

# Why Orthomolecular Medicine? A Personal Viewpoint

Erik T. Paterson, M.B., Ch.B., D.Obst.R.C.O.G., F.B.I.S.<sup>1</sup>

*This is an introduction for a new regular column by Dr. Paterson entitled, "Reports from an Orthomolecular General Practice", to appear in the next issue.*

The typical doctor is authoritarian. He or she, as a medical student or a qualified doctor, accepts what is imparted to her/him from the medical teachers, textbooks, and journals as gospel, "the revealed Truth", not to be questioned. Then, when the doctor is in practice, he/she expects patients to be obedient without question because the advice being given is "the revealed Truth".

There is one uncomfortable fact which provokes denial in doctors, and that is that "the revealed Truth" stands upon shifting sands. Medical textbooks become obsolete within five years. The "final word" in medical journals is often overturned within a similar time frame. As for the teachers in medical schools, they have their "bees in the bonnet", often blinding them to facts which ought to lead them to question what they teach. Too many of them also have their judgment clouded because drug companies fund much of their work. One leading medical politician once described me as a "curmudgeon." I took that as a compliment. It was prompted by my inability to shut up when someone is saying something which I feel to be nonsense. An example of this occurred in the early 1980s when the licensing authority in the province in which I live, British Columbia (BC), sought to ban Orthomolecular Medicine. Dr. Abram Hoffer and I attended the annual meeting of this body. My contribution was to point out that, by the arguments

put out by the orthodoxy, atherosclerosis was a deficiency disease of niacin and lactation was a deficiency disease of vitamin B<sub>6</sub>. That vitamins can act as medications above and beyond the doses necessary for the prevention of deficiency diseases is something orthodox doctors refuse to grasp despite the evidence to the contrary. There is no ban on Orthomolecular Medicine in BC. Both Dr. Hoffer and I retained our licences to practice.

How did I come to the situation in which Orthomolecular Medicine has become an important part of my practice as a Family Doctor (GP)? I did resist it to begin with. I have always been a bit of a rebel. This did me no good at school, my examination performance being less than stellar. The problem was that I could not restrict what I studied to what was in the curriculum. There always had to be something more to learn. I was equally far from outstanding at medical school in Glasgow, Scotland, for the same reason. My father began working with Dr. Humphry Osmond on the administrative aspects of psychiatry in 1956. As a result, over the years, I learned of the work which was being done with respect to the use of niacin in the treatment of schizophrenia in Saskatchewan.

Later, while I was a medical student, Dr. Osmond visited my father. I had the chance to have a long talk with him. I had recently learned about niacin and its role in the treatment of pellagra. I pigheadedly could not make the jump from pellagra to schizophrenia even though Dr. Osmond told me all the ways in which they were similar, and about the overall biology of schizophrenia. Nevertheless what he told me stuck in my mind. I graduated in 1966, survived the training jobs for two years,

1. Erik Paterson Medical Services Inc., 12-1,000, Northwest Blvd, Creston, BC, Canada V0B 1G6 email: etpmedservices@kootenay.com

and then went into General Practice in the east end of the city of Glasgow for another two years. At no time was there any way I could have used orthomolecular methods in those four years. My wife, my daughter and I migrated to Canada in 1970 and I settled into General Practice in Creston in B.C. Feeling insecure, I echoed many of the attitudes expressed by my colleagues. For example I remember saying something like: "I don't believe that nutrition plays any part in treatment."

There was a problem. The local psychiatrist was particularly rigid in his thinking. Whatever the clinical situation which led us to refer patients to him, he would confidently make the diagnosis of catatonic schizophrenia, and prescribe heavy doses of "anti-psychotic" drugs. These, of course, did absolutely no good at all. I became fed up. There had to be a better approach. But my colleagues refused to do anything about the situation. Late in 1973 I traveled to Saskatoon to spend a few days with Dr. Hoffer to see if I could learn anything to improve the care which I could provide to my psychiatric patients. What I did learn landed upon ground made fertile by the conversation with Dr. Osmond years before. Earlier that same year I had read two books which utterly changed my attitude to nutrition. The first was *The Saccharine Disease* by Surgeon-Captain T. L. Cleave of the Royal Navy, an account of the observations which led him to believe that many of the illnesses of modern civilization could be related to refined foods, particularly those high in sugar and starch. The other book was *The Dr. Atkins Diet Revolution*, by Robert C. Atkins, relating the epidemic of obesity to the very same factors.

In other words, quite independent sources of information essentially came to the same conclusion, that important diseases had their origin in aspects of bad nutrition. I also read Linus Pauling's 1968 paper in which he defined Orthomolecular

Psychiatry as "the treatment of mental illness by the provision of the optimum quantities of substances which are already present in the brain, usually nutrients". Of course, since then, the concept was been widened to become Orthomolecular Medicine. I tried to introduce the concept to my colleagues but met instant hostility. They had been so browbeaten into the "toximolecular" way of thinking about schizophrenia. (The best definition of a drug being a deadly poison given in sublethal doses, hence toximolecular, as Humphry Osmond coined the term.) Very early in 1974 I tried to treat a newly diagnosed case of schizophrenia using niacin and vitamin C with a diet free of refined foods. Within a month the patient was showing marked abatement of the hallucinations, and, by six months, was entirely well. Other patients showed a similar response.

In June of that year I attended a meeting of the Canadian Schizophrenia Foundation (later called the Nutritional Medicine Today Conference) in Vancouver. This was a stunning event, drawing together many of the leaders in the field. Two concepts attracted my attention. The first was an account by Carl Pfeiffer of the use of minerals in Psychiatry. The other, by Alan Cott, was an account of his experience of the use of Therapeutic Fasting followed by Provocative Food Testing as treatment for patients with Schizophrenia intractable to treatment both conventionally and with the megavitamin approach, suggesting that their illness was due to an underlying sensitivity to some foods.

By October 1974 I had my first spectacular success with Cott's approach. By March 1976 I had accumulated enough experience to present my results at the meeting of the now sadly defunct Academy of Orthomolecular Psychiatry (the U.S. equivalent of the Canadian Schizophrenia Foundation) in Denver. Seventy-eight per cent of the schizophrenic patients I had

treated with orthomolecular methods had become well, much better than the 55% improvement (a bit different from well) that orthodox Psychiatry boasted. The next year, at a conference in Toronto, I heard a presentation by Dr. Orian C. Truss about his use of treatment with Nystatin, an antifungal drug most useful against *Candida albicans* in psychiatry.

The management of chronic Candidal infections has become an important part of my practice ever since. Given the hostility against orthomolecular medicine, why have I been persistent

in its use over all the years subsequent to 1973? Food sensitivities and other conditions with an orthomolecular basis are rife within my family and relatives. Conventional medicine could not have helped them.

The orthomolecular approach has helped a great deal. In other words, I am morally compelled to remain an orthomolecular physician. Indeed I am alive because of Orthomolecular Medicine. (see *Recovery from Acute Myelogenous Leukemia, Journal of Orthomolecular Medicine*, 16, 251, 2001.)

## Is your patient a pyrrole excreter?

It would be well worth finding out if he/she presents with—

- Schizophrenia, mental disturbances, or autism (20% are pyrrole excreters)
- Knee pain
- White spots on fingernail

Urinary pyrroles are proteins that attach to vitamin B6 and zinc.

A genetically determined pyrrole excreter carries large amounts of those nutrients out of his body.

The effects of pyrrole excretion can be easily corrected by taking vitamin B6 and zinc.

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