

Living with Schizophrenia

An Unusual Case of Schizophrenia in a Man of 56

Introduction:

Some time ago a physician-psychiatrist called me, very distressed and anxious about an acute form of schizophrenia which had attacked him. He stated that he was visiting friends in Saskatoon when this occurred, and that it had not cleared up this time as it had on two previous occasions. I arranged to see him late that afternoon.

There was no doubt that he was suffering from a classical form of schizophrenia of rapid onset and required immediate relief from his distressing perceptual disorganization, thought disorder and depression. Admission to a hospital was out of the question for many reasons. I confirmed the doctor's self-diagnosis, advised him he had a very good prognosis and started him on the mega vitamin B₃ program first described by Hoffer, Osmond, Callbeck and Kahan in 1957. When he was nearly well at the second visit a few days later, I discovered he had conducted self-experiments with mescaline over forty years ago and still remembered the experiences vividly. As there are very few physicians in the fortunate position of having first hand knowledge of the mescaline experience and of recovering from schizophrenia many

I am reporting this case because the patient showed a number of unusual features. years

later, I asked my patient whether he would set down his schizophrenic experience in a paper for the "Living With Schizophrenia" series of this Journal. A few months later, after he had returned to his own practice, he sent me his report.

The account is written as if the physician had treated a patient of his own but is in fact his own personal story. I have checked it carefully and can vouch for the accuracy of his self-analysis as compared to my clinical record.

His HOD scores are shown below:

	DS	PerS	PS	TS
a. at height of psychosis (retrospective)	16	21	2	93
b. on mega vitamin B ₃ therapy	1	0	0	2

Readers who have taken hallucinogenic drugs will be amazed at the similarity between this account of schizophrenia and the accounts of LSD or mescaline experience as described in "The Hallucinogens" by A. Hoffer and H. Osmond, Academic Press, N.Y., 1967.

We are pleased to present this account to our readers.

-A. Hoffer, M.D., Ph.D.

The chief of these were:

1. The late age of onset of the acute psychosis.

2. An unusual degree of insight and cooperation shown by the patient.
3. A remarkable likeness of certain symptoms to poisoning by hallucinogenic drugs (mescaline in this case) and visual hallucinations only.
4. A history suggesting that it had been coming on insidiously for ten years without being suspected by the patient or his relatives, before finally exploding.
5. In spite of this, a dramatic response to massive nicotinic acid and ascorbic acid with a sugar-free diet.

On February 16, 1968, I received a telephone call from AB, a 56-year-old professional person, an extremely intelligent type, with graphic powers of description. He had previously consulted his family doctor, who referred him to me. His voice was stumbling, very tense and emotional, and there was evidence that a large modicum of agitated depression was present. He stated that he felt he was suffering from mental illness, a catatonic sort of schizophrenia, that he was hallucinated, felt acutely depressed and had suicidal thoughts, and would welcome expert care under my attention. When I assured him that it would soon come under control and said I would see him that afternoon, he was obviously greatly comforted.

He was a fairly big man (weight 180 pounds, height 5' 10") but with small hands and feet and asthenic habitus, and not muscularly well-developed. When seen that day, signs of organic disease were absent. His voice was halting and tremulous; every now and then trailing off into a broken stutter. There was intention tremor of the hands. His pupils were moderately dilated and the facial expression was woe-begone and bewildered. He lost no time in describing his symptoms correctly in the usual terms. He stated that he had had two other "goes" of this trouble (early July, 1967 and January, 1968) with both

lasting about one week to 10 days. In each there were periods of profound confusion, orientation in time and place were lost and he spent his time apparently wandering confusedly about the house, knocking things over and getting badly bruised in various places. His wife, who had worked as secretary to the superintendent of a large mental hospital, had a few 50 mg. mellaril tablets in her possession and induced him to take some. The result was dramatic—a complete return to lucidity in 24 hours.

He was normally oriented and showed unusual insight. He used the terms I have described as before correctly and apparently completely understood the true nature of his troubles. Also, he could always recognize the hallucinations, which were all visual and distinguished them from real things.

