

Correspondence

Tom's Story - A Tale of Two Treatments

It was a pleasant day in February, 1999, with blue sky and a slight breeze. Out of this blue sky, came the equivalent of a lightning bolt that changed the lives of our son, Tom, and his family forever.

Tom had been sent home from work when his boss found him sitting on the roof of a shed, preaching. The demanding landscaping job with its hot and dusty conditions, always under time pressure, had apparently overstressed the constitution of 18-year-old Tom; in the words of his employer, he had "lost it". The preaching continued at home. Articulation and pronunciation were good, length of sentences excessive but the continuous sermon was simultaneously covering dozens of different subjects that seemed interconnected in strange ways. To slow down this tirade, loud commands were finally resorted to, and, except for a bit of sarcastic response, things looked like a storm that would blow over by morning.

That was not to be the case, however. The rather interesting breakfast conversation moved from descriptions of the "actual discontinuation of the reality of all eggs and their chickens", to a rock-solid justification of an immediate future of no-work since "all assignments for all customers for the foreseeable future had already been executed and, if the boss was not in agreement with this, it just proved the conspiracy which in turn was underpinned by the boss" as well as insistence that people were stealing tools and not working.

Tom's major deterioration by afternoon prompted a visit to our local MD. I informed the doctor that a severe motor vehicle accident Tom was in three weeks prior may be a factor. The diagnosis was possible subarachnoid hemorrhage following head injury in collision with stone wall.

A CT scan was done and a confused Tom was admitted to hospital. Tom decided to leave the neurology department at bed time, leading to a fight with orderlies and

nurses resulting in physical and chemical restraints. On the third day, Tom was transferred to the psychiatric ward. The tentative diagnosis: Paranoid Schizophrenia. Haloperidol and mood stabilizers were administered. We visited him most of every day.

Tom stared into the mirror for long periods of time. He was withdrawn, shaved frequently with any razor he located. Unable to communicate, he seemed to recognize family members but remained stone-faced and smoked incessantly.

By the second week Tom was a bit more "normal", with mood swings, less withdrawn. An arrogant specialist gave his verdict in the third week confirming paranoid schizophrenia. He allowed home visits for two days. Our family was elated when Tom was later spending weekends at home. A cure seemed in sight. Finally, Tom was discharged to the care of family with weekly visits to the psychiatrist, who, in a seven-minute consultation declared the illness as a one-time episode caused by severe head trauma. Tom's medication was to be tapered to none within three months. We were told to check back in six months.

The following three months were spent repairing his accident truck, a one-ton, 285 hp flatbed utility. Tom built a wooden console that fit perfectly, looked great and impressed the car dealer. He replaced most parts on his jalopy and decided to rebuild the motor with the help of a friend. With only a motor manual between them, they disassembled the engine. I wagered that "it would never run," a pretty safe bet as neither of the 'mechanics' had had any experience in rebuilding motors. Weeks later, the moment of truth arrives after a new battery is installed. It start and it runs! I wondered if Tom acquired skills from beyond or was there some brain fuel in psychopharmacia? There are no further accidents. Tom was slightly different but normal in action and reaction.

A family trauma then occurred when a close family member died suddenly.

Devastated, Tom was withdrawn and in denial. Weeks later our family moved, necessitating lots of packing, where Tom was a big help with his rebuilt utility truck to carry anything heavy.

At the new house, surroundings, and new neighbours, landscapers were needed. Tom started his own company but business was slow and he was not sufficiently diplomatic with potential customers, at times being dismissive, aggressive and even rude if provoked.

At the beginning of 2001, we realized something major was wrong. Tom was bathing his hands in the bathtub in red ink from the computer printer claiming he was “washing off the blood” according to instructions from his dead relatives. This occurred several times. There was long discussion, calming down, followed not by peace but by a bandana-clad Tom dancing in the circle of the neighbourhood clothes lines, holding on to the wire with one hand. This was followed by lighting a candle, placing it inside a ceramic flower pot and inserting his head to “communicate”.

