round the turn of the century Athere was a great deal of research and interest in mental disease. In Zurich, Switzerland, a young doctor appeared on the scene by the name of Adolph Meyer, M.D. He developed his interest in psychiatry from a point of view that he called "psycho-biology." This new term was meant to suggest that the patients' mental state was in great measure dependent upon their biological wellbeing. This is a concept that is widely accepted and practiced today. In 1905, Dr. Meyer was asked to come to The Johns Hopkins University to carry on his research. He was appointed Professor of Psychiatry and Director of the Henry Phipps Clinic of The Johns Hopkins Hospital in Baltimore Maryland.

Probably one of the most prolific writers on this subject of psychobiology today is Emmanuel Cheraskin, M.D., D.M.D., Professor and Chairman of the Department of Oral Medicine at the University of Alabama in the Birmingham School of Dentistry in Birmingham, Alabama. His book Psycho-Dietetics is a classic and one of the most widely read books on the subject. With the present widespread knowledge and acceptance of this concept, one might expect that the fountainhead of knowledge in this field would be the place where it was conceived. As a graduate of that institution, I did not find it practiced there during my years in medical school. And 30 years later I have examples to show that it is not well practiced there now.

Two of my patients with postpartum psychosis were inmates of the Phipps Clinic. Both were treated with electric shock therapy. At no time did they have metabolic support, nor was it discussed with them. One of them discharged herself, and the other was discharged with no improvement after six months of therapy including electric shock. Under my care, both of these young women with supportive biological therapy have made a complete recovery and are in excellent health today — even better than they were before they became pregnant with their first child.

Another patient came to me from the Medical College of Virginia.

She had a postpartum psychosis and was treated with two sessions of electric shock therapy, with no improvement in her emotional condition. This patient came to me at the suggestion of another one of my patients. At the time of her arrival she was completely disoriented. Her memory had been blanked out - supposedly to remove all recall of her married life and both of her pregnancies. Not only had this been accomplished, but she forgot most of what she had learned in school.

the ceiling at her. She would frequently scream and withdraw as though she were dodging these flying objects. She had also been told that she should never have any more children, as this would make her condition worse.

It required about two years to get her to a normal state where I felt I could allow her to consider preg-

She could not make a decision, and she was constantly fearful of birds or flying objects coming through Psycho-Biology Of TPARTUM

By John A. Myers, M.D., F.R.S.H.



nancy. She was anxious to have two more children and she succeeded in having two very fine boys - giving her a total of four children in her family, all in excellent health. This patient has had a wonderful life since her rehabilitation 20 years ago. She still requires estrogen and thyroid, along with her vitamins, minerals and iodine. To relieve her of the worry of endometrial cancer and the problems of the menopause, we performed a vaginal hysterectomy at 42 years of age, and she feels even better since this operation. She says she feels more feminine, more energetic and more creative. She operates a boutique and generally looks like a fashion model from Hollywood, instead of the browbeaten, disoriented person who came to me 20 years ago.

It is interesting that all of these patients continually tell me about their friends who need this kind of support, but are unable to get it from their physicians. It seems preposterous that the emotional

FEBRUARY 1981 • Let's LIVE 23

symptoms and the physiological debilitation which follow pregnancy are still considered psychological rather than biological. Biochemical support is far superior to psychotherapy.

Two young girls, beginning in adolescence at 12 years of age, became mentally disoriented due to an increased requirement for potassium chloride. It was found later that they would stay well only with an added supply of this basic salt-of-life added regularly to their diet.

Another patient, 42 years of age and the mother of three children, was told by her personal physician and friend that being a bedridden invalid was to be expected as part of her menopausal condition and she could not expect to get any better. She was treated in several clinics to no avail. After 25 treatments of the supportive medication of intravenous magnesium, vitamins and minerals, estrogen, thyroid and iodine, she made a complete recovery in six months time and is now a very active member of her social group. She is now treated with estrogen from the fifth day of her cycle to the 21st day. When the estrogen is stopped for this period of time to aid the onset of her period, she becomes tired and depleted. It has been my experience with other patients that after a vaginal hysterectomy, when we can continue the estrogen supplementation regularly, they will feel constantly energetic and peppy. We plan a panhysterectomy for this patient in the near future.

