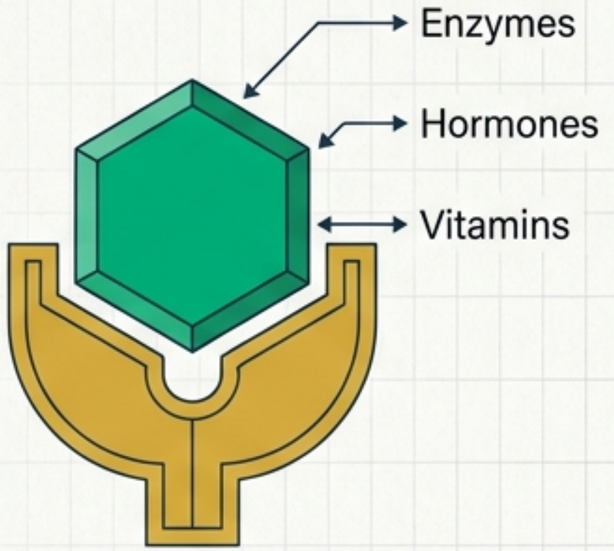
The Orthomolecular Paradigm

15 Principles for a New Standard of Care in Medicine

A Clinical Dossier & Medical Manifesto

Biology Before Pharmacology

Pharmacological drugs always carry a higher risk of toxicity and are inherently a second-choice intervention.



Orthomolecules come first in diagnosis and treatment. Utilizing safe, naturally occurring molecules—nutrients, enzymes, hormones, antigens, and antibodies—is essential to assure a reasonable standard of care.

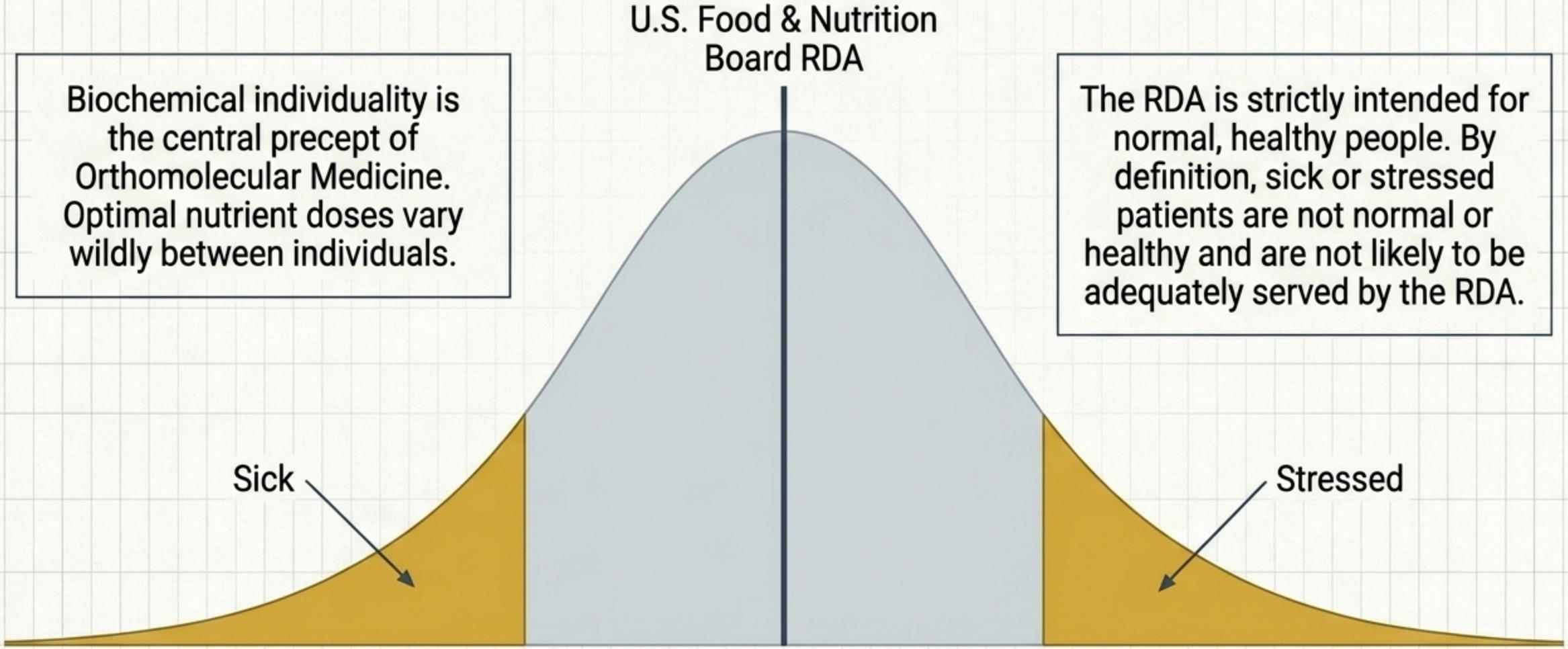
The Three Pillars of Orthomolecular Medicine

