

---

## Michael Lesser: Mind Nutrition

SVHI Transcript, Transcribed by [Bulletproof](#)  
Originally Recorded: 04/2004

File URL	<a href="https://www.youtube.com/watch?v=xFHZc_3-Tvg">https://www.youtube.com/watch?v=xFHZc_3-Tvg</a>
Length	96 min (01:35)

Speaker 1: There was a conversation saying, "Well, isn't there a way to just know what herbs to give people, because it gets so complicated?" I like dragon herbs. I don't have any stake in it or anything, but I like it because they're organic, Chinese herbs. In the back of the book, and I brought 2 of them, they talk about cardiovascular health, chronic fatigue, et cetera. They show you various herbs that they recommend to take. It's a table situation. I know most doctors like everything in a table and so ... Sorry, I didn't mean it that way, but it makes it simpler and easier, because I think that was your question last time: "Do you have a table that allows you to understand what you should prescribe to a particular person?" What I've seen is if you even put somebody on one of these, it can be helpful.

Anyways, I brought that up. It's dragon herbs, Ron Teegarden. If you're a licensed practitioner or even if you're a health practitioner, if you tell them that and you order a big amount you can get 40% off, that you don't pay the [inaudible 00:01:19]. Mention my name. Hopefully that will help. It's Ron Teegarden's dragon herbs. It's also helpful, because in this catalog, and like I said, I brought 2 of them here, it describes what these herbs are. One idea is if you want to take these books and buy them somewhere else, that's fine too. I also brought ... These are as well as free. This guy, Ron Teegarden talks about the herbs and why they're important. It's a little bit of a ... Like an hour and a half education on Chinese medicine. I find him very low key. He's not evangelizing. He's not pushing his product. He's saying why is [inaudible 00:02:04] helpful, why is it good, what does it do, what do you need to do, what is [inaudible 00:02:11], that type of thing. I wanted to bring that up, because it seemed like from last month there was a little bit of a confusion. I wanted to clarify that you can figure this stuff out in 10 minutes flat. Anyway, that's my excuse.

Speaker 2: Any questions?

Speaker 1: Any questions or anything? Okay.

Speaker 3: What is that second book? Body and Soul? What is that? Body and Mind?

Speaker 1: This one's Between Heaven & Earth, A Guide to Chinese Medicine. It's by Vinefield and Cornicle. I'll leave them out so people can look at them. I find it simpler than [inaudible 00:02:50] and it's for those people that want to sit down and read a book. This is more if you want to have 15 minutes and you want to read a little bit when you have the time, if you're on a short time-span.

Speaker 2: Thank you, [inaudible 00:03:05]. By the way, if I didn't mention, you probably noticed it coming in the door, but I brought, I ordered copies of Foster's book, which is self-published, which is again, a little bit off-putting, but there's some good books out there that are self-public, but it is self-published. The man wants to ... He's like a lot of inventors I know, a lot of people. He's more interested in getting the work done than the marketing and the business side, he couldn't care

less. He charges on. He's written about 190 articles and books. This book is self-published by some good people somewhere.

It's at the top of the handout that I gave you. You can go on the web and get it for free, but it's a little bit tedious to download a 170 page book and really work it. I brought copies for 10 bucks, you can buy a copy. I recommend that you take a look at it if you have the time. It's a very ... It's actually fun to read, because it's exciting. I can say, standing here and telling you this is the solution to the problem, I'm saying that I think it must be part of the truth. There's so much circumstantial evidence and the circumstantial evidence ... I was giving you a glimpse of it in what I handed out there. I'll stop there. I wanted to bring up, let's see ... Did we decide ... Do we have people fighting over who's going to introduce Dr. Lester tonight? Let's see, did Mike ... Mike, did you and Christy work that out?

Christy: No. He can do it.

Mike: I'll do it.

Speaker 2: Okay. Okay. Mike will do it. Okay.

Mike: Have you mentioned the next 3 meetings?

Speaker 2: No. Go ahead. Do that too.

Mike: Okay. You know that next month we're having Dr. Wong, the expert on [inaudible 00:04:55] speak. In June it's Garry Gorden, spelled with 2 R's they told me.

Speaker 7: Is he the -

Mike: Keylation?

Speaker 7: Yeah. Keylation, Garry Gorden.

Mike: That's not the only thing. When you talk about the magnet things, he's investigating magnets that are the size of the room and getting [crosstalk 00:05:14].

Speaker 7: But he is that Garry Gorden?

Mike: That's the Garry Gorden guy. The team [inaudible 00:05:17] guy is working with Garry Gorden on magnets and he's into everything you could think of. In fact, we had to narrow his talk down and -

Speaker 8: June 17th.

Mike: Third Thursday, this room. Then, in July we were going to have 2 of the dentists that we heard at the symposium in San Francisco that Dr. Cunuan ran, but we're doing the miraculous things described in Roan's newsletter about moving the bottom jaw forward, allowing more oxygen to go on. You gain a half inch in height instantly and they had 5 patients there that 2 of them had MS that were cured within a week of putting this in their month. One was 11 year old boy who was there. The lawyer for Rowan, well, he didn't have the MS, but he couldn't sleep for 25 years until he put this device in. Next day he slept from them on. They had a man who had MS for 15 years, got cured of that. I forget who the other 2 ... The other one had fibromyalgia due to Lime's Disease.

Speaker 9: Jody.

Mike: Jody, who was now his ... Couldn't work and is now his secretary in Tacoma, Washington. Now, unfortunately because of Rowan's newsletter, he's getting 100 calls a day. In fact one of the calls was the 11 year olds father, ripped out in the newsletter, brought his son up there. He had been in a wheelchair for the longest time, bent over and everything. When they put the device [inaudible 00:07:00] he got out of the wheelchair and started pushing it and he was walking all over the place there. He's gotten so busy from that, he can't come in July. It will just be Dwight Jennings, who 2 or 3 of our people have already been seeing and are working on there -

Speaker 2: [inaudible 00:07:18]. When you hear this, this sounds so completely crazy. It sounds like nuts, nutty, but I heard this fellow, Ropsin speak and the mechanism finally starts to make sense. I think there's a lot too it. I'm not easily convinced about these things. I wanted to make that caveat here, because otherwise you'll think we've really gone off the deep end. Come and hear the fellow. We don't put people on a program, unless we think they can make a case. Then, we're not an easy audience. I recommend that you come and hear this [inaudible 00:07:55].

Speaker 11: A question, Mike.

Mike: Yes.

Speaker 11: Can you explain why it costs \$10,000?

Mike: I can't completely, except that you got to keep coming back for adjustments, so that's a total price. Then, he's got to change it as the jaw moves forward. Now, part of the reason, and I don't know if he does what doctor -

Speaker 1: Jennings doesn't charge as much as Ropsin.

Mike: Jennings, who will be on speaker, doesn't charge as much. Jennings also does something else.

Speaker 1: Four thousand.

Mike: Jennings does -

Speaker 1: They call it splint, but Jennings will allow you to be splint-free, which Ropsin doesn't do. I actually have 2 friends, one who had MS and she went to him about 3 years ago and she's now been symptom free for 2 years. Then, I have another friend who used to get a cold every single week and now gets a cold every 2 or 3 months. I think she's paid a total of \$4,000. He's a lower price, but they think it's because the research and what they've learned, that that's what they're paying for is all the time managing. I know Ropsin charges a lot more money.

Mike: That's for extended period of time. I don't know the exact pricing, but it's -

Speaker 1: Jennings is also, he's written about 7 or 8 articles, so he is published in what he's done and he's published his findings of where he's taking the people.

Mike: It looks like these people worked independently, came up with the same idea, oddly didn't even know each other. They were going to meet here on July 15th, but Ropsin's scheduled, he's also teaching dentists and doctors all over. He can't commit to come here in July, but Jennings will be here. In September, we're having.

Speaker 2: Mike, a question.

Speaker 13: Is there somewhere we can go to find out a little bit of information in preparation for this?

