# SENATE SELECT COMMITTEE ON MENTAL HEALTH
# INQUIRY SUBMISSION of Douglas L. McIver

## ATTACHMENT B

## Background: Orthomolecular Psychiatry & RANZCP

The full text of RANZCP Position Statement #24, titled "*Orthomolecular Psychiatry*", is available on the RANZCP website <www.ranzcp.org> in pdf format <http://www.ranzcp.org/publicarea/posstate.asp>.
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There has been much controversy surrounding the issues which led to the formulation of a statement by the RANZCP General Council. The catalyst for the issues was in the context of the Medicare Benefits Schedule when rebates were sought in 1980 by clients of Dr Chris Reading BSc., Dip. Ag.Sc., M.B., B.S., F.R.A.N.Z.C.P. (a Sydney physician and psychiatrist) for some pathology screening tests requested by Dr Reading. Issues arose about orthomolecular medicine and orthomolecular psychiatry in the context of the requirement for the pathology screening tests requested.

Issues about the screening tests and orthomolecular psychiatry were raised in Federal Parliament between 1982-84. Note, for instance, the House of Representatives (HoR) Hansard, 18 August 1982 (p550), Answer to Question No 4112; HoR Hansard, 6 March 1984 (pp600/601), Answer to Question 387; Senate Hansard, 22 October 1984 (2099/2100), Questions without Notice, 'Orthomolecular Medicine'; Senate Hansard 24 October 1984 (p2286), Speech by Senator Haines in debate on Appropriation (Parliamentary Departments) Bill.

I encourage the Select Committee to inform themselves of a seven page document prepared by the SOMA Health Association of Australia Ltd titled '*The saga of the altered definition of orthomolecular psychiatry and the consequences which ensued therefrom'*.

SOMA Health <http://www.soma-health.com.au> is an independent body and all work is voluntary. Its profile states:

*" The patient is our main concern, our aim to see medical horizons expanded to include complementary methods in general and psychiatric practice. Every effort is made to present reliable and accurate information."*

SOMA Health1s document provides a perspective from the stance of Dr Reading BSc., Dip. Ag. Sc., M.B., B.S., F.R.A.N.Z.C.P., a recently retired Sydney physician and psychiatrist. It is a document relating to the judgments made about orthomolecular psychiatry by the medical accrediting bodies and the Medicare Benefits Review Committee and the views of the Commonwealth Department of Health. Dr Reading is, *inter alia,* Patron of the SOMA Health Association of Australia Ltd.

As well, Dr Reading's Review Article in the Journal of the Australian College of Nutritional and Environmental Medicine (October 1990) titled *The Struggle for the Acceptance of Biological and Molecular Psychiatry* is recommended reading.

A definition of *orthomolecular psychiatry* was used by Dr Reading in the July 1979 edition of the *Medical Journal of Australia* and was listed in the *Index Medicus* in March 1980. It read:

*"Orthomolecular psychiatry is the study of genetic, metabolic, endocrine, immunological and toxic disturbances that are contributing to, perpetuating, exacerbating or causing the psychiatric symptomology.*

*It is the investigation of vitamin (coenzyme) levels, mineral (cofactor) levels (or toxic levels of lead, copper and so on), hormone levels (we cannot measure endorphin levels or prostaglandin levels at the moment), immunoglobulin levels (especially IgA and IgM), electrolyte levels (especially bicarbonate, calcium, blood sugar, and so on).*

*What can be corrected is corrected, and the patient is followed up regularly."*

Dr Reading's definition opened up pathways to an effective, additional methodology of treating chronic degenerative illnesses, including mental health symptoms, which could lead to a quicker recovery for the patient and overall cost reduction to the nation. Unfortunately, according to Dr Reading, his definition was "corrupted" by the Commonwealth Department of Health.

In 1980, after questions arose about the pathology screening tests ordered by Dr Reading, questions about their necessity and their cost, developments occurred of paramount importance to the practise of orthomolecular medicine and orthomolecular psychiatry. It was the commencement of the controversy surrounding an innovative approach to medical practice.

On 18 August 1980, the Principal Medical Officer, Medical Benefits Division of the Commonwealth Department of Health, sought the views of the three medical accrediting bodies - the Royal Australasian College of Physicians, the Royal College of Pathologists and the RANZCP on the status of orthomolecular medicine/psychiatry and whether orthomolecular approaches had an established role in medicine and psychiatry. As well, the accrediting bodies views were sought as to whether there was any justification for the range of pathology tests required by Dr Reading.