Diverging Standards of Care

	Standard Allopathic Care	Orthomolecular Approach
First-Line Therapy	Synthetic Pharmacological Drugs	Naturally Occurring Molecules
Nutrient Dosing	Standardized Recommended Daily Allowance (RDA)	Biochemical Individuality & Target Megadosing
Diagnostic Truth	Static Blood Tests	The Therapeutic Trial & Dose Titration
Ultimate Goal	The Absence of Disease	The Positive Attainment of Optimal Function

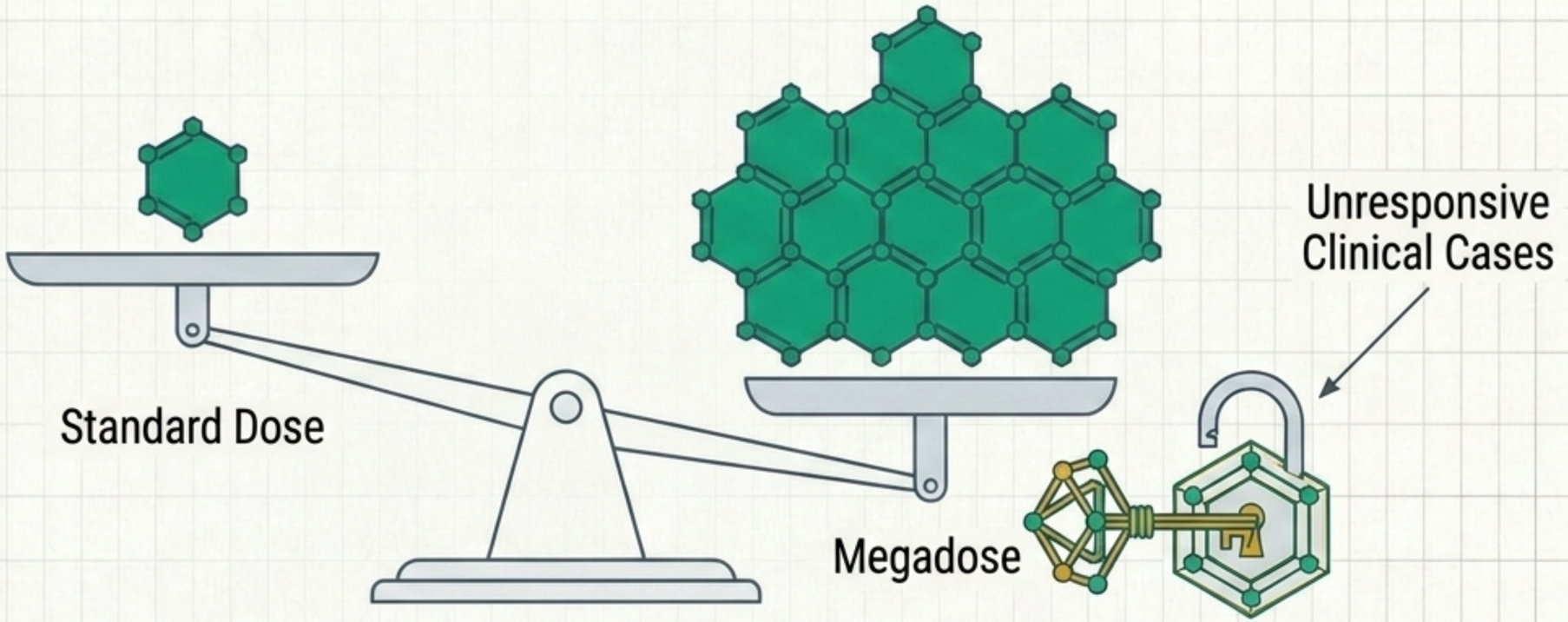
The Fallacy of the Normal Patient

Biochemical individuality is the central precept of Orthomolecular Medicine. Optimal nutrient doses vary wildly between individuals.



