

# Nutrition & Mental Health

The Quarterly Newsletter of the International Schizophrenia Foundation



## The Good Doctor

What are the personal qualities that make a doctor truly effective? Is it intelligence, discipline or some other ephemeral trait? Working among so many great doctors in this orthomolecular island of the ISF, I hadn't really thought about it too much. The question, however, was brought into focus last week when, courtesy of Toronto's icy streets, I found myself at ground-zero of medical orthodoxy: the emergency orthopedics wing of Toronto's Mt. Sinai Hospital. After a brief seven-hour wait, I got my x-rays and 10 minutes with an impeccably groomed, European-accented doctor who said, "You have two broken ribs, I'm going to prescribe Oxycodone, in the meantime, try not to cough or sneeze for six weeks." As he scribbled the order, he asked "So, what do you do for a living?" "I edit a journal" I said, "The Journal of Orthomolecular Medicine, we use vita—" He chuckled. "Ahhh...I get it...one of those airy-fairy holistic mags!" He sighed, "everyone thinks they're a doctor these days, but you have to understand, I'm a scientist, I have to work with facts and research at Sinai. Good God, tell me it's not that Linus Pauling stuff!" Before I could answer, he smiled and handed me the prescription, then, peeking at his Cartier Pasha watch, excused himself and slinked off to his rounds.

Intelligence and discipline. The guy certainly had these traits, and I was soon

on my way home. But was he a good doctor? How effective would he be against diabetes, cancer or mental illness? Conspicuous by their absence were two essential qualities—compassion and humility—which seem so common in orthomolecular physicians. Compassion to see patients' suffering as their own, and the humility to *want* to learn new ways of helping them.

The orthomolecular world recently lost one of the great exemplars of compassion and humility with the passing of Hugh Riordan, M.D., in January, 2005. At our Nutritional Medicine Today Conferences, Dr. Riordan's seemingly fierce countenance didn't match his gentle voice and mischievous sense of humour. His lectures, peppered with wit and limericks belied the tremendous import of his clinical research. No patient seemed beyond hope to Dr. Riordan; the Journal of Orthomolecular Medicine is witness to that ethic in his regular feature "Case from the Centre."

Dr. Riordan's compassion was clear to his patients. They loved him because he replaced their despair with more than kind words; he added priceless months or years to their lives. If the end did come for some, Dr. Riordan still didn't desert them—he attended the funeral and eulogized every one of his patients who did not make it. At conferences, if he recognized you, a formal handshake simply wouldn't do—a huge, generous Mongolian bear hug was quite normal. No matter who you were,

this complete breakdown in professionalism made you feel great inside.

If humility is the beginning of knowledge, Dr. Riordan's capacity for learning and growing was so great it inspired many of his colleagues to join him. In 1975, he created the geodesic miracle in the vast Kansas grasslands known as the Center for Improvement of Human Functioning. ([www.brightspot.org](http://www.brightspot.org)) This self-contained orthomolecular ecosystem allowed Hugh and his colleagues to go far beyond what each could have achieved individually. Today, the Center, with its libraries, state of the art laboratory and dedicated staff can treat the spectrum of mental and physical illnesses. He was also one of the few physicians with the courage to carry the torch of Cameron, Pauling and Hoffer's original work treating cancer patients with vitamin C. He achieved consistent successes by leveraging the great cytotoxic potential of sustained intravenous vitamin C. For people with end-stage metastatic cancer, Hugh's Center was the singular shaft of light cutting across the grim, gray statistical tables of conventional oncology.

I can imagine Dr. Riordan just about anywhere but in a big city hospital where efficiency and formality would have suppressed the very qualities that made him such a good doctor. But his openness and love was stronger than protocol and that was what made him so effective.

— Greg Schilhab

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## IN BRIEF

### **Vitamin B<sub>6</sub> add-on therapy in Treatment of Schizophrenic Patients with Psychotic Symptoms and Movement Disorders**

Although there is great progress in the treatment of positive symptoms in schizophrenic patients and movement disorders induced by neuroleptics, it is still difficult for clinicians to effectively treat. In this study vitamin B<sub>6</sub> treatment was provided to 15 patients who suffered from schizophrenia and schizoaffective disorder with positive psychotic symptoms and tardive dyskinesia. The study was a double-blind crossover controlled during nine weeks where each patient was treated with up to 400 mg/day vitamin B<sub>6</sub> versus placebo. Every week the patients' conditions were evaluated with Positive and Negative Symptoms Scale (PANSS), Extrapyramidal Symptoms Rating Scale (ESRS) and a blood sample of pyridoxal levels was taken.