Rather strangely, the Principal Medical Officer in this memorandum to the medical accrediting bodies made the contentious, provocative statement:

*"The practitioner claims that many psychiatric illnesses and organic disorders affecting the central nervous system are the result of excessive or deficient intake of heavy metal or vitamins, allergic cerebral conditions, or manifestations of autoimmune disease. He orders estimations of metals and vitamins, radio-allergosorbents tests for allergen, detections of tissue antibodies and white cell functions tests."*

This 18 August 1980 memorandum has become known as Document 256. Dr Reading claims he was not allowed to see it until 1985! Dr Reading has claimed ever since that he was misrepresented in the Commonwealth Principal Medical Officer's 1980 communication. The document did not assist him when it was raised in Parliament, prior to this time, without him knowing the content.

According to correspondence with me, the statement of the official has always puzzled Dr Reading.

Dr Reading did **not** claim to say that "*psychiatric illnesses and organic disorders affecting the central nervous system are the result of excessive or deficient intake of heavy metals "*.

Obviously the question may be asked whether the Principal Medical Officer had mistakenly interpreted Dr Reading's definition.

Dr Reading has been most upset about the misrepresentation as it implied treatment contrary to medical practice and of a dangerous nature

It's helpful to comprehend the importance of Dr Reading's concerns.

The controversy about Dr Reading's definition and use of orthomolecular psychiatry arose in the context of his use of pathology testing and the reasons why they were required. My understanding has always been that Dr Reading used pathology testing to assist diagnosis and assessment to decide treatment. Accordingly, Dr Reading's understanding of the orthomolecular medical principles is important to the controversy surrounding his argument with the medical accrediting bodies. Unfortunately a misunderstanding may have been a cause of some of the grief he has felt about the controversy.

Sadly, according to Dr Reading, no professional body questioned the accuracy of the Department's definition. And, at no time, according to Dr Reading, did the Commonwealth Principal Medical Officer, or the three medical accrediting bodies, discuss the Department1s altered definition with Dr Reading. Presuming Dr Reading is correct, one must ask "Why not?".

In interpreting Dr Reading's definition of *orthomolecular psychiatry*, it had been inferred by the

Commonwealth Principal Medical Officer that toxic metals such as lead, mercury, cadmium, aluminium or arsenic would be prescribed, if a person showed low levels of these toxic metals. But how did the Commonwealth Principal Medical Officer come to his conclusion?

Dr Reading believes no psychiatrist in the world would claim people are ill because of the deficient intake of any of the heavy metals. He maintains no illnesses are due to heavy metal deficiencies. Dr Reading has asked seven questions about Document 256 since seeing it in 1985 but he claims he still has not received replies, while he is also of the view that the RANZCP believes that Document 256 is a factual document.

According to documents (Department of Health Reference SRC 241 Document 221; a letter from the Royal Australasian College of Physicians 14 October 1980; *Medicare Benefits Review Committee November 1985 Report* ), an 8 October 1980 joint meeting of the above three medical accrediting Colleges in October 1980 informed the Commonwealth Department of Health on 14 October 1980 in response to the 18.8.80 request (Document 256) that:

*i) orthomolecular medicine had no status in the practice of medicine or psychiatry;*

*ii) the stated clinical role of orthomolecular medicine is unproven;*

*iii) the available research data which can be acknowledged to be based on scientific principles does not substantiate the claims made for orthomolecular medicine;*

*iv) on the basis of the above statements the screening tests to which you refer cannot be justified for the rational practice of internal medicine or of psychiatry."*

The issue was then referred for consideration to the *Medicare Benefits Schedule Review Committee (MBSRC)* for its meeting in December 1980 by the Department of Health (*Pathology Services associated with Ortho-Molecular Medicine: Reference SRC 241*). A recommendation was mentioned that:

"*the pathology tests be regarded as Health Screening and thus not qualify for medical benefits*."

