

CLINICAL TREATMENT WITH POLLEN, OF PATIENTS WITH PSYCHICAL AFFECTIONS

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At the end of 1971 I started to use pollen as a therapeutic in general psychiatry and the treatment of alcoholism. From the first moment the results were so satisfactory that I have introduced pollen in the medication I systematically use in many patients. Unfortunately I never statistically recorded my results but I can say that by using pollen in a great number of cases for about three years, I obtained a good idea as to its use and possibilities, in the same way that a physician gains experience of medicines he habitually administers.

At the beginning, taking into account pollen composition and its possible application in my field, I selected three groups of patients, suffering from the following affections :

- a) depressive syndromes
- b) exhaustion or asthenia
- c) alcoholism

a) Depressive syndromes

Pollen alone cannot cure most cases of serious depressive syndromes. But associated with usual antidepressive drugs it makes patients recover after smaller doses of drugs and in a shorter time than necessary when no pollen is used.

But I consider more important another result obtained with depressive patients treated with pollen. All psychiatrists know that depressive persons are dependent on drugs. Patients recover or improve with drug administration, but when the dose is decreased or the antidepressive medicine is no longer administered, the depression usually re-appears. Many a time, pollen has proved to be an efficient means of maintaining the patient in a normal state, without it being necessary to administer antidepressive drugs, not even in maintenance doses.

The most remarkable case I remember is that of a 61-year old patient, a waiter, married and having children ; for 17 years he had taken relatively high doses of Tofranil (between 100 and 150 mg daily, depending on periods), associated with various tranquillizers. Starting with 2.5 g pollen daily I could gradually reduce and finally discontinue the medication administered to the patient who at present takes only moderate or small doses of pollen from time to time ; in one year and a half, no recurrence was recorded.

Not all cases are so spectacular but for all depressions pollen is an extremely useful adjuvant which I systematically use.

b) Cases of exhaustion or asthenia

When psychiatrically examined, a great percentage of patients present a state of exhaustion, asthenia, melancholia, a decrease in the vital tonus, etc. The main causes of this syndrome lie in the present way of life : hard work and haste, constant environmental stress, a bad affective communication, etc.

In these cases pollen has proved to be an important energy-producing factor. After a few days of treatment, almost all patients show a subjective improvement. Their vital tonus increases, they have more energy to face environment stress,

their mood improves. This increase in the patient's vitality creates better conditions for him to successfully solve his psychological problems, if he has any and provided they are not too complicated, or to start a course of psychotherapy. I must emphasise that I obtained good results in the psychotherapy of other types of patients with pollen as an adjuvant.

A special chapter could be dedicated to the cases where the decrease in the vital tonus is due to old age (including the so-called involution depressions or subdepressions), that is to cases where the depressive syndrome is especially due to the general decrease of vital power which is characteristic of the biological involution not to specific psychic or environmental factors. Very quickly I obtained excellent results in such patients. However, in these cases, the treatment must be continued for a long time, in small doses (1 g/day). Of course, I sometimes also had to administer antidepressive or tranquillizers but in most cases it was not necessary.

c) **Alcoholics**

In my opinion, alcoholism is the field where pollen is most useful. As all people know, the chronic alcoholic lacks many vitamins and proteins for the remedy of which pollen is very efficient.

According to my experience pollen is most efficient in the abstinence syndrome which appears when the alcoholic stops drinking. Usually, this abstinence syndrome lasts for a short time — about one week on the average — but when using pollen (2—3 g/day) associated with small doses of Librium and an abundant water diet it can be reduced to 3 days or less, or it may even not appear.

I think this recommendation is important because in a great number of cases the abstinence syndrome is one of the factors which prevents the alcoholic from taking the decision to treat himself.

Therefore, the physician can promise the patient a short benign abstinence syndrome. The most serious complications of the alcoholic abstinence syndrome (i.e. delirium tremens and the Wieck alcoholic syndrome) did not appear in any of my patients treated with pollen and generally their recuperation was easier and quicker.

In conclusion, my experience shows that pollen is a very important therapeutic factor in psychiatry. During the past years, pollen was one of the products I habitually use in my current practice.