Editorial

Another Anecdote of Schizophrenia

Allan consulted me early in 1977 when he was 34 years old. He complained he was hyperactive, which had started when he was an infant. As a child he was so active his highchair had to be bolted to the floor. Scho-lastically there was no problem. In 1968 he became interested in vegetarianism and fasting; after each fast he felt great. But late in 1969 he became depressed and paranoid. He thought he was the only white man on earth who would be acceptable to blacks. His paranoid delusions got worse until he was committed to a mental hospital for six months. Treatment included a series of ECT. He improved slowly. By 1972 he was able to work at a day care center, but again became hyperexcitable and paranoid. He was discharged from his job. He was then started on Orthomolecular treatment. During the summer of 1973 he stopped all the vitamins and began to drink excessively. His psychosis recurred, leading to his second admission to the same mental hospital, from July to November. Then he transferred to a private hospital for one year. During this year he received twenty ECT combined with moderate amounts of B vitamins. He improved slowly. When I saw him, he stated he had been free of psychosis for over one year. His diagnosis had been schizophrenia on every admission.

At this point, each reader of this brief anecdote should try to predict Allan's future course. Did he remain sick thereafter, with frequent readmissions, on social assistance, lonely, unemployed and unemployable? Did he remain stable but unable to work because he was suffering from the tranquilizer psychosis (fatigue, apathy, disinterest, tremor), or was he able to overcome his illness and become a normally productive and responsible person? After you make your prediction based on what I have written, read on.

I added niacinamide 3 grams per day to his program. He was normal three months later. He married in October 1978. In November 1989 he reported he had been employed full time for ten years in a job he liked. Both he and his wife were very pleased.

February 14, 1995, he called me to thank me for his good health. He added that he felt better than he ever could remember, was very cheerful and upbeat and was still faithful to his vitamin regime. He and his wife were both grateful.

I consider him well because: (1) he is free of symptoms; (2) he gets on well with his family; (3) he gets on well in the community; (4) he is employed full time and pays taxes. Before he was started on vitamins he had spent nearly two years in hospital. He had had several jobs but could not cope with his day care job. After treatment with niacinamide was started, he was able to work within three months.

According to recent estimates, schizophrenia costs about $2 million per lifetime of illness. This patient's family by insisting he be treated with vitamins, and this patient by cooperating, have already saved the province about half a million dollars.

If governments really want to save money they will pay attention to these classical cases who recover. No one in 1977 would have predicted his recovery.

Psychological Activity of Nicotinamide Adenine Dinucleotide (NAD)

In 1966 Humphry Osmond and I reported[1] that NAD was therapeutic for schizophrenic patients treated in a psychiatric wing of the University Hospital at Saskatoon. We used an enteric coated tablet containing 100 mg suspended in an oily medium to bypass the stomach. Patients who were responding slowly to vitamin B_3 in doses of 3 grams daily, responded much more quickly to NAD using 1 gram daily. For as long as the NAD was available, they remained well or much improved. When we ran out of supplies they quickly relapsed.

Two negative attempts were made to repeat our work using a preparation which was dumped into the stomach of patients who had been maintained on the back wards of the mental hospitals of that era and were sick for many years.[2] These two negative reports effectively quenched interest in this com- pound until a few years ago.

Professor J.G.D. Birkmayer and his associates at the Birkmayer Institute for Parkinson Therapy in Vienna, Austria, studied a stable form of NADH. They found that their stable preparation using 5 mg doses was therapeutic for Parkinson's disease, for Alzheimer's, and for depression.[3] They wrote, "When we first used NADH with regard to its clinical efficacy the effect was not convincing. This was most likely due to the rapid dissolution (approximately 10-15 minutes) of the capsule leading to a release of NADH into the acid conditions of the stomach. Since NADH is rapidly oxidized below pH 7.6, the conditions in the stomach will inactivate NADH by converting it to NAD. The investigations of this report were therefore performed with NADH capsules coated with an acid stable film and a release time of 2-3 hours. With this galenic formulation of NADH an improvement in disability could be achieved which was comparable to that of intravenously applied NADH."

In our studies we used NAD, which was the only form of this coenzyme available, in doses of one gram daily, but the Austrian group found NADH active at 5 to 10 mg daily.

NAD and NADH are interconvertable in the body. This suggests that the active form is the reduced form, NADH, and that NAD is much less effective since it would first have to be reduced to NADH. The decreasing order of therapeutic efficacy would be NADH, NAD and finally vitamin B_3. There would be no formation of NADH in the stomach from NAD, but there would be some made in the intestine.

I hope these recent Birkmayer studies will reactivate interest in the therapeutic effect of this potent coenzyme made from vitamin B_3. It is available from Menuco Corporation, 350 Fifth Avenue, Suite 7509, New York, NY 10118.

References

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A. Hoffer, M.D., Ph.D.
3A - 2727 Quadra Street
Victoria, B.C. V8T 4E5