

Book Review

Treating Epilepsy Naturally. A Guide to Alternative and Adjunct Therapies

by Patricia Murphy and Russell Blaylock
McGraw Hill, New York, 2001.

Softcover, 322 pages.

Reading medical books may be very interesting but seldom is it fun. Over the past few weeks I am reading two books and in both cases they are both very interesting, very accurate and, on top of it, a lot of fun. Perhaps that is because each one was written by a journalist, this one and the other which follows this review, by an Oxford Professor of English literature. I had to read them twice. The lesson is that books which have great medical value for the public should be written only by writers. It may be even better if they are both writers and doctors but this is relatively rare.

Murphy has epilepsy diagnosed when she was 21. She was treated in the same way that most epileptic patients are treated: diagnosed, tested, and then prescribed anti-convulsant drugs. These helped control the frequency of the seizures but they did not leave her feeling well. She paid the price that we all pay when we take xenobiotic drugs. Then she became a direct and active participant in her search for reasons behind her seizures, and what could be done about it with the present state of knowledge. She discovered that orthodox medicine offered a little but not enough for her and she had to investigate the alternative or complementary field before she was able to obtain all the information she needed to bring her to her present state of good health. She still has to be careful and carry on with the final program she developed for herself. The search for truth was slow and painful but, in the end, very rewarding. For she is well and free of the debilitating symptoms induced by drugs. And her search for truth was also very rewarding for me. I honor anyone who teaches me anything and from this book I

learned a new concept about epilepsy. She quotes Dr. Fried who told her "We believe that a seizure is basically an attempt to correct the effect of stress on individuals in their body biochemistry. We are trying to give individuals techniques that help them to prevent the degradation of the oxygen transport system that then requires the body to call upon a seizure to straighten everything out. Breath controls brain waves. It's the body's natural tranquilizer". In other words the seizure is the body's attempt to treat itself, lest greater harm come to the individual. In the same way induced seizures were used to treat schizophrenic patients many years ago and even now because for these patients the greater evil is the schizophrenia itself. But ECT by itself was not very helpful and beginning in 1952 I never gave any patients ECT without at the same time giving them optimum doses of niacin. The ECT helped them get well. The niacin kept them well. Niacin is converted into nicotiamide adenine dinucleotide in the cells of the body and is one of the most important respiratory enzymes in maintaining oxygen transport and utilization. According to Dr. Fried the seizure restores proper supply of oxygen to the brain and therefore prevents loss of brain cells from anoxia. If therefore the serious anoxemia which precipitates the seizure can be prevented then there will be no need for these seizures. The seizures are life saving and give the patients the message that they have biochemical problem which can be dealt with successfully.

Of course prolonged seizures are very dangerous and must be treated as quickly as possible. If you remember the rule that you must prevent degradation of the oxygen transport system, then everything Murphy does makes sense. She found which foods she was allergic to and eliminated them, described the optimum diet and gave especial attention to the ketogenic diet. But in most cases this would not be enough. She described the use of supple-

ments including vitamins and minerals, also herbs which are in fact safer chemicals than the synthetic modern drugs. These therapies were combined with relaxation techniques or body therapies to control brain waves. Epilepsy for children, for men and for women and for the elderly are given individual chapters and finally the environment is very important as it is in the treatment of all disease. Ideal treatment of disease requires four components: (1) Shelter; (2) Optimum Nutrition; (3) Respect, decency etc ; (4) Orthomolecular therapy. If you follow the program described so well in this valuable book you will be providing yourself all of the four components of the ideal treatment. I think every person with seizures should read this book even before they consult their first doctor;

—A. Hoffer, M.D., Ph.D.

**Out of its Mind: Psychiatry in Crisis:
A Call for Reform**

By J. Allan Hobson and J.A. Leonard
Perseus Publishing, 2002
Hardcover, 304 pages.

The Saskatchewan plan was conceived by Dr. D. G. McKerracher, Director, Psychiatric Services Branch, Department of Public Health, Saskatchewan, between 1950 and 1955 and promoted by Dr. Sam Lawson, Superintendent Saskatchewan Hospital at North Battleford and supported by Dr. H. Osmond, Superintendent Saskatchewan Hospital at Weyburn Saskatchewan and by me, Director of Psychiatric Research. It was a plan to provide the province with a comprehensive program for psychiatric patients by building seven regional psychiatric hospitals so that no one living in Saskatchewan would be more than an hours' drive from the hospital. Two were built, one at Yorkton which received the silver medal from the American Psychiatric Association and the sec-

ond and last one at Prince Albert. Dr. McKerracher followed the principles of the Moral Treatment introduced by the Quakers over 150 years ago. These hospitals in England and in the North East United States, the Dorothea Lynde Dix hospitals, cured half of their insane patients. The first issue of the journal that later became the *American Psychiatric Association Journal*¹ listed the recovery rates for a number of these hospitals in New York, Pennsylvania. What did these institutions offer? They had no medication, no drugs, no ECT, but they did provide three of the four most essential elements of any treatment program, shelter, food, and dignity and respect for the patients.