"She managed to nurse the baby for three difficult months."

No one knows better than I that these stories sound fictitious, especially when I tell you of the remarkable recovery of these patients by supportive medication. So that you may judge for yourself, here is the story of one of the patients who went to The Johns Hopkins Phipps

Clinic. It tells how her condition developed over the period of having three children; how she responded in the hospital; and the story of her feelings concerning shock therapy.

This patient had her first baby at 21. Her breasts and nipples were tender throughout pregnancy. She attempted to nurse her baby for three weeks, but the nipples were cracked, bleeding and painful, and so she had to stop nursing. The baby developed diarrhea and remained on skimmed milk. Later this child was found to have congenital kidney disease.

"She thought she was going out of her mind . . ."

She had her second child at 23 and decided not to nurse this baby because of her previous nursing problem. The baby developed severe diarrhea on a formula and was sent to the hospital when he was six days old with an edema ("swelling up like an elephant"), and one episode of convulsions. The baby remained on the critical list for three days. He was allergic to all milk and was put on a soybean formula - then later on powdered skimmed milk. He also had congenital problems with his kidneys and had to be operated on for large stones in both kidneys when he was 12 years old. He continued to produce stones after this operation - about one every six months. He had a scaly dermatitis, which was relieved by applications of zinc

With the third child at 25 the mother was determined to nurse for three months. She was told by the doctors that this should avoid allergic problems for the baby. She managed to nurse the baby for three difficult months. She asked the doctor to stop her milk supply by either giving her medication, or by binding her breasts. He refused and said that nature would take

care of it. Her breasts were huge swollen and so sore she could hardly touch them with her arms, and she had no sleep for 72 hours. She said she felt like she was going out of her mind and in this condition she was told by her pediatrician that she should go away for a weekend vacation with her husband. However, the painful breasts made her return home immediately. As she said, the pain was driving her wild. She thought she was going out of her mind and signed herself into the Phipps Psychiatric Clinic of The Johns Hopkins Hospital. Without medical treatment, but for natural reasons, her breasts lost six pounds in weight in the first 24 hours she was in the hospital.

There was no attempt by the hospital physicians at any time to discuss the history of the physiology and pathology that had led to her seeking admission to the Psychiatric Ward. She was given several ink blot tests; page after page of ink blots were shown to her on different occasions, and when asked what they looked like, each picture received the same answer — they looked like "breasts." Without further effort for metabolic support, or even a consideration of metabolic support, she was given electric shock therapy, and the following is her report of this experience, which she entitles "SHOCK."

SHOCK .

"Sometimes, with a twisted smile, I would state 'I came of age with 21 shock treatments.' No one laughed or bothered to reply. I was speaking to my fellow inmates in a mental institution. Nor did my remark amuse me. It rankled my soul and burdened the air about me.

"Four years ago, a week or so before Christmas, I had a nervous breakdown. The causes, as with all mental patients, were many and varied. Most people, regardless of how tough they believe themselves to be, do have a breaking point. So, just where or why mine arrived is of little consequence. The fact remains that at the age of 27 I left my husband and three small children to live in a hospital for the mentally ill for six months.

FEBRUARY 1981 • Let's LIVE

"My husband was not allowed to visit the or consult my psychiatrist, Dr. S., for three weeks. On one of his first consultations with my doctor, Dr. S. recommended electric shock treatments for me to shorten the length of cure. Asked for his feelings on shock therapy, Dr. S. said: I'd recommend them for my own mother.' Knowing Dr. S. quite well, I'm sure he meant just what he se'd. (Fortunately for mankind, the glod doctor has since forsaken psychiatry.)

"The therapy began and with it came my pain, degradation, real loss di mentality, and private Hell

on Earth.

