

A Journey Into The World of Schizophrenia

Foreword by Dr. A. Hoffer

One of the unhappy consequences of the double blind method for testing treatment efficacy is that the most important component of that trial, the patient, has been forgotten. The case history, which in my opinion is the most important way of recording the patient's illness, has been downgraded by calling it anecdotal. Of course this is true; every story, her story or his story, is an anecdote. The validity of this history depends entirely on the memory and truthfulness of the patient and the skill of the clinician in eliciting and recording the information. Double blinds depend upon anecdotes to the same degree. Because these anecdotes (case histories) are ignored by double blind methodologists does not mean they are not used. They simply are not recorded. From reading some clinical trials one learns what the probability is that the two treatments were significantly different, but it is almost impossible to get any opinion about the patients and how they responded to the treatment.

Physicians learn more from case histories, either from their own patients or from those recorded in medical literature, than they do from most other sources. In this journal we have now and then run personal accounts prepared by patients.

They instruct us about the illness and treatment, and inspire hope in therapists and patients alike.

Miss BC, born in 1956, whose history appears here, became my patient in June 1977. She was concerned because her illness, diagnosed schizophrenia, had not responded to treatment.

For as long as she could remember, BC had suffered episodes of depression lasting up to several months. She was continuously depressed from age 15 to 16. By the end of 1975 she was again depressed and dissociated from her body. She was admitted to a psychiatric ward and treated for one month with bioenergetic therapy. For six months after discharge she continued treatment.

March 1977, still depressed, she began to work, became more depressed and was readmitted for three weeks. Seven days after discharge she took an overdose of thioridazine and was admitted for another three weeks. She was then started on flu-phenazine intramuscularly. She disliked the side effects. She remained depressed but became lazy, but at the same time was agitated, had gained weight and had a gnawing sensation in her body.

All three areas of her mental state were abnormal. Occasionally she felt people watched her too much. She suffered visual

illusions, heard herself think and had been unreal in the past. Thought disorder was troubling; she believed people were talking about her. In the past she had thought they were plotting against her. Her mind wandered, she felt as if it were in a void, and she could not decide whether her memory was good or bad. Depression with suicide ideas remained a problem and was worse before her periods.

She was placed upon a sugar-free diet supplemented with nicotinamide 3 grams per day, ascorbic acid 500 mg three times per day and Pyridoxine 250 mg once per day. She still remained on the parenteral tranquilizer.

Two weeks later she was better and wished to be free of the tranquilizer, but she became very depressed and July 15th took an overdose of drugs she had with her and slept in a motel room for two days. I admitted her to hospital in July, gave her a series of five ECT and discharged her in 11 days. She was almost well for the first time in several years. Within three months she moved into her own apartment, found a job

During one of these episodes she took too many pills and was admitted for three days. After that she was either well, i.e. free of all signs and symptoms, or much improved until October 28, 1979, when she was admitted for eight days because of severe anxiety and depression.

February, 1981, I started her on a combination of amitriptyline and perphenazine. This made her too sleepy. She was then started on clomipramine (not available in U.S.A.).

She remained well but became depressed and confused when I tried to get her off clomipramine and she was admitted for the last time October 17, 1983 for six days.

Since then she has remained well with an occasional mild depression. She is maintained on nicotinamide 500 mg three times a day, ascorbic acid 1000 mg three times per day, and clomipramine 25 mg at bedtime. On the program she remains well, cheerful, gainfully employed, and is now interested in developing her skills as a writer.

She had the following admissions.

Treatment	Year	Days
Standard	1975	30
	1977	21
		7
		21
Orthomolecular	1979	11
		3
		8
	1983	6

79 days in two years

28 days in 7 years

The personal, social and financial burden of schizophrenia is enormous. There is no need to point out that it is better to be well than sick for everyone. But states and provinces need to be reminded that the only way to save money is to get the patients well. Here we have a comparison between a happy, healthy, productive young woman who is not a burden on society and who pays income tax, compared to her previous, totally dependent, depressed and unproductive state. In two years on tranquilizers only while continuing to get better. She still had a few mild depressions.

hospital costs alone at \$400 per day came to \$3160, or \$1580 per year. For the next seven years her costs were \$1120 or \$160 per year. This is not a real picture of costs but does allow us to make a simple comparison. I have estimated that every schizophrenic treated by tranquilizers alone will cost the community about one million dollars over a lifetime (40 years and a 4 percent annual inflation rate). A few simple vitamins, used in conjunction with small amounts of drugs as needed, will save our community one million

dollars over the next 33 years (counting from her first introduction to nutrient treatment). Here is BC's own account of her illness.