The results showed there was significant improvement in tardive dyskinesia and parkinsonian symptoms. There was no direct correlation between pathological symptoms and the serum baseline level of vitamin B<sub>6</sub> nor its level during the treatment. The authors suggest that vitamin B<sub>6</sub> may be efficient as the treatment for tardive dyskinesia and parkinsonism induced by neuroleptic agents. There is a need for further studies with larger samples and higher doses of vitamin B<sub>6</sub> in order to examine the possibility of a positive therapeutic effect as an agent for the treatment of psychotic symptoms.

--Harefuah, 142(8-9): 592-6, 647 2003

### **5-HTP Treatment of Sleep Terrors in Children**

To test the hypothesis that the administration of the natural tryptophan metabolite 5-HTP might exert beneficial effects on sleep terrors, this study investigated 5-HTP treatment or placebo in a group of 45 children (34 males and 11 females; age range 3.2-10.6 years), referred to the Sleep Centre of the Department of Developmental Neurology and Psychiatry of the University of Rome. All subjects underwent a complete medical and

sleep history, a neurological examination and EEG recording whilst awake and sleeping and kept a structured sleep diary for two months. After six months, an interview was conducted to evaluate the clinical outcome. After the first visit, 5-HTP was administered (2 mg/kg per day) at bedtime to 31 randomly selected patients for a single period of 20 consecutive days. After one month of treatment, 29 of 31 (93.5%) patients showed a positive response. By comparison, the group without drug therapy, after one month the episodes disappeared in only four children (28.6%) while ten children (71.4%) showed the persistence of episodes with the same frequency as before. These results confirmed that treatment with 5-HTP is able to modulate the arousal level in children and to induce a long-term improvement of sleep terrors.

--Eur J Pediatr, 163(7): 402-7, 2004

### **Severe Tardive Dyskinesia in Affective Disorders: Treatment with Vitamin E and C**

Tardive dyskinesia caused by antipsychotic treatment is a severe problem in the management of schizophrenia. Vitamin E therapy has been used in schizophrenic patients with tardive dyskinesia, but it is thought that high dosages of vitamin E, because of its pro-oxidative effects on low-density lipoprotein, may increase cardiac risks. Addition of vitamin C probably reduces this risk because it reduces vitamin E radicals formed when vitamin E scavenges the oxygen radicals. In this study, a combination of vitamin C and E was given to a sample of patients with affective disorders and tardive dyskinesia who previously had been treated with antipsychotics. In all six patients, a reduction of tardive symptomatology was seen and no side effects were observed. Further studies on this combination therapy are suggested.

--Neuropsychobiology, 46 Suppl 10: 28-30 2002

### **Effect of Zinc Supplementation on Antidepressant Therapy in Unipolar Depression**

A growing body of evidence implicates a derangement of zinc homeostasis in mood disorders. In general, unipolar depression is connected with low blood

zinc levels that are increased by effective antidepressant therapy. A placebo-controlled, double blind study of zinc in antidepressant therapy was conducted in patients experiencing major (unipolar) depression. Six patients receiving 25 mg zinc once daily were compared to 8 patients receiving placebo and treated with standard antidepressant therapy. Hamilton Depression Rating Scale (HDRS) and Beck Depression Inventory (BDI) were used to assess efficacy of antidepressant therapy, and patients' status was evaluated before the treatment and at 2, 6 and 12 weeks after its commencement.

Antidepressant treatment significantly reduced HDRS scores by the second week of treatment in both groups, and lowered BDI scores at the sixth week in zinc-treated group. Zinc supplementation significantly reduced scores in both measures after 6 and 12-week supplementation when compared with placebo treatment. This preliminary study is the first demonstration of the benefit of zinc supplementation in antidepressant therapy.

--Pol J Pharmacol, 55(6): 1143-7, 2003

### **EFA Supplementation in Children with Inattention, Hyperactivity and other Disruptive Behaviors**

Fifty children were randomized to treatment groups receiving either a fatty acid supplement providing 480 mg DHA, 80 mg EPA and 96 mg GLA, or placebo for four months of double-blind parallel treatment. PUFA supplementation led to a greater number of participants showing improvement in oppositional defiant behavior from a clinical to a nonclinical range compared with olive oil supplementation. Also, significant correlations were observed when comparing the magnitude of change between increasing proportions of EPA in the red blood cells of subjects and decreasing disruptive behavior as assessed by the Abbreviated Symptom Questionnaire (ASQ) for parents and for EPA and DHA in the red blood cells and the teachers' Disruptive Behavior Disorders (DBD) Rating Scale for Attention. Thus, the results of this pilot study suggest the need for further research with both omega-3 fatty acids in children with behavioral disorders.

