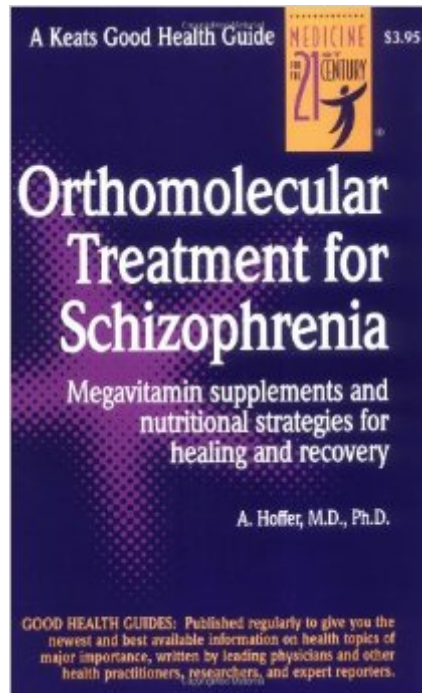


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Orthomolecular Treatment For Schizophrenia



Synopsis

Orthomolecular medicine can be effective in the treatment of schizophrenia, a mental disorder often treated with drugs. Deficiency often plays a major role in the onset of this condition. Thus, nutritional supplementation is integral to Dr. Hoffer's approach to schizophrenia. This short, concise guide explains how the disorder is diagnosed, what causes it and how to effectively treat it without drugs.

Book Information

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Customer Reviews

The fundamental bias in both medicine and dietetics rises darkly from the swamp when you even hint of a therapeutic validity for megavitamin doses. Why such resistance to such a useful nutritional tool? Perhaps because niacin therapy is really, really cheap? Fortunately there are physicians like Dr. Hoffer who still look to the patient, and not the test tube, for their answers. A patient's therapeutic response is the highest of all guiding principles in medicine. If it works, do it. "Pellagra" is the classic niacin deficiency disease. It was once common in the rural South where the poor had little else to eat except tryptophan-poor foods like milled corn. The symptoms are the "Three D's": diarrhea, dermatitis, and dementia. More specific pellagra symptoms include weakness, anorexia, lassitude, indigestion, skin eruptions, skin scaling, neuritis, nervous system destruction, confusion, apathy, disorientation, and insanity. Does this sound a bit like schizophrenia? A few physicians thought so, too. In studying mental illness, tryptophan and niacin deficits, and pellagra, some doctors noticed that psychotics and other mentally ill persons frequently have assorted pellagra-like

symptoms in addition to their nervous problems. From about 1900 to the mid 1930's, perhaps up to half of persons in psychiatric hospitals had pellagra. It makes one wonder: could many forms of mental illness actually be caused by a deficiency of niacin? In the 1950's, an insightful young psychiatrist named Abram Hoffer began clinical trials to find out. He used very high doses of niacin, with very good results. But the success, convenience and relentless advertising of later (c. 1960) "wonder drugs" diminished niacin's popularity.

Dr. Hoffer is a brilliant and extensively published author in both journals and books. His writing is very clear and he doesn't hide complexities. This book is no exception. My only complaint is that his writing does not divide topics very well for easy digestion. His mind is full of facts, and he types what he thinks. The primary orthomolecular approach to schizophrenia is niacin or niacinamide (vitamin B3) in > 2 g/d doses. In double-blind trials, 3 grams of niacin daily resulted in a doubling in recovery rate and a 50% reduction in hospitalization. Later double-blind trials did not reproduce the positive results, but Hoffer contends these trials were poorly designed. Subsequent research has been too meager to quote. There are several complexities to niacin therapy. It must be at least 3,000 mg per day in divided doses. It must not be "time release" forms made by pharmaceutical companies that are dangerous and the root cause of the irrational fears of niacin. There are several forms of niacin. Make sure you follow Dr. Hoffer's guidelines. It's most effective if the patient's schizophrenia is a fairly recent development. Ignoring these issues is probably why some studies are negative. Please keep in mind there are websites dedicated to trashing megavitamin therapy. They modify other's writings from 1998, change the wording a little, and pretend it's their own recent writing. They then copy and paste the same negative plagiarism under several of Hoffer's books. On their web site they reference journal articles "disproving" megavitamin therapy but when you take a closer look at the journal articles, they are often not related to the issue at hand.

The study Chiko references is the 1973 APA report, one which was highly misleading, poorly designed and flawed. It used the wrong vitamins on the wrong patients, for all intents and purposes. To see a better explanation of why the 1973 report is misleading read Abram Hoffer's retort to it 'megavitamin therapy'. It used niacin alone on chronic schizophrenics, bipolar patients & schizoaffective patients to prove that niacin & vitamin C (vitamin C reduces adrenochrome and is integral to treatment) doesn't work to treat acute schizophrenics. Using the wrong medications on the wrong patients usually doesn't work. Abram Hoffer claims in his 128 page retort to the 1973 report that nobody has recreated his studies (as of the mid 70s), all studies have been small and/or

poorly designed, if not intentionally misleading like the 1973 studies. In fact, after one of the 1973 authors realized his study was poorly designed he created a well designed study and found benefits to niacin therapy. At the moment the US government is conducting a legitimate, unbiased, fair study of vitamin therapy for schizophrenia and the results should be ready by 2009. Anyone who wants to read Abram Hoffer's retort to the 1973 report should click on citation #13 under 'abram hoffer' in wikipedia. Understanding all sides of a story is necessary to making a good decision. I urge everyone here to read HOffers books, the 1973 report and HOffers 128 page retort to the 1973 retort. And always think critically while you are doing it, don't just accept one or the other at face value, always ask questions and ask for evidence. Several recent research projects have also shown that the gene coding for the enzyme glutathione transferase, an enzyme that metabolizes adrenochrome, is defective in many acute schizophrenics.

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