

We Were First

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Once in a while we psychiatrists should practice what we preach, that is, we should assert ourselves if we believe we are right and stand up for a cause that serves the healthy ego. We Orthomolecular psychiatrists need to remind ourselves that we were first in a number of areas and be proud of it. It was through Abram Hoffer and Humphrey Osmond's pioneering work and staunch dedication to a medical model that really got the ball rolling. They never once claimed to be anything other than physicians, and they insisted throughout their work that schizophrenia is a medical disease and should be treated as a medical disease and not something else. Humphrey Osmond wrote an article on the subject which subsequently expanded into a book, *Models of Madness, Models of Medicine*, and his article which I remember from my residency days in a traditional oriented school, is still quoted and referenced. We, in a collective sense, were first.

When I was a resident and criticized for making a diagnosis, I was told, "Get inside that patient's head to understand his experiences." I knew I couldn't last in that training program, and I came to an American city where the medical model of psychiatry was flourishing. It is that medical model that is now fairly well accepted and referred to by most of the reputable biological researchers. Yet, the origins of the medical model exist with Orthomolecular psychiatry.

When our colleagues were trying to dispute the psychoanalytic concepts of disease, genetics, and psychogenicity, we were talking about unknown biological factors and chemical imbalances that were potential factors in presenting psychiatric illnesses. Now, "chemical imbalance" is the most frequent diagnosis my patients tell me when they have been to other psychiatrists who are still embarrassed to talk about schizophrenia. Even depressions

are called biochemical depressions to somehow distinguish from those who have taken value laden assertions as to etiology. Yet, we were first. Even Fuller Torrey, though not exactly embracing Orthomolecular psychiatry, acknowledges perhaps that regarding schizophrenia, we were in the right church if not in the right pew. Now our colleagues around the world are talking about biochemical abnormalities in schizophrenia.

We were first to promote family involvement and advocacy groups. We were the first to start organizations for caring and sharing of information, and we were first to actively encourage families to get involved in the recovery and rehabilitation of their psychiatrically ill loved ones with schizophrenia. The Huxley Institute, Schizophrenics Anonymous, Canadian Schizophrenia Foundation and various branches of the American Schizophrenia Association are really off-shoots of that initial pioneering work. We were first to publicly talk about schizophrenia, include family members, and discuss the hardships that family members and their loved ones suffered. Now organizations like AMI, have come along. Although they do fine and admirable work they forget that they are not first, but got their impetus from us. We are now seeing more advocacy groups coming out and promoting their view of what care should be to the chronically ill, and we are forgetting, in our zeal to latch onto a bigger movement, that we were first in discussing the need for these issues. We must not forget that we are still the first to talk about early diagnosis and early treatment so that chronic care issues and issues of chronicity need not arise if patients are treated quickly and effectively. There is nothing wrong with acknowledging we were first, especially when it is true, and we must not lose sight of the fact that although AMI and associated organizations have their place, it is through Huxley, ASA, and similar groups that the effort

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will be most productive for those young individuals suffering from acute, early psychiatric illnesses, mainly the schizophrenias.

In terms of research thrusts, it is interesting that the connection between mood and food now is almost accepted as fact. Every day local newspapers will have articles outlining diet changes. Weekend supplements will have sections on how food and diet can affect one's behaviour and mood. The Wurtman's are quoted extensively for their efforts in this area, yet our organization was the first to promote the concept that metabolism of what one eats and digests can be factors in how one feels. Seale Harris won an award from the AMA and his work went into disrepute because the traditional physicians tended to forget history. Work with hypoglycemia was ridiculed as meaningless, but it took researchers from a credible organization to come along and claim that they had first discovered the connection between mood and food. Now everybody seems to be accepting the relationship between diet, nutrition, and a host of syndromes including premenstrual syndrome, seasonal affective disorder, and even obesity in terms of biochemical understanding with neurotransmitters. Colleagues who had publicly protested the chicanery of using vitamins and amino acid supplements are now blindly and oft times correctly supplementing their alcoholic and chemical dependency patients with tyrosine and tryptophan and additional vitamins. In face of this "new information" that was developed by others, yet again, we were first.

The connection between brain dysrhythmias, carbohydrate metabolism, and abnormal behaviour is not unknown to our organization. Y. Tobias and his associates have been working in this area for a number of years. The relationship between minerals and abnormal mineral metabolism that some of our OB/GYN colleagues are starting to look at in terms of premenstrual syndromes and that now our psychiatric associates are calling late luteal phase, is really building on the pioneering work done by Pfeiffer and his associates. There are now meetings in psychiatry and in psychiatric organizations about psycho-immunologic relationships to behaviour.

Our colleagues, Philpott, Mandell, and others have contributed to this field over the years and their work is rarely, if ever, quoted. Yet we, as Orthomolecular psychiatrists, were first.

Finally, I would like to acknowledge a first that involves me and my practice, and that relates to a program known as STEPS, Schizophrenia Treatment and Education Programs. This is a program presently located at Christian Hospital Northwest in St. Louis County, Missouri. It is the first of its kind in a general hospital setting that encompasses a concept, quite frankly, borrowed from a number of other colleagues who were first in their hospitals. I owe a great debt to Moke Williams for his work in Florida and especially a deep sense of gratitude and appreciation to the work of Cynthia Bisbee, Robert Mullaley, their colleagues, and the associates of Humphrey Osmond, and the NOVA Program at Bryce Hospital, and all the contributors in the field of psychoeducational research who have added to and supplemented this work.

There is one other first I can point to, and it is a first anywhere in the world, namely the first designated Chair of Orthomolecular Psychiatry at Ben Gurion University of the Negev in Beer Sheva, Israel. It is the Hoffer/Vickar Chair, a unit of Orthomolecular research in the Department of Psychiatry. The incumbent professor is R. H. Belmaker, a well respected, American trained, researcher with hundreds of publications to his credit and credentials respected throughout the international biological community. The Hoffer/Vickar Chair is named in honour of Marian Hoffer Vickar (Hoffer is her maiden name and Abram is her brother). Vickar is her married name, and I am Marian and Ed Vickar's son. My parents have endowed this Chair because of their concern that not enough research interest has been devoted to an area started by researchers, namely Abram Hoffer, and they felt that a University unencumbered by biases and politics against Orthomolecular would be the most logical place to create a fresh start in studying this whole exciting area.

We have a number of firsts and we should be proud of them. Others will come along and change the wording,

change the phraseology, change the nomenclature, or perhaps even change the emphasis, but we should take pride in the fact that we have been in our own way pioneers. Each and every one of us is doing work that we feel is in the best interest of our patients. And, once in a while we shouldn't be hesitant to admit that some of our pioneering work, ridiculed and criticized as it has been over the years, has been the cornerstone of some of the traditional work coming along justifying and replicating our experiences.

Modesty has its place, but professional honesty does not mean ignoring the facts.

Colleagues who wish to deny the Orthomolecular input into their thinking are being intellectually dishonest and the record needs to be set straight. We were first to promote medical psychiatry, exploration of biological factors in terms of mental functioning, and biological factors that involve not only micro-molecules, as in neurotransmitters, but macro-molecules as in foods that we eat through our nutritional habits. Like any developing science, somebody will build on it, new information will come along and replace the old. That is how it should be. But let us not forget who came first, who was first, and the contributions we made.