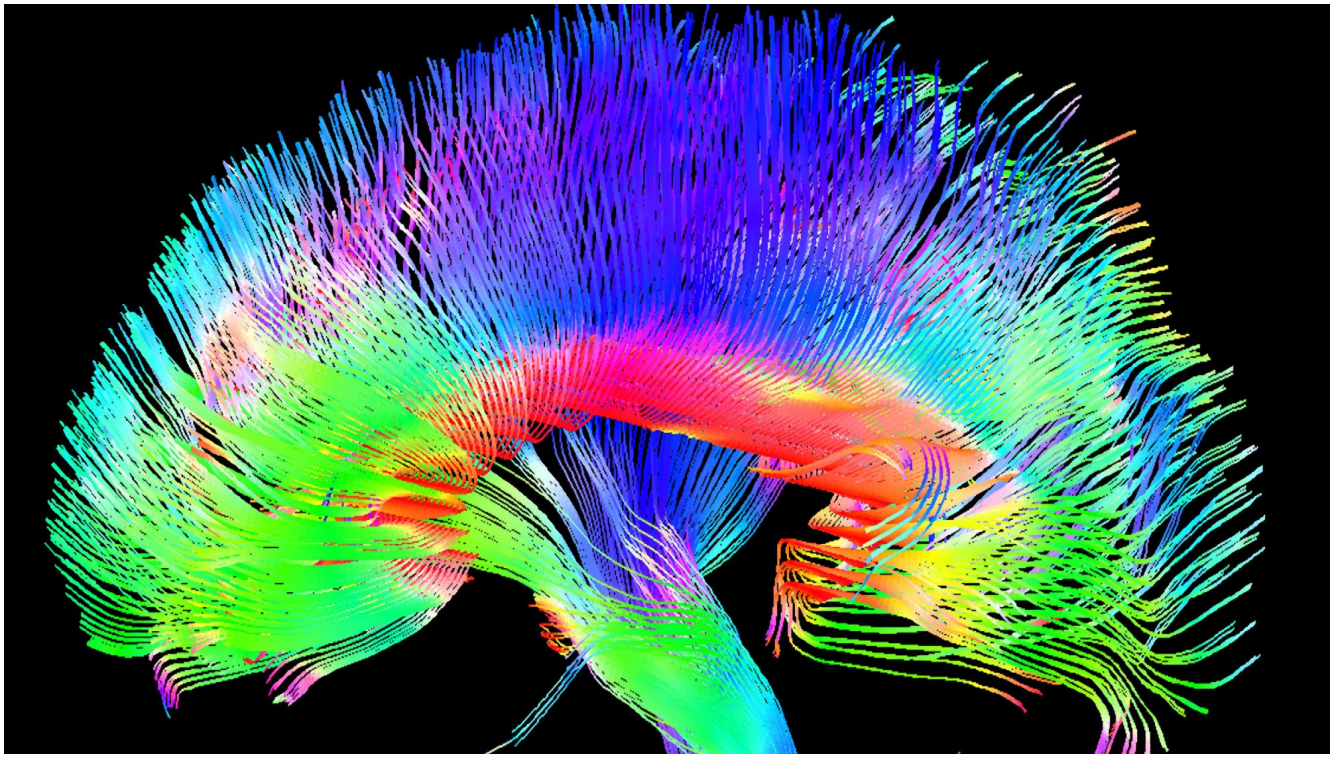
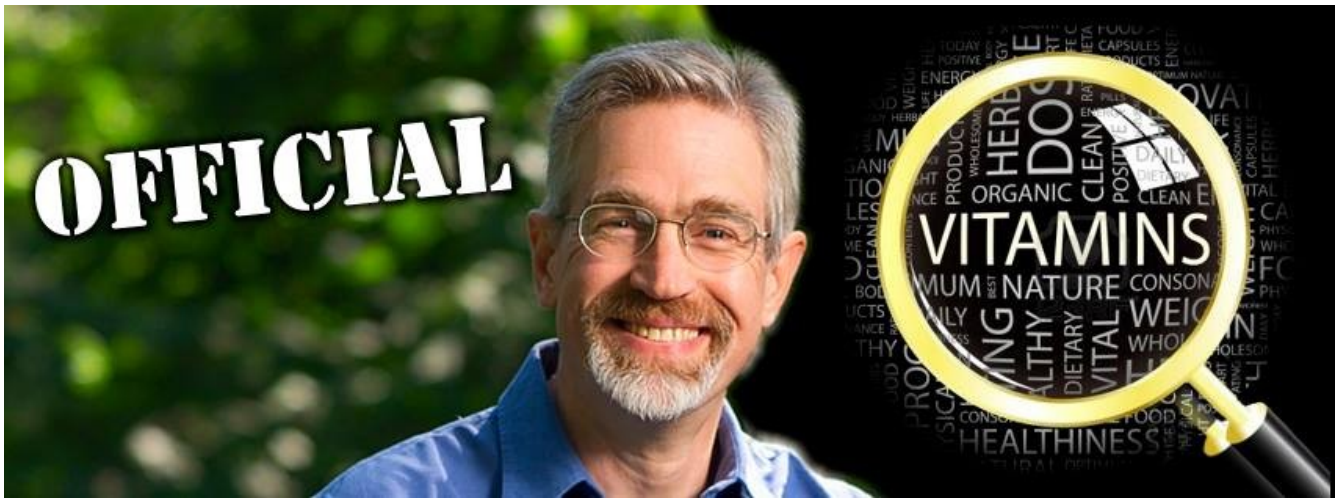
Mental Health

Re-Evaluated

Dr. Andrew W. Saul & Dr. Abram Hoffer

"I have treated 5,000 schizophrenic patients with niacin. The first was a 2-year-old boy in 1960. To get the boy to take it, his father crushed the niacin tablet and spread it into a jam sandwich. That boy is now a research psychiatrist. The treatment that worked in 1960 is still working today and it is orthomolecular medicine." / Dr. Abram Hoffer