"It as awakened early on the day of my treatment and given a needle that weakened me throughout. My hospital gown was checked and a complete search of my preson was made to secure the fact triat I wore nothing metallic. I was then wrapped from neck to toes in a maroon wool blanket and assisted into a wheelchair. I joined a deathlike procession of maroon, wool clad wheelchair occupants awaiting elevators to the operating room IAII were silent and all eyes wore the same hopeless, God-forsaken dread.

".f. . at the age of 27 I left my husband and three small children. . ."

"Astaff of unknown doctors and nurses awaited me in the operating room. I was soon placed on the operating table. No one spoke. Why waste words on an imbecile? A gag was stuffed into my mouth to prevent my swallowing my tongue in the approaching agonies. Next I was given an intravenous injection of an anesthetic. Electrodes, which brought anguish to the expected convulsion, were pasted to my temples. When the current was arned on, an eternity of terror passed in moments and the first tremors shook and cast me into oblivion. I was spared the

physical awareness of the awfulness of that abyss. The soft steady buzzing of the electric contraption conditioned me to expect each time the living death, which followed relentlessly — 'because I remembered.' The resultant confusion, loss of memory, and the late breakfast which was administered afterwards with ineptly kind words, cannot effect the memory of the experience which always returned.

"The above is standard treatment and inhuman treatment. We patients were not criminals and this is not the Dark Ages, but whoever before devised such a torture as incomplete electrocution several

times a week?

"With awakening came more horror. Electric shock causes real loss of mentality. I was a child again with a child's mind. I wished to play Pussy in the Corner, Musical Chairs, and other long-forgotten favorite childhood games. I arranged imaginary tea parties with friends. This in itself may not sound benighted, but the fact remains that I knew I was a 27-year-old woman and unable to speak or act older than a five-year-old child."

"Patients who were not undergoing shock were allowed to read, play cards, and communicate in an adult way. I could not. Reading was totally impossible, and with this loss came an imposed loss of communication from friends outside. (I do not remember a soul writing to me, although I know many did.) Nor could I write. The only words I felt capable of spelling were 'dog' and 'cat' and I wasn't really positive of these.

"My conversation was of an infantile nature also. But, always lurking in the background was the inner knowledge that my capabilities were great and that expression was hopeless. To be a child as a child is a gift of God. To be a child as an adult and know you are such,

is to be damned.

"The dreaded sessions in the operating room became more horrible. I learned to know many others not sharing my Hell, but suffering their own. Max was a sweet little Swiss man in his 60s who I saw on the ward each day. These were not his first series of shock treatments and he could tell of more inhuman methods employed elsewhere.

Often Max and I silently shared the elevator in our trip to the electric torture chamber. One particular day Max preceded me on the operating table. Only a curtain and a few feet separated us. A few minutes before my time arrived I heard the electrodes pierce Max's brain. My torment was great. Senselessly my physical and emotional being suffered doubly that day. This was not an error. The hospital staff merely considered the patients too feeble-minded to have any sensitivity.

"The attendants, Jim and Donald, untrained and lowly paid, were salvations for us. They did not question their charges for a half hour a day as the doctors did, or observe us and take notes as the nurses did. They stayed with us all day, became our friends and gave us the only link with human kindness we were to know for many

months.

"'We patients were not criminals . . .'"

"To have an attendant push my wheelchair to the operating room was a blessing. A friend, a touch of warmth and compassion. Perhaps I was not completely forsaken. I would ask and be allowed to hold the attendant's hand through the dreadful preliminaries. My grip second. The doctors and nurses condescendingly observed my childish gesture. How little they understood the lifeline of hope the clasped hands represented.

"The attendants left. Perhaps the daily torture of those they knew and understood was too great a pain for them to bear. No longer did I have a friend in my last moments. The faces of the staff members frequently changed, but always remained stoic. All hope was lost, my sense of doom was com-

plete.