Mike: Sure. Dwight Jennings, I think has ... If you look up that name you'll get to his website, unless you know the exact one.

Speaker 13: What's the name of the ...

Mike: It's the ... What I call it here is what actually Dr. Rowan called it, correcting airway interference fields to cure diseases. What they're doing is allowing more oxygen to go down by pushing the jaw forward, which straightens the neck out, and we saw the x-rays. Rowan himself had it down on his wife. I forget. That was the last 2. It showed the x-rays of the neck when this appliance was put in, straightened out, and that's why he grew a half inch instantly from that. Then, when he takes it out, it goes down again until some period of time of wearing it. Anyway, that's July 15th. We would have had him sooner, except we had Gordon and then Wong already scheduled. September 16th we're having Frank Shallenburger on energy medicine. A few of you know him. I don't know the details, but he's one of the more outstanding speakers. There were quite a few at conference in San Francisco.

Anyway, tonight's speaker is Dr. Michael Lessor, who is a pioneering orthomolecular psychiatrist trained at Cornell University in New York City at the Albert Einstein Medical Center in the Bronx. Dr. Lessor along with the late Lina Spolling was one of the founders of the orthomolecular psychiatry movement, which focused on nutritional and vitamin therapy to regulate brain function. In 1975 he founded the Orthomolecular Medical Society and later Nutritional Medicine, a communications company that sponsors major world conferences on nutrition and vitamin therapy. He has testified before the U.S. Senate on Nutrition and Mental Health. He's published more than 50 peer-reviewed journal articles on the subject of orthomolecular psychiatry.

On his ground-breaker book, *The Brain Chemistry Diet*, which is there, he shows how identifying your brain chemistry type can help you conquer depression, reduce stress, and maximize your mind without prescription drugs. Instead the diet plan relies on a natural, safe, and effective nutritional approach to regulating mood and boosting brain power. He now practices in Berkeley and the conference that he's putting on at the end of May, we're getting a special rate for our members, of \$150. The brochures are on the table describing the speakers that will be there. We can go Friday, Saturday, and Sunday. I think there's a doctors day before that, to the 3-day conference. I heard the last time he was in San Francisco, he had 11 hundred people. We had 50 at Doctor Hunan's conference. I don't know how you get 11 hundred people, but was that right? That's what your son told me. Here you, Dr. Lessor, go ahead ... He has something.

Dr. Lessor: One question. Did anybody come here from seeing a notice in a newspaper? Three? Any more? Four? Which, what newspaper?

Speaker 15: Hollister Weekly.

Dr. Lessor: Hollister Weekly? Weekly?

Mike: Our publicity.

Speaker 2: Okay. Good work, David.

Dr. Lessor: We still can't get the Merk to pay attention but ... Working.

Dr. Atchison: This is the program, conference program if you want to pick that up about this conference. The workshop that isn't included in the special 3-day price is the day before and that's designed for anyone who really wants to know a lot about neuropsychiatry, nutrition and neuropsychiatry. That has a modest cost of its own. Today we're talking about nutrition and the mind and we're going to focus on 3 amino acids which are really the latest thing, cutting edge so to speak in psychiatry, nutrition, and the mind. I want to thank Christina Owens for this wonderful presentation that she's prepared. She's taken my disorganized musings and put it into a very organized fashion here, as you can see. That's

quite beautiful too, I think. I think we can move along. The idea of this book, The Brain Chemistry Diet, it has a couple of ideas behind it. One idea is that psychiatry today as it exists has got it all wrong, as the rest of medicine does, of course. Otherwise, why would we be here?

I feel that we're fighting, basically, a Vietnam war, or maybe we should say an Iraqi war in medicine today in that we see medicine and psychiatry as an enemy. Disease is an enemy to us so we're fighting it like soldiers trying our best to kill it. Unfortunately, our success has been hampered by the fact that we kill ourselves in the process. We haven't learned how to destroy the disease and not the host in the same time. This goes into psychiatry, of course, although it may be a little subtle in our efforts to kill schizophrenia or bipolar disorder or whatever imaginary term we've made up and labeled the enemy, we've unfortunately, quite often, by the bludgeoning techniques that we use, destroy the host mind and all the potential, the tremendous potential that was there. That's one of the reasons why I wrote this book was to try to bring a different emphasis to my field, because I believe that psychiatry is an important field and a noble field and it certainly has gotten a lot of attention. We might as well do it, I think, in a fashion, if I may be so im-modest as to say that it will be beneficial to its recipients.

By this I mean the first thing we have to do is change the terms in psychiatry. If you go into a psychiatrist's office today, the best thing you can come out of there with is the diagnosis without mental illness. Otherwise, you are labeled something that has a pejorative term to it. It might be called schizophrenic, manic depressive, bipolar disorder, psychopathic, whatever. Known depression, maybe you're anxious and neurotic, like most of us. Isn't that strange where this is disease after all. Neurosis is a disease and yet Freud explains to us in half-way talking, "Oh by the way, most of us are neurotic." This is actually what we consider normal. There's something strange going on here. Unfortunately, these sometimes mythological concepts ... I'm referring to words like schizophrenia which is basically, it's a mythological concept. I shouldn't say it's a mythological concept. Freud or a very good German taxonomist tried to understand these strange people who he was dealing with and he came up with this term schizophrenia.

There's no pathological lesion supporting this word. It's strictly based upon 4, rather subjective assertions. Words like autism, which is you as I understand it you're all good scientists. You know that this is not really a word that can be easily defined. Autism. It can stretch the limits from extremely [inaudible 00:18:10] to something that is quite normal in an individual in any given time. Ambivalence. The 4 A's of [inaudible 00:18:18], which define schizophrenia in the beginning are all subject to complete subjectivity. The second A, ambivalence. Who is an ambivalent here? Are you going to vote for Bush or are you going to vote for Kerry? That's an ambivalent choice in the best of circumstances.

Then, you've got the 3rd A, affect disturbance. Well, yes, they talk about the schizophrenic having the inappropriate affect, smiling when they should be crying, perhaps, hearing of the news of the death of someone. Yes, of course, but then look at the beauty queens and how they cry and sob when they get their prize and their crown. Aren't we all sometimes quite inappropriate in our affect if we're just being viewed from the outside and nobody knows what's going on in our head at the time that we're feeling those emotions? The 4th A is the so called association defect, when you talk to a person who's been labeled schizophrenic you can't understand them. It's easy for the GP to say, "Well, they must be wacko. They're schizophrenic. I can't understand what they're saying. They talk in a so-called word salad, is one descriptions used in my training days." They refer to the whole person by maybe a part, a skirt; some would say they'd call a woman a skirt. Now, of course, that's slang today. Isn't it? Or it used to be slang in the '50s anyway. At any rate, again, that's a very, very totally subjective concept without a shred of proof for it as far as differentiating people in any way scientifically to be labelled schizophrenic.

Once someone gets labeled schizophrenic, look at all the things that can happen to them. Tom Zass, of course, as many of you are aware of, his waiting time ... Now people have lost their civil liberties and so on behind diagnosis like this. Of course it's had tremendous effect on our whole California civilization. Tom Zass was the crystal intellectual figure behind Governor Reagan's decision to clean out the mental hospital system that we used to have in the state, because we were locking up these people against their will and taking away their civil rights. That's how the community mental health system was born. You see how things can sometimes go haywire in attempt to do good. We can actually do more harm, but let me get back to the next on-topic. That's one of the ideas is to change around the whole notion that we're dealing with pathology here. After all, if schizophrenia, whatever it is, if it was such a terrible thing, a weak link, why hasn't it died out? Why is it still around? In fact, more than ever. Same thing with bipolar disorder.

Why are these people who have suffered so much have so much trouble, why are they still with us? According to theories of evolution, they should have disappeared a long time ago, yet we still continue to have these psychopaths amongst us and so-called schizophrenics, psychotics is a big and better word, honest word, and so on and so on. I think it's because we've been looking at these problems as if they were problems and we've been defining them in pathological terms instead of seeing that the cup is half full. Schizophrenics, after all, changed the world. They are the probably the greatest visionaries that we have, they have the highest potential as human beings, so-called schizophrenics, I say. When I say that I've given my evidence, Sir Isaac Newton, he was a psychotic, lived alone all his life. He was very distinguished, but at the end of his life he had a well-known psychotic [inaudible 00:23:03] and died in [inaudible 00:23:05].