Dr. Andrew W. Saul

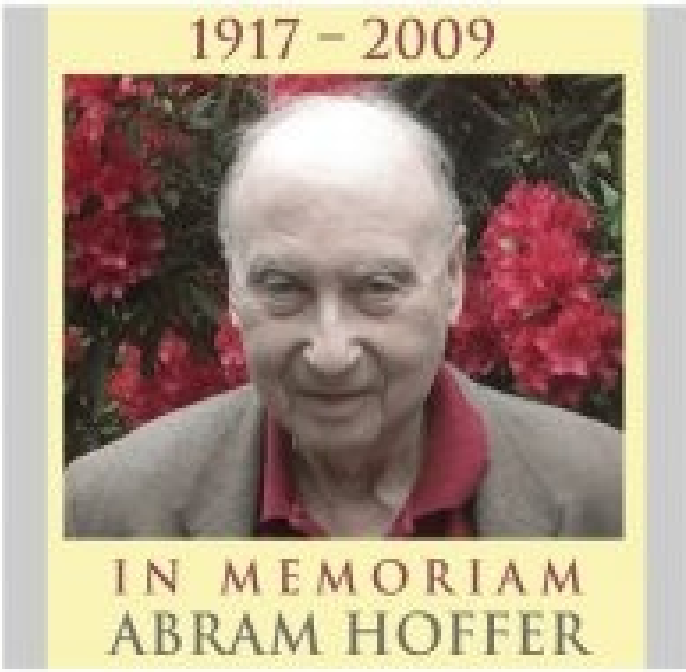
http://www.doctoryourself.com

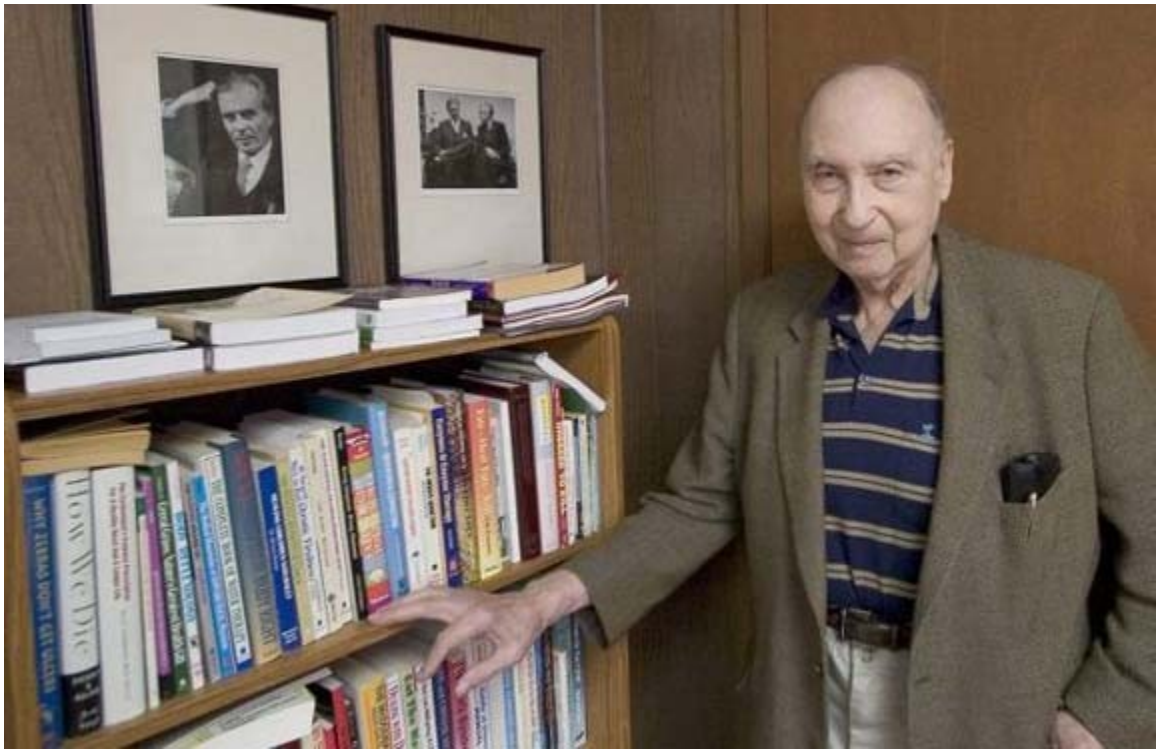
http://www.megavitaminscourse.com/mvfsp/

www.drandrewsaul.com

https://www.indiegogo.com/projects/megavitamin-man-the-documentary-phase-ii

http://www.orthomolecularvitamincentre.com/a_hoffer_schizophrenia.php





Dr. Abram Hoffer

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Dr. Abram Hoffer died May 27, 2009.
Thanks to Dr. Hoffer, medicine will never be the same.

Dr. Abram Hoffer MD, PhD, the Canadian orthomolecular psychiatrist and researcher,

and editor of the Journal of Orthomolecular Medicine.

He and his co-workers are credited with discoveries about the therapeutic uses of vitamins,

which are the roots of orthomolecular psychiatry and medicine as it is known today.

They were also the first doctors in North America to conduct double-blind controlled tests in

psychiatry, and were later the first to recognise and to publish its many defects and flaws.

Important Quotations from the interview on page 10 ... with Dr. Abram Hoffer

" For schizophrenics, the natural recovery rate is 50%. With orthomolecular medicine, the recovery rate is 90%. With drugs, it is 0%. If you use just drugs, you won't get well. This is because mental illness is usually biochemical illness. Mental illness is a disorder of brain dysfunction. Schizophrenia is vitamin B3 (niacin) dependency. Not a deficiency, a dependency. If schizophrenia strikes someone at age 25, he's finished. That is, if he's only given drugs. Patients are given drugs and released. The new mental hospital today is the streets."

" From the day he was freed of life-long tension and insomnia by taking 3,000 milligrams of niacin daily, Bill Wilson became a powerful runner with us."

" I have treated 5,000 schizophrenic patients with niacin. The first was a 2-year-old boy in 1960. To get the boy to take it, his father crushed the niacin tablet and spread it into a jam sandwich. That boy is now a research psychiatrist. The treatment that worked in 1960 is still working today. That treatment is called orthomolecular medicine."

" Dr. Linus Pauling took 8,000 milligrams of ascorbic acid daily, which was 300 times the RDA."

" The top niacin dose ever was a 16 year old schizophrenic girl who took 20 tablets (500 mg each) in one day. That is 60,000 mg of niacin. The "voices" she had been hearing were gone immediately. She then took 3,000 mg a day to maintain wellness."

“ Niacin is not liver toxic. Niacin therapy increases liver function tests. But this elevation means that the liver is active. It does not indicate an underlying liver pathology.”