According to the *Medicare Benefits Review Committee November 1985 Report (MBRC1985),* in December 1980, the MBSRC decided:

*" in the light of the advice from the three Colleges that the very large amount of pathology testing generated by some practitioners of 1orthomolecular/psychiatry1 could not be justified. The MBRSC concluded that, while the ordering of some pathology tests might prove of value in particular cases, the extensive routine screening of patients in every instance was not warranted."*

According to the *MBRC1985 Report,* Section 7, *Orthomolecular Medicine /Psychiatry* (pp271-273), in 1980:

*"The then Minister accepted the MBSRC's views and determined that the battery of pathology tests ordered by some practitioners of 'orthomolecular medicine/psychiatry' should be regarded as health screening services and therefore should not attract medical benefits."*

The Health Minister between 1979 - 20 April 1982 was the Hon. Michael Mackellar MP.

The MBRC1985 concluded its own report :

"*the Committee accepts the conclusions of the three Royal Colleges and the MBSRC set out (above)."*

In his 12 August 1998 letter to me, Dr Reading indicated that the 1980 decisions meant opposition to

"*investigation of genetic, metabolic, hormonal, allergic, toxic, immunological conditions causing psychiatric illness, etc so when these tests were ordered by me they did not attract benefits from 1980 onwards for thousands of patients-not even liver function tests in viral hepatitis or Hb/film in leukaemia patients. The HIC has several hundred detailed reports of my patients where the results of*

*such pathology tests have resulted in saving these patients from blindness, paralysis, dementia, psychosis, mental retardation, premature death. Even when beri beri, pellagra, scurvy, pernicious anaemia, SLE, anaemia, etc has been shown in the pathology tests there was no rebate from Medibank/Medicare."*

Dr Reading claims that in complying with requests from the HIC for detailed reports for reasons for tests for each patient - hundreds of them - that "*they are still unarbitrated - just collected by the Health Insurance Commission."*. He gave reasons for the tests in treating the medical conditions. The HIC was legally supposed to give reasons that the tests were not necessarily required for the management of the medical conditions with which the patients presented. He received no answers to medical questions he asked of the HIC Director concerning certain conditions being untreated.

Most importantly, Dr Reading in his letter of 12 August claimed that he supplied confidential information about the reason for requesting pathology tests post the 1980 decisions. When he received a reply, some 18 months later from the Medicare Director, through the AMA, Dr Reading interpreted the response as:

*"in effect, accuracy of diagnosis and success of treatment were irrelevant as far as arbitrating as to whether or not the tests were necessary. Whether the patient lived or died did not matter!!!"*

As a response to the issues raised, the RANZCP General Council adopted PS#24 in April 1988. The RANZCP consultant was Professor David Copolov , who was then the Director of the Mental Health Research Institute of Victoria.

PS#24 was amended in October 1988, October 1994, October 1994 and July 2004. It was again adopted by the General Council in February 2005. It is reviewed every three years, the next occasion being in 2008.The statement is introduced with the following paragraph:

*"1. Orthomolecular Psychiatry has been defined as the 'study of genetic, metabolic, endocrine, immunological and toxic disturbances that are contributing to, perpetuating, exacerbating or causing the psychiatric symptomatology' (Reading 1979) This definition places the discipline within the broader sub-specialty of biological psychiatry but does not define any unique characteristics of the discipline. In practice, the distinction between orthomolecular and non-orthomolecular biological psychiatrists (for example psychopharmacologists) rest on:*

- *1.1. the key focus given to the role of high-dose vitamin therapy in facilitating the 1optimum molecular environment for the mind1 (Pauling,1974) by the orthomolecular therapists; and*
- *1.2 the use, in the treatment of psychiatric conditions, of vitamins, minerals and diets by the orthomolecular practitioners on the basis of efficacy demonstrated by scientifically validated, double blind therapeutic trials."*

For some reason, the RANZCP PS#24 only quotes a part of Dr Reading's 1979 definition, leaving out the second half of the definition concerning tests that should be done. And the October 1981 RANZCP Opinion Statement left out the words "toxic levels" before "copper and lead" referred to in his 1979 definition.

There were other anomalies of concern to Dr Reading.

In spite of all his concerns and work, in 1989 Dr Reading was given a month's notice to stop practising orthomolecular psychiatry, based on PS#24, or face expulsion from the Royal College. In view of the General Council endorsing PS#24 in October,1988 it was considered detrimental to the interest of the RANZCP and inconsistent with its objects for a Fellow to continue to practise orthomolecular psychiatry.