At the hospital outpatient department Tom was given a 30-second physical examination and a 45-second psychiatric interview in which we, the parents, were praised for having caught this ‘episode’ early. Tom was discharged with a prescription of 5 mg Olanzapine.

Two nights and days of hell at home followed. Tom destroyed the television through electrical manipulation, while using it to “make contact”. After nightmares and fear of violence, Tom was hospitalized. The Olanzapine was increased to 30 mg, along with 1000 mg of Valproate (a mood stabilizer) plus Valium as needed. There were two escape attempts.

Three weeks later Tom was discharged with the admonition to the family of the importance of ensuring that Tom takes his medication to “prevent recurrence”. He was given a medical cer-

tificate indicating his inability to work and evasive answers regarding prognosis.

Tom was now sleeping until 2 pm. Over next few months he gained more than 45 kg. He had a blunted expression, no sense of humour, was lazy, tired, unable to be left alone or trusted. He was a danger driving, inattentive, slow to react. He made monthly visits to the psychiatrist who stated that it was better to be fat than schizophrenic, insisting “you are doing fine”. Tom disagreed.

I contacted psychiatrist Abram Hoffer in Victoria, Canada. Information arrived immediately. I visited Dr. Hoffer in December, 2001, to get detailed instructions. I found a charismatic, down-to-earth, very sharp man who was very interested about Tom and packed full of knowledge, which he shared without hesitation.

Implementation of the Orthomolecular Program

Tom’s specialist and GP stated their opinion of alternative treatments including Orthomolecular Nutrition : Quackery, Dangerous, Money-Grabbing, No Sense, No Value. More adjectives and condescending facial expressions were offered. It was further made clear that all privileges with the establishment treatment would likely be forfeited if such alternatives were used.

The first six weeks showed encouraging signs. Tom liked the Canadian grandfather doctor whom he called “Fuddy Duddy”. He didn’t balk at taking so many vitamins including niacin, B₆, high potency B complex, zinc, vitamin E, vitamin C, along with various other nutrients. As the late Dr. Horrobin’s wisdom became known, Tom added omega-3 essential fatty acids.

By 2002, Tom was taking 25 mg Olanzapine, 900–1200 mg Valproate and the entire “fistful” of nutrients. He still saw the psychiatrist monthly and got a cold and stern “no” to his repeated requests for a reduction of the medication.

Six months passed. Things were going very well. Tom’s attention span was getting

quite good and was working with no problems as a trainee in a private club.

One day his mother discovered a huge supply of Olanzapine pills in a hollowed out coconut man that Tom had carved for himself and that she knocked off his bedside table. It emerged that the patient had cut back on the drug by 50% over a few weeks and he argued that any obvious improvement was due to this "covert but necessary action" and the help of the vitamins. A quick check with Dr. Hoffer calmed things down and caution and observation were in order.

By the end of 2003, Valproate was only a distant memory, Olanzapine was down to 2 mg/day, and was tapered very gradually to zero by March, 2004.

Tom is taking the basic orthomolecular program and eating well. He has started a training program at work to advance his career. His weight is back to normal and

he functions well in family and society. He is paying income tax and has recently acquired a girlfriend.

He has no doubts about which psychiatrist to thank for this state of affairs - "Fuddy Duddy".

Is this a cure? Or will there come a time when "the other shoe drops," as Dr. Erik Paterson of British Columbia wrote in a letter to this Journal in 2001 (16.4, p. 251)? No one knows. But one thing is for sure, if it does it's right back to the treatment devised by "Fuddy-Duddy."

Now, Tom refers to Fuddy Duddy by the doctor's real name: Dr. Abram Hoffer. We wish to express our most sincere gratitude to Dr. Hoffer for two things: a) for being in this world; b) for really being there.

-Dr. N.
Australia