“ I personally have been on 500 to 6,000 mg daily since 1955. The biggest danger of taking niacin is that you live longer. One of my patients is 112. She does cross country skiing and has been on niacin for 42 years. The fear doctors have of niacin is not based on data or facts and, like any myth, is very hard to eradicate. So many patients are on niacin that by chance some will also have liver damage from other conditions such as alcoholism, hepatitis and so on. Niacin does not make it any better nor worse.”

“ I have treated over, 600 cancer patients, most of whom were given 2,000 mg per day or more of ascorbic acid, in combination with other nutrients. The results have been good and at least 40% of the, 600 reached ten year cure rates.”

“ Currently I daily take, 200 IU of vitamin E as succinate, the water soluble form. For my patients I have gone as high as 4,000 IU as a treatment for Huntington’s Disease and it has been very helpful. I cannot recall any adverse reactions even though thousands of my patients are also taking vitamin E. I do take the B vitamins, vitamin C of course, vitamin A, vitamin D and other nutrient factors. I think this has been helpful in keeping me active at my present age.”

“ It has been most successful for treating the walking wounded, that is, for those with arthritis, neurological conditions, and virtually all the psychiatric diseases. Orthomolecular medicine can be utilized within the whole field of medicine.”

Use Only Niacin or Inositol Hexaniacinate

<u>Do not use Niacinamide</u>

The starting dose of niacin (Vitamin B3) for adults is

1,000 mg three times daily.

The daily dose should be slowly increased...

...to 4,500-18,000 mg to achieve the best possible outcome for Mental Illness. Patients must be educated about the flushing, heat, itchiness, pruritis, redness, and tingling that they will transiently experience.

These benign cutaneous reactions usually begin 15 minutes after taking niacin for the first time, and are first noticed around the forehead, then descend to the thorax, and sometimes to the feet. These reactions typically abate 1-2 hours following the ingestion of niacin. Niacin causes such cutaneous reactions by inducing the production of prostaglandin D2 in the skin, leading to vasodilation and a marked increase of its metabolite (9α, 11β-PGF2) in the plasma.

Niacin is its own anti-flushing agent because taking it regularly depletes the skin of prostaglandin D2 and prevents subsequent cutaneous reactions.

At 3,000 mg daily,

the flush and other symptoms will cease to be an issue following the first 2-3 days of treatment, and will practically disappear thereafter. If patients are not consistently taking these optimal doses throughout the day, they will continually re-experience cutaneous reactions and possibly discontinue treatment.

Not Recommended / Niaciamide

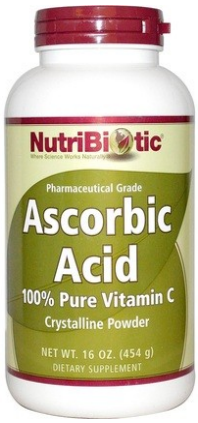
The concern over liver toxicity is very minor if immediate-release niacin preparations are used. Timed - release preparations can cause liver toxicity and are not recommended for schizophrenic patients unless under very close supervision.

In Prousky's clinical experience, niacin is more effective and better tolerated than niacinamide for schizophrenia.

Some patients prefer niacinamide since it does not cause flushing or other cutaneous reactions. Nausea and dry mouth are much more common with the use of niacinamide than with niacin.

The daily dosages of Niacinamide

should not exceed 6,000 mg since the likelihood of nausea accompanied with vomiting is much greater.



How to do a Vitamin C (Ascorbate) Flush

Start on an empty stomach, first thing in the morning. Allow yourself the full day if needed to finish the flush. Most people saturate their ascorbate need within a few hours. Occasionally, the need is much greater, and it may take a number of hours to complete the flush.

Dissolve a half-teaspoon of C Buffered Powder (1.5 grams/ 1500mg) in 2 or more oz. of water or diluted juice (juice diluted 1:1 with water). Plan to count and record each dosage.

After dissolving the C powder and allowing any effervescence to abate (typically within two minutes), drink the beverage.

The amount of C you need depends on how quickly your body uses it up.
Below are suggestions for how to best estimate your needs:

*• A **healthy person** should begin with a level half-teaspoon dissolved in 1-2 oz. of water or diluted juice every 15 minutes.*

*• A **moderately healthy person** with 1 teaspoon every 15 minutes.*

*• A **person in ill health** with 2 teaspoons every 15 minutes.*

• If after four doses there is no gurgling or rumbling in the gut, you should double the initial dosage and continue every 15 minutes.

Continue with these instructions at the proper time intervals until you reach a watery stool or an enema-like evacuation of liquid from the rectum. This is as if a quart or so of liquid is expressed from the rectum.

CAUTION: *Do not stop at loose stool. You want to energize the body to "flush out" toxins and reduce the risk that they may recirculate and induce problems. At this time, stop consuming the C for the day.*

HOWEVER*, if your dosage is more than 50 grams of C, you should consume a dosage of C of at least 10% of the total needed to induce the C flush in the later afternoon or evening. Many people find that preparing a "batch" of C allows for easier and more timely consumption rather than making up a new batch at each interval.*

Example: *30 grams (10 teaspoons) may be dissolved in 10-20 oz. of liquid.*

If this method is chosen, we recommend using a capped, dark bottle to avoid air or light (photo-) oxidation of the C. Dissolved C is stable for a day if kept cool or cold and tightly sealed.

Repeat of the C Flush

For the most rapid progress, once a week is recommended, for a period 3-6 months.

Daily Consumption Between C Flushes

Between flushes, consume 75% of the total C you need to induce the flush.

You may take it in powder or capsule form, in divided doses throughout the day.

The usual sufficiency need for a person in a state of good health is 2-10 grams / day.

If you are taking 8 grams, for example, you could take 3 grams with breakfast and lunch and 2 grams with dinner.

If you are taking 15 grams, you could take 3 grams upon arising, at each meal and before bed. For larger amounts, take your C in more frequent doses.

During stress or illness, many times more C can be taken (and is appropriate to take) than at other times. Doses from 50 grams to 200 grams or more a day are usual for immune dysfunction states like cancer, chronic viral and bacterial infections, and other serious inflammatory or autoimmune diseases.

If you wish to or must stop vitamin C for any reason, it is quite important to taper gradually.

Sudden cessation of C does not allow the body time to accommodate to the change,

and the body will continue to metabolize / excrete large amounts. You must reduce your

vitamin C level by several grams / day over a sufficient period of time to prevent this from

occurring.