The RDA is strictly intended for normal, healthy people. By definition, sick or stressed patients are not normal or healthy and are not likely to be adequately served by the RDA.

Unlocking the Unresponsive Case



The Reality: Megadoses—larger than normal doses of nutrients—are often highly effective and practically necessary.

The Method: This efficacy can only be determined by a clinical therapeutic trial. Dose titration is indicated and required in otherwise unresponsive cases.

The Limits of the Lab

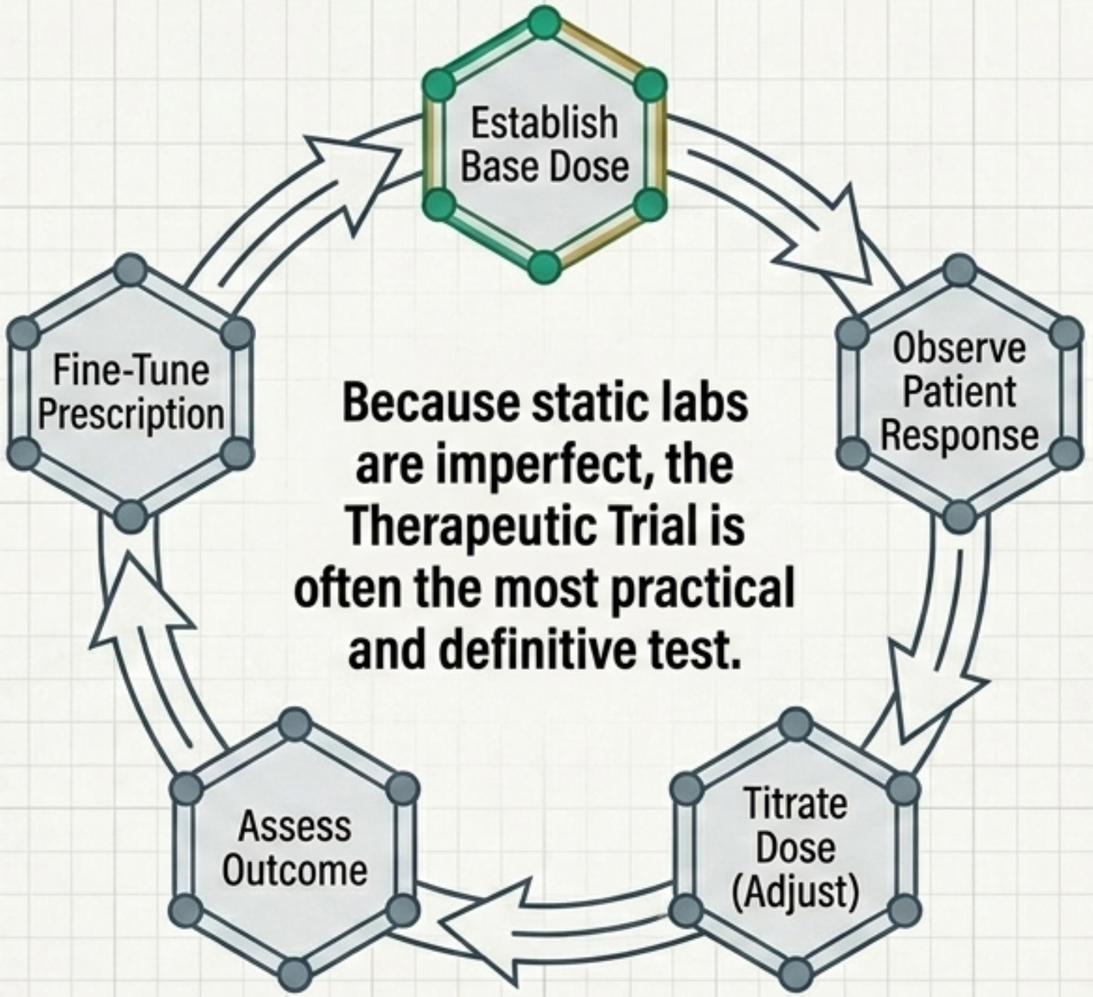
Diagnostics

Laboratory tests are not always accurate. Blood tests do not necessarily reflect nutrient levels within specific organs or tissues—particularly within the nervous system.

