

# Report on Hivita 400

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*Schizophrenia Bulletin* carried an abstract which had appeared in *The Australian Journal of Clinical Hypnotherapy*, Volume 2, pages 111-117, 1981. The author, Terry Tung-Yep, reported that a high dose vitamin preparation called Hivita 400 was very helpful in markedly decreasing HOD scores in a large number of patients who had above-average probability of being schizophrenic; they had high scores. The HOD test, available from Rehabilitation Research Foundation, P.O. Box BV, University, Alabama 35486, is a reliable, valid test for diagnosing schizophrenia. The probability one is schizophrenic increases rapidly as Total scores increase from 30 to 65. At the higher score the probability is over 90 percent.

Over 2000 clients were given the HOD test. Excluding those under 13, over 60, on medication and physically ill, left 485 who were given the vitamin preparation as follows:

<u>HOD Total Score</u>	<u>Dose</u>
30-39	3 tablets/day
40-49	4 tablets/day
50-64	5 tablets/day
65-89	6 tablets/day
over 90	7-9 tablets/day

The HOD test was repeated every week. After four weeks on vitamin treatment 392 (80.8%) had lowered (improved) their scores by more than 75 percent. Another 47 (9.7%) responded similarly but only with the addition of counselling and/or hypnotherapy. Clients who discontinued the vitamins, usually because they were complacent, relapsed completely within six weeks. They improved again when they resumed

treatment.

This is one of the few studies which repeated and corroborated, on a different sample in a different continent, the usefulness of the HOD test and of the high dose vitamins for a variety of psychiatric problems. This was first reported by Hoffer and Osmond (1961), and Kelm (1973). This type of experiment does not depend upon diagnosis and is objective. No skill is required in administering the test or scoring the final values. It makes sense to give more vitamin when scores are high as there is a direct relationship between psycho-pathology and high scores. Unfortunately, there is no indication how much of each vitamin is present in a Hivita 400 tablet. Perhaps an Australian reader would let us know the exact composition of this preparation.

The main conclusion is that patients who score high on the HOD, i.e. have many perceptual symptoms and thought disorder, respond well to a simple, high vitamin regimen. Their response is monitored by the approach of the HOD scores to normal. Most are early schizophrenics whose biochemical pathology is not yet well entrenched so they can respond rapidly. By the time they are clearly psychotic a much more complicated program is needed, combined with tranquilizers or antidepressants and the best type of psychiatric therapy. General practitioners usually see these patients before they are clearly psychotic. By using the HOD test they can be alerted to examine more carefully for schizophrenia and use Orthomolecular treatment. They will be gratified by their patients' response.

# Book Reviews

***Medical Treatment of Down Syndrome and Genetic Diseases* Henry Turkel, M.D., and Ilse Nusbaum, M.A. Published by Ubiotica, 19145 W. Nine Mile Rd., Southfield, Mich., 48075. 401 pages, paperback. \$12 U.S.**

***Brain Injury. Tapping the Potential Within***

**Ian Hunter, Ed. by Barbara Muhvich. Hill of Content Pub. Co., 86 Bourke St., Melbourne, Australia, 3000. 277 pages, paperback.**

On the same day this week, two books arrived. By strange coincidence, both describe treatment for conditions considered untreatable by physicians whose only knowledge of medicine and therapeutics is gained from their training in medical schools. One describes a treatment for Down syndrome and other genetic diseases developed and used by Dr. Henry Turkel for over thirty-five years, while the other describes a comprehensive treatment approach for brain injured patients, especially children. After reading these two books I am convinced, more than ever, that the hopelessness of these diseases derives more from medical ignorance than it does from the conditions.

*Down Syndrome* by H. Turkel and I. Nusbaum details the Orthomolecular treatment developed by Dr. Turkel and the marked improvement experienced by the patients. Anyone willing to look at the data can not help but be impressed and convinced by this material. It is a pity the usual resistance against new ideas has been so effective in preventing this treatment from coming into general use. Perhaps we need a few legal challenges by

families and patients who have been damaged by failure to use the treatment. How much longer can society tolerate this refusal to examine treatment programs simply because they are not taught in medical school? This condemns us to a forty year delay.