Changing Need

As you become healthier, C is used more efficiently and is better conserved in your body, and less will be needed to achieve the desired effect.

As your need decreases, you may notice loosening of the stool. This is a sign that it is time to taper C intake. As you become familiar with your body's responses, your need for and best timing of C is likely to become clear through direct experience with this protocol.

Outcome of C Flush

Many helpful things happen at the ascorbate saturation level that will not happen otherwise. Many people report feeling improved well-being after the completion of a C flush. This may be of short duration, initially, but is a promising sign for long-term improvement. As toxins are eliminated from the body and as it is energized through the action of the C, you should feel progressively better for longer periods of time.

Cautions

Be sure to consume adequate water with each dose. The approach described above will help you in this regard, and any concern about fluid or electrolyte loss from the stool is thus minimized.

Some people report gas or fullness, or even cramps, while doing the flush. This is almost always due to dissolving the C in too little water or rushing the procedure. Room temperature liquid is best for absorption.

If you have a cold, or feel one coming on, and you take a gram (1,000 mg) of vitamin C every five minutes, you will feel better in hours. Loose stool indicates saturation.

"Take enough C to be symptom free, whatever that amount might be." I have been telling people this for three decades. It is still exactly true.

An interview with Dr. Abram Hoffer who was treating many mentally ill people.

Introduction and Interview by Dr. Andrew W. Saul

Some years ago, as I sat at lunch with Dr. Abram Hoffer, I took some vitamin pills. Dr. Hoffer leaned over towards me and said, “You know, you’re going to live a lot longer if you take those.” As I looked at him, he added, “I guarantee it. If you don’t, come back and tell me.” So said the founding father of orthomolecular medicine.

It was nearly 60 years ago when Abram Hoffer and his colleagues began curing schizophrenia with niacin. While some physicians are still waiting, those who have used niacin with patients and families know the immense practical value of what Dr. Hoffer discovered. Abram Hoffer’s life has not merely changed the face of psychiatry, he has changed the course of medicine for all time. His 30 books, 600 scientific papers, and thousands of cured patients have yet to convince orthodox medicine.

Dr. Hoffer has said that it takes about two generations before a truly new medical idea is accepted. Perhaps in the case of orthomolecular therapy, maybe it is three generations. Great ideas in medicine, or anywhere else, are never self- evident. At least not until a brilliant mind like Dr. Hoffer’s sees more than others have seen, and has the courage to speak out in the teeth of some often surprisingly bitter professional adversity. As a college lecturer, I learned some years ago that if you want to clear the department’s lunch room in a hurry, just say something positive about orthomolecular therapy.

The day after I first met Dr. Hoffer, I sat in as he taped a television production about his work. He did the entire 45 minute video in one take.

Over the years, I was honored to ultimately write four books with Abram, and work with Abram taught me much, as he taught so many. Among the lessons I had was this: a speaker at a medical conference made two factual errors about niacin. I was sitting next to Abram, and he was, to all appearances, dozing off. He was not. He gave me a nod, and during the question session, got up to take the microphone. He complimented the speaker on his presentation, mentioned a few additional things about niacin, made another supportive remark, and sat down. The speaker was delighted. And, the speaker never knew he had just been contradicted and corrected. This was Abram Hoffer.

A. W. Saul: Dr. Hoffer, you cured AA founder Bill W. of his depression using niacin.

Dr. Abram Hoffer: His depression, yes, but I did not cure his alcoholism. He never did consider himself cured. He organized Journal of Orthomolecular Medicine Vol. 24, No. 3, 2009. AA, and was able to establish fellowships that helped and millions stay sober. However, it was the niacin that made him comfortable in his sobriety. It takes the entire nutritional approach, plus AA.

Saul: Tell us more about Bill Wilson.

Hoffer: ***From the day he was freed of life-long tension and insomnia by taking 3,000 milligrams of niacin daily, Bill Wilson became a powerful runner with us.***

Bill helped me organize the first Schizophrenic's Anonymous group in Saskatoon which was

very successful. Bill introduced the orthomolecular concepts to a large number of AA members, especially in the United States. AA International did not approve of this. Bill made an immense contribution to orthomolecular medicine because he publicized the term “B-3” to replace the chemical names niacinamide or nicotinic acid. Had Bill lived another ten years, orthomolecular medicine would have been much further advanced than it is today.

Saul: And how do things stand today?

Hoffer: ***I have treated 5,000 schizophrenic patients with niacin. The first was a 2-year-old boy in 1960. To get the boy to take it, his father crushed the niacin tablet and spread it into a jam sandwich. That boy is now a research psychiatrist. The treatment that worked in 1960 is still working today. That treatment is called orthomolecular medicine.*** Orthomolecular medicine restores natural metabolism with nutrients, such as vitamins and minerals, in optimum quantities. This means much more than the RDA or DRI.

To overturn decades of error on the part of governments and the professions will take a good deal of effort and patience. Dr. Linus Pauling often spoke vigorously against the RDA in general and was ignored. These old, erroneous standards are part of the vitamins-as-prevention paradigm and will not yield until this old and stale paradigm is fully replaced by the vitamins-as-treatment paradigm. ***Dr. Linus Pauling took 8,000 milligrams of ascorbic acid daily, which was 300 times the RDA.*** He loved to tell his audiences why he took so much.

Saul: That’s what I personally take. Dr. Hoffer, where has high-dose nutritional therapy been most successful?

Hoffer: It has been most successful for treating the walking wounded, that is, for those with arthritis, neurological conditions, and virtually all the psychiatric diseases. Orthomolecular medicine can be utilized within the whole field of medicine, even for patients whose primary treatment is surgery,

Saul: When were you convinced that orthomolecular medicine was the way to go?

Hoffer: By 1960 I was convinced. My conviction was reinforced by the hostility generated by the profession. I assumed that this hostile reaction was stimulated by our success. The same thing happened to the Shute brothers with vitamin E. New research exposes the weakness of current medical doctrine. Such a challenge is often answered only by hostility, as there is no evidence to otherwise disprove it.

Saul: Please tell the story of how Dr. Linus Pauling first learned of nutritional medicine.

