Clinical Impressions on Early and Chronic Schizophrenia and Diagnostic Procedures

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This presentation is based upon conclusions drawn from my private practice of psychiatry over the past fifteen years. Having been trained in the formal concepts of classical dynamic psychiatry, I used that approach with the majority of my patients until about five years ago. Dissatisfaction with the results led me to the study of other approaches which revealed interesting findings. My results from classical psychotherapy were equal to spontaneous results which would likely have occurred with little or no treatment in many instances, particularly in schizophrenia; and I realized there were other approaches being used which apparently were obtaining better results than those gained through "talk therapy."

I learned that logically, a person with a perceptual disorder would automatically respond to his environment with misinterpretations. The medical approach of which I am speaking is, of course, the biochemical and pharmacological approach, more popularly known as megavitamin or Orthomolecular. I contacted Dr. Abram Hoffer, who had begun experimentation in this area as early as 1952 and arrangements were made for me to visit him and personally observe his work and results. I then began to re-evaluate my particular private patients. Using the Hoffner-Osmond Diagnostic Test and with a different concept of the types of illnesses related to perception, I found that many of my patients who had previously been diagnosed as neurotic were basically suffering from early perceptual disorders, primarily schizophrenia. Upon completion of the reevaluations, I began employing the Orthomolecular treatment program.

The first patients treated were placed on minimum dosages as recommended by Dr. Hoffer, namely three grams of Niacin and three grams of Ascorbic Acid daily; and I considered the nutritional state of each patient. Concern over the carbohydrate metabolism system led to routine evaluation and laboratory testing for possibilities of fluctuations and later, consideration of the entire endocrine system. All patients who were diagnosed schizophrenic, regardless of the length of illness, were started on this program. Patients who had been on other medications for alleviation of symptoms were continued on those medications until improvement which I felt was due to the new program was noted. The other medications were then decreased and/or eliminated.Illustrative cases are best used here to

clarify the various degrees of conditions being treated.

Case 1.

A male patient, age seventeen, had been having difficulty in his concentration ability and consequently, his performance in school. He had therefore been recommended to a psychologist who had tested him and in learning of my particular interest in this field, referred him for beginning of Orthomolecular treatment.

The patient was placed on the program. After three months, re-testing and clinical evaluation showed some improvement. Within six months after beginning the program, he was able to concentrate, had been able to complete high school and had entered junior college.

As a result of treatment which consisted of the vitamins and only periodic evaluations (but no classical psychotherapy of any type), he was also able to drive an automobile and "date" girls, neither of which he had previously been able to do. At the end of one year, he was a "normal," well person, able to relate to his peer group and think clearly.

Case 2.

Another exemplary case is a female patient who had been in treatment with two previous psychiatrists, both classically oriented. She had been depressed since age thirteen when she first attempted suicide. Her depression had continued until age twenty-five when I first saw her. After extensive psychological testing and psychiatric interviews, I diagnosed her as chronic schizophrenic and placed her on the Orthomolecular program.

After approximately three months, I observed a marked change in her attitudes with a general feeling of well-being, energy (whereas she had always felt lethargic) and an extremely improved ability to perform as a legal secretary.

She, herself, noticed such improvement that she discontinued therapy completely. When she ran out of her prescribed vitamins, she discontinued them also, against medical advice, until she began to have difficulty again with depression. She then made another suicide attempt and was once more referred for treatment.

Subsequently, she has been maintained consistently on a daily intake of a combined form of Vitamins B_3 and C (3 grams each), Vitamin B_1 (30 mgs.), B_6 (200 mgs.) and E (1000 I.U.). She has remained well, is functioning normally, is able to form interpersonal relationships and in fact, is to be married soon.

Case 3.

A third case involves a forty-year-old male, whom I had diagnosed ten years ago as schizophrenic. His chronic complaint was of a "mushy brain." During this ten-year period, the patient was hospitalized a number of times for various lengths of time, received several series of electric shock treatments, innumerable hours of classical psychotherapy and tranquilizers of all varieties at one time or another. Despite all efforts, he remained totally non-functioning.