What is Schizophrenia? A Brief Description in Clinical Terms.

In understanding what the illness schizophrenia is, one must first rid oneself of the myth that schizophrenia refers to a split personality. It does not.

Schizophrenia is an illness that usually begins in early adulthood and is a disease of the physical metabolism which eventually affects the mind. The *tendency* towards schizophrenia can be inherited, but what actually causes the biochemical changes and breakdown to occur is uncertain. Judging from my own personal experiences and taking into account the accompanying stress-causing circumstances, I tend to believe that it is stress (environment induced) that causes these biochemical changes to develop in one whose physical makeup contains the necessary factors.

The clinical diagnosis of a schizophrenic patient is usually broken down into the following four categories:

Simple Schizophrenia is diagnosed when the patient suffers from apathy, withdrawal and confusion.

Paranoid Schizophrenia is, in addition to the above symptoms, when the patient is suspicious, suffers from feelings of persecution, is sometimes very angry, which may often lead to extreme violence, has grandiose thoughts and may believe that he has special powers, is extremely sensitive to any casual gesture, word or glance and may think they are a slight directed towards him, and sometimes believes that other people—even the devil, is controlling his thoughts.

Catatonic Schizophrenia is diagnosed when the patient goes a step further and becomes mute and immobile and has lost all concept of reality as we see it and is submerged in his own inner world.

Hebephrenic Schizophrenia is the term given to those patients who suffer from hypochondria, are often silly and engage in childish pranks and may wear bizarre clothing or ornaments.

The physical changes that take place in the schizophrenic person include slight to heavy visual distortion; audio distortion (sounds

are louder or softer) including hallucinations (patient may hear voices); food may taste strange; the patient experiences slight to heavy visual hallucinations or illusions from inanimate objects; his thinking becomes difficult, sometimes to the degree that it is impossible to think at all, or his thoughts may race uncontrollably; he also may experience loss of memory, depression, fatigue and apathy.

According to the American Schizophrenia Foundation, the following are the primary seven warning signs of the disease: unaccountable changes in personality; perceptual changes — disturbances in seeing, hearing, touching, tasting, smelling, distorted sense of time; hallucinations — strange visions and voices; disturbances in thought — delusions, suspicions, confusion, memory loss; extreme and prolonged depression, fatigue, apathy, fear, tension; bizarre behaviour; and headaches and insomnia.

It has been stated that the illness could be renamed "Adrenolutin Poisoning." When adrenaline is released in the body of a normal person it proceeds rapidly through the adrenochrome stage and is then passed out of the bloodstream, while in a schizophrenic person adrenochrome stays for longer periods of time and eventually affects the mind, producing effects which are almost identical to a low-key LSD experience.

The Orthomolecular Therapy (or megavitamin treatment) includes high doses of vitamins B3 (niacin and niacinimide), B6 (pyridoxine) and C (ascorbic acid) along with other vitamins and possibly other forms of treatment. It is important to realize that 85 percent of patients suffering from schizophrenia respond to this type of therapy, while only 50 percent respond to other types of treatment, such as long-term hospital care, electro-convulsive therapy (ECT — "shock treatments") and anti-psychotic tranquilizers.

I am part of the 85 percent who have responded to megavitamin therapy and have recovered successfully — almost miraculously, some people feel. I was given all other forms of treatment under the direction of various physicians and psychiatrists before being introduced to Dr. Hoffer and the

megavitamin program and will expand on the various forms of treatment and their impact on me in the following pages.