Martin Luther heard voices. Well, for that matter you could go back in the Bible and all, practically all of those prophets would be diagnosed schizophrenic, along with [inaudible 00:23:19] the Rabi Jesus, today. If we need more modern evidence that there's something great in madness, Vincent Van Gogh, who's the example I describe in detail in this book, of a, what I call a dreamer, which is my positive name for this class of people living called schizoid or schizophrenic when they get in trouble. Vincent Van Gogh, of course, was a typical schizophrenic and psychotic and actually killed himself. During his lifetime he couldn't sell a single painting. His paintings were so different and bizarre. Not a single painting in his lifetime and today he is our most expensive painting. This is what so-called schizophrenia can do to some people. Now, the second type ...

Speaker 17: Well, do you want to go through -

Dr. Atchison: Well, this order was very good. Yeah.

Speaker 17: What order [crosstalk 00:24:25]?

Dr. Atchison: What we're going to do ... The other thing about ... See, I've divided the world into 6 types and I know it's artificial, because we're all really everything. Still, you will find that people do break out into these 6 types. I know it's true scientifically, because it's based upon the whole history of psychiatry. I haven't thrown the baby out with the bathwater. I've kept the whole history of psychiatry, I've reversed our thinking about it so instead of calling someone a schizoid and when he gets in trouble he becomes schitzo and then when he gets in trouble he becomes schizophrenic, we call him a dreamer. When he gets in trouble he becomes schizophrenic, but we recognize that this is really potentially the best, the cream of the crop that we have. In fact, if you talk to schizophrenics, if they come into your office, you'll find that before they've had their nervous breakdown, they were the straight A students, they were model citizens, they were well on their way to creating a great future for themselves. We can go into that in detail later.

Now the second thing that I tried to do in this book is begin to develop a differentiated treatment approach for these 6 different types, so that there's a differentiator treatment approach for the schizophrenics and for the manic depressives, which I call the stars, because the bipolars, the stars, they're the movers and shakers of the world, they're the captains of industry. I remember Charlie Bludorn, who was a tremendous manic depressive. He was the president of Gulf & Western Industries. He ranted and raved at his stock holders meeting like a true manic depressive in a manic state. He was terribly charismatic, carried everybody before him. They are the people that do this thing. Winston Churchill's the example I use in my book, because he was such an excellent example of a manic depressive when he was in his manic phases. Of course he was able to rally the whole Western world and put different people like Stalin and Roosevelt together in a grand alliance. Also, he could make some terrible

mistakes when he was in his manic phases as manics are notorious, that they have very bad judgment when they're [inaudible 00:26:51]. Yes?

Speaker 18: What [inaudible 00:26:53] Stalin?

Dr. Atchison: Excuse me. Stalin?

Speaker 18: Stalin. Yes.

Dr. Atchison: Stalin I guess would be a warrior, wouldn't he? I hadn't really thought about him before, but that's my first thought, because he was such a maclivilient type individual.

Speaker 18: Well, he started to be a priest. You know that, right?

Dr. Atchison: The warriors have a very strong religious ... They're the second most religious group. The dreamers are the most religious. Well, maybe the stars are second, but the warriors and the stars, those 3 are the religious groups more so than the others.

Speaker 17: Dr. [inaudible 00:27:34], do you want to go through the different types and explain them quickly?

Dr. Atchison: Yeah. I'm trying to do that in my lessor wit. The stoics are the majority of people. The stoics are the salt of the Earth people. They're your prime depressives. The reason I'm trying to ... I'm also trying to apologize to you scientists by saying that it's important that you advice these 6 different types, because treatments going to be a little bit different and there's different things we need to look for if we're going to put this on a sound biochemical footing. That's my reason for having 6 different types, not just to try to sell books.

Speaker 19: Which one are you?

Dr. Atchison: I would call myself humbly a start. I have mood swings and I cycle up and down. Fortunately I have relatively long cycles and because of what I've learned about nutrition I've been able to prevent myself from going off the deep end either way, thank God, so far. The stoics, as I say are the most common type. Maybe 50% of the people that come into my office and they're the salt of the Earth type people, they're the kind of people that you want to have as your secretary or whatever, because if you give them a job, they get it done, they don't complain about it, and they never give you a hard time. That's what their problem is, because they get depressed, as you can imagine, because they try to grin and bear it, shoulder everything and sometimes they get depressed. My example in the book is that wonderful President of ours, Abraham Lincoln who had chronic depression and suffered from it.

He certainly was a stoic. Just look at him. There's a picture of a stoic individual. He tried to carry the burden for all of us at that time. He had, of course, as you know, many, many losses. He lost his mother when he was 11 years old. He lost his sister and he lost 2 of his children, and he lost his girlfriend, the true love of his life so to speak. He had a tragic life. He eventually lost it. He was a stoic. A good example of that had he had a number of depressions in which he was very severely depressed. He, like a true stoic he said, "When you're depressed and down, work is a cure." That's a stoic attitude. The other thing he said was that, "The best thing that I can hope for is the good opinion of my fellow man." That's another stoic attitude. They live for the good opinion of other people, not necessarily for their own happiness. We wouldn't hear a warrior saying that kind of thing. A warrior's more concerned with his own happiness or her own happiness and as a result of that they don't suffer from depression, except very rarely, because they don't put themselves in a position where they're going to get depressed.

On a psycho-dynamic basis, depression is anger turned inwards. Of course, Dr. Mike, we're going to talk mostly about biochemical things, but that doesn't mean that they didn't have a psychological cause. It's that we've decided that everybody isn't a genius, Sigmund Freud and even Sigmund Freud said, "Talk therapy isn't that good." The quickest way to cure most problems of the mind appear to be chemical. Even if you have a psychological hurt or injury that caused your depression, we're going to talk about the chemical, non-dangerous cures for that thing tonight. Getting back to our types, we know that depression is the problem with the stoics, so we're specifically going to look for a particular test, the serotonin test in the bloodstream. This book describes the various laboratory markers that are helpful in these different types. With depression you want to look at several things, but most importantly serotonin. Serotonin will give you an objective measurement as to whether this person is depressed. Many depressed people aren't even aware that they're depressed, or if they are aware that they're depressed, are doing the best to hide it from you and themselves.

It's often a shock to me to measure serotonin on people like this who have so-called smiling depression and find that they're very low or absent. Then, I realized, yes, I'm dealing with a smiling depression here. Often those who cry the most don't have an abnormal serotonin and they have more of a depressive reaction, but you know you're not dealing with a serious, severe biochemical upset if the serotonin comes back normal. The other test that you would test for in a person that's depressed, severely depressed, if you were going to do blood testing, that I test for at least, would be the zinc and copper level. Any stress situation is going to throw the copper up and lower the zinc in their blood. Stress itself may cause a zinc, copper imbalance, but also our current situation on the planet is tinning towards a zinc, copper imbalance since we get very little zinc, only borderline amounts of zinc in our diet today, because of the widespread use of commercial farming, which replaces only 3 or 4 of the nutrients, potassium and nitrogen, and doesn't pay much attention to the other 30 or so within things

that are in the soil. They are eventually being farmed out, like selenium we were talking about earlier. Well, that can be a problem. California is a relatively slimming, deficient state and it's been related to depression too.

Dr. Foster, who I had met and am very impressed with has commented on that too that areas of selenium deficiency have more depression. It's been touted as a treatment for depression and may be helpful. I've used 200 micro-grams. Getting back to the types, just to get through them, and of course mention the other test that's very important in working up depression and that's histamine. There's those 3 things. You want to check zinc and copper. You'll see a high copper, low zinc if that's the significant problem that's causing the depressive, the depression. You'll see a high histamine if that's the cause of the depression. You'll see a low serotonin if that's the cause of the depression. On the other hand if we move to the star category, the bipolar so to speak, when they get in trouble, if they're manic, there serotonin ... Where's there serotonin going to be if they're manic? Yes. Very high. It works out that way. If they're depressed, of course, it would be very low. On the other hand, what about cortisol, plasma cortisol.

