A Schizophrenic Illness Described as Indescribable Severe Torture

Foreword by A. Hoffer, M.D., Ph.D.

Foreword

Many of us forget or never knew what it is like to suffer from schizophrenia. This is a pity, for it tends to make us too complaisant. Books written by schizophrenic patients about their experiences were helpful in drawing attention to the perceptual nature of the illness. But the number of new books written by schizophrenics does not seem to be as large, perhaps because tranquilizers remove their initiative.

We have published personal accounts of various experiential illnesses in order to keep alive interest in these strange and disturbing diseases. This brief account of a severe illness illustrates a number of points. Primarily we have a patient who had experienced the beneficial effect of large doses of niacin. He was able to take his vitamins even in a state hospital whose policy was not to allow megadose vitamin treatment. At one time he was using sixty grams of niacin per day. Finally he had been through a controlled dialysis study receiving real dialysis without responding. One can thus rule out the placebo effect as a significant factor in his present improved state.

I am recovering from an extremely severe psychosis thanks to mega-nutrient therapy for schizophrenia. I don't like the word schizophrenia. I prefer to call it adreno-toxemia or cerebral adrenotoxemia.

I believe that I had one of the most severe cases of paranoid schizophrenia (adreno-toxemia) ever reported in history. However, I have improved tremendously due to mega-vitamins. I am not totally normal yet. But I am continuing to recover. I predict within the next few years I will be just about totally normal if my present rate of recovery continues like it has been.

Although I had always been paranoid as far back as I can remember, to a moderate degree, my extreme paranoid schizophrenic illness came on in April, 1975. I became severely depressed, fatigued, tense and delusional with fear. Physically I was dizzy, nauseated and suffered from diarrhea. I felt tortured by severe physical and mental symptoms. In April, 1975, when I was fifteen years old, I became ill with mononucleosis. I am sure that this virus triggered my adreno-toxemic (schizophrenic) condition. Suddenly in less than the period of one week I felt severely ill — mentally and physically. Since I was living in a very hostile and stressful home environment at that time

with my so-called normal fraternal twin brother and my parents the course of my illness was accelerated and my condition deteriorated drastically. Although my fraternal twin brother is working and attending school I don't consider him totally normal. In my opinion he has a slight pre-schizophrenic condition. I say this because of his hostile behavior. My father in my opinion is either pre-schizophrenic or indeed very mildly schizophrenic. He is irritable and verbally abusive. He admits that he sees spots from time to time. But he is able to function well. Anyway after being in that stressful environment, awhile later I was so ill that I stayed indoors for one year and a half — so dreadfully ill that I was barely able to walk or even sit up in a chair due to crippling fatigue and dizziness. I was so ill that my mind felt like a machine gun was constantly being fired within it — nonstop. The severe depression was just as bad as the constant severe panic attack inner tension. In addition I experienced several hundred horrifying delusions. Of course I also experienced audio and visual hallucinations. In addition I was constantly severely nauseous and vomited frequently. I spent my days lying in bed in torture praying that I would get well. During this period I had lost over fifty pounds and became very skinny and emaciated. I'm sure that this next statement will help prove how extremely severely ill I was — I had such a large amount of adrenotoxemic chemicals being secreted from my adrenal gland that I gradually got sensory and motor nerve damage. The nerve damage spread throughout my entire body. I had numbness and atrophy and weakness in my muscles. All of the nerve damage and muscle atrophy was proven by nerve conduction velocity tests and other tests with several different physicians including doctors at the Mayo Clinic. They didn't know for certain what caused the nerve damage. They said it could possibly be caused by a toxin within my body. In my opinion the adrenotoxemic chemical toxins were responsible for the nerve damage. Finally I left my home where I was living with my fraternal twin brother and my parents, where I was subjected to severe stress and psychological and physical abuse. My brother threatened to put me in a mental hospital because I was so deteriorated. So
therefore I had my father drive me to a hotel. Immediately I felt relief of my symptoms just being out of that terribly stressful environment. I began making slow progress. After about six weeks being away from my family I was still quite ill, but definitely better — about twenty-five percent better. I began boosting the niacin dosage until self discovery led me to my optimum dose, which at that time, believe it or not, was sixty grams daily. I began making better progress and my improvement continued. I feel miraculously, immensely and tremendously better, have gained all my weight back and I am going to college part time. I am majoring in psychology and hope to become an orthomolecular psychiatrist and/or Orthomolecular psychologist so that I can help others recover. I gradually reduced my niacin dosage to thirty grams daily and now I require fifteen grams per day in order to maintain and continue my recovery.

By the way, the nerve damage is healing and continues to do so as I continue to recover. If it wasn't for the discovery of nicotinic acid for the treatment of schizophrenia, I quite possibly may have wound up a cripple due to the nerve damage, in addition to being in severe torture from the schizophrenic symptoms.