In October 1997, Dr Reading in a widely distributed circular letter, mentioned that the literature of Melvyn Werbach (Assistant Clinical Professor, School of Medicine, UCLA, Los Angeles, California):

*"supported what (he) said in 1979 and now with up to date controlled double blind studies for many medical conditions and psychiatric disorders".*

Dr Reading also advised that his 1979 definition of "orthomolecular psychiatry" required updating

"*because orthomolecular psychiatrists also use amino acids, bioflavonoids such as Quercetin and Rutin, coenzyme Q10 (Ubiquinone or CoQ10) and W3 and W6 essential fatty acids."*

Also Dr Reading considered that:

*"in 1997, Orthomolecular Psychiatrists also have to be aware of herbicides, pesticides, petrochemicals and other toxins, and lectins in foods and measure these in blood or urine where appropriate. Also antibodies to various tissues and organs, etc are looked at to exclude autoimmune disease and risk for SLA, coeliac disease, etc".*

Dr Reading has written to medical journals, Health Ministers and medical bodies about his grief over the controversy and his complaints.

It is claimed in the SOMA Health article referred to above that *The Medical Journal of Australia* (2 Feb, 1998 No 168, pp 129-135) published an article recommending diagnostic pathology and treatments which duplicate the principles and treatments outlined in Dr Reading's definition of 1979. The article, entitled, "*Psychosis: A Primary Care Perspective*" was written by Professor Copolov.

Dr Reading claimed in his 12 August 1998 letter to me, that the Royal College had ignored hundreds of double blind studies which were available to support the case for orthomolecular psychiatry. And, to make a point about the corrupted definition, Dr Reading stressed that, as would be expected:

*"there are **no** double blind controlled studies supporting (any claim) that people are ill from deficient intake of lead, mercury, thallium, arsenic, antimony, silver, gold, bismuth,, copper, etc or that people are ill from excessive intake eof B1, B2,B3, B5, B6, biotin, B12,Vit C, choline, PABA, etc..*

*The reluctance to have double blind studies set up must be because of the claims in the 18.8.80 document (256) not tabled in Parliament, where the studies would have to give certain patients amounts of lead, mercury, arsenic, etc to get them well or excessive amounts of vitamins to see if it makes them ill and this see if Dr Reading is or is not right based on 18.8.80 document (256). Don1t you think it is time...to call a halt to the stupidity of the 18.8.80 document (256)..."*

Dr Reading considered that some person in authority needed to correct what the Commonwealth Department of Health had said in 1980 when interpreting Dr Reading's 1979 definition. And that if this person in authority agreed with what Dr Reading said in 1979, and disagreed with what was said in the 18.8.80 (256) document, then Dr Reading's reputation and status would be such that he would no longer be seen as a "*heretic, unorthodox, unscientific, irrational, dangerous , etc*." person.

The conclusion reached in the RANZCP PS#24 at paragraph 10 reads:

"*There is no scientific substantiation of the therapeutic efficacy of orthomolecular psychiatry in the treatment of psychiatric disorders. The College is therefore opposed to the use of orthomolecular practices other than as part of appropriately designed and ethically approved clinical trials."*

Most importantly, Dr Reading in his letter of 12 August, writes that the conclusion reached:

*"means there is no evidence to support:*
*(1) the genetic aspects of orthomolecular psychiatry and thus ...ignores Relatively Speaking / Your Family Tree Connection, my work on molecular genetics/MDP accepted by the Journal of the Royal Society of Medicine et al*
*(2) metabolic problems and thus ..ignores work on porphyria, pyrolia, electrolyte imbalances, vitamin and trace element deficiencies, etc*
*(3) hormonal disturbances*
*(4) allergies and food intolerances causing such problems*
*( 5) toxic conditions such as evidenced by viral infections, heavy metals (lead, mercury, copper, etc), toxic chemicals (aluminium, etc), toxins (pesticides, herbicides, food colourings, additives, preservatives, etc)*
*(6) immunological disturbances such as autoimmune disease, SLE, coeliac disease, thyroid disorders,*

*pernicious anaemia, autoimmune neuritis, etc."*

## *Orthomolecular Psychiatry & the RANZCP Controversy: the McIver interest*

I became aware of the controversies about the use of orthomolecular psychiatry by Australian psychiatrists only after learning of the RANZCP Position Statement #24 in the early 1990s. By this time I had become an advocate of the intervention as I knew how effective it was in my personal case. I had become a user of the orthomolecular medical intervention principles in 1983 in managing my own schizophrenia symptoms. I was not a client of Dr Reading and came to learn about the issues which led to the formulation of RANZCP PS#24 in 1988 and the continuing controversy.

