

Nutrition & Mental Health

The Quarterly Newsletter of the International Schizophrenia Foundation



Spring 2007

FROM THE EDITOR

The Rise of Nutritionism

In the editorial *Tarnishing the Gold Standard* (*N&MH* Winter, 2006), we explored how facts of science become subjective theories in the real world. Michael Pollan vastly expanded on this theme in an essay called “Nutritionism” in the January 28, 2007, issue of the *New York Times Magazine*. Pollan claims that we have transitioned from a healthier age of *food* of our great-grandparents to our present—and very sick—age of *nutrients*. The Age of Nutritionism, ushered in with such confident hubris 30 years ago, is the very thing which has led us to where we are today: confused and in poor health. Pollan’s essay presents an interesting hypothesis with some gems of insight which will be of interest to *N&MH* readers.

He begins with the obvious question: Why, after so many years of scientific research, government action and public interest in nutrition, is the most basic question about what to eat so complicated? Why have all our efforts been unable to arrest the steep decline in our physical and mental health? He attributes this paradox to the politicizing of the biosciences. Some of us fossils remember strolling through the supermarkets in the 1970s and seeing row upon bin of actual foods: bags of rice, labelled “rice,” apples under the apple sign and butter which, for better or worse, came from an impartial,

fellow mammal. We could decide what to eat without expert help by using nature’s mass spectrograph: color, taste, odor, and touch, in light of tradition and culture, or at the very least, mom’s kitchen.

Today’s supermarkets are utterly different. Observe your thought processes as you steer that Hummer-sized cart down the aisles in 2007. Your food inner voice is drowned out by a nutrient consciousness where your sketchy high school biology must suffice to evaluate the benefits of screaming packages that all claim to be an excellent source of something you’re told is good, or free of something they say is bad. Food is incidental today—it’s become a stage for a constantly changing cast of chemical heroes and villains like oat bran (good), cholesterol (bad); omega 3s (good), trans fats, (bad). The story of how nutritious food became nutritionism the ideology began, according to Pollan, in Washington in 1977. There, a Senate Select Committee on Nutrition, headed by George McGovern, was created to assess the suspected role of food in the alarming increases in chronic diseases such as heart disease, cancer and diabetes. The committee discovered an indisputable fact: third world cultures where traditional diets are consumed had strikingly low rates of chronic disease, while rates of the same chronic diseases had soared in America since World War II. During the war years, however, when meat and dairy products were strictly rationed, the rate

of heart disease in America temporarily plummeted. The committee, confronting the obvious, drafted a straightforward set of guidelines called “Dietary Goals for the United States” which urged Americans to cut down on red meat and dairy products.

That should have been the end of it, but the beef and dairy lobbies—like all lobbies in Washington—happen to be very cosy with politicians, and it wasn’t long before they met committee members on the golf course for a “friendly chat.” Senator McGovern, who had a great many cattle ranchers among his South Dakota constituents, was forced to recant and the committee’s recommendations about food were hastily rewritten to emphasize individual nutrients. The committee originally advised us to “reduce consumption of meat” but was pressured into recommending “meats, poultry and fish that will reduce saturated fat intake.” This subtle change in emphasis made a world of difference in public health. Despite the hard science showing the benefit of eating more or less of a particular food, don’t expect such an official government recommendation ever again. Distinctions between fish, beef and chicken have been politicized into oblivion—in the new language the foods themselves are innocent, the focus is now obscure molecular substances.

Today terms like polyunsaturated, cholesterol, pectin, carbohydrate, fiber, polyphenols, and carotenes have displaced

Nutrition & Mental Health (ISSN 1199-7699) is published quarterly by the International Schizophrenia Foundation, 16 Florence Avenue, Toronto, Ontario, Canada, M2N 1E9. Phone (416) 733-2117, Fax (416) 733-2352. E-mail centre@orthomed.org Copyright by the International Schizophrenia Foundation. ISF Membership is \$35.00 per year which includes a subscription to Nutrition & Mental Health. It is recommended that treatment of all health problems be undertaken in consultation with a qualified Health Professional.
Editor/Production: Greg Schilhab
Managing Editor: Steven Carter

Editorial Cont'd

“food”—the thing we used to eat. Since there are no “molecular trade associations” on Capital Hill, expect food to remain below the radar and the buzz to be on the expanding pool of mysterious nutrients and chemicals. The Age of Nutritionism has arrived.