Hoffer: Linus became aware of our work from two families I treated who got well and stayed well. By then my book, co- written with Dr. Humphry Osmond, called How To Live With Schizophrenia had been published and one night Linus saw it on a friend's coffee table. He stayed up all night reading it. That book convinced him that here was some merit to the idea of vitamin therapy. Later he found no contrary evidence. Linus had the desirable personality characteristic that he tended to believe people if there was no logical reason for them to lie to him. For that reason he did not accept the stories put out by the drug companies and the FDA. Pauling knew for whom they were working, and it was not for you or me.

Saul: What about niacin and cholesterol?

Hoffer: My colleagues and I demonstrated that niacin lowered total cholesterol in a 1954 study and we should have been given an award. But, of course, niacin is not a drug and cannot be patented, and therefore our discovery remains mainly a major irritant to the drug companies who have not been able to discover anything as safe and as effective. It is remarkable that niacin is the best for blood lipid levels and also for the psychoses. Nature is not dumb.

Saul: What are the alleged "dangers" of niacin therapy?

Hoffer: ***Niacin is probably not quite as safe as water, but pretty close to it. Patients ask me, "How dangerous is niacin therapy?" I answer them, "You are going to live a lot longer. Is that a problem for you?"***

Saul: Data compiled by the American Association of Poison Control Centers (AAPCC) indicates that, over the past 25 years, there have been a total of one or two deaths attributed to niacin. When I looked for evidence to substantiate even this very low number of alleged fatalities, it was absent or assumed.

Hoffer: There have been no deaths ever from niacin. The LD 50 (the dosage that would kill half of those taking it) for dogs is 6,000 mg per kg body weight. That is equivalent to half a pound of niacin per day for a human. No human takes 225,000 mg of niacin a day. They would be nauseous long before reaching a harmful dose. ***The top niacin dose ever was a***

16 year old schizophrenic girl who took 20 tablets (500 mg each) in one day. That is 60,000 mg of niacin. The "voices" she had been hearing were gone immediately. She then took 3,000 mg a day to maintain wellness.

Saul: If I do not press this point, a reader will: maintained high doses of niacin may raise liver function tests, and this is used as evidence of harm.

Hoffer: Niacin is not liver toxic. Niacin therapy increases liver function tests. But this elevation means that the liver is active. It does not indicate an underlying liver pathology. Dr. Bill Parsons discussed this extremely well in his book on niacin and cholesterol (Cholesterol Control Without Diet, Lilac Press, 2000).

I was then told that he was cleansing me of any evil spirits. He did not tell me that he had seen any, and I was too cowardly to ask, but this was an important precaution as no one with evil spirits was going to be given that honor. After he had cleansed me, he stepped forward and threw a rather large, and, I hope, dull sword which fell in front of me. He must have had ample practice with this. Then he came forward and did something with it and lo and behold, I was a Chief. I have always taken this honor seriously especially since I am free of all evil. Someone should tell the American Psychiatric Association.

Saul: You and the APA have not exactly seen eye to eye. Why?

Hoffer: In 1950, I became Director of Psychiatric Research for Saskatchewan's Department of Public Health. I was a founder of the Canadian Schizophrenia Foundation, now the International Schizophrenia Foundation. My main objective was to research the cause of this disease and to find a better treat- ment. This is now called orthomolecular medicine, after Dr.

Pauling published his seminal paper in Science in 1968. After the American Psychiatric Association called my good friend and colleague, Humphry Osmond, and me before their Committee on Ethics because of what I had published, they effectively killed interest in the use of vitamins for treating mental illness. The APA bears major responsibility for preventing the introduction of a treatment which would have saved millions of patients from the ravages of chronic schizophrenia. Just as the APA was once captured by psychoanalysis, it is now captured by pharmaceuticals. They are biased. No amount of evidence will persuade someone who is not listening.

Saul: And for those who are, you and I have two new books in the works.

Hoffer: Our publisher is a great gambler. At age 92, I cannot guarantee that I will be around by the fall of 2009. But let's go ahead anyway, and you youngsters can complete it if I move on to other fields of existence.

In Memoriam

Abram Hoffer was born in 1917 and died May 27, 2009. Thanks to Dr. Hoffer, medicine will never be the same. That may be the best of legacies.

Postscript

The two most recently published books by Abram Hoffer, both coauthored with Andrew Saul, are Orthomolecular Medicine for Everyone (2008) and The Vitamin Cure for Alcoholism

(2009). The first is a comprehensive guide to the nutritional treatment of dozens of illnesses. It is an updated, expanded version of Dr. Hoffer's 1989 textbook Orthomolecular Medicine for Physicians, which has been out of print for some years. The second book is about how to stop addictions to alcohol, caffeine, cigarettes, and drugs, and also relieve depression using highdose nutrition. So effective is this approach that Bill W., cofounder of Alcoholics Anonymous, strongly urged AA members to use vitamin therapy.

Like Linus Pauling, the volume of work Abram Hoffer produced resulted in a backlog. At the time of his death, Abram Hoffer was working on two more books: a definitive guide to niacin, and a guide to making your hospital stay orthomolecular. Both books will be completed by Dr. Hoffer's coauthors Andrew Saul and Steve Hickey, and published by Basic Health Publications in 2000 and 2001.

For Further Reading

Hoffer A, Saul AW. The Vitamin Cure for Alcoholism. Laguna Beach, CA: Basic Health Publications, 2009. ISBN: 978--5920-254-7. Reviews at http://www.doctoryourself.com/alcoholcure.html / Full text at http://www.iahf.com/orthomolecular/ reply_to_apa_tfr_7.pdf

Hoffer A, Saul AW. Orthomolecular Medicine for Everyone: Megavitamin Therapeutics for Families and Physicians. Laguna Beach, CA: Basic Health Publications, 2008. ISBN: 978--5920-226-4. Reviews at http://www.doctoryourself.com/orthomolecular.html

Hoffer A & Osmond H: In Reply to the American Psychiatric Association Task Force Report on Megavitamin and Orthomolecular Therapy in Psychiatry.