The Senate Select Committee should note what the RANZCP PS#24 has to say about the type of research presented and the clinical trials it requires (Paragraphs 7, 8, 10). Requirements for a double-blind, placebo controlled studies, with ethical protocols, whoever has the responsibility of mounting, does present difficulties. There are questions as to the appropriateness of the medical research paradigm of double-blind, placebo controlled clinical trials to the intervention strategy model I personally applied.

The orthomolecular approach is quite holistic, with many variables interacting at the same time. One is not researching the efficacy of one single variable, and, if so, studying one nutrient in isolation can have very limited benefits. With nutrition therapy there is a bundle of nutrients working collectively together.

I may be wrong, but I believe there have been problems for psychiatrists, medical practitioners and researchers over the prevailing attitudes expressed by the RANZCP General Council in PS#24. And there is a concern about the issues relating to Dr Reading outlined, briefly, above.

As well, given the decision of the RANZCP to include the Vaughan and McConaghy (1) clinical trial mentioned in paragraph 5 of PS#24 as a support of its position raises some issues for me. The lack of a follow up examination of the orthomolecular intervention model on a broader scale than the Vaughan and McConaghy clinical trial would be most unhelpful to consumers of mental health services when considering the availability of an intervention strategy which is in accord with the aims of the NMHS and UN Resolution 98B. Such a trial requires motivation and resources with good management and a well planned strategy.

In the context of RANZCP PS #24 there is some heart to be drawn from the following remarks in a letter to me (dated 22 December 1998) by Dr Broadbent, RANZCP Executive Director, that:

*" I am not aware of any barrier from the College perspective to Fellows who might be interested in participating in programs offered by the Swinburne University Graduate School of Integrated Medicine or the Australian Integrated Medicine Association."*

Swinburne University of Technology (Victoria) provides courses on matters related to the orthomolecular medical principles and practice.

## *How Good Is The Research Supporting RANZCP PS#24?*

**The Vaughan & McConaghy study (Paragraph 5)**

I suppose not surprisingly in view of past history, the RANZCP General Council attempts to support its case against the efficacy of what it terms 1orthomolecular psychiatry1 by referring in PS#24 (paragraph 5) to the 1999 Australian randomised, controlled trial by Vaughan & McConaghy which examined megavitamin and dietary treatment in schizophrenia. The Council says that "*the study failed to demonstrate any therapeutic effect*".

In spite of our reservations about the RANZCP research paradigm, Jan and I applaud the attempt by Vaughan and McConaghy to test the megavitamin and dietary model within the RANZCP research paradigm. However, we have reservations about the conclusions drawn.

The study does nothing to explain how some people have benefited from orthomolecular medical treatment. All it does is to say the treatment model used did not contain all the elements for successful outcomes for the test group.

Unfortunately, the trial only covered a timeline of five months which may have been too short a timeline. Further, it is a different approach to the intervention model used by Jan and myself.

There is no mention in the study report of any tests for chemical sensitivity. This could be a critical factor.

One cannot be certain that some foods were avoided totally and whether the participants in the experimental group always recorded what they consumed or were aware of the ingredients of the foods they consumed over the five month period.

Food sensitivity requires very rigorous removal of foods from a person1s diet. For a person who exhibits sensitivity it only takes a very small amount of the food to trigger a reaction. This type of exclusion diet is very difficult to maintain without motivation, discipline, assistance, supervision and careful analysis of all foods consumed.

RAST testing for IgE is not a sufficient test. The **only** test we regard as truly reliable is a **single food challenge** and after having **totally** avoided that food for five to seven days. **I had NO positive RAST tests**.

An important factor in my successful approach may have been the quantity of fish I introduced into my diet but it should be seen in the context of everything else that was done as well. Note Attachment F re studies on fish oils and schizophrenia.

Whatever, Jan and I are not deterred by the Vaughan and McConaghy study given what we know about our situation. We are pleased though that their study model reveals that our proposal for more research into the intervention model we applied is possible and may be acceptable to the RANZCP research paradigm. This gives us confidence, so long as there is motivation by medical and health authorities to take the proposals on board, helped by public research funding and support from mental health organizations.

(1) Vaughan K, McConaghy N. *Megavitamin and dietary treatment in schizophrenia: a randomised controlled trial.* Australian and New Zealand Journal of Psychiatry . 33 (1):84-88, 1999 Feb.

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