You can measure that too if you want to. It's very interesting in [inaudible 00:35:38]. It was the first thing I learned about manic depression. I had this ... When I was a medical student I did a plasma cortisol on a manic patient. It came back 7. Then, a couple of days later he flipped very rapidly into a severe depression. His cortisol was 41 or something. It was very higher than if you had an [inaudible 00:36:00] tumor. That really impressed me with how much hormones can play a role. Of course we all know that emotions and hormones and how much they're tied together as web. I'm so leery about using hormones so widely as they're being used today. Aside from the physiological effects is the tremendous effects that they have on the brain and the mind. In the dreamer type, we might check cortisol too and see, but still we can tell from the serotonin. With the lovers we're dealing with one of the so-called neurotic types. The stars and the dreamers are the psychotic types. They become psychotic when they get in trouble.

The lovers ... My example in the book is Marilyn Monroe. Her life is a typical life of a lover, a person who relationships are very important too. Really their whole personality is centered on their relationships. Now a dreamer, he doesn't much care. He's a failure at relationships anyway. Relationships aren't very important to him, except his relationship to a higher power. Lovers are very dependent upon relationships. Marilyn Monroe would sometimes pick up the taxi driver when she was going home, because she couldn't stand to be alone at night. She always had to have something to get to sleep. If it wasn't a man it would be a bottle of pills. She took a pill in the morning, took a pill at night. It was a relationship thing. It comes from extreme insecurity. Of course, growing up with no relationships to speak of and very tenuous relationships.

Her mother was a psychotic we spent most of her time in a mental hospital, when she was 7 years old. She never knew her father. He walked out before she was born. When she tried to call him once, even after she became a big star, he said, "Would you like to talk to my lawyer." That was his response to his daughter. This is what happened with her. This is very typical of a lover, the basic insecurity and the dependency problems, and the anxiety of course that goes with this neurosis makes us think about catacoline, and the dopamine inside of the nervous system. Of course, there if you want to measure the catacolines to see if the person has got too high of a dopamine and epinephrine levels or maybe too low of norepinephrine, which is beneficial of the brain, not the one that makes you feel nervous, but the one that makes you feel really good. We can adjust those, to some extent, with nutrients, although I'm still learning about that, but I have noticed that Vitamin C will tend to reduce high catacolines in large doses.

The next type would be of the guardians. The guardians are what we call obsessive compulsive disorders when they get in trouble. The example I use in this book is Leonardo da Vinci, the great painter. The other painter besides Van Gogh who painted the Mona Lisa. Leonardo da Vinci was a tremendously prolific artist as a younger man. As he got older his obsessive compulsive ambition made him more and more of a perfectionist and more and more distractable, both the problems that were mostly [inaudible 00:40:11] stronger. As a result of that he produced less and less work. The Mona Lisa, which is considered the greatest work of art ever produced at the time is a small painting, like so, if you've had the good fortune like I have, you've seen it in the Louvre. I've had the other fortune of growing up in South Dakota so I didn't never learn to pronounce anything French. Even our capitol is Pierre. Everybody else might think it'd be called Pierre, South Dakota, but we call it Pierre.

At any rate, the Louvre, where the Mona Lisa is, it's only a small painting. It took him 4 years to produce it, a full-time work, spent over 4 years of it. He didn't want to release it even then. He was [inaudible 00:41:05] it was not completed, but he finally, reluctantly parted with it. That's the problem with the OCD and they live in a very guarded world. That's why we call them guardians. They're constantly concerned and worried. Worry is a big part of their life. They're trying to protect themselves and their loved ones from any eventuality that anything that might go wrong. They're the kind of people they're very well prepared and they have their garage stockpiled for any disaster and that thing. Woody Allen you might think of as an example and popular lifestyle of that type, the guardian type. They always think about death. They're obsessed with death, of course, because it's a control issue with them and they want to be in control and of course nobody can control death, can we. That's a problem with them.

Of course, OCD problems are a problem, aren't they and how to treat them and what do we look for. Well, we look for serotonin again. Serotonin -

- Speaker 20: And there's diet. All those things are players in chemistry. How do you clean somebody out to make a diagnosis, figure out what you're going to do and cure them?
- Dr. Atchison: Well, all I do is I measure the zinc and the copper. I measure the serotonin. I measure the histamine. Of course, I do all the usual profiles, because there's a lot you can tell about a person from the usual profiles too. As far as levels of toxicity and cleaning them out. Yeah. No white sugar. No white flour. No white rice. No stimulants. No caffeine. No alcohol. That's pretty much standard operating protocol for most patients who come to see me with severe depressive disorder or psychotic. All those things do mess up their biochemical [inaudible 00:43:10]. At the same time you put them on all the nutrients in mega doses to overcome the shortage they developed over 20 or 30 years from eating junk food. It's a general true, it's in the cooking. Sicker person is mentally the worse their diet is. That's why so-called schizophrenics will be living on junk food. They're like the innocence, they eat what's good, what tastes good, but they don't have any consciousness. They don't pay much attention to healthiest food considerations.
- Speaker 20: [inaudible 00:43:46] maladjourned, malnourished [inaudible 00:43:48]. You used that term earlier, what you call malnourished.
- Dr. Atchison: What do you mean? I call malnour- If somebody's got a problem, my viewpoint is they're malnourished, because I'm a nutritionist. [inaudible 00:44:05]. We're nutritionists here. We weren't educated as nutritionist, but we've come to it from our experience. When somebody comes in and they're depressed, I figure they're malnourished, because if they weren't malnourished, they wouldn't be depressed. I have never seen a person commit suicide who was in a silver state of mind. They only commit suicide when their brain is altered. There's one man who took an overdose of heroine, committed suicide. One man drank a fifth of vodka and blew out his brain. I don't see people in a sober ... They may feel terrible, but they won't be that impulsive. They don't lose those inhibitions unless they're drinking or doing something to their chemistry to alter it. Yeah.
- Speaker 2: Lance [inaudible 00:44:58] and Eric [inaudible 00:44:59], tripped up the terms orthoelective psychiatry, because they got interested in B vitamins and schizophrenias as I understand it. That was part of their interest in it. I was wondering what you thought of that theory of schizophrenia.
- Dr. Atchison: Well, yeah. I'm very interested in schizophrenia, because that's why I became a psychiatrist. I had a brother who was a shell-shock victim of World War II. He lied about his age and enlisted when he was 17. He was in the Navy and he was out on an island and there was an explosion. Everybody on his platoon was killed, but him. He was always a little bit strange and he was brilliant too, but that's what pushed him over the edge. I was a kid and he was ... I would look at him as a teenager. That's how I got interested in the whole field. There's 2 theories of schizophrenia that I find appealing in this biochemical world that we're

interested in. Of course I'd like for Tom Zass ... I've talked about him before. The Soviet, social ideas I think are very revealing. R.V. Lang, some of you are familiar with him. He's also a very interesting writer in that whole field of psychosis and schizophrenia. They don't understand the biochemistry. Their social optical theories and they fall a little short in explaining, I think, because they don't see the biological side effects. On the biochemical side I think there's 2 great men, as far as schizophrenia, and that's Abram Arthur. Of course his sidekick who just died, Humphrey Osmond.