In the Age of Nutritionism, the scientist is but one of the cogs in the machine. Scientists research and publish papers on nutrients; “lifestyle” journalists troll Medline for the results, and the food industry capitalizes on the news by a quick retooling of their foods and bright wrappers. Nutritionism ideology thrives not because it is true but because everyone wins—except us. If you’re a scientist, it’s publish or perish and nutrients are the perfect subject, because even the simplest foods are a hopelessly complex cacophony of chemicals in a dynamic relationship—quite impossible to study. If you’re an editor or journalist, it’s just plain boring to forever reiterate the nutritional needs of the body which have remained essentially static for millennia. Breakthroughs are what sell, and the nutrient studies scientists generate are *de rigueur*. The food industry has the scientists and writers to thank for the Brobdingnagian supermarkets filled with “health conscious nutri-foods” consumers now fear they’re not getting enough of.

Pollan urges us to reject the ideology of nutritionism and suggests a simpler way to rediscover food—and health.

Don’t eat anything your great-great-grandmother wouldn’t recognize as food. Avoid food products containing ingredients that are unpronounceable or more than five in number. Avoid food products that come bearing health claims. Get out of the supermarket and into the farmer’s market where fresh whole foods picked at the peak of nutritional quality still exist. Pay more for food grown or raised less intensively and with more care and eat less of it. Eat more like the French. Or the Japanese. Or the Greeks. People who eat according to the rules of a traditional food culture are healthier than others. If a traditional diet weren’t healthy the people who follow it wouldn’t still be around. Or as he summarizes it ultimately: “Eat food. Not too much. Mostly plants.”

The International Schizophrenia Foundation had long favoured calling its newsletter *Nutrition & Mental Health*, through our conviction that the key to mental health and the basis of orthomolecular therapy is nutritious food. Vitamins and drugs build on this foundation. However uncomfortable it may be for psychiatry to acknowledge, mere food has a storied history in treating mental illness, beginning in the mid-19th century, when Dr. J. Conolly in England reported that half his psychiatric patients were discharged well after a simple regime which included nutritious foods. In the early 20th century, Dorothea Lynde Dix hospitals in the USA reported similarly good results with the same formula: real food, shelter, sympathetic care and respect. Today food as medicine continues to change lives as demonstrated in Barbara Stitt’s nutrition program at the Appleton High School in Wisconsin. Grades are up, truancy is down, and teachers are freed to spend their time teaching.

We’d all be healthier—and happier—if we stopped worrying about the reductionist blandishments of Nutritionism and began to see food as it really is: a relationship with nature which sustains our life.

