Mrs. Kramer, and after taking a few tests on J, Dr. Stylo prescribed two grams of vitamin B3 and lesser amounts of vitamins B6 and C, to be taken daily. He also placed restrictions on J's intake of sugar, and recommended a vitamin ointment for his chapped hands.

Though the results of megavitamin therapy often take several months, within two weeks J showed a marked improvement. Mrs. Kramer noticed his improved behavior at home. Mrs. Hughes noticed his improved behavior at school, and she phoned Mrs. Kramer to let her know. Mrs. Hughes was amazed at the improvement in J's behavior. She claimed that he was like a different child. Gone were the constant sniffing, handwashing and complaining,

J's school work also showed a marked improvement, especially his penmanship. Gone were the backwards letters, and the jumbled uneven scribble. Academically, J moved into the top third of his class. Though still not perfect, J was once again a normal child, and since his vitamins were taken at home twice daily, with no side effects, the other children were not aware of his treatment. J did well in regulating his own intake of sugar, so others did not need to be concerned about this either.

Once treatment and dosage had been established, it was only necessary for J to see his doctor about twice a year....

J has benefitted from such findings. He has been found to be hypoglycemic in a five hour glucose tolerance test. Now along with taking vitamins, he is on a restrictive hypoglycemic diet, which excludes sucrose, glucose, refined starches, alcohol and stimulant drugs. J is aware of the dangers of refined foods, and he takes steps to avoid the development of allergies. As a result, he is now doing very well in university, consistently making the Dean's List, he is well liked, athletic, and he plans to become a missionary. He gets angry when he thinks of all the potential in him that could have been wasted if his mother had not been aware of megavitamin therapy, and the shortcomings of other, more commonly used treatments at that time...

Individuals such as J would certainly attest to the effectiveness of this method. Though megavitamin therapy has not proven to be effective with all children, neither have any of the other methods of treatment ... There are also pros and cons with each method.

While all of the treatments ... control symptoms of hyperactivity, diet control and megavitamin therapy treat the apparent causes of the disorder (reactions to certain foods and food additives, and vitamin and mineral deficiencies). They provide the body with what it apparently needs, and dietary restrictions eliminate what is harmful. They are also effective beyond childhood.

It is not the role of the teacher to play doctor

and to try and diagnose and provide treatment for the ailments of his students. It is important, however, for teachers to be aware of the signs of such disorders as hyperactivity, which could arise in their students. Teachers should have access to health specialists to discuss these problems with. They should also know something about the treatment of hyperactivity, and the treatment that their students are receiving so that they know what to expect of them, and how to treat them in the classroom (for example, they should be aware of the dietary restrictions on students, what drugs they are taking, and the reasons for them). Of course, if the school health specialist feels that a child does indeed need treatment, the parents should be informed of this.

After extensively researching this issue, I do not understand most doctors' lack of emphasis on dietary restrictions. I also cannot understand why they would continually deny the effectiveness and overexaggerate the dangers of megavitamin therapy. The medical profession has certainly put great pressure on many doctors using megavitamin therapy ...

The educational system can benefit from such treatment, since it could possibly reduce the number of students in special education and behavioral classrooms, and produce happier, healthier students. This would be essentially up to the medical profession, however. For now, individual teachers can work, within Ministry of Education guidelines, to make their students more aware of the effects of certain foods and encourage healthy eating. In addition, parents should be informed of the pros and cons of each method of treatment, so that they can choose what they feel would be best for their child, and so that they know of alternatives if the method they're using isn't helping their child. J Kramer, for one, is very grateful that his mother looked for, and found, such an alternative.

I still have hope that the problem of hyperactivity in our schools can be reduced, and that such problem children will be able to live normal, happy lives. Such hopes are not out of the realm of possibility.

Book Reviews

***Schizophrenia: Straight talk for Families and Friends* by Maryellen Walsh Morrow Pub. Co., 1985 Price \$15.95, 264 pages**

Schizophrenia is a disease whose current recovery rate is very low. This is tragic, since it affects approximately 1% of North Americans, and accounts for the hospitalization of more persons "than cancer, diabetes, arthritis, and heart disease combined".

This form of psychosis -- believed by most professionals to result from imbalanced brain chemistry -- can have disastrous effects on a sufferer's behavior, emotions, and each of his five senses. And since incapacitation destroys, or severely impedes, the schizophrenic's day-to-day functioning, its consequences for the patient's family can be equally profound.

Maryellen Walsh has released a book that she hopes will do much to clarify the probable cause of schizophrenia; outline the most inspired methods of treatment; and comfort the parents of patients who may feel that they are to blame for their sons' or daughters' conditions.

She achieves these goals with varying degrees of success.

Walsh is no stranger to the devastation that schizophrenia can inflict on in-trafamilial functioning: two members of her family are afflicted with the disorder. She also reveals interviews with parents of other schizophrenics, who have collectively grappled with the effect of this illness for years, having explored dozens of different theories and treatments. As one tersely remarks: "I have my PhD. in schizophrenia".