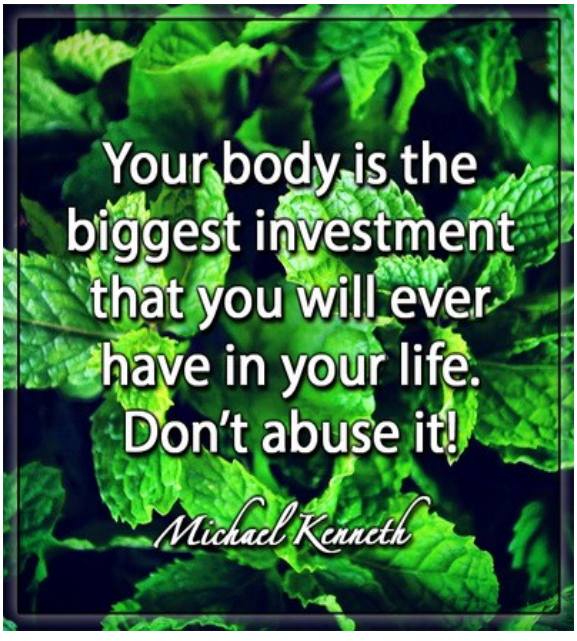
Andrew W. Saul

Dr. Andrew W. Saul was born and raised in Rochester, New York.

He entered university at the age of 15. After study at the Australian National University and the Canberra Hospital, he received his Bachelor of Science from SUNY Brockport at age 19. He then did graduate work at the University of Ghana, West Africa, and also at the Brigham Hospital in Boston. Shortly thereafter, he began lecturing on the history of nutrition research and vitamin therapy, and would be in private practice as a consultant for the next 35 years. He continued his education by winning three New York Empire State Teaching Fellowships, earning a Master of Science in 1989. Saul taught nutrition, addiction recovery, health science, and cell biology for a total of nine years for the State University of New York, and clinica nutrition for New York Chiropractic College. He completed his non-traditional PhD in Ethology (behavioral biology) in 1995. Based on his dissertation, he created www.DoctorYourself.com in 1999. This, and his writing and publishing the Doctor Yourself Newsletter, brought him to the attention of the famous Canadian psychiatrist, Abram Hoffer, MD, PhD. Saul served as a columnist for the Journal of Orthomolecular Medicine beginning in 2002, Contributing Editor from 2003-2006, and Assistant Editor from 2006-2010. He continues to serve on the Editorial Board of the Journal of Orthomolecular Medicine magazine [Netherlands].

Saul testified before the Parliament of Canada in 2005 on behalf of the safety of nutrition

therapy. That same year, he founded the free-access, peer-reviewed Orthomolecular Medicine News Service and has served as Editor-In-Chief for over 165 issues. In 2006, Psychology Today named Saul as one of seven natural health pioneers. He has won the Citizens for Health Outstanding Health Freedom Activist Award, is an Honorary Director of the Gerson Institute, and is featured in the documentary Dying to Have Known: The Evidence Behind Natural Healing and the very popular Food Matters movie. He has authored or co-authored twelve books, including four with Dr. Abram Hoffer. Saul is currently Editor of Basic Health Publications' popular Vitamin Cure book series, with over a dozen titles in print or in progress. Andrew Saul was inducted into the Orthomolecular Medicine Hall of Fame in 2013. He is the youngest member of this select group of internationally famous nutrition scientists that also includes several Nobel Prize winners.



Successful Treatment of Schizophrenia Requires Optimal Daily Doses of Vitamin B3

Alternative Medicine Review Volume 13, Number 4. 2008.

For over 50 years Dr. Abram Hoffer has been educating clinicians about the need to correctly (optimally) dose schizophrenics with vitamin B3 (niacin; niacinamide). For the past 10 years I have, likewise, educated numerous naturopathic and medical doctors about the very same thing.

For some reason, both types of clinicians routinely treat schizophrenic patients with plenty of vitamins, minerals, and other natural health products, but they never provide enough vitamin B3. In these authors opinions, schizophrenic patients cannot get well if not provided with optimal doses of vitamin B3. This prevents the real acceptance of nutritional treatment since clinicians will not observe favorable results when inadequate treatment is provided; their schizophrenic patients will continue to suffer needlessly.

To understand the importance of vitamin B3 treatment, some background information is needed. Schizophrenia is characterized by a combination of perceptual changes (e.g., hallucinations) and thought disorders (e.g., delusions).1 These aberrant mental states, which can lead to psychotic behavior, cause a tremendous amount of emotional and psychological suffering. The cause of schizophrenia, the subject of much debate, is considered a biochemical imbalance, although certain genetic factors most certainly play a role.

The majority of scientists and psychiatrists subscribe to the dopamine excess theory of schizophrenia; i.e., that too much dopamine is largely responsible for the symptoms of

psychosis. However, since 1952, Hoffer, the founding father of orthomolecular medicine, has researched, published, and expanded on the adrenochrome theory of schizophrenia.1,2 He and his colleagues, Drs. Osmond and Smythies, arrived at this theory by studying and researching the effects of substances such as mescaline, lysergic acid diethylamide (LSD), and amphetamines – all of which can cause a clinical syndrome in normal individuals that would be clinically indistinguishable from schizophrenia.

Osmond and Smythies noted that mescaline had a similar chemical structure to that of adrenaline. Hoffer, Osmond, and Smythies concluded that since both can be converted to indoles in the body, the potential schizophrenic toxin might be an indole derivative of adrenaline with similar neurochemical properties to that of mescaline or LSD. They eventually deduced that the schizophrenic toxin was an oxidized derivative of adrenaline known as adrenochrome. Since the early 1950s, the adrenochrome theory has been validated by the following findings:

Adrenochrome and its close relatives – dopaminochrome (from dopamine) and noradrenochrome (from noradrenaline) – are present in the human brain.

These compounds probably induce a combination of neurotoxic and mind- mood-altering effects.

Reducing adrenochrome, dopaminochrome, and noradrenochrome is therapeutic for the treatment of schizophrenia.

To reduce the production of adrenochrome, Hoffer and his team decided on the methyl acceptor vitamin B3. This vitamin, previously used to treat pellagra (a disease clinically indistinguishable from schizophrenia) had relevant biochemical properties.1,2 Hoffer and his team researched the metabolism of adrenaline. They knew that the reaction involving noradrenaline to adrenaline required the addition of one methyl group.

Because vitamin B3 was known to function as a methyl acceptor, Hoffer's team

theorized that an optimum dose of niacin might decrease the amount of noradrenaline that would be converted to adrenaline. Since adrenochrome was thought to be an oxidized derivative of adrenaline, vitamin B3 could help reduce the quantity of adrenochrome by simply limiting the production of adrenaline.

