Nutrition and Mental Illness
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Many diseases as well as mental and physical illnesses are the result of wrong balance of essential nutrients in the brain and body. Correction of the chemical imbalances can be achieved by adjusting the diet, eliminating junk foods, and ingesting needed amounts of essential vitamins, minerals, trace minerals, amino acids, and polyunsaturated fats. This was first termed “megavitamin therapy” by Drs. Humphrey Osmond and Abram Hoffer in 1952. Over the years it has evolved into the practice of orthomolecular medicine. “Orthomolecular” was coined by Linus Pauling, and simply means supply means supply the body’s cells with the right mixture of nutrients. Orthomolecular therapy is both corrective and preventative. Orthomolecular therapy can be used in the treatment of psychiatric disorders, but the range of treatable disorders is growing for conditions such as stress, autism, ADD, ADHD, arthritis, allergy, digestive, anxiety, depression, OCD, and phobias. Treatment focuses on adequate nutrients, and this is the distinguishing characteristic of orthomolecular medicine.

Orthomolecular therapy is not totally accepted among practicing physicians because some of the orthomolecular therapies take weeks to achieve the best results. However, times are changing and the public no longer wants a quick fix drug therapy with adverse side effects. Orthodox treatments for headaches, depression, insomnia, for example, are painkillers, antidepressants or SSRI’s. But while all surpass symptoms, none are curative. Orthomolecular therapy cures patients by correcting the brain’s imbalances. This therapy has no long-term or immediate adverse side effects because nutrients belong in the brain.

Orthomolecular doctors and therapists have expanded their use of special diets in the past ten years. The discovery that artificial colorings, preservatives, and food additives can cause “brain” allergies in adults and children resulting in hyperactivity has resulted in the use of more natural diets. Additionally, normal patients as well as mentally ill patients may have an allergy to one or more foods that modern society serves constantly. Some of the most likely foods include milk, eggs, beef, wheat, citrus, and corn products. Orthomolecular medicine teaches doctors and patients an awareness of their reactions to the environment and their individual needs.

Symptoms of vitamin, amino acid, and mineral deficiencies are common in today’s fast food society. These symptoms remain the main theme of professors of biochemistry who teach medical students, and yet most physicians would fail to recognize them.

The deficiencies arise from over indulgence of junk food, sugar, and sodas loaded with caffeine. A predominant deficiency that is present in the majority of the population is the B vitamins. Although only a small amount is required, the B vitamins are absolutely essential for normal brain function. B6 is the major co-factor and must be present to metabolize amino acids. Deficiencies of vitamins, minerals and amino acids can be produced a variety of signs and symptoms that can mimic a wide variety of medical and psychiatric syndromes that can be due to other diseases such as constant infections, immune deficiencies and metabolic imbalances. Health care practitioners confronted with these syndromes consider them to be manifestations of these diseases. When patients fail to respond to treatment, these doctors tend to classify them as psychiatric.

Many physicians never stop to consider there could be a nutritional link. Nutritional deficiencies affect every cell in the body and brain. The whole body suffers when the cells are operating at subnormal levels. General or systemic symptoms include fatigue, mood swings, tension, chronic pain, muscle tension and irritability. Additionally, an organ operating at subnormal efficiency will add signs and symptoms unique to that organ. In finding the cause of discomfort, physicians should remember that in the absence of readily, recognized diseases such as hyperthyroidism and infection, the presence of fatigue, anxiety and depression should suggest a thorough search for nutritional factors.
This is especially true when the major symptoms develop after severe and prolonged stress.

When patients are required to spend an extended stay in the hospital, stress, anxiety and fear are common before, during and after surgery. The nutritional aspect must be considered and a planned program must be put in place to assist in the healing process. This is more commonly seen following gastrointestinal complications, severe weight loss, chronic infection, cancer and other debilitating diseases.

Careful allergy testing, desensitization, rotation of foods over a four day period, food elimination diets and periods of fasting are useful tools for the orthomolecular therapist. Susceptibility to allergies and exposure to additives and preservatives as part of a nutritionally deficient diet contribute to any person becoming vulnerable to the stresses of everyday life. With a proper diet, the need for large does of nutrients to restore health is reduced.

The concept that food affects the mind is unknown to many people. The brain is the busiest yet most the most undernourished organ in the body. Sometimes the brain consumes as much as thirty percent of all energy that is derived from food. Allergies to foods can upset levels of hormones and other key chemicals in the brain, resulting in symptoms from anxiety, depression and schizophrenia. The allergic patient whose mental symptoms are so severe could be labeled "mentally ill" or even schizophrenic.

Allergies generally run in families and so does cerebral allergies. The allergic diseases have many presenting symptoms including history of colic, eczema, malabsorption syndrome (celiac disease), history of asthma, rashes, or hay fever, excessive daily mood swings, frequent colds, seasonal allergies, relief of symptoms with fasting, intolerance to foods. According to Doris Rapp, M.D., environmental specialist, patients with cerebral allergies usually have several extreme mood swings occurring within a single day. These moods may be mania or deep depression, often corresponding with ingestion of specific foods. Disordered thinking, paranoia, and abnormal behavior may be woven into low or high moods. A change in diet by changing to an entirely new food item or fasting for twenty-four hours may bring relief from cerebral allergy symptoms.

Specific nutrients are known for their effectiveness in reducing allergy symptoms. Probably the most effective are vitamins C and B6. Patients on adequate doses of Ester C will have less allergic symptoms. Vitamin B6 should be given on a daily basis. The minerals magnesium, calcium, potassium, zinc and manganese are needed in plentiful supply in the patient's diet. Dr. Rapp maintains the patient must abstain from the offending foods for several months. Then start reintroduction of the offending foods on a four day rotation basis, in which each food is eaten only once every four days.

The cause of compulsive and ritualistic behavior, impaired speech development, mood and behavioral changes may be in a hidden sensitivity to specific foods. Dr. Rapp is accumulating data that links numerous psychiatric disturbances with malabsorption caused by cereal grains and dairy products. Reintroduction of these grains into the diet can produce a relapse in months, days or even hours. In this case, food allergy testing should be done to identify the offending foods and establish a rotation diet. Food allergies have been implicated in ADHD, ADD and aggressive behavior. Food allergy causes the immune system to synthesize and release reactive chemical agents, such as histamine. Histamine is an important brain chemical involved in many reactions including pain and chemical allergies. Patients with low histamine levels in their tissues are loaded with copper. Both of these factors can produce behavioral abnormalities. Schizophrenics may have low levels of zinc and manganese and high levels of copper, mercury, iron, or lead. Mercury and lead are poisons that may produce symptoms that mimic those with schizophrenia.

REFERENCES
Great Smokies Diagnostic Lab

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