The Environmental Variable

Environmental pollution of air, water, and food is common. A diagnostic search for toxic pollutants is justified, and a high index of suspicion is mandatory in every single case.

The Therapeutic Trial Loop



Optimal health is a lifetime challenge. Biochemical needs change, requiring continuous follow-up, repeated testing, and therapeutic trials to provide a degree of health never before possible.

The Malpractice of Defeatism

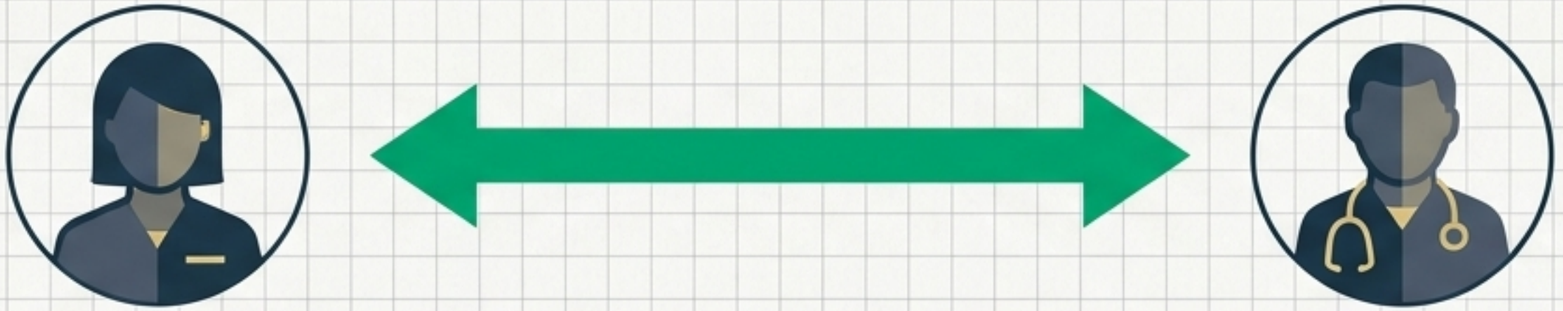
> Nutrient related disorders are always treatable and deficiencies are usually curable. To ignore their existence is tantamount to malpractice.

Overcome Defeatism: Hereditary and so-called 'untreatable' disorders are often highly responsive to Orthomolecular treatment.

The Mandate: When a treatment is known to be safe and possibly effective, a therapeutic trial is clinically mandated. Do not let medical defeatism prevent the trial.

The Ultimate Partnership & Informed Consent

Patient reports are usually reliable.