The other great figure is Carl C. Pfiffer. They both were, and Arthur still is pretty successful in [inaudible 00:46:49] psychosis, biochemically. They use a little bit different approaches. They were probably treating different syndromes. In fact, Pfiffer used to talk about the schizophrenic, schizophrenias. He used to refer to them as the schizophrenia being that there were many of them. He defined the histadelic and the hista-dependent type schizophrenics. Well, actually, these words wind up being true for everyone, not just schizophrenics. You don't have to be histadelic. You don't have to be schizophrenic to be histadelic. You can do the blood histamine test on everyone. At first I did it on schizophrenics, but now I do it on everybody, because if they're high histamine, they're going to be depressed. If they're low histamine they tend to be more manic and euphoric, and that thing. Again, it's something that helps you. Why does it help you? Because you can change it. If they're high histamine, you can bring the histamine down and get a change in the way the person feels. How do you bring a high histamine down? Lithium, which is a classical treatment. You don't have to use the high dosages that tradition psychiatrists use. You can use a relatively low dosage.

Speaker 21: What do you think about lithium orotate?

Dr. Atchison: Yeah. Lithium orotate and those work, Dr. Ebnoter, but they ... You have to give them pretty high dosages with people that are very sick to get an effect, I've noticed, like about oh maybe 10 pills a day, 50 milligrams or up in that range. Certainly not 1 or 2, because it's more subtle. Yeah.

Speaker 22: They have homeopathic lithium. I saw it at the health-food store. I was surprised. It's from a ... Probably for health professionals only, but this particular store had them. Does that work or do you have any experience with homeopathic lithium?

Dr. Atchison: I haven't had any experience with it. I'm certain that it does something. I know homeopathy is very powerful tool. I don't know how it would effect histamine. The other things that will lower a high histamine are calcium, a gram a day of calcium and the other one is a mythianine, DL mythianine. Again, a gram a day, 500 milligrams twice a day of both.

Speaker 22: Have you heard, there's a Doctor Bottman Gellidge, who wrote a book called Your Bodies Many Cries for Water? In there he states that most people are dehydrated and that the less water in your system, the greater the rise in

histamines. He was able with his patients to normalize histamine levels by getting them to drink -

Dr. Atchison: Wow.

Speaker 22: Could of quarts of water per day.

Dr. Atchison: You know, I think there might be something to that, because I've noticed it with myself, even, when I drink more water I seem to be less mucousy or ...

Speaker 22: He calls histamines ... One definition he says, "It's the vivid drop managers of the body. When we're losing moisture through breathing out, there's not enough water in my system, the histamines go to work to shut down the alveoli in the lungs creating mucous blocks so that you're not going to lose as much water. Then, when people start drinking, all of a sudden their breathing improves and their lungs open up again." Time and again ... It's a great book. Go on the web. It's called watercure.com and see some of his papers there and check it out, see if there's -

Dr. Atchison: I wonder if that would be helpful in conditions like cystic fibrosis where you have a lot of those.

Speaker 22: I think he mentions that in there as a matter of fact, because you can get clogged up lungs.

Dr. Atchison: Right. Well, then on the other hand if the histamine is low, and you have an individual who is too spacey and living on another planet and you want to get that histamine up so that they can be more sober and realistic, then you use niacin and folic acid and Vitamin B12. Those 3 B vitamins will all raise histamine and you should be aware of that too if you have a histamine reaction for if you're taking a lot of niacin to lower your cholesterol or something.

Speaker 22: How much niacin do you recommend an average person takes per day [inaudible 00:51:10]?

Dr. Atchison: Well, I don't really have a recommendation for average people, because who's average? It's quite varied. You only need 20 milligrams a day to keep from getting pellagra. Three grams a day is the treatment of choice to lower cholesterol and in treating schizophrenia, Hoffer uses as much as 8 grams a day. The 2 basic theories then, Hoffer of course was the originator in 1952, I think, of the whole idea of using niacin and Vitamin C in mega-doses, 3 grams eat with a high protein diet, sugar free diet, to treat schizophrenia. Pfifer found that the high dosage niacin was good for the low histamine schizophrenics, but the high histamine schizophrenics didn't do well on that. He usually limited them to less than a gram, or a gram a day of niacin. He also discovered what he called pyloria. There's a test for pyloria, cryto-pylourol in the urine. Sounds a bit like Superman,

but you can get this test done at Hugh Reardon Center out in Wichita, Kansas and probably other places.

Although, I don't think you can get it done through the usual, standard laboratories. It has to be a send-out. Why you would want to do the test: At one time it was thought to be diagnostic for a type of schizophrenia, a syndrome that was called pycnia in which Pfifer had described as occurring in people who have a china doll complexion, blondes, blue eyes. They usually have very good ... They're more of a hysterical schizophrenic. They would be a good presenting focus in all that. I have found that the crypto-pyrol test is only specific for hypoglycemia, probably. Maybe Dr. Ebner wants to comment on that, but I see it in about 30, 40% of the population. I don't find it helpful as a diagnostic tool, but maybe that's me. At any rate, he did define this one group, and this group is benefited by zinc and Vitamin B6 in large amounts. They're also notorious in that they have white spots on their fingernails as a symptom of zinc deficiency.

Then, of course, Pfifer's responsible for the copper, zinc business too. He showed that copper toxicity can cause a type of psychosis. It's associated with a racing mind, difficulty sleeping, and severe depression, all from copper crisis and taking people off copper and giving them a lot of zinc, he was able to reverse those problems. That's where we are at with the psychosis and severe mental illness as far as our understanding of biochemistry today. Yes?

Speaker 23: Where do people with panic attacks fit into this feed?

Dr. Atchison: Well, I was going to talk about gaba, because we talked about 5-HTP and how that's good if you're depressed. With panicky people we're thinking gaba these days? What's gaba? Gaba's the main inhibitory neurotransmitter of the brain. You've got your stimulating and your inhibitory neurotransmitters. It's the same thing as the parasympathetic and the sympathetic nervous systems. You've got these 2 kinds of neurotransmitters working in your brain. One stimulating you, one inhibiting you. Gaba is the main inhibitory one. It's the one that calms down your brain when it's over-racing, so much going on you can't even think of what the next thing to do is, because there's so much going on in your brain. If gaba calms everything down, gets the chatter down, then you can say, "Oh yeah, now I should be doing this." It's very important and it takes the place like Valium. We used to use Valium. Now you can give people gaba or if you want to use a prescriptive form so that their insurance will pay for it, there's Nurot, which is gabap [inaudible 00:55:59]. Yes?

Speaker 24: You never mention [inaudible 00:56:03], which seems the most dependent thing [inaudible 00:56:06] one step closer to the permission of [inaudible 00:56:10]. Is there a reason you [inaudible 00:56:11] versus DLPA?

Dr. Atchison: Well, yes. I use DLPA if I'm treating a case of migraine, migraine headaches, because it's very effective for that and seems to have a painkilling quality to it.

Then, I give 3 tablets a day, 500 milligrams, 3 times a day for a week to load them up on it. Then, the migraine sufferer, I give them a maintenance of one tablet of 500 milligrams DLPA a day from then on. If it's a women, I put her on, if they usually have PMS, bad PMS with it, so then I put them on a high protein, hypoglycemic diet and frequent feeding to help with the PMS as well as the migraines. After 2 or 3 months they don't have a migraine problem anymore. You can also use L-tryptophan for migraines too, because again, it's braced on low serotonin. Yes?

Speaker 25: How much gaba do you use?

Dr. Atchison: Gaba? I use ... Well, with someone who has anxiety, 500 milligrams twice a day might be enough. If it's severe, you can go up to 500 milligrams. You can give them 4 grams a day. You can give them 8 tablets [inaudible 00:57:31] with safety. They might get a headache. If they get a headache ... Few people will complain of a headache at that level. The other side effect from gaba is [inaudible 00:57:45]. It's supposed to relax you so it can really tire you and knock you out if you take too much of it, but you can use it as a sleeper as well to help you calm down to go to sleep. Yes?

Speaker 26: Seeing that you never mentioned melatonin which converses serotonin in the morning [inaudible 00:58:05] light.

Dr. Atchison: Right. Well, because I haven't used much melatonin. I don't know if it works or not. Yeah. People tell me it works for sleep. As again, it's a hormone. I'm a little bit leary of hormones, because it's one notch up in the control level. No, I have nothing against melatonin. I don't use it much. I don't need to use it much, because L-tryptophan is so effective for sleep disturbances. Yeah?

