

Treating Schizophrenia without Medical Back up

This morning, January 22, 1997, I received a phone call from a worried mother living in Illinois. In July 1990, she and her son had come to see me. He had been diagnosed schizophrenic with his first episode in 1981. He had become disoriented, slightly confused, and found it difficult to distinguish the visual background from the foreground. He was started on Haldol and slowly improved. After being relatively well for a while, he went off the drug and had another episode. By the time I saw him he had had four major relapses into his psychosis. He had been taking a variety of nutrients for some time.

When he consulted me he was free of perceptual symptoms, and he was free of thought disorder, but he described what it was like when he was psychotic, and he was extremely anxious. He excreted large amounts of kryptopyrrole, about 2.5 times the normal amount. On the HOD test he was high only in depression, but on the Experiential World Inventory (EWI) test he scored entirely in the schizophrenic range. I recommended a comprehensive program of nutrients including 6 grams of niacin daily. By August, 1993, he was well and had been well. He was able to work at his job as a top research scientist.

However, today his mother called. She told me that last fall he had gone on a scientific mission to the far east, and that at the end of the 18 hour flight he was confused. He increased his niacin and came out of that fairly quickly. He then returned home and was well until five days ago, when he once more became confused. Usually he would take Haldol, 1 mg per day for a few days and would become normal. However, the physician who had referred him to me was no longer practising and he had only three tablets left. He tried to find a physician who would give him a prescription for more and they could not find anyone. In desperation his mother

called me. She stated she would take him to Ontario if I would phone a prescription in to one of the Ontario drugstores. I could not do that, and instead arranged for some to be shipped from one of the BC drugstores.

The point of this anecdote is this. Treating schizophrenia is no different than treating any other medical disease. When patients present problems that the family physicians find too difficult, they are referred to a specialist. The specialist in turn sends the patient back to the referring physicians for continuing care. There is, then, a team of two looking after that patient.

The same situation applies to schizophrenic patients, but in most cases only if they are given standard drug treatment. If they are placed on nutrition and vitamins, it becomes extremely difficult for them to find the kind of support they would find if they remained on tranquilizers only. For the past 40 years I have been running into this problem. For many years my patients had to fight with their family physicians to remain on the program, and in many cases they were ordered to stop taking those "dangerous" vitamins. But when they relapsed they did not go back to the doctor and have him "mop up" what he had created; they usually came back to me, and I would have to start all over again.

This is not such a major problem today, and more and more general practitioners are becoming more sophisticated and familiar with orthomolecular therapy, but still too often when my patients have to go to hospital, even if only for a couple of days, they are denied the use of their vitamins. Many of my patients are very enterprising and overcome the antipathy of the hospital by subterfuge. One young man wore huge boots that he kept unlaced. In these boots he had hidden his supply of vitamins, which he happily took in the hospital without the knowledge of the nursing and psychiatric staff, but very few are that bold and innovative. More often, family members visit them frequently, and

when no one is watching will feed them the vitamins they have been on before.

Recently a young man was admitted to hospital for ten days after having smoked marijuana. In hospital he was denied vitamins in spite of vigorous protestations by his mother. She was almost getting ready to launch a legal action against the hospital, when they discharged him. At first they were going to discharge him to the streets, but his mother made it clear that if they did, they might expect a call from her lawyer immediately.

I have always thought that the primary function of the doctor is to help patients get well. It should not matter whether this is done by vitamins or drugs, or by any esoteric procedure. Why is it so difficult for psychiatrists to allow their patients, whom they will see only for a few days, to remain on vitamins while they are trying one drug after another?

When schizophrenic patients are treated by drugs alone—which almost ensures they will never recover—they are offered massive support by their doctors, by social service agencies, and by schizophrenia support societies. When they are treated by orthomolecular methods they are deprived of all these supports. The only support they have is from their immediate family and from the solitary physicians who treat them. It almost appears that all the pressures from society are aimed at maintaining them in a perpetual state of ill health.

In spite of these massive attempts to prevent patients from taking this treatment, they do recover. This is one of the major tributes to the strength of orthomolecular treatment. It works even in the face of opposition of ignorant but well-meaning people, especially professionals.

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