Hoffer and his team also discovered an additional biochemical property of vitamin B3 that would help to explain its therapeutic efficacy. Vitamin B3 is a precursor to nicotinamide adenine dinucleotide, which is present in both oxidized (NAD) and reduced (NADH) forms in the body. In the brain, adrenaline loses one electron to become oxidized adrenaline. If enough NAD and NADH are available then the oxidized adrenaline is reconverted to adrenaline.

These back and forth processes continue to occur in the presence of sufficient vitamin B3 coenzymes. However, in the absence of sufficient NAD and NADH, the oxidized adrenaline loses an additional electron and becomes adrenochrome. This last reaction is irreversible, and presumably occurs in much greater concentrations in the schizophrenic brain.

That being said, where is the proof? Can vitamin B3 help in the treatment of acute and chronic schizophrenia? The first report on the therapeutic use of vitamin B3 for schizophrenia was presented in 1952 at the Saskatchewan Committee on Schizophrenia. At this meeting, eight cases were presented, each demonstrating favorable effects from giving 1-10 g vitamin B3, and, in the majority of cases, equal amounts of vitamin C.1 After a more involved pilot study demonstrated excellent therapeutic responses to vitamin B3,1 the first North American double-blind, placebo-controlled experiment was undertaken to assess whether or not this vitamin was effective for schizophrenia.

The study, which began in 1952 but was not published until 1957, involved 30 acute schizophrenic patients who were each randomized to placebo, niacinamide, or niacin. They were given 1 g three times daily for 30 days, and then followed for one year. After one year, the patients given vitamin B3 with the standard treatments at that

time had more than double the recovery rate (80%) compared to patients in the placebo group (33%). Hoffer followed patients from 1953 to 1960, publishing a total of six double-blind, randomized controlled clinical trials. All trials confirmed the positive effects that vitamin B3 had on the recovery of acute schizophrenic patients, and that the use of this vitamin substantially reduced patients' reliance on the health care system.

In a more recent analysis of 27 chronic schizophrenic patients who had been under treatment for at least 10 years, consistent treatment with vitamin B3 produced the following results: 11 patients were able to work; two patients were able to marry and look after their families and homes; two patients were single mothers able to care for their children; and three patients were able to manage their own businesses. These results are remarkable when one considers the state of these patients prior to receiving optimal doses of vitamin B3. The average age of these patients was 40, the majority of them were ill for seven years before they sought treatment from Hoffer, and all had been unresponsive to previous treatments.

The starting dose of niacin for adults is 1,000 mg three times daily. In our opinion, the daily dose should be slowly increased to 4,500-18,000 mg to achieve the best possible outcome. Patients must be educated about the flushing, heat, itchiness, pruritis, redness, and tingling that they will transiently experience.

These benign cutaneous reactions usually begin 15 minutes after taking niacin for the first time, and are first noticed around the forehead, then descend to the thorax, and sometimes to the feet. These reactions typically abate 1-2 hours following the ingestion of niacin. Niacin causes such cutaneous reactions by inducing the production of prostaglandin D2 in the skin, leading to vasodilation and a marked increase of its metabolite (9α, 11β-PGF2) in the plasma.

Niacin is its own anti-flushing agent because taking it regularly depletes the skin of

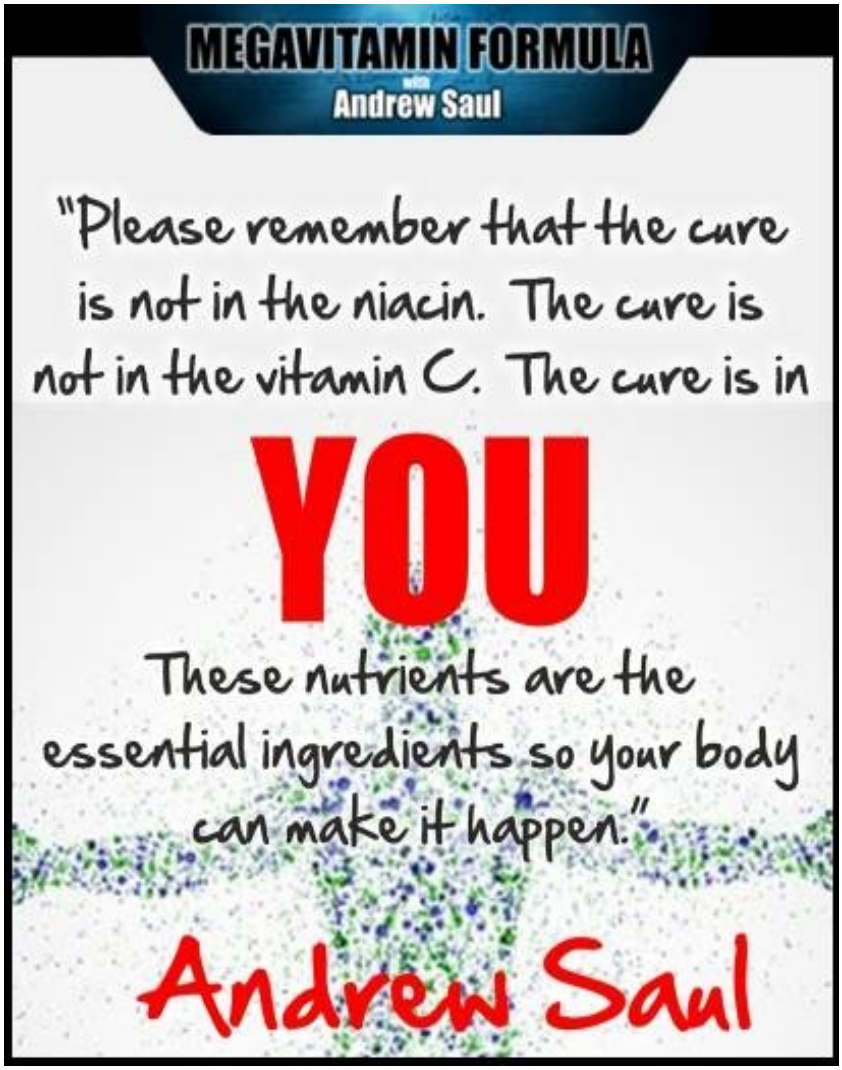
prostaglandin D2 and prevents subsequent cutaneous reactions. At 3,000 mg daily, the flush and other symptoms will cease to be an issue following the first 2-3 days of treatment, and will practically disappear thereafter. If patients are not consistently taking these optimal doses throughout the day, they will continually re-experience cutaneous reactions and possibly discontinue treatment.