Speaker 27: How does processed sugar effect the whole chemistry for probably the different [inaudible 00:58:45]?

Dr. Atchison: Well, talk about insomnia. The first thing you've got to do with someone who's got insomnia is tell them to stop eating sugar. That will keep you awake at night, because the magnesium deficiencies that go along with it. What was your question?

Speaker 27: How does processed sugar fit into all these different symptoms of people [inaudible 00:59:05] mental illnesses?

Dr. Atchison: That's it. I just said. The person with the best diet has the best mental health and the person who's eating the most sugar is going to be neurotic and crazy.

Speaker 27: Why is that?

Dr. Atchison: Because it's not a food. It's apart food. You're getting the sugar, you're getting the calories, but you're not getting the magnesium and the manganese and the

zinc and the vitamins, D vitamins, and all those things, the chromium that are in the ... The molasses syrup that are lost in the refined sugar.

Speaker 27: Is that covered in your book?

Dr. Atchison: Yes. All that's covered in the book. All these theories are covered in the book. Everything is covered in the book. The whole - Yes?

Speaker 22: I have a question. About 30 years ago I was working with a psychiatrist friend of mine. He loved schizophrenics. We had a conference for about 5 weeks. All schizophrenics were invited. These were people that saw visions, they heard voices, they saw auras, the whole works. He was explaining, correct me if I'm wrong, he said that serotonin is a compound comprised of harmein, which cause auditory hallucinations, mufatinine found on the skin of toads, that's the old licking the toad trip for the psychedelic [inaudible 01:00:22] things. Then, fydmatoxytryptomine, I believe it is, or DMT, which is a real powerful psychedelic and that people that were diagnosed as schizophrenic and hospitalized, that these would break down and they hear voices. The niacin, I heard that it stabilized that back into its normal neurotransmitter compound and then these symptoms seemed to go away. Have you heard anything to that effect?

Dr. Atchison: Well, I've noticed in, when I do the lab tests, I've noticed that people with the so-called schizophrenic syndromes don't fall into a neat category with serotonin. They may have a high serotonin. They may have a low serotonin. It may be normal. It doesn't help. I suspect that's because we're dealing with a lot of different syndromes.

Speaker 22: Does niacin normalize the serotonin levels? How would you -

Dr. Atchison: Niacin will raise serotonin levels.

Speaker 22: Raise serotonin levels.

Dr. Atchison: Yeah. It will help to raise serotonin levels.

Speaker 22: Oh, okay. Great.

Dr. Atchison: Yeah?

Speaker 28: Why [inaudible 01:01:23] instead of [inaudible 01:01:24]?

Dr. Atchison: Because I haven't found 5HTP to be particularly helpful in my practice. I've tried it. I tried it for a while there when L-tryptophan wasn't available, but I've talked to some patients who have been helped by 5HTP. It depends on the individual. For most of my patients, I'm comfortable with the eltriptophan. I know that stuff is good and I know how much to use it and I have a lot of experience with it. Yes?

Speaker 29: Have you seen [inaudible 01:01:58] compounds? Do you see [inaudible 01:02:02] reactions [inaudible 01:02:04]?

Dr. Atchison: Yes. So glad you mentioned that.

Speaker 29: What does that tell you about the [inaudible 01:02:07]?

Dr. Atchison: I wish I knew. You asked about idiosyncratic reactions. I just had this happen.

Speaker 30: But can it be a synratic?

Dr. Atchison: Yeah. I just had a patient I gave the eltriptophan for and he couldn't sleep at all. It had the completely opposite reaction to him. It make him completely unable to sleep. I don't know why yet, if I ever will know. Yeah.

Speaker 31: I've found that I was taking about 6 grams of [inaudible 01:02:34] a day and I ended up starting to hives from that [inaudible 01:02:38] before I stopped taking anymore. Have you seen that happen with other people? Do you know why [inaudible 01:02:42]?

Dr. Atchison: Again, I don't know why it's happening, but I've heard that from one of my patients also, just recently, cold sores in the mouth taking eltriptophan, or they're not sure if it's eltriptophan. It may be the kid eats a lot of sugar too.

Speaker 31: That'll do it.

Speaker 17: Doctor [inaudible 01:03:04] do you want to go through that one thing today, about Sarah [inaudible 01:03:06]?

Dr. Atchison: The case of Sarah? Well, Sarah was a depressed woman.

Speaker 17: Do you want to ... Well, we have slides on it.

Dr. Atchison: Oh, you have slides on it?

Speaker 17: [inaudible 01:03:19] make a little [inaudible 01:03:19].

Dr. Atchison: Well, Sarah was a lovely, young woman who was newly married. She had been married about a year and a half, 2 years, and she had a nice husband. She came in with the parents, came down from New York, and she couldn't bring a pregnancy to completions. She was very depressed, of course. She came to see me about the depression, but being a young doctor at the time, relatively young. I didn't know what to do for her, so I gave her everything in my ... Which was my way of doing thing to give everybody everything, shot-gun approach so to speak, because I found out these nutrients are safe and they don't have any side effects. Why wouldn't you give them everything? In fact, you run a risk if you give them some and not the others. You'll create deficiencies because they're getting a lot

of this one thing and they're not getting enough of this other thing. I gave everybody everything, assuming that I didn't know everything and maybe it was there.

Speaker 17: You want to talk about [inaudible 01:04:28]?

Dr. Atchison: At any rate, what happened with her was, well, she had severe hypoglycemia and low blood sugar. In those days I did 5 hour [inaudible 01:04:37] tests on every patient that came to see me and I accumulated about 700 of those tests and found that 67% of the patients had hypoglycemia. There was a real connection there, in my mind, between blood sugar problems and emotion illness. She had low coppers, which can result in fatigue, infertility, as that says. In her case I think the thing that [inaudible 01:05:10] ... She had a successful outcome. Her depression was correction and more importantly, she was able to get pregnant and deliver to full term. I think that what resulted in her successful pregnancies is she had 4 of them, by the way. She has 4 children today. She got Vitamin E from me. It's the natural form in the mixed [inaudible 01:05:36] and she got the natural form of Vitamin A, the fish liver oil, and she got the large doses of folic acid, which we all know are [inaudible 01:05:45] for women's reproduction for some reason. The thing that she got from me that I didn't even know might have helped her, that I discovered later because you can have miscarriages from lack of Vitamin E and lack of folic acid and also ... Does anybody know what other nutrient is associated with miscarriages?

Speaker 32: Vitamin C.

Dr. Atchison: You're right, but what part of Vitamin C?

Speaker 33: Bioflavonoids.

Dr. Atchison: Exactly. The bioflavonoids, which Albert Spinkioriki discovered. He also discovered Vitamin C. He discovered the bioflavonoids. He felt that they were very important, although they can tend to get neglected. Most of the people who sell Vitamin C, they don't even put any bioflavonoids in there. A lot of people are maybe getting bioflavonoid deficient from taking massive doses of sorbic acid without bioflavonoids. At any rate, that may have been what caused her to have successful pregnancies. I do remember that I gave her, I wrote it down on her prescription regimen bioflavonoids too.

Speaker 34: But also 10 grams of C?

Dr. Atchison: Oh, I didn't give her anything like 10 grams. Did I? Did it say that up there?

Speaker 34: No.

Dr. Atchison: I think I gave her about 3 grams, is usually what I gave to average person who is depressed. Although sometimes I would give as much as 10 grams.

Speaker 34: [inaudible 01:07:13] you would make sure that all pregnant patients had 10 grams of C and you never had any pregnancy [inaudible 01:07:18] problems, [inaudible 01:07:19] problems.

Dr. Atchison: You know I had an interesting case recently with regard to that. Another woman who was depressed, but also got pregnant while she was working with me. She had a relationship and got pregnant ...

Speaker 34: Not from you?

Dr. Atchison: Not anymore, buddy. Not anymore.

Speaker 34: They used to do that, right?

Dr. Atchison: I know I got more.