Shortly before I placed him on the Orthomolecular program, I learned that he was hypoglycemic and indulged heavily in beer and sweets. I quickly changed his diet pattern. When placed on the program, including a minimal intake of "fast" sugar and carbohydrates, he showed definite improvement in the first three months. This was unexpected in view of the chronic nature of his condition.

Based on my knowledge of his past history, I increased the amount of medication (vitamins) more rapidly than I normally would, to the point at which he showed a leveling-off effect at ten grams daily of Niacin, Ascorbic Acid, and 4000 LU. Vitamin E.

From being basically a vegetable, sitting at home and being looked after by his parents, he sought employment and social contact. He was employed, first on **a** part-time basis and more recently as manager of a hotel. Two of his new social acquaintences have told me that he is now able to form good relationships.

In my medical opinion, he is 90% well, with only a few residual symptoms which are observable only to a professional.

The Orthomolecular Approach

I am trying to make several points which, hopefully, will be helpful to all of us. I can now support *through my own work* the opinions and findings of those who have preceded me with knowledge of treatment for schizophrenia through an Orthomolecular approach.

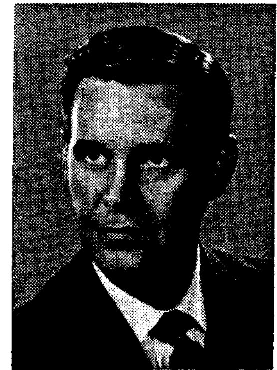
I can further substantiate the fact that this method does, in fact, show a remarkable change in the picture of schizophrenia and I am sure, in other conditions.

Misdiagnosis

It has become apparent to me that misdiagnosis of patients is extremely common. The pseudo-neurotic schizophrenic, the sociopathic personality and those individuals in the all-encompassing category of "neurotic" need to be very carefully evaluated. The Hoffer-Osmond Diagnostic Test is a very simple method, particularly in the area of screening. Clinical observations are certainly necessary and now, the relatively new Experential World Inventory Test is also helpful.

Biochemical Surveys and Mineral Evaluations

In addition to these diagnostic tools, I have recently begun to request biochemical surveys and mineral evaluations. I have seen too many people who have apparent metabolic problems. A recent example is a female patient, age twenty, who had a history



of learning disabilities and depression throughout life. Through mineral and chemical surveys, she was found to have a deficiency in potassium. Supplementary potassium glutinate was added to her diet. Within three days, she became alert, non-depressed and was functioning within a normal scale.

I have not mentioned the fact that I do work with the difficulty of learning disabilities also. This is more recent and I do not have sufficient data to include at this time. The experience, however, points again to the fact that we are dealing with a perceptual disorder and that this method of treatment can and does have efficacy in this area as well.

SUMMARY

In summary, I would like to state once again that I feel the greatest problems involved in the present treatment of schizophrenia are the lack of diagnostic ability and procrastination in treatment; that is to say, waiting until it is in the extreme and/or chronic stage before treatment is initiated. I think it is appropriate to suggest to the medical profession, including practitioners in all fields, that individuals who are labeled "crackpots," "nuts," or "neurotics," etc., be reevaluated with the possibility in mind that they may be suffering from a perceptual disorder or disorders, attribut-

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able to nutritional deficiencies.

It is illogical for us to continue to ignore any longer the fact that the brain, the nervous system AND the body are all tied together; that poor chemistry predicates poor bodily function and that the brain responds, resulting in various behavioral disorders. The recent world-wide problem of drug abuse indicates *clearly* that the brain is susceptible to various forms of influence.

We can no longer treat people by talk therapy alone. There *is* a place in our regimen of treatment for inclusion of classical psychotherapy and re-learning. People who have been ill for a long time may need to have re-learning experiences in order to cope properly with situations and ideas.

I believe strongly in the Orthomolecular concepts. I feel equally strongly that psychiatry must wake up to the fact that it is using antiquated, inadequate and inept methods in treatment programs.

I would like to pose the questions of how many people *with genuine perceptual disorders* have really been cured by lying on a couch five days a week for an interminable number of years and how much economic demand this places upon society, the patient and even the doctor.