—Greg Schilhab

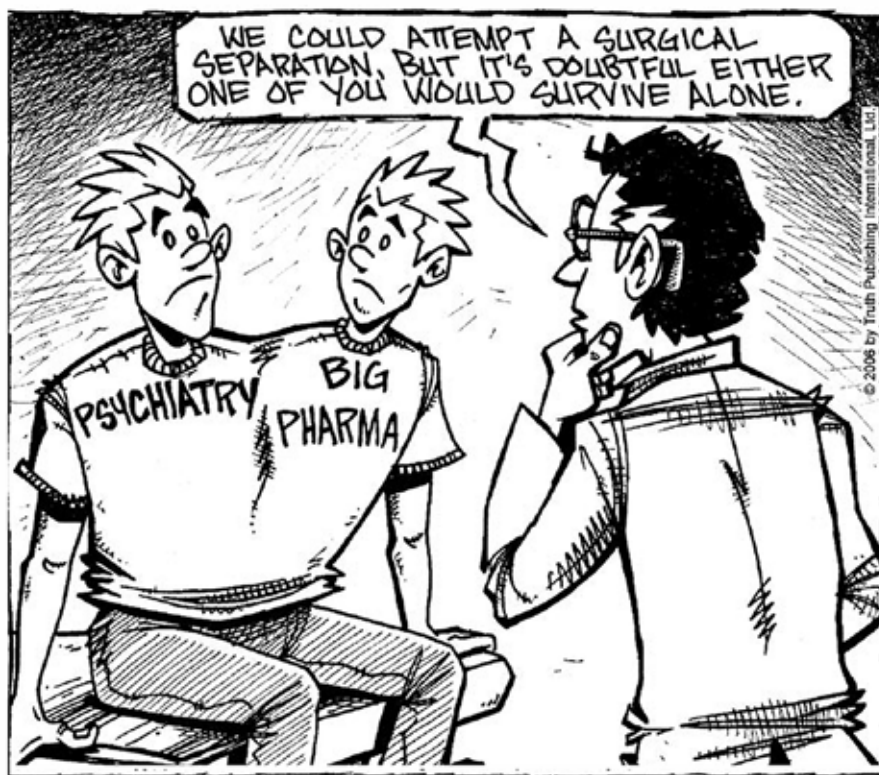
NEWS

Mental Health Advocates Lobby for National Plan

The Saskatchewan division of the Canadian Mental Health Association, the Schizophrenia Society and the Canadian Psychiatric Association have banded together to circulate a petition. The three groups hope consumers, family members and those interested in mental health will sign the petition that calls for the creation of a Mental Health Commission with appropriate resources, authority and accountability mechanisms. The petition also wants those who are directly affected by mental illness to be included as decision-makers on the commission. Canada is the only G8 country that does not have any mental health plan, but rather a hodge-podge of all kinds of departments with few standards and very convoluted pathways to get any services.

Petitions are available at any of the Canadian Mental Health Association’s provincial offices, or online at www.healthcampaign.ca The resulting petition will be sent to Prime Minister Stephen Harper later in 2007.

—Regina Leader-Post, Dec. 27, 2006



IN BRIEF

Plasma Selenium Over Time and Cognitive Decline in the Elderly

Because brain oxidative stress is a cause of cognitive impairment, selenium, a powerful dietary antioxidant, may protect against cognitive decline. The aim of this study was to examine whether declining selenium levels over time are associated with cognitive decline in a cohort of community-dwelling French elderly.

1,389 subjects (age 60-71 years) were recruited into a 9-year longitudinal study with 6 follow-ups. Cognitive functions were evaluated by neuropsychologic tests to measure associations between selenium change and cognitive decline. The researchers found that those subjects who had a decrease in their plasma selenium levels, the greater the decrease in plasma selenium, the higher the probability of cognitive decline. Among subjects who had an increase in their plasma selenium levels, cognitive decline was greater in subjects with the smallest selenium increase. These findings suggest that selenium status decreases with age and may contribute to declines in neuropsychological functions among aging people.

—*Epidemiology*, 18(1): 52-8 2007

Efficacy of St Johns Wort Extract Compared to Placebo in Patients with Major Depression

The aim of the current study was to assess the antidepressant efficacy and safety of *Hypericum perforatum* (St. Johns wort) extract at doses of 600 mg/day in a single dose and 1200 mg/day in two doses. The participants in this double-blind, randomized, placebo-controlled, multi-center clinical trial were male and female adult out-patients with an episode of mild or moderate major depressive episode.

For the 6-week treatment, 332 patients were randomized: 123 to St. Johns Wort 600 mg/day, 127 to 1200 mg/day, and 82 to placebo. The primary outcome measure was the change in total score on the Hamilton Rating Scale for Depression (HAM-D) between baseline and end. Additional measures included the number of responders, the number

of patients in remission, and several other standard rating scales.