Speaker 34: [inaudible 01:07:54]

Dr. Atchison: I think I got one woman pregnant, but I'm not sure. You never really know for sure, right? Although they do bare resemblance. Anyway, this case, she ... I had her on a lot of vitamins. She was on a lot of heavy vitamins. I probably made a mistake here, because when she got pregnant I got scared. I thought, "Well gee, maybe we better take her off these vitamins, these mega-doses, maybe it will make some problem here." I didn't want to mess with up. She lost that pregnancy. I often wondered if I kept her on the high doses of vitamins if she would have kept the pregnancy. Does anyone have any experience with that kind of a problem?

Speaker 35: Well, [inaudible 01:08:44] thing was 3 grams the first trimester, 6 grams the second trimester, and 10 grams the third trimester. There was some, fake Russian study that said Vitamin C caused abortions, but their criteria was ridiculous. It was a woman who had missed a period or something and then had a period. Then, they were pulling Vitamin C and they call that an abortion. It was ridiculous. [inaudible 01:09:08] commented on that study. No. We haven't found that Vitamin C ever does anything bad to a child. Quite frequently when they deliver, we have them put sodium ascorbate on their nipples and it keeps them from getting chapped and it gives the kid a lot of vitamin C. Besides that, it's coming through in the breast milk.

Dr. Atchison: I've heard that if the mother is taking a lot of Vitamin C, the child will be dependent on Vitamin C and should be given Vitamin C too or the mother should continue I guess when she's breast-feeding.

Speaker 35: I can't do that, but that's why I do it theoretically.

Dr. Atchison: Well, what if she's not breast feeding? What if it's a bottle baby?

- Speaker 35: Well, I've never really had that problem. I guess you could put a little pinch of sodium ascorbate in the formula.
- Speaker 36: [inaudible 01:09:58] day for [inaudible 01:10:00].
- Dr. Atchison: Dr. Cathcart's going to be talking at our conference, by the way, in great detail about Vitamin C. Yeah. What was the question?
- Speaker 36: Dr. [inaudible 01:10:10] gave a gram a day to units and then a gram a day per age up to age 10.
- Speaker 35: On this withdrawal scurvy I'd like to point out that we are not an ascorbate producing animal. It's like you give thyroid to a person, it makes them make less thyroid themselves, but if you give them Vitamin C, they're not going to make less Vitamin C. Now, theoretically, you might get more enzymes that break down Vitamin C faster, but I don't find that that's very important. Usually what happens is that with adults if they're taking large doses of C, they're doing it for some reason, like chronic fatigue or something really like that. Then, they stop the C, their old problem comes back again. You take a perfectly healthy person and give them large doses of Vitamin C or they won't be able to take large doses of ascorbic acid because they'll get diarrhea if they're perfectly healthy. When they stop whatever they can take, I don't see any problem.
- Dr. Atchison: Well, are there any other questions tonight?
- Speaker 2: Well, I guess one of my questions is, Mike, could you say something about how you made the transition from mainstream medicine to nutritional medicine?
- Dr. Atchison: Well, I had the help of my brother who had had the nervous breakdown and he was considered a chronic schizophrenic. He had all the usual treatments at that time, electroshock therapy and group therapy and all that. That always kept me a little alienated from what I was learning in medical school and in my residency, because I knew I had this brother who had the same problem that these patients had, and so I knew there had to be some kind of answer. I didn't want to give my brother these tranquilizers that were messing with these [inaudible 01:12:06] in hospitals. Then, my oldest brother, Lawrence, who was dictator of our family ... There's 9 children, 7 boys, 2 girls. He sent me an article in the newspaper about Abram Hoffer's treatment. I tried to use that treatment when I was a resident in psychiatry at [inaudible 01:12:28]. I had a case [inaudible 01:12:32]. He was on thousands of milligrams of Thorazine. He was a terribly sick guy. I was the fourth doctor. She wasn't [inaudible 01:12:44] the hospital. The family had asked me to give them this [inaudible 01:12:48] treatment.
- The supervisor that I had said to me, "Well, that treatment has been studied and then disproved. It's a fable. It doesn't work." I found out who had studied later. It was Nathan Kline, who was the same gentlemen that introduced Thorazine to

the Russian world. He studied it the way he would study the drug, I think in all sincerity. He gave niacin to patients. He didn't give them the high protein diet, limited carbohydrate, frequent feeding. He didn't give them a sugar-free diet. He didn't give them the Vitamin C in mega-doses along with the niacin in heavy doses. He gave them ... I don't think he even gave them 3 grams of niacin. He gave them a relatively small amount of niacin for only 4 weeks and then stopped the study. Okay. Said, "Well, it didn't show anything here." That became the nucleus for the APA task force report that condemned [inaudible 01:13:54] for psychiatry and put us back so many years when that came out. We had an academy of [inaudible 01:14:03] psychiatry. We had 300 attendees at the 1973 conference. The task force report came out in 1974 that there were 100 attendees at the conference that year.

Speaker 37: That's one of my questions. Could you give us a little bit of a [inaudible 01:14:19] history of orthomedical pshyscology?

Speaker 2: I'll tell you what, before you go on that I'd like to find out what happened to your patient, what happened to your brother, and ...

Dr. Atchison: My brother was a success story in a way, in that we found out eventually ... He became Pfiffer's patient, Carl Pfiffer. It also brought in an interesting element, because I had run into a girl, a beautiful woman who was a friend of my sister-in-law. She had come to a party of my sister-in-law. She'd heard of who I was and [inaudible 01:14:59]. She was a patient of Pfiffer's also. She had been psychotic. She had gone down to Mexico and thought she was the virgin Mary and stripped herself naked. Piffer had treated her and got her well. I was just finding out about all this stuff. Then, I met her at this party and I talked to her and I was very impressed with everything. I was just finding out about all this stuff. I had this brother back in South Dakota and my family was saying, "Come on, Mike, you can do it." I hired her and I sent her back to Mitchel, South Dakota and she moved in with my brother and my parents and lived with them for 3 months. She got him to quit smoking. He was a chain smoker. All he did was smoke cigarettes, which in Fort Lee they gave them to you by the carton-load if you were a Veteran.

He chained smoked cigarettes. She got him to quick smoking cigarettes. He drank coffee. He swiveled coffee all day long, black coffee and cigarettes, that was his life. She got him to quit coffee and she got him to quit smoking cigarettes. She was a recovered schizophrenic herself, so I believe in that concept of using linkage if you can find it, people who have had the problem. They know the problem much better than anybody else does. They can communicate to these people. At any rate, he became a different person.

Speaker 2: Did he use niacin and Vitamin C and stuff?

Dr. Atchison: He used niacin, Vitamin C, but mostly B6 and zinc, and mostly it was removing these poisons, detoxifying, if you would, the cigarettes and the caffeine. What

we discovered about him, and this is why I'm concerned about hormone therapy is he kept coming out to visit me year after year and I would do a physical on him and sending him through a bunch of blood tests, and he kept coming back with low thyroids. Finally I said, "Well geez, he's got hypothyroidism." Of course that goes along with mental illness. I took him to a very good endocrinologist in San Francisco [inaudible 01:17:17] hypothyroidism and put him on Cethroid. Then he went back to South Dakota and where he didn't get such good attention, and I don't know if he took an overdose of the Cethroid or if it was too much for him, because he was an older man at this point, and he had a Takardia, emergency Takardia, and he nearly died, but they were able to stop the Takardia, but then it happened a few years later a second time, and this time his legs turned blue and they took him into the local hospital and they even did surgery on him and the doctor told me later, "There's nothing there. There is no clots there." They thought there was a clot, but what they found is that he was severely hypothyroid and with severe hypothyroidism you get very severe [inaudible 01:18:17] cardiovascular disease.