--Lipids, 38(10): 1007-21 2003

# TOM KRAMPF: RECOVERY AND POETRY

A number of years ago, Tom Krampf fell four stories from a hospital window in France. He was quite badly injured and later, when he was able to return to the United States with his family, he was clinically diagnosed as suffering from schizophrenia.

After undergoing several unsuccessful psychiatric hospitalizations, Tom read some scientific articles on schizophrenia by Linus Pauling and Dr. Abram Hoffer. He and his family were living in NYC then, and he eventually came in contact with Dr. Wm. Douglas Hitchings, an orthomolecular psychiatrist, who is now deceased.

Dr. Hitchings placed Tom on an orthomolecular regime of mega-vitamins. He also learned how to control his blood sugar level through diet. Tom's recovery was neither instantaneous nor miraculous, but he can say the hallucinatory world in which he existed and

which was so potentially injurious to himself and others, was progressively alleviated. He also had the distinct sensation he had found a very reliable and workable means of "coping" with his disease.

Through Dr. Hitchings, Tom later began corresponding directly with Dr. Hoffer. This was very beneficial to his wife, Françoise, who had found out she was at risk for Huntington's Chorea.

They now live in rural western New York and have three grown daughters and grandchildren. The author of four published books of poetry, the latest being *Taking Time Out: Poems in Remembrance of Madness* (Salmon Poetry, 2004), Tom

has read his work in the universities and on the media. He is also a specialist in the teaching of poetry and creative writing to learning disabled adults and children. Below are four poems from *Taking Time Out*:



## Window of Opportunity

Unmedicated  
the late March snow is swirling  
madly over the hill

And as has been suggested  
and we bear witness, in the museum of our memory,  
behind the thick bull's eye glass

For those who go mad, on death row  
or who are schizophrenic

If like the snowflakes  
we can medicate them, in their illness  
and briefly restore them to sanity

We can execute them  
in their lucid intervals.

## The Glass Slipper

Only the soul can walk in glass slippers.  
Only the soul can slip its toe into the blown glass  
shaped like a bottle.  
Only the soul can walk up and down on the earth  
like lovers.  
Only the soul can know death and live.  
Only the soul can resist the bulldozer's teeth  
and the journey between kingdoms.  
Only the soul has a glass buckle which is chipped.  
Only the soul doesn't ask why the poet has buried  
the slipper with his fantasy.  
Only the soul knows the lover can give no answer.

## Taking Time Out

Do you remember  
the madness of orange trees in Vence?

How over the dikes and valleys they hung  
full ready to crash to the ground.

And before the long start of the fall, seeping up from the sea,  
the miles of yellow mud split-level?

And then at noon, cultivated from the lips with no more  
than a yell,  
the water came crashing through the poorly constructed walls?

In the ground, the black fruit taking seed?

## Ground Cover

Drawing blood  
my illness intensifies itself  
a hybrid in the sun

It is when left alone to  
surrender in the darkness  
its briars

It becomes, blossoming  
above the rocks, below  
them beyond

the gentlest flower  
in my garden

# BOOK REVIEW

**Solving the Mystery of ADHD Naturally**  
by Linda Santini, M.Ed  
Acorn Publishing, Battle Creek, MI,  
USA 245 pages, Softcover

*Solving the Mystery of ADHD* is a unique contribution to the literature on orthomolecular medicine. Part biography, diary and educational resource, Linda's book illuminates the social impact of ADHD. It is a harrowing tale of how her son became afflicted with a mysterious developmental disorder, refractory to all orthodox approaches, which fell like a plague on her family, straining marriage, parenthood, siblings, and the community and legal system.

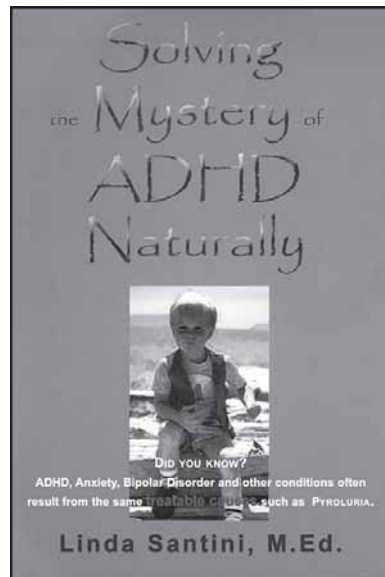
Linda begins the book with her story, an early solid marriage and the joyous birth of her first child, Eric. For the first few months everything appeared idyllic, but clouds soon appeared on her horizon as she began to suspect that her son was not developing properly.