Regarding his mood, he stated that this was one of acute depression (obviously correct), great bewilderment and vague but awful fears. Questioned about this, he repeated that it was no fear of man or his work or of anything material but a vague feeling of something alive, hanging over him, waiting for the right moment to attack. He could not say what this thing was, only as anxiety and fear of something terrible about to happen to him. He complained mainly of a horrible feeling all over him, described as like mescaline intoxication with all the terror and none of the euphoria. (In this connection, I should say that when he was in Europe in the 1930's, he and some friends had experimented on themselves with mescaline and he had been profoundly affected by the supra-conscious experience which ensued after taking the drug.)

In addition to the indescribable horrible feeling all over, he had experienced acute pressure and sensations in his forehead and his stomach and had been eating nothing because he thought that his stomach and

bowels had gone dead within him. His appetite had been nil and any sort of food tasted flat and tasteless. No delusions of poisoning or being doped were present.

The Visual Sphere

He was hallucinated and optical illusions were present and vivid. He stated that when he closed his eyes, instead of the uniform pinky-blackness, which you usually see, constant pictures in color crossed his field of vision; these were either grotesque or ugly, fantastic or frankly obscene pictures of the male and female genital organs. These hallucinations—or very vivid colored thinking—started a few seconds after closing the eyes; regarding their nature, he said they were not real but the hallucinations of a disturbed mind. They were apparently identical with the type of hallucinations found in cannabis or mescaline poisoning.

With his eyes open, he experienced photophobia and a kind of hallucinosis strikingly resembling that produced by mescaline. When he looked at a paper wall with a slight pattern, or even one with unpatterned surface, there would appear in a few moments, numerous figures and the texture and the pattern on the wall would come alive and writhe and marshal itself into two columns of figures (apparently one column for each visual field) of monstrous Chinese dragons on one side fighting with superbly handsome warriors, plumed and feathered on the other side. This was the most frequent theme and the patient described the human figures as Aztec warriors (all details of armor and adornment historically correct). In this connection, I should mention that the patient's chief interest had been archeology and ancient civilization, their peoples and culture, architecture, etc., particularly the civilizations of ancient Mexico and Central America, of which he had a good knowledge. These hallucinations usually seemed to be of

gigantic size and moved and changed constantly. The patient stated that they were exactly the same as mescaline hallucinations, except that the accompanying affective reaction was one of acute depression and misery, not the tremendous elation and euphoria produced by the drug. Aural hallucinations, according to the patient had been completely absent. Optical illusions were a prominent feature. A scrap of paper on the carpet or a kitty would appear for some moments to be a shaped small piece of wood or a worked spindle of thread. No terrifying or revolting illusions were present. The patient could always distinguish the hallucinations of sight from reality and recognize his mistakes as regards the illusions. These, of course, were all in a setting of woe and nameless fear.

The Auditory Sphere

Aural hallucinations were, as above stated, completely absent, the hallucinosis being entirely visual—an unusual occurrence even in acute schizophrenia. Outside noises or people's voices did not seem to worry him, apart from being vaguely irritating. No voices talking about him came from the radio or television.

Additional Symptoms

Ideas of reference or poisoning were completely absent, unless one includes the feeling of dread already mentioned, of some awful impending disaster. He said he felt that everyone except his family were indifferent to the point of callousness toward his plight. Ideas of unworthiness and self-reproach were very marked. He stated that he had made a mess of things and caused his wife and son nothing but anxiety and suffering. When I said a few simple words on the subject of self-reproach, etc., to reassure him, he appeared much happier. As already described, delusions of persecution or ideas of reference were absent. The patient said "they all look

alive and normal: I feel like a walking 'zombie' among all men."

He stated he felt something was dead in him; that is some vital forces had been taken from him, and his personality was lost and he had strong feelings of unreality of self and of the outside world. Things seemed somehow sinister and nightmarish in appearance and it seemed that there was a veil of unreality between him and the outside world like a bad dream come true.

Patient described to me how at times he had been so confused that whole days had been lost to him. It seemed that a constant feature of the acute episodes was a period of confusion and amnesia, anterograde and retrograde, particularly in the acute brief abortive spells which had occurred from time to time between the acute hallucinatory periods, to be described later.

Patient showed complete insight into his trouble—described as an acute schizophrenic confusional attack—he was always able to distinguish illusions and hallucinations from reality. I told him that the memory of his mescaline experiences many years ago had helped him through this attack.