The author goes on to rightfully complain, however, that there is "an information desert out

there". While doctors offices often have pamphlets and other literature on diseases such as cancer, the same fails to apply for the psychoses.

The author does much to dispel the mythical notion of the schizophrenic as psychopathic murderer. (This, she wryly claims, stems from the so-called Alfred Hitchcock School of Psychiatry.) Similarly, she dispatches the hoary illusion that "schizophrenia means 'split personality'"; a Hollywood bromide that thankfully is beginning to die. Most importantly she correctly condemns the once dominant belief that the schizophrenic's parents'/family's behaviour caused his illness.

Like most modern theoreticians, Walsh upholds the view that schizophrenia has a probable genetic component, but it requires a crisis in brain chemistry to trigger it off. In so doing, she drills another nail into the coffin of psychoanalytic thought.

Having addressed the nature/nurture conflict, Walsh attempts to put forward a credible theory regarding the etiology of schizophrenia.

While she tends to lean towards psychiatrist E. Fuller Torrey's theory that schizophrenia may result from a brain virus, she also contends that nutrition should not be ruled out as a possible causative factor, and strongly suggests that it may prove to be an important step in deciphering the riddle of schizophrenia. She recognizes, for example, that Pellagra - a vitamin B3 deficiency disease - can create many similar symptoms to schizophrenia. She also adduces a possible link between the consumption of diseased potatoes and the development of a viral form of the illness. Had she read the collected works of such

Orthomolecular pioneers as Doctors Hoffer, Osmond, Pfeiffer, and others, Walsh would probably be more convinced of the value of combining nutritional adjunctive therapies with pharmacotherapy and other treatments for the psychoses.

Much of Walsh's book is devoted to erasing the old notion that parents and families of schizophrenics are responsible for their members "downfall" (the double-bind controversy).

The author also points out that a higher profile must be taken to promote the need for research into schizophrenia, including convincing some celebrity to support the cause. To date, there is no Jerry Lewis to host a schizophrenia telethon; no Mary Tyler Moore - a spokeswoman for diabetes -- to carry the banner.

Walsh also alludes to the enormous social costs of letting schizophrenia continue unchecked, and offers an outline of how to establish a lobbying force to petition the public and private sectors for help in overcoming it.

Schizophrenia: Straight Talk for Families and Friends is in many ways a remarkable book. It reduces guilt in the families of schizophrenics; it offers thought-provoking information on how we can reduce the ravages of this disease; and it does so with wit and clarity.

G. Charles Brown

***Psychiatric Emergencies: Clinics In Emergency Medicine* edited by W.R. Dubin, N. Hanke & H.W. Nickens Churchill**

Livingstone Pub. Co. New York, 1984 Price \$45.00, 268 pages

This book, dealing with diagnostic psychiatry in an emergency room context, will be an invaluable resource manual for many E/R libraries. It offers fourteen chapters featuring a host of psychiatric complaints that clinicians in those wards encounter frequently.

Psychiatric Emergencies begins with three

chapters devoted to the interrelationship between neurological disorders and psychotic behaviour. It explains how to diagnose these conditions, while maintaining that not all organic brain syndromes are irreversible.

The following chapter focuses on Psychopharmacology. Here the role of antipsychotic drugs, antiparkinson agents and antidepressant medications are delineated. The author also submits that minor tranquilizers (benzodiazepines), such as Valium and Librium, "are the most important medications used in emergency psychiatry". He goes on to explain the possible side effects of the various drug families. Moreover, diagnostic tests to measure drug use, i.e. the barbiturate tolerance test, are outlined. Another extremely useful section shows which non-psychiatric drugs can create psychotic symptoms among certain patients.

Chapter 6 and 7 give simple, straightforward procedures for assessing and assisting agitated patients admitted to the E/R. Among other information, tips on handling physically aggressive patients and a proper "bedside manner" so as not to alarm psychotic or clinically depressed patients, are included.

Suicidal patients and their respective diagnoses form the major thrust of the next chapter. Here the authors outline how to ascertain primary risk factors that the patient will carry out his self-destructive plans, while explaining the family's role in providing supportive "treatment".

Chapter 8 provides an overview of suitable E/R treatments for abusers of drugs such as L.S.D., marijuana, cocaine, heroin, barbiturates, PCP and sundry inhalants. It also explains some of the ruses used by drug offenders to obtain medication fraudulently.

As many as 36.7 percent of all patients treated in emergency wards are alcoholics, or are under the influence at

the time of admittance. Chapter 9 illustrates how to deal with both circumstances, through the use of vitamins and minerals and withdrawal medications.

Chapter 10 offers specific management strategies to use with hostile, "problem patients", so that clinicians may avoid vocational burn-out.