Linda first noticed problems with Eric in his first year: his violent crying till he literally turned blue; an intense opposition to any physical touch; and tantrums occurring whenever she attempted any discipline. Things progressed from bad to worse from age two, when Eric began destroying everything that wasn't bolted down or out of reach, clearing shelves in supermarkets or smearing food on walls and floors at home. With the birth of his brother, Aaron, and his entry into school, Eric acted out violently with his peers, getting regularly expelled and failing classes. Students, teachers, friends and neighbours stigmatized Linda's family which further enraged Eric, who in moments of lucidity, could not explain why he acted out the way he did.

As he approached adolescence, Eric's condition took a darker turn. His mother often found him gone from his bed at night, only to find a police car returning her son in the morning. Stolen loot from numerous break-ins appeared in his chaotic bedroom. The situation threatened to destroy her marriage and Linda and her husband were forced to empty their savings and involuntarily commit Eric to a structured group home for behaviourally

troubled youth. The "Tyler Ranch for Boys" saved everyone's sanity for a brief time but they could not afford to keep him there permanently and eventually Eric returned home and things deteriorated once again.

Throughout this ordeal, Linda was a very engaged parent who desperately searched for a doctor who might be able to help him. She cycled through a trio of experts: (Dr. Donnelly, Dr. Patrick and Dr. Vogel) who either dismissed her concerns as a "phase" Eric would grow out of, or made diagnostic stabs in the dark, variously diagnosing Eric with ADHD, depression, or manic depression. They blindly offered Eric Prozac, Ritalin, Cylert,



lithium or combinations thereof, none of which helped and most of which further impaired his behaviour.

It was only by chance that Linda found the orthomolecular answers to help her child. Like Linus Pauling who by happenstance read one of Dr. Hoffer's books and had his orthomolecular epiphany, Linda found the light at the end of the tunnel through her own self-education. It was the books of Lendon Smith, Earl Mindel, Carl Pfeiffer and Abram Hoffer which finally unlocked the mystery of Eric's illness as an inborn vitamin dependency which manifested itself as a severe behaviour disorder. Linda learned that the biochemical syndrome of pyrolluria, first described by Dr. Pfeiffer, was a completely new way of looking at her son's

mental illness and Eric's tests confirmed the diagnosis. She got her son off the drugs, stopped seeing the psychiatrists and designed a nutritional program combining Hoffer/Pfeiffer protocols of B<sub>3</sub>, B<sub>6</sub>, zinc, magnesium, and vitamin C in large amounts. As she pursued the orthomolecular solution, Linda added some fine tuning by testing her son for food allergies and adding essential fatty acids to his diet. The effects were a slow but miraculous. Eric emerged from the maelstrom of mental illness and for the first time in his life, became a normal and loving person. She stuck with the program through ups and downs, convinced him to take charge of his health by quitting illicit drugs and breaking associations with a bad crowd of friends who were incompatible with his recovery.

Linda devotes several chapters in *Solving the Mystery of ADHD* to a well-reasoned explanation of the orthomolecular model of pediatric mental health. She discusses the pitfalls of incorrect or simplistic diagnoses; the limits of drug interventions; and the biochemical syndromes of pyroluria, pellegra and adrenochrome overproduction. She also describes the genetics of B-vitamin dependencies and their profound consequences within families and individually, using poignant and sometimes tragic stories of her and her husband's relatives and thier children. These familial sketches bear powerful witness to the relevancy of genetics to mental health and family dynamics.

The book is interspersed with daily journal entries and toward the end, we find a happy ending. Eric is 22 years old, an apprentice learning a trade, volunteering in church and helping others in AA. He is energetic and focused with a network of friends and family. The great irony, Linda points out, is that her son continues to thrive only because he opted out of the best that conventional medicine could offer: platitudes, simplistic diagnoses and polypharmacy with little rational basis in the cause of his mental dysfunction.

*Solving the Mystery of ADHD* is the book to read for parents of children with behavioural disorders. It is a profound biographical account into the concentric devastation mental illness wreaks on society, and the redemptive power of orthomolecular medicine.

—Greg Schilhab