Letter to the Editor

Candida Albicans and Psychosis

To the Editor:

C Orian Truss, M.D.'s article on tissue injury induced by Candida Albicans in the **Journal of Orthomolecular Psychiatry,** Volume 7, Number 1, 1978, is a most worthy article that should be given serious consideration by all psychiatrists. This presentation is so right.

Dr. Marshall Mandell taught me to examine for reactions to microorganisms through provocative sublingual or intradermal testing. The sublingual route of provocative testing gives you the most dramatic evidence of symptom formation and can also be used to discover and provide for neutralizing doses.

The significance of Candida Albicans was first demonstrated to me by evoking catatonia in a catatonic schizophrenic with sublingual provocative drops of Candida Albicans extract. Since then I have consistently sorted out common molds, fungi, and bacteria. The wicked bacteria are Staphylococcus aureus with which I have evoked paranoia and especially obsessive compulsiveness such as we so often see in our chronic schizophrenic. As Dr. Truss points out, nystatin should be used initially to, if possible, destroy the Candida infection. This is best to routinely follow with neutralization injections of once or twice a week for an extended period of time. These can be provided sublingually or intrader-mally.

I heartily agree with the problem that antibiotics are creating. I've had a number of patients on long-term antibiotics for acne who have been made, I believe, very sick by these antibiotics. He also rightly points out that the incidence of yeast infection sharply increases with the use of antibiotics, birth control pills, cortisone-type steroid hormones, and other immunosuppressant drugs. To this I would like to add allergic and allergic-like reactions to foods, chemicals, and inhalants, nutritional deficiencies, for whatever reason they may exist, and especially the development of the diabetes disease process with its spiking of abnormally high blood sugar. As he points out, these carbohydrates are the basic food of Candida Albicans and if a person eats a high amount of free sugars or has blood sugar that goes too high, it will encourage the growth of Candida Albicans. In my work I have found that all schizophrenics have at least an early stage of the diabetes disease process justifiably termed chemical diabetes. This predisposes the schizophrenic to Candida Albicans infection, which in turn adds its set of symptoms to the disease process.

Of special interest is the milk-reactive patient whose intolerance to milk is based on lactase deficiency. My experience is that about 50 percent of schizophrenics are milk-intolerant for various reasons, one of which is lactase deficiency. Furthermore, the most

common complaint of schizophrenics relates to a varied assortment of gastrointestinal symptoms. A simple lactose-intolerance test is that of checking the pH of the stool. If the stool is acid, with a pH of less than 6, it is a good indication of lactose intolerance. This abnormal acid state of the stool produced by the use of milk by a lactase-deficient person provides the favorable acid media for the growth of Candida Albicans in the colon. This observation also serves to remind us that likely all reactions of an allergic or allergic-like type in any part of the body have associated bacterial, vial, or fungal involvement with their associated toxins with metabolic poisoning effects, tissue injury, and immunologic reactions. We should never assume that the only adverse effects from allergic and allergic-like reactions are those emerging on a single-test exposure, but also must understand that chronic exposure to a symptom-reactive substance adds another dimension of adverse microbial influences. It is of equal importance to consider and examine these factors as it is to examine for maladaptive reactions to foods and chemicals. Orthomolecular psychiatrists should make clinical application of microbiology.

I readily agree with Dr. Truss' description of naming diseases. Along this line it is interesting to note that the new diagnostic manual being prepared by the American Psychiatric Association which will be in effect in 1979 assumes that schizophrenia does not have an organic basis and that any time we can discover an organic basis for symptoms it will not be named as schizophrenia. It will be a curious paradox that even though Orthomolecular psychiatrists have been the ones that are most willing to name a person as having schizophrenia they will also be the same doctors who will demonstrate that schizophrenia does not exist. That is, when we use the new diagnostic manual it will have to read such as "hallucinations as a reaction to wheat, catatonia as a reaction to Candida Albicans, chemical diabetes mellitus manifested by abnormally high blood sugar in relationship to specific foods with the emergence of associated symptoms," and so forth. We will also be faced with the fact that there is no one diagnosis called schizophrenia, but there will be multiple diagnoses including multiple-type symptom productions to multiple substances and the demonstration of multiple deficiencies and/or metabolic errors.

All of this reinforces what Drs. Humphry Osmond and A. Hoffer wrote in the editorial on the future of psychiatry and that is, "the future of psychiatry is Orthomolecular."

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