My only question regarding the Orthomolecular approach to the treatment of schizophrenia is: is stress the catalyst that causes these chemical changes to occur, and should it (stress) be eliminated in the case of a schizophrenic person in order to allow total recovery and prevent further breakdowns?

The Inner World

Where does the Schizophrenic go and why does he go there?

I tend to believe what R.D. Laing said: that the schizophrenic patient is suffering from a broken heart. I think that the patient starts to split away from reality and enter his own world because of pain and stress. The self is divorced from the body and the patient may even want to try to kill the self so that it will not suffer any more pain. By trying to escape from the immediate circumstances, the inner self becomes split and starts to lose its identity, and eventually begins to lose access to the outside world. When a painful situation occurs and the patient finds it hard to bear, he will try to alleviate that pain by not acknowledging it or escaping from it. Thus the inner self becomes fragmented and is tortured by splitting into concentrated pieces. The patient goes into a state of chaotic nonentity and eventually may become totally submerged in a whole new world containing its own visions, sounds and reason.

To others he appears unintelligible, rambling from one thought to another and one emotion to another, or as he detaches himself completely from the "real" world, he appears to be in a state of stupor.

Society condescends to the "mental" patient and sees him as some kind of freak. We do not realize that the patient may contain a sensitivity that is rare and precious. If the patient didn't possess this sensitivity perhaps he wouldn't be detached from us and be trapped in his chaotic state or be submerged in his private world.

We need to recognize that the illness schizophrenia should not be shunned by us, but accepted as a real part of life and our society. I believe that love and encouragement should be a big part of the treatment of the schizophrenic

patient. They should be shown that the "real" world contains love, not only hate, and pleasure, not only pain. I believe that *no* form of treatment can guarantee recovery without the added elements of love, patience and understanding. Without it the patient has no desire, or even ability to come back to reality, and if he doesn't, perhaps we are to blame.

My Experiences With Schizophrenia

Personal History

In an effort to try to spare my family any pain or embarrassment regarding our past, I will only touch briefly on my childhood.

I was born in 1956, and, although my father was a chronic alcoholic, I was a relatively well-adjusted and contented child up until age six. At that time, my father left my mother, who then married another man who was a violent, abusive alcoholic. One of his sons, my stepbrother, was physically and sexually abusive to me, and my other stepbrother quite often gave me drugs, LSD included. My mother divorced this man when I was 15 and a year later remarried my real father, who committed suicide when I was 20. This was, quite obviously, a very unhappy and stress-producing childhood.

At the age of 19 I moved in with an older man who mentally abused me. I ran away from him and came to stay with my mother and father in October of 1974. It was then that very severe physical and mental changes started to occur.

I am now 27 years old. During the last eight years I have been hospitalized nine times, for various durations, in relation to my illness, schizophrenia. *Breakdown, July 1975*

Unfortunately, I have no notes from this period of my life and must relate this experience strictly from memory. The changes that occurred to my mind, perceptions and behaviour, which led up to my hospitalization were as follows.

I was in a state of deep depression. I felt that my mind was splitting away from my body until finally I felt that I had split in two (body, which was the feminine side of my nature, dealing with feelings and emotions)

and mind (which was the masculine side of my personality, dealing only with thought). I could actually feel and see my body grow and shrink as I passed from one state into the other.

As "mind" I was huge. If I walked down the street in this state I thought that I was ten feet tall and, in comparison to the people and buildings around me, actually perceived myself as so. As "body" I was tiny, thin and frail. I felt that I was about two feet tall in comparison to things around me.

I was also extremely paranoid and thought that the devil had entered all other people. I was convinced that he had taken over the world. I saw the devil looking at me through all other people; it was his eyes I saw when I looked at theirs. I even had hallucinations where the devil would enter my room. He was white and fluid except for his face, which was very real and hideous. He would try to enter and possess me by way of making love to me, and I would literally spend hours trying to resist him. I was convinced that was the way he had possessed the other people in the world — he had entered them through sex. This was the frightening side of the experience. The devil finally managed to make love to me and I was lost.