When I was a resident at the Munro Wing of the General Hospital of Regina this is the model we followed. Several times the staff would, on a warm summer afternoon, have picnics with the patients when we would play ball together. The Saskatchewan institutions would provide these three essential elements and of course we were also using ECT and some medication before the tranquilizers came along in 1955. These hospitals were to be asylums, in the best sense of the word, providing some of the basic elements and keeping the patients in until they were well enough to be discharged and could carry on at home without needing to be re-admitted in a few days. The revolving door had not yet been invented.

The Saskatchewan plan is described by F.H.Kahan.² The discovery and rapid introduction of powerful tranquilizers and antidepressants derailed the plan. These drugs rapidly decreased the intensity of the symptoms and made it possible to discharge patients into the community. The symptoms of schizophrenia can be divided into two sets: (1) the cool symptoms which are much more tolerable in the community; and (2) the hot symptoms which can not be tolerated. Examples of hot symptoms are violent hallucinations to which the patients respond as if they were true; voices which

instruct patients to kill themselves or to kill others. Abnormal behavior which is a response to these hallucinations are hot symptoms. One of my patients had been sick for several years. He spent the whole day sitting in the farm kitchen and not talking. But one day he began to hop on one foot all day long. Within three days he was admitted to hospital. Cool symptoms are low intensity hallucinations, low intensity thought disorder or delusions and low intensity depression or hyperactivity behavior. The new drugs rapidly convert hot symptoms into cool ones. They did not and still do not cure the disease since the process still burns just as hotly as before but with less surface expression. But the dramatic change in these patients led to the unwarranted belief that the cure had been found. They generated a tremendous amount of enthusiasm and optimism but these were not shared by all. For example, Dr. Meyer Gross in the early 1950s shrugged and stated that all they did was to convert a natural psychosis into another one. He was very prescient. Because patients could be discharged so much more rapidly there was no longer the same need for beds and the Saskatchewan plan was shelved. It was believed that the existing institutions could deal with the problem which was to become very minor according to nearly all of the psychiatric experts of that day. Nor was there any further need for optimum provision of the first three components of any good treatment i.e shelter, nutrition and kindness and dignity.

If drugs could cure why bother with the remaining aspects of any good program? The revolving door, urged on by governments who saw tremendous saving of money, had arrived but pretty soon it became obvious that although the patients were still suffering from cool and less from their hot symptoms, they were still not well and many would not stay on the medication because they did not think they were ill or because they did not like the massive

side effects of these powerful drugs. The main purpose of the plan, to provide hospitals, asylums, where patients were to be held until they were well enough to manage in the community was lost. The aim of the new tranquilizer plan was to discharge patients whether or not they were fit to be discharged. One of our superintendents showed us a graph showing the number of discharges by year from his hospital and the curve went down very steeply. He was very happy with this.

Of course it is no trick to discharge if you do not take into account the state of the patients. The Saskatchewan plan was replaced by the deinstitutionalization plan which swept across North America and the rest of the world. Institutions providing equal shelter and treatment in the community were seldom provided. In the chapter *Out of Bedlam*, Professor Hobson reports that in 1955, 558,000 patients were resident in mental hospitals; in 1865, 475,000; in 1975, 193,000; and in the year 2000, 60,000. In 1993, 5 million people in the United States were estimated to be sick, i.e. 3 out of 100 and about half of these patients did not receive treatment. Where did they go? About 280,000, (15% of the total prison population) are in prison and 200,000 are homeless on the streets. One can judge the decency and humaneness of a society by where it places its difficult members. The decent society will place them in hospital or similar treatment settings while the less decent or humane society will place them in prison.

I used to visit New York about two or three times each year and I saw the transformation when walking in down town Manhattan. In 1960 I rarely saw chronic patients in restaurants or on the streets. By 1975 it was almost impossible to avoid them and one would see them everywhere in stores, walking beside you. I developed a tremendous admiration for the people of New York for their tolerance of abnormal behavior which, if it had happened where I

was living, would have promptly admitted them to a mental hospital. This is a long and I hope not boring introduction to this interesting book. The authors suggest that the Saskatchewan plan be introduced into the United States. Of course they have not heard of the plan but their plan to build 100 institutions all across the United States which would provide good and decent psychiatric treatment is exactly what we had in mind so many years ago. The first part of this book describes the history of psychiatry from 1950 on and it is not a very happy one.

Psychiatry was swept up by psychoanalysis simply because there was no treatment, there were no useful hypotheses and because Freud and his disciples provided an hypothesis which made a lot of sense to many even though it was based upon pure conjecture. But it did provide an element of hope that perhaps something could be done for the patients. In fact analysts were often very good doctors. Almost half of the pioneer orthomolecular psychiatrists were practicing analysts before they began to use nutrients. They were good psychiatrists because they were patient, were understanding and were prepared to wait for long periods of time in order to help their patients get well. By 1960 it was almost impossible to attain a professorship in the United States if one had not been analyzed whereas by 1950 if one had been analyzed it was very difficult to obtain these posts. Dr. John Weir, Medical Director of the Rockefeller Foundation told me in 1954 that the Foundation had decided no longer to provide support to psychiatry. He said they had completed an analysis of the outcome of their funding a large number of chairs in Psychiatry at some of the Ivy League Universities, had concluded that the outcome was failure and would not provide any more support to psychiatry. He told me that my group would be the last one to get a grant. The introduction of the drugs was a major blow to the analysts. This was anticipated by Freud who warned his followers that they

had better do their studies quickly before the men with the syringes came along. Analysis continued to flourish for a long time but eventually almost disappeared.