After 6 weeks of treatment, mean decreases in HAM-D total scores of 11.6, 10.8, and 6.0 points were observed for the St. Johns Wort 600 mg/day, 1200 mg/day and placebo groups, respectively. Significantly more patients in the St. Johns Wort treatment groups than in the placebo group showed treatment response and remission. The number of patients who experienced remission was higher in the 1200 mg/day group than the 600 mg/day group and the incidence of adverse events was low in all groups.

St. Johns Wort at doses of 600 mg/day (once daily) and 1200 mg/day (600 mg twice daily) were found to be safe and more effective than placebo for the treatment of mild to moderate major depression.

—*Alternative Medicine Review*, Sept, 2006

Fish Oil and Student Spelling Skills

Fish oil can improve children's spelling skills and decrease absenteeism, according to a new research.

South African researchers studied primary school children who were given daily doses of fish oil as part of a study showed improved learning and memory. Fish oil, rich in Omega 3 and polyunsaturated fatty acids, is believed to play a role in the brain development and function of the fetus and young child.

Dr. Marius Smuts, from the Nutritional Intervention Research Centre in South Africa, tracked the development of 355 children aged between six and nine. Half of the children were given two slices of bread covered with 25 grams of spread enriched with fish oil but flavoured with either chicken, curry or tomato sauce.

Dr Smuts told the Congress of the International Society for the Study of Fatty Acids and Lipids in Cairns, he found the children were able to retain information better and were less inclined to take sick days. The study indicated that an Omega 3 fatty acid rich spread not only improved verbal learning, memory and spelling ability among the experimental subjects, but also lessened the number of days the children were absent from school through illness.

—*Sydney Morning Herald*

Valerian and Lemon Balm in the Treatment of Restlessness and Insomnia in Children

Efficacy and tolerability of a combined valerian/lemon balm preparation were investigated in an open, multicentre study in children under 12 years old suffering from restlessness and nervous insomnia. 918 children were evaluated for therapeutic efficacy and tolerability. A distinct and convincing reduction in severity was found for all symptoms in the investigators' and parents' ratings. The core symptoms insomnia and restlessness were reduced from "moderate/severe" to "mild" or "absent" in most of the patients. In total, 80.9% of the patients who suffered from insomnia experienced an improvement for insomnia and 70.4% of the patients with restlessness improved clearly. The tolerability of this herb combination was considered as good in 96.7% of the patients and no study medication-related adverse events occurred.

—*Phytomedicine*, 13(6): 383-7 2006

Homocysteine-Reducing Strategies Improve Symptoms in Chronic Schizophrenic Patients with Hyperhomocysteinemia

Several studies have reported that homocysteine levels are elevated in many schizophrenic patients and can be lowered by folic acid, B₁₂, and B₆

In this double-blind, placebo-controlled, crossover study, 42 schizophrenic patients with plasma homocysteine levels >15 micromol/L were treated with folic acid, B₁₂, and B₆ for 3 months and placebo for 3 months

Homocysteine levels declined with vitamin therapy compared with placebo in all patients. Clinical symptoms of schizophrenia as measured by the Positive and Negative Syndrome Scale declined significantly with active treatment compared with placebo. Neuropsychological test results overall, and Wisconsin Card Sort test results in particular, were significantly better after vitamin treatment than after placebo. The researchers concluded that a subgroup of schizophrenic patients with hyperhomocysteinemia might benefit from the simple addition of B vitamins.

