

15 Principles That Identify Orthomolecular Medicine

[Nutrition-based Medicine]

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1. Orthomolecules come first in medical diagnosis and treatment. Knowledge of the safe and effective use of nutrients, enzymes, hormones, antigens, antibodies and other naturally occurring molecules is essential to assure a reasonable standard of care in medical practice.
2. Orthomolecules have a low risk of toxicity. Pharmacological drugs always carry a higher risk and are therefore second choice if there is an Orthomolecular alternative treatment.
3. Laboratory tests are not always accurate and blood tests do not necessarily reflect nutrient levels within specific organs or tissues, particularly not within the nervous system. Therapeutic trial and dose titration is often the most practical test.
4. Biochemical individuality is a central precept of Orthomolecular Medicine. Hence, the search for optimal nutrient doses is a practical issue. Megadoses, larger than normal doses of nutrients, are often effective but this can only be determined by therapeutic trial. Dose titration is indicated in otherwise unresponsive cases.
5. The Recommended Daily Allowance (RDA) of the United States Food and Nutrition Board are intended for normal, healthy people. By definition, sick patients are not normal or healthy and not likely to be adequately served by the RDA.
6. Environmental pollution of air, water and food is common. Diagnostic search for toxic pollutants is justified and a high "index of suspicion" is mandatory in every case.
7. Optimal health is a lifetime challenge. Biochemical needs change and our Orthomolecular prescriptions need to change based upon follow-up, repeated testing and therapeutic trials to permit fine-tuning of each prescription and to provide a degree of health never before possible.
8. Nutrient related disorders are always treatable and deficiencies are usually curable. To ignore their existence is tantamount to malpractice.
9. Don't let medical defeatism prevent a therapeutic trial. Hereditary and so-called 'incurable' disorders are often responsive to Orthomolecular treatment.
10. When a treatment is known to be safe and possibly effective, as is the case in much of Orthomolecular therapy, a therapeutic trial is mandated.
11. Patient reports are usually reliable. The patient must listen to his body. The physician must listen to his patient.
12. To deny the patient information and access to Orthomolecular treatment is to deny the patient informed consent for any other treatment.
13. Inform the patient about his condition; provide access to all technical information and reports; respect the right of freedom of choice in medicine.
14. Inspire the patient to realize that Health is not merely the absence of disease but the positive attainment of optimal function and well-being.
15. Hope is therapeutic and Orthomolecular therapies always are valuable as a source of Hope. This is ethical so long as there is no misrepresentation or deception.