Situational emergencies comprise another chapter of this encompassing book. These involve the therapeutic and medico-legal procedures surrounding crimes such as rape, incest, wife and elder abuse and grief reactions.

Chapter 12 confronts persons who present with psychosomatic disorders like hypochondriasis, factitious disorders and malingering, while giving a psychodynamic interpretation of their bases.

Since it is devoted to exploring specific legal issues concerning E/R encounters, Chapter 13 will be of greatest interest to American practitioners. Information in this section discusses involuntary commitment, controlling violent patients, malpractice legislation and similar topics.

The final chapter offers a cluster of approaches to be used in crises involving adolescents and children. Fittingly, the authors demonstrate how to assess the role of the family in (a) precipitating the crisis; while (b) tendering suggestions as to how the family can utilize existing social networks to curtail or diminish further outbreaks.

This book, written by leaders in the field, is explicitly designed for use in an emergency ward. It offers comprehensive insight into numerous psychiatric problems, and would do well as a course text for those expecting to work in that sphere.

Psychiatric Emergencies does not try to bite off more than it can chew. It prudently admits that the need for continued counselling and treatment extends beyond hospital walls to outpatient facilities and other social networks.

G. Charles Brown

Green Barley Essence: The Ideal "Fast Food"
by Yoshihide Hagiwara Keats Publishing,
Inc., New Canaan, CT 06840 Price \$9.95 U.S..
147 pages

People have been observing the effect of food on their own health from the first time someone died from a poisonous food and this was recognized by the survivors. Mammals, too, know enough not to eat food which is followed by sickness. This is one of the protective habits surviving species have been fortunate to possess. It is not very difficult to associate ill health with eating something, provided there is a close time relationship. It is much more difficult when food consumed for many years causes illness, especially when it tastes good, smells good and is attractively packaged.

Yet there is no foolproof method for making the right decision. Many foods today accepted as good and nutritious were once believed to very toxic; tomatoes are one example. How, then, can we determine which foods or food preparations promote health and longevity and which ones do not?

The first recorded experiment is described in the Bible in the Book of Daniel. After a two week trial, Israelites on their own unprocessed foods (legumes etc.), were healthier than another group of youths the same age fed on the king's diet which was rich in meats etc. This was a controlled experiment but not a double blind experiment. Modern food scientists will therefore reject this biblical story out of hand for they follow the modern dogma that only a double blind yields scientific proof. Anything else, no matter how convincing to other scientists or the public, is not proof — it is anecdotal, and nothing is to be feared as much as anecdotal material. They like their anecdotes arrayed in a double blind design, knowing all other anecdotes are not

"proof." Unfortunately, double blinds have just as often yielded incorrect "proofs" and have condemned treatments early on which later have been shown to be effective. In short, there is no foolproof method, and we must depend upon man's ability to see, experience and reason, as we have been doing for centuries. It is slow, regrettably, for many who might be well today except for the restraints put upon conclusions by scientists so restricted by methodology they have lost their reason. This long introduction is necessary for reviewing this book. It describes a concentrated foodstuff prepared from barley which is rich in protein, complex carbohydrates, chlorophyll and the essential vitamins and minerals, and is reasonably palatable. It is presented as an "ideal fast food." This book will immediately be written off as another in a long line of fad health books by professors of nutrition, dietitians and most physicians because case histories are described of people who recovered from a number of illnesses when they began to eat green barley essence. There are no double blinds and they will deny there is any scientific rationale. The public will have to make up its own mind and will do so, just as scientifically as it has done in the past with other foods.

Most anti cancer programs which preceded the remarkable conversion of the cancer research establishments to good nutrition emphasized a

diet rich in green vegetables. Dr. Ann Wigmore has been promoting a living diet using unprocessed, uncooked foods. Wheat grass juice is a major component of this diet. But it requires remarkable dedication to prepare it for oneself. The green barley essence prepared by Dr. Y. Hagiwara provides food which must be very similar to wheat grass juice since both are grasses. It is much easier to buy than to prepare, and this will allow many people *to* test the effect of this food *on* themselves.

Green Barley Essence is very rich in nutrients. Thus, 100 grams of the preparation contains 1100 mg of calcium and 225 mg of magnesium. Cows milk, the next richest source contains one-tenth as much calcium and one-sixteenth as much magnesium. It contains 52,000 IU carotene and 329 mg Vitamin C compared to 10,000 IU and 126 mg in the next richest source — kale. An orange contains only 50 mg Vitamin C. It is rich in folic acid 640 mcg (compared to 80 mcg in spinach) and 11 mg of niacin (grains about 4 mg).

I do find green barley essence very interesting and plan to incorporate it in my diet. Will it make me healthier? I will let you know in due course. It will not do any harm. For all vegetarians and for all who are interested in increasing the vegetarian content of their diet, this will be useful food to add to their program.

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