He had no circulation to speak of. As a result of that he lost his leg at the Mayo Clinic following that episode of Takardia, and a year later he lost the other leg. Again, it was because they did a bypass. They did a bypass on the one leg and of course the doc, the surgeon told me, one of the head surgeons told me, "He's going to last about a year. That's about as long as he'll last." They do a lot surgery [inaudible 01:18:51]. At any rate, I became alarmed when he [inaudible 01:18:58] hypothyroidism and severe arteriosclerosis and once I discovered that, I said, "Well, that's it for you. You're going on a strict vegetarian diet." He had 3 glasses of freshly squeezed orange juice every day, for breakfast, lunch, and dinner, and a strict vegetarian diet. Well, it was totally strict, but basically no red meat, no [inaudible 01:19:22]. I think he was only allowed fish and eggs and a little dairy. For 5 years he was fine. He had no cardiac, no [inaudible 01:19:35] problems.

Then, I lost the good woman who was taking care of him out in South Dakota, because here he was double amputee, schizophrenic. The schizophrenia was cured to this extent that not that he could ever be a 9 to 5 guy. I don't think schizophrenics are cut out to be 9 to 5 type guys, but he could now work to some degree, he could be of some help in the family business out there. He was no longer disturbed. Before, he used to run out and screaming, sometimes in the middle of the daytime. He would scam certain things that probably had a lot of symbolism to him, but I haven't totally figured him out yet. At any rate, and he used to run away, and all that behavior stopped. All the emotion upset stopped with the niacin treatment and B6 and vitamins and the dietary changes and getting him off the stimulants. All that. He never lost the voices. He told me that. He said, "I never stop hearing the voices." I don't know what that means. Some patients have lost voices just from when they stopped smoking cigarettes, because they have an allergic reaction and they stop hearing voices.

Speaker 38: What about the [inaudible 01:20:56] Albert Einstein [inaudible 01:20:58]?

Dr. Atchison: The woman who moved in and took care of him?

Speaker 38: No. Albert Einstein.

Dr. Atchison: Oh, she never got the treatment. You couldn't give mega-vitamin therapy. You still can't today at an academic institution in the United States. That's the way it is.

Speaker 38: Could you give us a little bit of the early history of -

Dr. Atchison: But by the way the sad story about my brother was that he did die after 5 years, because I lost that good help that was giving him the fresh squeezed oranges. The people who took care of him were ignorant about nutrition and they put him on Meals on Wheels because that was the only way to get him. I said, "Well, what about Meals on Wheels, Simon?" He said, "Sure tastes good." He had 3 months on that. He was very happy. He died happy.

Speaker 39: When you do these tests on people and find that they have some deficiencies, do you allow them to get corrected in their diet first before you give them any additives, supplements?

Dr. Atchison: Well, no, because for one thing the blood testing for vitamins, I stopped doing that a long time ago, because it wasn't helping me very much. They might have a normal blood level, what passes for normal, and still be benefited by an optimal amount of that nutrient. I go ahead right away and put them on all the nutrients. I get the blood testing to see if they've got a serotonin problem or if they've got a copper, zinc problem, but if they have a B12 deficiency or a folic acid deficiency I'm going to spot that in their CVC, because they'll have blood cells that are abnormal, abnormally large.

Speaker 39: How long do you keep them on these protocols?

Dr. Atchison: I keep them on the protocols until their chemistries are normal and then it's up to them if they want to stay on the maintenance, fine. If they don't, it's their life. Yeah.

Speaker 40: Do you have more books Doctor Atchison?

Dr. Atchison: Did they all get sold? They all gone? I have 3 more in the car, 3 or 4 more in the car. I could run and get those.

Speaker 41: I've been thinking about testosterone, which seems to be a big depression hormone.

Dr. Atchison: Testosterone.

Speaker 41: Do you know if [inaudible 01:23:33] bringing testosterone levels down?

Dr. Atchison: I'm going to work on that. My wife would like me to work on that.

Speaker 41: [crosstalk 01:23:42] and it works great.

Dr. Atchison: What?

Speaker 41: For the rest of us, we actually take the supplement and it works great.

Dr. Atchison: But you know something, I was treating working up at Napa State Hospital and one of my patients was a guy who took a lot of testosterone.

Speaker 41: I'm talking about human, biochemical testosterone, not drug.

Dr. Atchison: Oh, okay. Well, maybe that's different. This guy wound up killing his girlfriend on testosterone.

Speaker 42: How does that relate to prostate cancer? Does that create more of a problem for prostate cancer, taking testosterone?

Dr. Atchison: I'm not an expert in it. I don't know. I would think so. I would think so. Why would ... No. [inaudible 01:24:26] be. Doctor [inaudible 01:24:29], do you know something about that?

Speaker 35: The work that I've been following has I've been following has [inaudible 01:24:34], who wrote this testosterone syndrome book. He treats andropause and he's been giving testosterone to andropausal men for 10 years. He says he hasn't had any prostate cancer from that group. If you take a person who has a slightly elevated PSA, so far they haven't got the guts up to use it on prostate cancer, although I happen to know there's 2 orthomolecular physicians that are doing this to themselves, but we don't dare, for legal reasons do this to other people, but it lowers the PSA. The thought is that testosterone causes differentiation of the prostate cells. Now it is true that prostate cells require a little testosterone to exist, so if you do castration or Lupron there is shrinkage of the cancer in all the prostate cells, but after 5, 6, 7 years, it escapes its dependency on testosterone and comes back. Anyway, that seems to be the thing is that prostate needs a little bit of testosterone, but that testosterone in normal amounts causes differentiation of prostate cells -

Dr. Atchison: Which is good.

Speaker 44: That's normal.

Dr. Atchison: Yeah. I think normal amounts ... Normal amounts has got to be good. That's why I say try to stay young as long as you can by being very careful with your diet. When you carelessly go and start eating foods that aren't complete, you're going to guarantee that your testosterone levels are going to go down. Everything is

going to go down. Then, how are you going to correct that problem? Are you going to correct it by taking these individual hormones and maybe messing all of that up? It's a concert going on there. Or are you going to go back to the basics? I think the intelligent thing is to go back to the basics. Do it the hard way. Make sure that everything you eat is a real food.

Speaker 35: But don't give testosterone to a young man under any circumstances. It causes [inaudible 01:26:45] of the teste. You give it only to the men after they are lowering their testosterone. That's another thing. You never see a 23 year old man with cancer of the prostate. The old men who have their testosterone is way down, that's when they get cancer of the prostate.

Dr. Atchison: Well, of course the thing is that if a good doctor is prescribing, there's never a problem, but it's patients get enthusiastic about these things and then they use them to excess, even nutrients, and that's when the problems occur.

Speaker 45: Could you give a little history on lobotomy?

Dr. Atchison: Lobotomy? Pre-frontal lobotomy. They recommended that for my brother. He kept running away from the Fort Lee Hospital in Rapid City. They said, "He's uncooperative. He should have the pre-frontal lobotomy." My father took him to the doctor in Boston who brought it into the country. I think his name was Walter Strange.

Speaker 45: They did that. They did that lobotomy stuff. Yeah. It was very widespread in the '50s.

Speaker 46: They still do shock [crosstalk 01:27:59].

Speaker 45: In the '50s.

Dr. Atchison: Yeah. It became discredited fortunately. A couple of movies were made?

Speaker 45: Why were they doing that?

Dr. Atchison: They were doing it to separate the emotional brain from the intellectual brain so these people who were very disturbed and upset, running away and uncooperative and yelling and screaming and upset, became calm. Cured. Too many of them were turning into vegetables, so they discarded the treatment. This is, I think, the Kennedy hero had a lobotomy, the President's ... That's another interesting thing about schizophrenia. I'm going to wrote a book called The Stoning and the Prophets, strictly about Schizophrenia, because they occur, and this is why I've been able to support myself even though I treat psychotics, because they occur in prominent families for some reason, which I have my own theories about.

Speaker 47: What are the long-term effects of neurological damage to people that are on pharmacological drugs? Doctors give these patients these drugs and they go on them for years. It's got to have a ...

Dr. Atchison: [inaudible 01:29:15] dyskinesia; 89% of patients put on tranquilizers will develop [inaudible 01:29:21] dyskinesia.