This is where I went: It was a strange and wonderful world at times. Everything was extremely beautiful and radiant. Colours were so rich that I wanted to weep at their beauty. I had no thought; I simply felt and experienced everything around me, very deeply. I saw people's auras. Different colours would radiate from a person and I could experience them and know them intimately without communication or thought, simply by witnessing their auras.

I saw lines travelling through the sky. I have lost the capability to describe these lines as so much time has passed since I witnessed them. I can only say that they were as real as the piece of paper in front of me. I felt that I had been given the power to see things beyond the immediate physical world and was in a constant state of awe and bliss. I saw the physical world as I had never seen it before — completely.

I could see movement and hear sounds vibrating from plants and nature. I felt that I was one with the universe. Animals responded to me and were drawn to me. I experienced deep feelings of love and oneness with everything

around me. I was fluid, and movement was beautiful and rich. I did not want to leave this world and would have been quite happy to stay there, but my father, who was then alive, picked me up from one of my common fixed postures, sitting cross-legged on top of the stereo, staring off at things around the room, and took me to the hospital where my series of treatments began.

Hospitalization and Treatments

After my first "breakdown" I was hospitalized in July of 1975 for approximately six weeks. I was administered heavy doses of tranquilizers (400 mg per day of mellaril, an anti-psychotic) and anti-depressants, and was diagnosed as schizophrenic. The result of this treatment was that I was finally allowed to leave the hospital and go out into the community. I went home and stayed in my room for about a year, feeling totally void of all creative thought, incentive or drive.

In August of 1976 I took an overdose of my medication and was sent again to hospital. From there I entered the "Day Program," a group program including group therapy, art therapy and so on. I stayed for the first four days of this six-week program and then went back home to my room.

In March of 1977 I again tried to commit suicide and was admitted to hospital for a short period, once again given heavy doses of tranquilizers and sent home. I was determined to end my life. I did not want to live in the state of what I believed was a semi-"vegetable." I had always been an intelligent and creative person and the idea of life without creative thought or joy and only pain left me frightened and hopeless.

In July of that year I again tried to commit suicide and was hospitalized. I decided to ask for another psychiatrist. For more than one reason I will not give the name of the doctor who treated me then, but I shall say, though, that I have never suffered more in my life nor felt such resentment toward a person before.

He put me on a heavy dose of tranquilizers and I immediately tried to commit suicide. The outcome of my actions was that I was forced by this doctor to take injections of

Moditin, an anti-psychotic which is administered by way of injection into the hip. The drug slowly releases into the body over a two-week period. I was allowed to leave the hospital on the condition that I went to stay in my mother's home and returned to hospital every two weeks for the injection. I was told that if I did not show up for the injections, I would be committed to hospital and be physically forced to take the treatment. My only alternative, I was told, was to run away, and I was assured that if I did that I would eventually be brought back to the hospital in a straight-jacket because I would be incapable of dealing with my illness and would go completely "crazy."

I reluctantly accepted the injections, from which I experienced incredibly painful side effects. My life for the next eight months consisted of sleeping occasionally, rocking in my mother's arm chair and shaking continuously. I talked to no one but my mother, and only when the pain was unbearable. My words to my mother, as I followed her around the house shaking and sobbing were: "Mom, it hurts, it hurts."

My mother would finally take me to the emergency ward at the hospital, insisting that they do something for her daughter. The doctor would give me another mild tranquilizer and send me home to another few months of the same. Eventually my mother would, because of her compassion for me, drive me back to the emergency ward.

It is interesting to know that this particular doctor informed my mother that I would have to continue taking the injections for the rest of my life and that there was nothing more he or anyone else could do for me. He told her that the illness might eventually "burn itself out" but that he could not promise anything, and anyway, he was certain I would be dead by the time I was 23 years old, as I would kill myself.

My mother frantically sought other help. In November of 1977 she heard about Dr. Hoffer's continued success with schizophrenic patients and managed to arrange an appointment with him. After about 20 minutes with Dr. Hoffer, he had assessed me and assured my mother and I that he could help me. He also told us that within six months I would be feeling better. It was a marvelous approach and my mother had hope.

