

A Schizophrenia That Wasn't

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Introduction

Currently, orthomolecular medicine has cast its net so wide with applications in so many branches of medicine, that some have forgotten its roots in treating patients with schizophrenia. Dr. Hoffer has made a plea to abandon the term schizophrenia to replace it with pellagra (Hoffer, A., *Schizophrenia delenda est, J of Orthomol Med, 123-139,21:3, 2006*). In his carefully reasoned argument he points out that the majority of patients with the condition have a vitamin B₃ (either niacin or niacinamide) dependency as well as needing other nutrients, and are clinically indistinguishable from the clinical manifestations of B₃ deficient patients.

The three cases which I shall present also illustrate the protean, i.e. highly variable, manifestations of the syndrome and why knee-jerk prescription of anti-psychotic medication is not the best approach to the syndrome except as a temporary measure while the orthomolecular therapy begins to work.

This first case was relatively easy to manage with only minimal complicating factors.

Presentation and Progress

JW, an unmarried man, presented to my office in 2000 as a 30-year-old patient with a three year history of alleged schizophrenia, diagnosed in a nearby centre by competent, albeit conventional psychiatrists, because of delusional/paranoid thoughts of persecution, but he denied hallucinations. As a consequence of the Clozapine, with which he was treated, he was much troubled by constipation and drowsiness. The latter

made it impossible for him to work.

Other health problems included hypoglycemia (reactive hyperinsulinism) diagnosed by a five hour oral glucose tolerance test in 1994, and diverticulitis (for which the constipation was a serious threat).

There was no significant history of surgery or injuries. The only significant feature in his family history was his father who had been diagnosed as having schizophrenia. Educationally he had spent three years at visual art college and was by profession a cartoonist. He was a non-smoker and avoided alcohol, caffeinated drinks, and street drugs.

The only prescribed medication was the Clozapine at a dose of 300 mg every night. In addition he took daily supplements of vitamin B complex, vitamin C, a digestive enzyme, cod liver oil, SLF for liver, and Ferrasorb for iron.

During the first visit I reviewed the above information in detail, arranged further investigations, and provided him with handouts outlining the orthomolecular therapy for schizophrenia and hypoglycemia. I prescribed niacin in a dose of 1000 mg three times per day with his informed consent.

Six weeks later he still showed no sign of hallucinations, thought process disorder or paranoid delusions. The investigations showed no abnormality, specifically normal thyroid function and normal ferritin levels, which made the iron supplement superfluous. I advised him to reduce the dose of the Clozapine to 200 mg at night.

Four months later he still showed no sign of psychosis or depression. He scored a retroactive/retrospective HOD test as per the following page

He scored far from schizophrenic, and, accordingly, I advised him to stop the Clozapine as being unnecessary.

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Date 2 June 2000

TS	PerS	PS	DS	RS	SF
N<30	N<3	N<3	N<3	N<3	Sc>80
37	6	8	4	9	4

Unfortunately, as a result, he began to have difficulties with sleep despite cautiously restarting the Clozapine. Within six weeks he had to be readmitted to the psychiatric facility. The reports which I received showed that no psychological testing was carried out to document the nature and severity of his condition, the presumption always being that his condition was schizophrenia, notwithstanding the absence of any perceptual abnormalities.

The next time I saw him he was still taking the Clozapine 100 mg at night but was experiencing muscle twitching with it. He had resumed taking the niacin and had begun to take the essential fatty acids. Because of the continued sleep problem I prescribed l-tryptophan 500 mg (a precursor of serotonin and melatonin) at night.

Four months later he stated, "I'm alright" with a reduced dose Clozapine and an increased dose of the l-tryptophan to 1000 mg at night. There was continued good progress over the subsequent year including the purchase of a house. The one problem was an attack of gout, which might have been due to the niacin.

A set-back did occur in early 2003 as a result of exposure to the fumes of glue in a poorly ventilated building in which he had been working. This was characterized by feelings of tension, nausea and abdominal, itching eyes and very transient spells of "mania" in rapid cycling of diminishing severity, all brought under control by increasing his dose of vitamin C and niacin.

One other potential setback was occasioned by some legal difficulties with respect to a trust fund in the US. Simple

advice about seeking legal advice cleared up that problem.

Three years later he remained well with the legal situation resolved satisfactorily. He had produced a cartoon book describing his experiences and extolling the orthomolecular approach.

Conclusion

Heinlein once wrote: "If it can't be expressed in numbers, it isn't Science." The real lesson of this case is that although this patient acted as if he were schizophrenic, the psychiatrists involved were wrong to label him as such without doing any confirmatory tests such as the Hoffer-Osmond Diagnostic (HOD) Test or its later development, the Experiential World Inventory. The HOD Test did show that their diagnosis was wrong. Nevertheless he did have some form of psychotic illness. Was it a bipolar disease? Except for the one occasion he showed none of the cycling of moods which occurs in this situation. All I can conclude was that he had some form of undifferentiated psychosis. Still he became well with orthomolecular therapy.