"Time passed. I existed by day, and was drugged by night. Finally shock therapy ended for me. Slowly I rejoined humanity. My mem-

ory began to return. I could read again, think intelligently again —

live again.

"I was transferred to another ward. Doors were unlocked. I was free to walk about the hospital grounds. Then weekends at home and finally the joyful day I was released and allowed to return to my

husband and children.

"For four years I have wanted to write this article, to expose electric shock therapy for what it is — one of man's severest inhumanities to man. Il could not write my thoughts, for the thoughts themselves brought great physical pain as I relived the agonies of electricity penetrating my brain. Often late at night I would come downstairs to read, for in the still hours the sensations would unbearably, vividly return I am still extremely frightened of electricity. The prospect of an X-ray gives me days of dread. But now I can think of electric shocks without any pressure vibrat-

ing beneath my temples.

"Medical science has a long way to go in helping mental patients. One of the first steps should be the abolition of electric shock as treatment. Never should a patient, regardless of appearances, be treated as anything less than human."

(End of her story)

The other patient also had problems with her endocrine system and required estrogen, thyroid, and vitamins and minerals to keep her well. I warned her that if she got pregnant when she was living close enough to come to me, she should advise the doctor who cared for her that she needed this metabolic support.

"Reading was totally impossible . . ."

I did not hear from her for several years. But after those years her husband care to me and asked if I would take her back. She had been in Phipps and a private psychiatric unit and had received about 20 shock treatments.

I was surprised when her husband told me that she had had a baby, and that it had been three days after the baby was born that she went into a postpartum psychosis. He told me that the physician who cared for her during the pregnancy told her that he did not want her to return to me - that he would take care of her health during her pregnancy. He didn't believe she needed estrogen and thyroid, or vitamins and minerals. When I called him and asked him about this procedure he told me that all of his patients had postpartum psychosis. It was only a short time after this that he committed suicide. He had been a well-known narcotics addict long before this. took place.

"For four years I have wanted to write this article . . .'"

This patient had been treated with shock therapy by two psychiatrists, without any question about her previous metabolic needs. The shock therapy made her worse, and when she first came to me she did not know what she was doing. She did not know what the handles on her stove were for. She could hardly walk through the doorway into my office. She was in a screaming, hysterical condition. Within an hour I had given her enough metabolic help to calm her down, so that she acted like a normal person. Both she and the previously described patient have made remarkable recoveries and are in excellent health today, but must be maintained on the supportive medication of vitamins and minerals, thyroid and estrogen.

I could give many more examples of patients whom I have treated, but this should suffice to present the picture. There are many, many more such patients who have been described to me by my own patients. I still can't believe that these patients cannot be recognized for their metabolic im-

balance and treated properly by other physicians.

The minerals particularly should be supplied to all pregnant women. They are the critical elements required for all procreation and have been necessary in the process of evolution since the beginning of life. Their restriction leads to illness, poor health and death.

My article in the October issue of Let's LIVE magazine entitled "Mineralized Fertility" gives a clear picture of the need for these minerals for healthy offspring.

My book, entitled Metabolic Aspects of Health, gives a complete story of my experiences in working in this field for 40 years. This book is available from The Price-Pottenger Nutrition Foundation at P.O. Box 2614, La Mesa, California, 92041, phone 1-714-582-4168.

The beginning of my private practice of medicine developed around helping young women through their pregnancy, and rehabilitating them thereafter. There seemed to be no end of young women needing this type of help 45 years ago. There seems to be a tremendous number of them still in need of this type of help today. The remarkable success that this treatment gives to the health of the mother and her baby has been proven beyond a shadow of a doubt.

"The minerals particularly should be supplied to all pregnant women."

I am sure that young physicians now will find this field of rehabilitation most rewarding. I still have several of the first patients that I took in those early days, and they are most grateful for the help that they obtained and for the help given to their children. Postpartum psychosis is not a psychogenic pattern of illness. It responds most readily and beautifully to metabolic and biological support.

FEBRUARY 1981 • Let's LIVE