—*Biol Psychiatry*, 60(3): 265-9 2006

BOOK REVIEW

What Your Doctor May Not Tell You About Depression

Michael Schachter, M.D. with
Deborah Mitchell,
Warner Wellness, 2006
Paperback, 397 pages

From the series—*What Your Doctor May Not Tell You About*—Dr. Schachter's book explains effective treatments for depression. Many sick, suffering and vulnerable patients take their tired brains to overloaded doctors who efficiently label them 'depressed' and quickly write prescriptions. In today's world of fast facts and fast foods, patients who trust fast care may stay depressed. And yet, what could be more effective than giving antidepressant, anti-anxiety, and mood stabilizing medications to the drained, depleted, helpless and hopeless-looking depressives who trudge into the offices of their brain-doctoring psychiatrists? While practicing as a psychiatrist and medical director of the Schachter Center for Complementary Medicine, Dr. Michael Schachter saw many depressed patients, listened to their stories and helped them recover and live well. Now he teaches us an integrated approach and shares their recovery stories. Following the road less traveled but well known to orthomolecular physicians, he recommends diagnosing the root cause(s) of each patient's discomfort before offering safe, effective and restorative treatments.

If the painful state of depression can result from various causes, distresses and medical problems, surely a competent psychiatrist would know how to assess patients and use medical tests and procedures to diagnose prop-

erly before trying to heal. Schachter explains that depression usually involves a neurotransmitter deficiency. Without getting too technical, he explains that when the brain sends chemical signals, some excite while others calm. Imbalances, strains and problems can overload, drain and deplete these biochemicals, producing the characteristic symptoms that get labelled as depression or dysthymia or bipolar disorder. The DSM diagnostic manual has many labels but Dr. Schachter does not get sidetracked label-picking. Instead he considers whether each patient's imbalance involves nutritional, hormonal, environmental, gastrointestinal, medical, pharmacological or genetic factors.

He encourages patients to review their diets and study their biochemical profiles for clues which might explain why they suffer from depression. He advises neurotransmitter and medical testing and thorough diagnostic work-ups. Assuming that patients can find doctors who

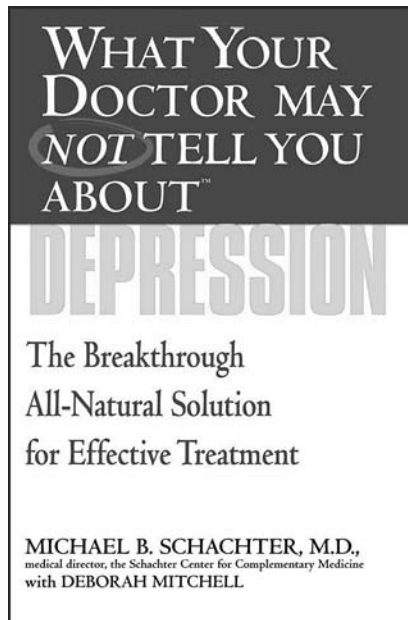
know about restorative orthomolecular treatments, Dr. Schachter recommends customizing regimens of amino acids, essential fatty acids, vitamins, minerals and even herbs to refuel depleted brains and alleviate the symptoms of depression. He introduces an encouraging selection of supplements with just the right amount of detail to reassure us that they have been researched and found safe and effective. Then he explains how our foods, enzymes, toxins and even hormones may also need adjusting. After restorative treatments, many depressed people recover but even so, Schachter counsels building resilience with exercise, light, relaxation and energy work.

Finally, what about brain pills? Do antidepressants always work as advertised? First, these pills do not re-

store depleted brain fuels; furthermore Schachter teaches us that some drugs can actually cause problems. Scientific studies have found that man-made antidepressants can interfere with neurotransmitters; these pills may not work properly unless our brains are well fed and even so, synthetic medications may not restore normal signaling patterns.

Dr. Schachter is not against medications; he knows that many patients take brain pills; however, he recommends learning the facts, monitoring risks and using restorative regimens along with medications. Schachter's book carefully explains an integrative approach for the safe and effective treatment of depression, with facts that your regular doctor may not tell you.

—Review by Robert Sealey, BSc



Now available! TRIBUTE CARDS

- Acknowledge Special Occasions
- Commemorate Family Members and Friends

Make a donation to the

International
Schizophrenia
Foundation



Income tax receipts issued
with a minimum
donation of \$10.00

Contact the ISF:
centre@orthomed.org
or phone 416 733 2117