During the past four and a half years while recovering on niacin and megavitamins I required several hospitalizations which periodically interrupted my vitamin therapy. However the need for hospitalization was not due to my condition getting worse. Hospitalization was required due to the fact that I was getting closer and closer to reality due to megavitamin therapy. I was slowly recovering from such a severe psychosis that I became confused as to what was real and what was pseudo or not real. I couldn't distinguish between what was true and what was false — so I acted inappropriately at times although I definitely felt better due to megavitamins. While in the hospitals I received major tranquilizers and group therapy which I found had no beneficial effect whatsoever.

In December, 1980, while I was recovering slowly on niacin I underwent dialysis treatment hoping to speed my recovery process. Unfortunately dialysis was unsuccessful. In November, 1982. I received several electro-

convulsive therapy (electro-shock therapy) treatments which improved my condition for a couple of days. The beneficial effects of ECT only lasted a few days. I didn't have niacin in the hospital. It was a state hospital. However I had my parents bring my niacin and ascorbic acid to the hospital in March, 1983. Since it was against hospital policy to administer megavitamins I kept bottles of niacin and ascorbic acid hidden in the back of my closet in the hospital and I kept small jars of niacin and ascorbic acid hidden in my huge tube socks while I was wearing them. I took them into a private bathroom which I was able to lock and I consumed five grams of niacin and two grams ascorbic acid three times per day (15 grams niacin daily and six grams ascorbic acid daily) every day. I was discharged from the hospital six weeks later and I have been on the vitamins without interruption since March, 1983. I am continuing to recover and I notice progress and improvement on the average every four to ten weeks.

At one point in my illness, a few years before, I needed sixty grams of niacin to get the disease under control. I don't think that it was an absorption problem due to the fact that when I consumed a 100 milligram tablet of niacin I got a strong flush and heat effect. I purposely stayed off the niacin for a few days to establish whether or not the 100 milligram tablet would have a strong flush effect. I was right. It definitely did.

As far as visual hallucinations are concerned (spots, colors, images in addition to the annoying mist fog) — I think that the adrenotoxic chemicals somehow deplete, absorb or destroy the minerals which in turn causes a deficiency. 1 don't think that the deficiency of minerals is caused by an absorption problem of them into the bloodstream...

P.S. I feel better now in this stage of my recovery than I have ever felt before in my entire life — even before I became psychotic in 1975.

To the Editor

Adventures in Learning

In the spring of 1982, a group at the local library planned to offer free classes, in a program to be called "Adventures in Learning." I was asked to teach something. My wife suggested nutrition, because my Ph.D. had been in nutritional biochemistry.

To prepare for these classes, I read all the recent books I could find, books by Hoffer, Lesser, Williams, Passwater, Fredericks, Colgan, Rosenberg, Stone, etc. I had done fundamental nutrition research for twenty years up to 1950, and had taught biochemistry another twenty years, so I felt comfortable with the subject.

I did a great deal of writing, usually concluding as I did in a book published by Random House in 1968: *Although we can buy most of the important vitamins in the form of pills at the drug store, the best, safest, and cheapest way to get them is by eating the proper foods.* I have since concluded that this was all wrong.

My wife and I began taking a Fortified Vitamin and Mineral Insurance Formula, six tablets a day, two with each meal (formula available on request). On top of this I added more vitamin B6, magnesium, zinc; and sufficient L-ascorbic acid to make a daily intake of at least six grams. In case anything was missing, I included a tablespoon of nutritional yeast daily. The formula was devised by Roger Williams, whom I had first met in 1957. Recently we have added time-release niacin, and beta-carotene.

For the nine previous years I had been plagued by three health problems: hypertension, enlarged prostate, and skin cancers. I was 65 when the family physician prescribed Enduron 10 mg, plus Aldomet 500 mg, which controlled my blood pressure at 140/80. I used this nine years.

My prostate became chronically enlarged and inflamed. I had frequent infections; prostate, bladder, and a week in the hospital with a kidney infection. These were treated with Ampicillin (I'm allergic to Gantrisin and Bactrim; all sulfas). There was cystoscopy, biopsy, and years of taking Macrodantin every day, prescribed by two different urologists.

My third trouble was extensive skin cancer. Multiple actinic keratoses, treated with Efudex or cryotherapy. In 1977, I developed a large and painful squamous cell epithelioma, which was successfully excised by a plastic surgeon. Most troublesome were multiple colonies of basal cell carcinoma on my forehead.

After a series of exploratory punch biopsies, a local dermatologist decided on excision of a four centimeter portion in an "O to Z plasty." But the colonization turned out to be wider and deeper, so I was referred to a specialist in chemosurgical type excision.

We rented an apartment in Seattle and settled down while I went every day for operations. Needless to say, all this was accompanied by extensive concomitant cashectomy. When he was through, the surgeon warned me that the rodent cells would return. But a year later, when I went back for a checkup, all was clear. We had already been on megavitamin therapy more than a year.

There came a time, however, when I felt a familiar lump on my forehead, sore to touch. I went to the local dermatologist, who marked my statement: 713.9 Carcin. Basal. He cut it out, and the pathology report follows:

The specimen consists of skin and sub-cutaneous tissue. There is an inflammatory, cystic lesion in the deep dermis. No epithelium is identified. The cyst is lined by granulation tissue which is infiltrated by polymorphonuclear leukocytes, macrophages, and multinucleated giant cells. Some of the giant cells appear to surround keratin debris. There is no evidence of malignancy.