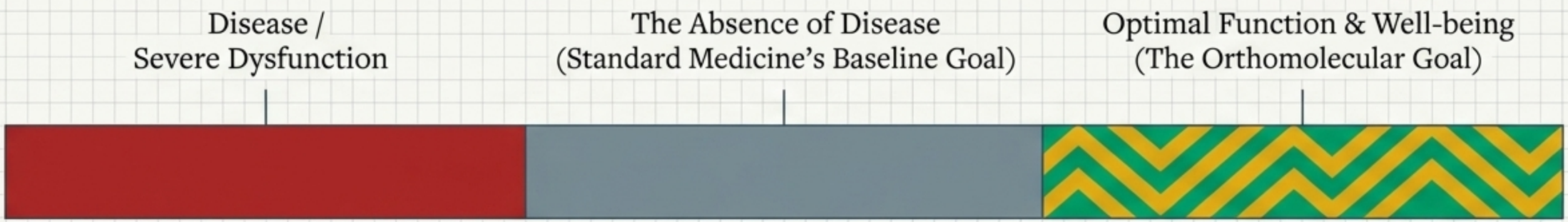


Listen to the Body

Listen to the Patient

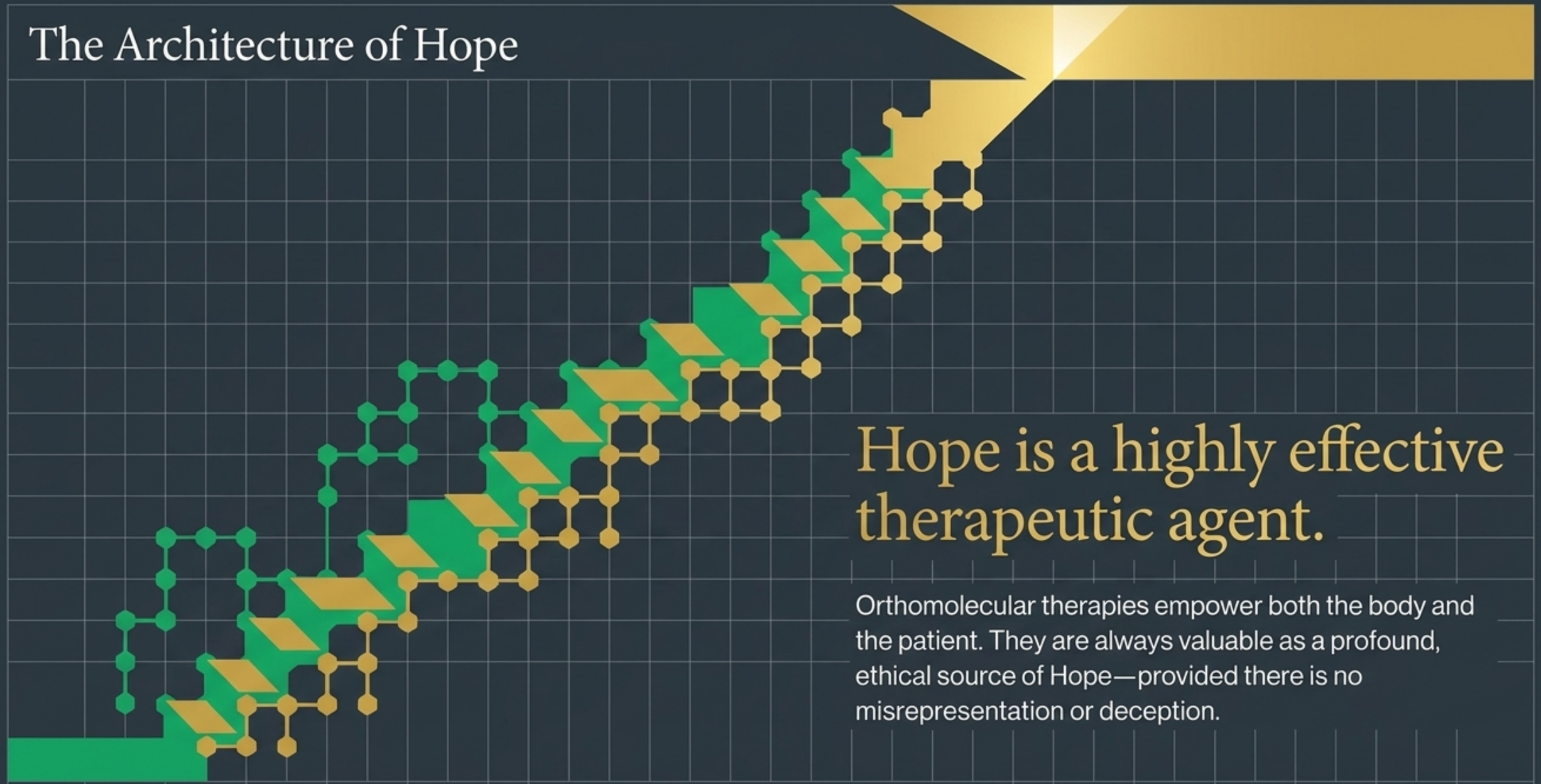
	The Ethics of Consent	
	• **Information is a Right:** Inform the patient about their condition and provide access to all technical reports. Respect the right of freedom of choice in medicine. • **True Consent:** To deny a patient information and access to Orthomolecular treatment is to mathematically deny them informed consent for any other treatment.	

Redefining the Spectrum of Health



Inspire the patient to realize that true health is not merely surviving the absence of disease. It is the positive, active attainment of peak optimal function and profound well-being.

The Architecture of Hope



Hope is a highly effective therapeutic agent.

Orthomolecular therapies empower both the body and the patient. They are always valuable as a profound, ethical source of Hope—provided there is no misrepresentation or deception.

THE NEW STANDARD OF CARE