The patient had been living on scraps for the last week before seeing me, partly because of complete anorexia and partly because he felt that his entire organs were completely dead and had ceased to function. His sense of touch seemed abnormally heightened; thus, if he felt a piece of fabric of any sort—cotton, silk, canvas, etc.—it seemed his fingers could feel every thread or fibre of the material. A horrible and indescribable sensation over his whole body and a sensation of acute pressure between the eyes and in the chest and throat with actual nausea at times also were described. His sensations of derealization and depersonalization have already been described.

On one occasion he experienced a sensation like a small electric shock or a peculiar vibration

in his genital organs but did not describe it to any outside agency; he thought it to be simply part of the illness.

Spatial and Temporal Perception

The patient complained of gross inability to distinguish distances between near objects, with consequent clumsiness and turning to knock things over when he reached for them.

Temporal perception was grossly altered in exactly the same manner as occurs in mescaline or marijuana intoxication. Minutes seemed to him to be like hours and hours like centuries. A rapid return of normal temporal-spatial perception when treated was always one of the first signs of recovery. Patient complained of complete inability to remember a simple thing for anyone; he would go up to the bedroom to get some simple toilet requisite or other thing, and by the time he had gotten to the room, he would have completely forgotten what it was he had gone for. This led to acute fears of organic brain damage—one of his most troublesome phobias. Otherwise, he described his mind possessed all the time by horrible thoughts; that he was hopelessly and incurably insane, and suffered from ideas of self-reproach and unworthiness.

During the worst phase of his illness, distractibility, thought-blocking and flights of ideas were constant features; some of the time he would wander aimlessly about literally thinking of nothing or he would stand about mooning and staring at the walls or the trampled snow outside, waiting for the inevitable hideous faces to appear. These, in spite of this horrible appearance, never caused him to panic or act as if they were real, but simply to stand in dumb misery; that was evidently a state of catatonic stupor.

Mental Aberrations

Resistiveness, stubbornness towards his family, and the constant urge to strip off his clothes and wander naked around the

house were all characteristics. The very feel and pressure of clothing on his body were intolerable to him.

At times he would have outbursts of apparently senseless fury and would stand and curse and abuse his wife or son in the most terrible language. (His feelings of guilt and self-reproach centered largely around those episodes.) The patient admitted readily to strong suicidal impulses, either by venisection or taking an overdose of barbiturates, to which he had ready access. These he fought down and apparently overcame. No violent tendencies were shown but the patient remembered that during the long prodromal period of his illness he had had apparently ceaseless bouts of fury and had smashed valuable things and behaved in a threatening manner towards his family, in the course of those episodes.

Physical Disturbances

Clumsiness, gross intention tremor of the hands making his handwriting almost illegible and a peculiar disorder of speech which made him completely unintelligible at times were evident when first seen. During his worst periods, there was apparently complete paresis of the large muscles of the legs and limbs, so that he was hardly able to drag himself along the floor, much less sit in a chair and remain upright.

Paralysis of the extensive ocular muscles on one occasion, with diplopia, was described by the patient.

During the last attack, absolute anorexia and constipation, as already mentioned, were present. Patient had also observed that his hands looked swollen and dusky-colored with engorgement of the dorsal veins during the episode. This was confirmed by his wife and does not appear to have been a visual illusion. No oedema or cyanosis of the legs or feet was at any time present. This peculiar vascular condition cleared up rapidly and consistently with the other signs and symptoms on

treatment with mega vitamin therapy.

Insomnia was absolute during the episode and only controlled by large doses of powerful sedation.

Patient stated that during the episode he had several times during his last two episodes suddenly been seized with acute paroxysms of apparent dyspnoea or over-breathing with rapid crowing respiration and a sense of acute terror of impending death. The paroxysm would increase in violence until, usually, he would collapse baying like a wild beast on the floor or bed. Finally, the paroxysm would pass off leaving the patient exhausted and terrified.

At other times, he had caught himself breathing in a peculiar manner. This consisted of alternating periods of apnoea or breath-holding lasting up to about a minute and interrupted by some deep, sighing respirations and to be resumed again. This cheyne-stokes respiration was described by the patient as typical of mescaline intoxication also.

A peculiar sign was the mescaline opisthotonus as the patient termed it, stating it was also peculiar to poisoning with this drug. After a period of standing about mooning about nothing, he would notice a quite severe low lumbar backache. On feeling himself, he would find that his large spinal and abdominal muscles were in a condition of acute involuntary spasm, and that it was very difficult to relax even when making an attempt to do so.