The tranquilizers were slowly withdrawn and I was immediately given heavy doses of vitamins B3, B6, C and zinc. I was given a series of six electro-convulsive treatments to give me relieve from my depression and was then put on a mild anti-depressant, which I still take today.

Within six months I had moved into my own apartment and started to try to put together some kind of life for myself. Within a year I was back at work, quite happily, in the position of secretary/receptionist. I typed 85 words per minute and enjoyed a good rapport with the public.

My life went very well until 1979 when I stopped taking the anti-depressant and went into a mild depression. I was hospitalized under Dr. Hoffer's care for a two week period in which I was given tranquilizers until the anti-depressant started to take effect. I went home and back to work.

From 1979 to 1983 I lived quite happily working occasionally (my typing speed came up to 95 words per minute), writing, sewing and designing, was married and studied the piano in 1982.

In January of 1983 I stopped taking the anti-depressant again and did not see Dr. Hoffer until October, 1983. I had slowly slipped into a depressed state. My marriage had failed and I was constantly involved in stressful situations. An account of my breakdown is detailed below. I was hospitalized for five days, again under Dr. Hoffer's care, was given tranquilizers and was put back on the anti-depressant. I was taken off the tranquilizers as soon as I went home and within two weeks I had completely recovered.

I realize now that I might always require to take an anti-depressant along with the mega-vitamin therapy, but accept this. I suffer no harmful side affects and take the drug in a relatively small dose.

Breakdown, October 1983

During this time I experienced video and audio distortions which sometimes led to hallucinations. For instance, once while observing light coming in through a window, I saw it begin to turn hazy and smokey and then a strange white form slowly emerged. I

thought of it as some kind of spirit.

There were periods when I was totally fixed in a state of fear, when everything looked hideous and ugly. At other times everything looked bizarre and it was as if I was viewing a funny motion picture. I was completely detached and was merely an observer. The world seemed very unreal, things went in slow or fast motion and people's actions appeared quite jerky. Their faces were distorted and looked long and angular. It struck me as quite hilarious and I simply wanted to sit, look and laugh.

At times I had total memory loss. I could not remember what I had started doing, anything I had previously planned to do or where I was going. If someone asked me a question about myself, the strain to remember was so great that I felt as if my mind was drifting off into space.

I also thought, at times, that I was taking on the personalities of other people. What I said seemed to be in the exact words that another person might use, and I said them in the exact tonation of that other person.

At other times I actually thought that I *was* another person. I secretly referred to myself as "Ada," a character from a story I had just read which dealt with different personalities inside a mental institution. Ada was, I believed, schizophrenic with violent tendencies. I too at times felt violent. My anger and annoyance often reached the point of wanting to give a physical blow to anyone who came near me. At times I even wanted to hurt someone quite badly or throw and break things.

Ada also would recite poetry in her periods of detachment. I too recited poetry when I felt disturbed. I also wanted to answer a question

someone might ask with a bizarre poem or statement that no one but me could understand and therein secretly belittle them and assert (what I felt was) my "intellectual superiority."

I often had paranoid thoughts. I thought people were angry with me, did not like me, and were talking about me. I often felt that everyone was watching me, and if someone laughed, I believed that they were laughing at me.

Food tasted strange — almost bitter — and I was sure that everything I ate poisoned my system. I thought I could actually feel the physical and chemical changes taking place inside my body as soon as I had eaten or drank anything.

Sometimes my movements were very slow and almost painful. I often just wanted to sit immobile forever. At other times I wanted to keep moving faster and faster and never stop.

Although this last experience was quite often frightening, I now simply look upon it as a fascinating journey from which I have finally emerged a little more in tune with the inner workings of my mind and my illness. Life is now as it was before my visit to hospital, but it is perhaps a little richer and more precious. My concept of reality has only altered in the sense that I am more conscious of the fact that beyond our material- and ego-oriented culture lie valid and important realms of thought which too often go unsought, unnoticed, avoided, ignored and even disrespected. I realize that there is much more to life than the material world and more important pursuits than acceptance, recognition or material gain.