For a while we had two parallel tracks (1) The psychological, which ignored biochemical factors and (2) the biochemical i.e. drug treatment group, who virtually ignore the psychological components of treatment. Today we are in the second pathway. The reasons for this are analyzed in this book. The central portion of the book is a very careful and scientific description of the latest information about the structure of the brain, its function, how function is controlled by the neurotransmitters and the impact upon them by the modern drugs. This leads to the authors conclusion that we must rebuild psychiatry to take into account both the psychological factors and the biochemical factors. This they term Neurodynamics. It is a judicious combination of psychotherapy counselling and the proper use of modern medication. But in describing a case to illustrate their point they selected the wrong example. They described the history of Margot Kidder who was troubled by recurrent episodes of psychosis until about six years ago. They reported that she did not recover until she was started on depakote. In fact Ms. Kidder did take depakote but stopped after two weeks because her hair began to fall out.

According to many of her public accounts of her history she recovered when she began to follow the principles of orthomolecular psychiatry.³ She began to follow a good diet, began to take the right vitamins and minerals and has been well since. I pointed this out to Professor Hobson who promised to correct the information in the paperback edition to follow and asked me to make the correction in this book review. The recovery of Ms. Kidder is an excellent example of the results orthomolecular physicians have seen since they began to practice in 1960. With the proper use of nutrition, vitamins and minerals and other natu-

ral components of the diet one sees not just a reduction of the hot to the cool symptoms but an actual elimination of the symptoms so that medication in most cases is no longer needed if the treatment is started early enough. The basic four components of the treatment we recommended so many years ago and which is recommended in this book consists of proper shelter, proper nutrition, proper respect to the patients dignity and humanity and medical, i.e. the combination of medication and orthomolecular practice.

The authors did not discuss nutrition but I assume that their interest in the welfare of their patients would ensure that proper attention was given to nutrition. The recovery one can expect is such that these patients become free of symptoms and signs, get on well with their families, with the community and pay income tax. I know 17 young men who became psychotic during their teens, recovered, became physicians and achieved positions of great importance such as becoming president of their Psychiatric Association or Professor of Psychiatry. In the second major part of this book the authors describe dreams and physiological dream analysis, but not in the Freudian sense. This is very interesting, especially the suggestion that the visual imagery and thought disorder during dreams provide a good model of psychosis. This is a very important observation.

Many years ago Dr. Karl Menninger, the great psychoanalyst, described schizophrenia as a living dream and I have often thought that schizophrenic patients are never fully awake until they recover. There is indeed a most compelling relationship between dreams and the schizophrenic experience and often patients find it difficult to know in which state they exist. Often auditory hallucinations recede by no longer appearing during the day but are still present during their dreams. Often patients awake during the night and may need many minutes before they realize that they have been dreaming. A few have not been able to be free of their dream for up to half a day. I look upon the recession of hallucinations into the dreams

as a very positive therapeutic sign.

There is a connection between dreams and nutrients. People who are pyridoxine deficient will not remember their dreams in the morning. When they take this vitamin they can have dream recall. Pyridoxine is needed by many patients especially those who excrete kryptopyrole in their urine. I think that any treatment that will move these psychotic experiences from the wakeful state into their dreams only will be enormously helpful.

I really liked this book and encourage all professional people involved in the treatment of the mentally ill to read it. But I am sorry that orthomolecular psychiatry is totally ignored and that the error was made about Ms. Kidder. However the prominence given to her recovery in this book can only be helpful once it is realized that she is one of the many examples of patients who have recovered. She had been treated with drugs for decades and had not recovered. I agree that we need at least 100 therapeutic centers in the United States and 10 in Canada but only if they are orthomolecular centers of excellence and provide the whole program of treatment and are not stations where patients are admitted to be refilled with drugs only and promptly discharged. I repeat, there are four essential components of treatment: (1) Shelter, not the streets (2) Nutrition, not the usual hospital stuff, (3) Dignity, humanity, rare in most hospitals today and (4) medical ie the optimum combination of nutrients, nutrition and drugs. With the optimum use of this program the results will be so much better that we will stop adding to the chronic pool and eventually some of these institutions could be diverted to treating other patients as well. I recommend you read this book while remembering that Ms. Margot Kidder recovered because she realized she had to take charge of her own treatment, read the orthomolecular literature and started her self on the optimum program. I am delighted that treatment that originated in Saskatchewan in 1952, that was

adopted by Linus Pauling in 1968, restored Ms. Kidder's health so that, we the public, can continue to enjoy her performances as a marvellous actor. I remain frustrated that due to the intransigence of my profession this outcome is denied the vast majority of patients.

–A. Hoffer, M.D., Ph.D.

References

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