The surgery in Seattle had involved a skin graft, and when I had gone to the local dermatologist to have stitches removed, he told me this graft wasn't going to stick. But I felt otherwise, because of the vitamin C. Now, when I returned, the first thing he remarked about was how beautifully this skin graft had healed on.

I cancelled my subscription to the dermatologist-of-the-month club. A new basal has appeared on my forehead, each in a different location, seven more times, so far. Each time, within ten days it has shrunk and vanished without a trace. I wrote to Ewan Cameron about this and he wrote back:

Unlike squamous epithelioma, the other common form of skin cancer, which can occasionally regress and heal without specific treatment, this has not been documented for basal cell carcinoma. Therefore, I think it is perfectly reasonable to consider that your ascorbic acid regime is the protective factor. You should certainly continue with that regime indefinitely.

In the fall of 1982, I wrote in the local newspaper:

Brushing up recently to teach a nutrition course, I was struck by the advances in knowledge which have occurred since I retired from being a nutritional biochemist, and especially by how little of this knowledge has been allowed to leak out to the public. It turns out that many of the health misfortunes we had always been told were due to the fickle finger of fate, are really a result of years of incorrect nutrition. I wanted to shout "Hey! They've found that cancer, strokes, heart attacks, the whole bundle of baddies, can largely be avoided by supplement with higher levels of vitamins and minerals."

Unexpectedly, this subjected me to angry scolding by both our family physician and our ophthalmologist. The former, a young man, said "Look at me! I'm in perfect health, and I don't take any vitamins at all!" The latter pooh-poohed vitamins in general, and especially vitamin C, "All that happens is that you pee lemonade."

In the spring of 1983 we changed doctors. The first thing the new one suggested was that I try going without blood pressure pills. I found that my blood pressure had gone down to 140/80 without them, and it has remained there. I now take no medication of any kind.

I had already quit taking Macrodantin because of possible side effects. Examination shows my prostate has shrunk back to normal. At present, I have no known health problems, and I'm going on 76. I had always been told my problems were due to old age.

A.R. Patton

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N.N. Dimethylglycine for Epilepsy and "Schizophrenia"

Further to the report in the New England Journal of Medicine on the use of N,N - Dimethylglycine (D.M.G.) for epilepsy by Roach and Carlin (Oct. 21, 1982 Vol. 307, No. 17), I wish to present further evidence

for its effectiveness in epilepsy and perhaps certain forms of schizophrenia.

A 34 year old female who had suffered from grand mal epilepsy for approximately 18 years was first consulted in mid 1982. At that time she was having 7-10 major seizures per day with a slightly reduced frequency when not under stress. With attention to stress control she improved only slightly and medication by her neurologist remained unchanged:

Phenytoin	100 mg tds
Carbamazipine	400 mg bd
Phenobarbitone	100 mg tds

Three days after commencing DMG 100 mg tds, the seizure frequency fell to one per day, and one month later she was having only one mild, short duration fit per week. Four other chronic epileptic patients on medication have also benefitted from the use of DMG, which may be acting as a methyl donor and inhibitory neurotransmitter.

A second case may also be of interest. A 21 year old female University student was diagnosed as having Schizophrenia at the age of 17 following a very severe respiratory infection and long course of antibiotics. At the time of first diagnosis, there was a suggestion of Temporal Lobe Epilepsy, but anti-epileptic medication was ineffective. For four years she was treated with intramuscular Fluphenazine decanoate 50 mg fortnightly, and unable to complete a University year fully.

Following a temporary aggravation of "head noises and inability to concentrate", she was feeling extremely well within five days of commencing DMG (200 mg per day). Her handwriting had improved and she stated she was the best she had been in years. Her memory and concentration were much better, her mood was stable and the noises and auditory hallucinations had ceased. As a bonus, her studies and results also improved. She smiled for the first time I had known her in two years.

Although the numbers are small, it does suggest that DMG may be of benefit to epileptic patients having seizures and taking anticonvulsants (or perhaps other medications also). It has been shown that DMG can protect various tissues against the damaging effects of highly reactive free radicals, produced by many chemicals and some drugs.*

Perhaps the persistent seizures in these medicated patients are related to the medications and the DMG is acting as a detoxifying methyl donor and free radical scavenger.

Dr. Herbert's (N.E. Med. J. March 1983) criticisms to the mutagenicity of DMG in the presence of nitrates in saliva and gastric secretions are not well founded. Further, DMG has been found to have dramatic immuno-modulating properties, and animal studies have shown it to be protective against hepato-toxins including carbon tetrachloride and chloroform.**

I would be interested to hear from other readers on this matter.

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*Stacopoole P. W. Pangamic Acid, A Review WldRev. Nutr. Diet pp 145-163, 1977

**Graber et al: J Infect Disease 143,101,1981