

# Editorial

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## Schizophrenia and Suicide

Recently, Dr. A. Roy in *Psychiatric Clinics of North America*, Vol. 8, 227-241, 1985 reviewed the effect of psychiatric disease on the suicide rate. Patients diagnosed depression as distinct from schizophrenia had the highest rate. This is not surprising since depression, especially when accompanied by no hope that the situation will improve, is the prime motive for suicide. The schizophrenias are also very high on the list of suicide-prone categories. Dr. Roy reports that 3800 patients suffering from schizophrenia kill themselves each year in the United States. This was first brought to public attention by Dr. Humphry Osmond and myself many years ago, and our paper was reprinted in the *Journal of Orthomolecular Psychiatry*, Vol. 7, 57-67, 1978, with an addendum. Until then, few had taken this risk of suicide very seriously. Dr. Roy is unaware of these publications, perhaps because they are not carried in modern computer memories. This is part of the program to isolate journals which are considered too radical, especially one such as ours which also provides information to many non professional readers.

In our report we pointed out that the best defence against suicide is to get patients well. The suicide rate among schizophrenics treated by Orthomolecular methods is much lower, approaching the general population rate of between 10 and 20 per 100,000 per year.

Roy's report shows that tranquilizers do not have any beneficial effect in preventing suicide. He writes, "No significant differences in chlorpromazine equivalent daily dosage have been found between schizophrenics who commit suicide and those who do not."

If tranquilizers did have a significant beneficial effect, I would expect that patients

on higher doses would have a lower suicide rate. Certainly that is true when vitamins are used. The suicide rate on megadoses of Vitamin B-3 is very low.

I have looked up the year during which papers were published as listed in Roy's "References." Most of them were published within the past ten years. One was published in 1964. If tranquilizers were beneficial the rate should have gone down over the past twenty years, but it has not. Again this contrasts with vitamin treatment. With vitamins, the longer they are taken the better are the results.

The conclusion is that there is a high suicide risk among schizophrenics, with or without tranquilizer treatment. Only Orthomolecular therapy has been shown to reduce this risk.

## Let's Help the FDA

The FDA wants to restrict the use of vitamins but must first obtain detailed, scientific findings of their ill effects. The FDA is supported in their desire by a group of scientists. Dr. David Heber, Chief of Clinical Nutrition at the UCLA School of Medicine, one of this group's spokesmen, said "We in the scientific community are concerned with the increasing notion that supplements can be used to prevent serious diseases" such as cancer and osteoporosis. I assume they do not object to the view that vitamins can prevent such serious diseases as pellagra, beri beri, scurvy, rickets, and so on. It is clear they do not include Dr. Linus Pauling as a member of the scientific community.

I think we ought to help the FDA in their desire to gather "scientific findings" about vitamin toxicity. First I could suggest they

read the literature already published in both orthodox and Orthomolecular journals which show that vitamins are non toxic. They might even read Linus Pauling's new book, *How to Live Longer and Feel Better*, published by W.H. Freeman and Company, New York, 1986. I have no doubt the FDA has all his information but has never been able to find evidence of toxicity or they would have acted long ago. FDA's dislike of vitamins is well-known.

Thus they must seek additional evidence. To be considered scientific, therapeutic studies must be double blind controlled, for anecdotes are anathema to establishment types. But in this case they will hold their noses and accept anecdotes — called voluntary reports — which physicians are asked to submit. Since only we MDs and DOs know how to observe side effects, there is no point in naturopaths, psychologists and nutritionists doing so.

I therefore recommend to all MD readers of this journal that they begin to submit anecdotes on

their patients listing any side effects and toxicities they have seen in their patients from tranquilizers, antidepressants and all xenobiotics, and also from all nutrients they use in their practice.

I also recommend to all patients that they might also send anecdotes to the FDA, detailing what they had experienced by taking both xenobiotics (drugs) and nutrients. Don't forget that apathy, disinterest and confusion are side effects, as are tremors, shakes, and many other symptoms. Send this information to Dr. Allan Forbes, Director, Nutrition and Food Sciences, Food and Drug Administration, Washington, D.C.

You might request that the FDA send you their conclusion after they have completed their scientific study of non double blind controlled anecdotes. I will be pleased to publish the results of that study if it meets the standards of this journal.