Prior to the last episode, he had experienced two weeks of profound, apparently causeless depression with severe insomnia. It appears from the patient's and his wife's account that the trouble had been evolving insidiously over the last ten years before the final explosion. Patient had lost interest in his work, usual hobbies and home and family, and become indolent and solitary in his habits, apparently disliking activity of any sort. The family had migrated to

Australia in 1957, due to frustration and financial stress and finding things no better there, returned to Canada in 1959, on the promise of a lucrative and apparently promising job which had turned out to be a "bum steer" (patient's expression). From then onwards he had held a series of positions but seems to have been dogged by a peculiar succession of accidents and misfortunes which were not his fault. For all this period, the family had been constantly harassed by financial stress and this seemed to have been the determining factor in the patient's breakdown.

One last peculiar prodromal symptom remains to be described. This was described by the patient as the "flop-out" attack. These episodes had usually always occurred in the morning, shortly after getting up, always in the presence of his family, at home, never in a public place (one of his principal fears was of being picked up in such an attack in a public place). The usual type of attack was this; he would awaken, apparently normal, then suddenly lose consciousness completely and collapse on the floor or pass in a matter of seconds from clear consciousness to the profoundly confused state as already described. This condition would then pass into what was apparently natural sleep from which he would awaken quite normal again. A complete black-out of consciousness or a con-fusional episode with an island of complete amnesia were always present. The patient described these brief episodes as starting with a horrible feeling and complete muscular helplessness.

Past History

Definite history of familial metabolic abnormality was present. Patient had had previous mild attacks of gout, also mild form of right-sided migraine with all the classical prodromata of this disorder. He had also been found to have raised blood-sugar (about 150-160) going up post-prandially to 200+. He had been told he was diabetic but had never had any symptoms of this

disease. He thinks it must have been present before 1957.

Patient states that up to the age of about eight or nine years, he was very strongly synaesthetic but grew out of it, as usually happens to such children. He described himself as a visual thinker (of interest because of the fact that all the hallucinations of his illness were visual, not auditory).

Family History

There was gout on the father's side and migraine on the mother's side. His parents, he rather bitterly described, as "pukka English types" but thoroughly "schizogenic." Patient found by experiment that alcohol in small doses made him feel temporarily better during an episode; dexamphet-amine made him feel quite a lot better, especially as regards the intention tremor of the hands. Meprobamate in doses of 400 mg. usually intensified all the symptoms and made him feel much worse. Barbiturates in sub-hypnotic doses also made him feel temporarily better, by removing tension. During a previous attack Mellaril in 100 mg. doses produced a dramatic resolution and termination of all symptoms.

Prescribed Therapy

He was started on a dosage of 1 gm. nicotinic acid and 1 gm. of ascorbic acid t.i.d., with a special sugar-free diet. When seen the last time March 13, 1968, he was greatly improved; no schizophrenic signs and symptoms were present and his voice and phonation were greatly improved. He stated that after seeing me "in the silly, muddly way of psychotics," he took twice the dose I had prescribed. The result was dramatic. Within half an hour or so he only had a slight nicotinic acid flush reaction. Within two to three hours of the first dose, there was abrupt diminution of all schizophrenic symptoms and his terror and misery

were replaced by a feeling of great tranquility with the assurance of a complete cure of his illness. The improvement continued progressively over the next 48 hours, to the astonishment and delight of the patient, and by the time I saw him, he was free of all symptoms and convalescent. There were no signs of schizophrenic thought disorder evident and he was able to discuss his illness with calmness and objectivity. The extraordinary effect and rapid action of the mega vitamin therapy had made a very great impression on him and he was quite certain that it was the nicotinic acid and ascorbic acid therapy alone which had caused the dramatic change in his condition.

To date he has been fully at work and on a daily four doses of 2 gm. of nicotinic acid and 2 gm. of

ascorbic acid (total dose daily of 8 gm. each) with a sugar-free diet.

Summary

1. A case of schizophrenia in a man of 56, with several unusual features is described.

2. The unusual character of the hallucinosis is stressed.

3. The remarkable response to mega vitamin therapy within 30 days is emphasized (in spite of the ominously long and insidious evolution of the disease).

4. The important fact of immediate institution of niacin-ascorbic acid therapy, even in cases with a long history is stressed.

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