The concern over liver toxicity is very minor if immediate-release niacin preparations are used.11,12 Timed-release preparations can cause liver toxicity and are not recommended for schizophrenic patients unless under very close supervision.13 In Prousky's clinical experience, niacin is more effective and better tolerated than niacinamide for schizophrenia. Some patients prefer niacinamide since it does not cause flushing or other cutaneous reactions. Nausea and dry mouth are much more common with the use of ***niacinamide than with niacin***. ***The daily dosages of niacinamide should not exceed 6,000 mg since the likelihood of nausea accompanied with vomiting is much greater.***

As clinicians we need to offer restorative care to patients who suffer with schizophrenia, a severe and usually chronic mental illness. The only reasonable conclusion to be made from this data is that all schizophrenic patients, including both acute and chronic patients, need to be treated with vitamin B3 as quickly as possible and for the duration of their lives.

Vitamin B3 treatment offers significant hope of a reasonable quality of life among patients who would otherwise remain incapacitated and in and out of hospitals for the remainder of their lives. Some might improve so much that they achieve clinical remission. Since not enough clinicians utilize optimal doses of vitamin B3 with their schizophrenic patients, we hope that the information presented here persuades other clinicians to adopt this very effective and safe treatment.

Respectfully, Dr. Abram Hoffer, MD and PhD Jonathan Prousky, ND



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Gluten Sensitivity and Celiac Disease Connection with Mental Illness

Many research studies link diets high in complex carbohydrates to negative health conditions. The gluten-containing grains primarily wheat, but also rye, barley, and oats, contain at least fifteen opioid sequences, which are strongly addictive, morphine-like substances that have potent psychoactive properties and produce serious neurological disorders, nausea, constipation, urinary retention, vomiting, cough suppression, and other symptoms.

Gluten intolerance (celiac disease) contributes to or causes a wide range of other diseases, including asthma, arthritis, chronic fatigue, Crohn's disease, Type 2 diabetes, ***depression, mental illness,*** eczema, fibromyalgia, irritable bowel syndrome, migraines, lymphoma, and gastrointestinal cancer. / ***http://www.kindness2.com/-mental-illness--wheat.html***

Gluten intolerance may also be linked to autism, schizophrenia, and several autoimmune disorders.

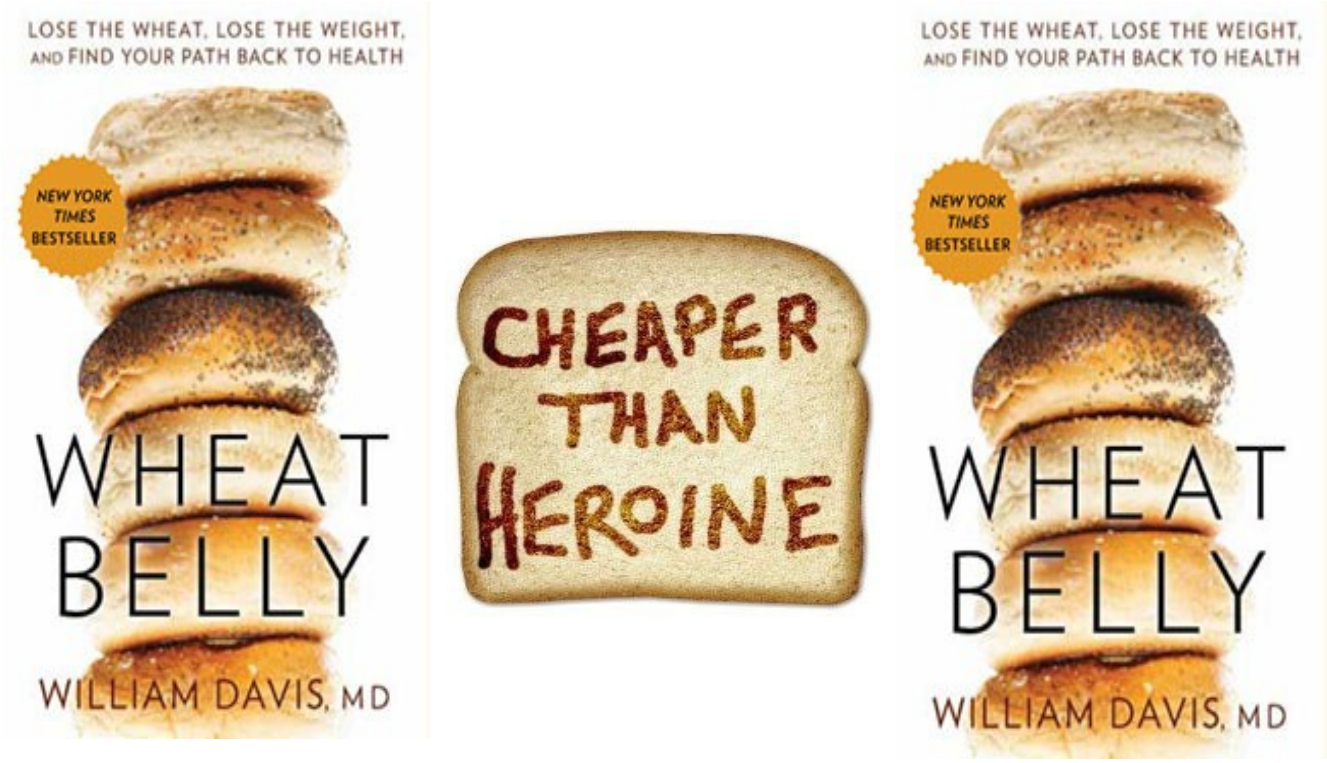
https://www.enterolab.com Writes:

"Gluten, a protein found in many grain products, has been named as a causative factor in psychoses and neurological disorders. It has been proven to chemically contain fifteen different opioid sequences, or morphine-like molecules. Opioids that come from

outside the body are called "exorphins." It is called by scientists addictive and neurotoxic.

Since the mid-1960s, scientists have repeatedly linked gluten consumption to learning disorders and schizophrenia.

Physical effects of opioid consumption include nausea, sedation, truncal rigidity, euphoria, dysphoria, and miosis (papillary contraction). Opioids are known to interfere with our neurotransmitter chemistry, cause various types of epilepsy, and result in digestive disturbances such as constipation, urinary retention, biliary spasm, reduced production of ADH (an antidiuretic hormone that results in reduced urine production), slowed gastric emptying, and slowed digestion."



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