In a recent discussion paper entitled *Issues in Preventive Health Care*, Ray Jackson<sup>1</sup>, 1985, discusses the two medicines — standard and holistic, and the conflict between them. He discusses several reasons why new information finds its way into standard medicine so slowly. These are: (1) fragmentation of medicine in specialties,

(2) difficulty in shifting to a new paradigm, (3) difficulty adopting to new knowledge. He writes, "Three 'pathologies' are associated with too large a flood of new knowledge. One is a feeling that the brain is full up. This engenders a satisfied feeling and a confidence that, in one's area of specialization, one knows almost everything worth knowing. Unfortunately, the satiated feeling and the confidence gained by knowing so much may cause the specialist to forget that in another area his other brain contains little of value. The second pathology is a defence mechanism. The overflowed brain rebels and closes its gates. Various excuses are used to reject the new information, such as questioning the scientific quality of the research, or making assertions such as, 'Whatever it is, it is not...' (and therefore it is in some one else's field of specialization). A third pathology, more disreputable, is to stop listening altogether, on the basis that one has already invested enough effort in one's career and reputation." He then discusses a number of ways of accelerating the incorporation of new ideas into medicine.

These are: (1) public knowledge — emancipation of the consumer, (2) use of computers, (3) improving the quality of decision-making, (4) education. He writes, "Assuming that the medical schools (some of which are now called health science centers) remain the centers for training, their curricula and specializations will have to

<sup>1</sup> The Publications Office, Science Council of Canada, 100 Metcalfe St., Ottawa, Ont., K1P 5M1

expand in the direction of wellness care, health coaching and such. In these areas greater emphasis will be put on nutrition, sociology, psychology, biofeedback and the kinds of expertise involved in the rapidly expanding field of sports medicine."

Had even one North American medical school looked at Dr. Turkeel's work seriously, it would be the standard treatment today. Dr. Turkel also records the enormous difficulties he had to face in pursuing his goal of helping very sick children. In any rational society, every effort would have been made to help him. On the contrary, so much opposition developed any less determined person would have given up long ago.

This is a very important book for the 1 in 800 children born with Down syndrome, and their families.

Dr. Turkel does not suggest this, but it occurs to me that Alzheimer's might respond to his treatment. Untreated Down syndrome patients develop premature aging which resembles Alzheimer's. Perhaps in Alzheimer's a similar genetic process is at work but to a much lesser degree so that its effects only show after six decades or so.

The other book, *Brain Injury*, by Ian Hunter, describes a very comprehensive program for helping brain injured children. The program includes methods which are designed to reestablish neural pathways using physical and manipulative techniques. It also modifies diet, adopting the principles of Orthomolecular medicine. There is also a chapter by Marshall Mandell describing the interplay of brain allergies in the brain damaged person. The damaged brain is more vulnerable to allergic reactions. When these are dealt with there is a significant and substantial improvement.

Neurologic dogma states damaged brains will never regenerate. There is growing evidence there can be regeneration in mammalian and bird brains, that new neurons can develop in response to adequate stimuli. This provides a theoretic basis for Ian Hunter's work.

Both books are valuable. I suggest every Down family or brain damaged family obtain two copies, one for their own personal use and one for their GP or pediatrician

and demand their child be treated by the best treatment available today.

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***Behavioral Neurology: A Practical Approach***

H. S. Kirshner, Churchill  
Livingstone, New York, 1986, 236  
pp.

Psychiatry is slowly drifting back toward its medical roots following the lead of biological psychiatrists, whose main orientation has been investigation of biochemical and physiological factors, and Orthomolecular psychiatrists whose main orientation has been research into more effective treatment using nutrition and supplements in addition to drugs. During the thirty year flight from medicine, psychiatry more or less left the so-called "organic diseases" to neurology which concerns itself with structural and organ lesions and their consequences. This monograph by H. S. Kirshner travels some distance toward biological psychiatry but the author is not familiar with Orthomolecular medicine and psychiatry. He defines behavioral neurology as a study of the effects of brain diseases on human behavior and higher cortical functions. It deals with behavioral effects of known brain disease. Biological psychiatry, according to Dr. Kirshner, is the study of physical or organic abnormalities underlying primary psychiatric diseases such as depression and schizophrenia, in which no primary brain abnormality is proved. One can argue with this definition for if taken literally it would mean a schizophrenic with no EEG abnormality would be treated by a biological psychiatrist, but once EEG changes are detected would come under a behavioral neurologist.

Orthomolecular psychiatrists see many patients who fall under the definition of behavioral neurology. This monograph is very helpful in reminding us of the wide range of psychiatric and behavioral disorders with or without known causes. Practically, we do not know the cause of even classical neurological diseases such

as Alzheimer's and Huntington's disease.

In Chapter Two the bedside mental status is described. Then in this short text is a description of the aphasias, the disorders of reading and writing (alexias), the apraxias (disorders of learned movement) and the agnosias (disorders of recognition).

Frontal lobe syndromes are described: amnesias, aging and dementia, the deliria, and finally epilepsy.

Most of the book is devoted to description and diagnosis with much less emphasis on treatment.

It is a useful book containing information we once knew and should know again.

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