

# the SCHIZOPHRENIC pattern

Many patients have a variant of the schizophrenic pattern of mental illness. Many doctors fail to recognize that the schizoid type of symptomatology is not a mental problem per se, but is a purely physical phenomenon. The mental symptoms naturally predominate but the cause is purely physical and can be shown to be so, easily and demonstrably. The patient with schizophrenia may be depressed, fatigued, listless, and may have very poor muscle tone. These people have trouble judging time, distance and sounds. Some may have fears that they are being listened to in a very secret way, and feel they are being persecuted or plotted against. They may feel that they have unusual authority or abilities and attempt to act the part of the false position they feel they have assumed.

Notice here that the word "feel" is used repeatedly, for this is what the schizoid mental process is all about. They do "feel" the sensations that they experience are real, for they have no other way to judge their experiences except by their senses. When these senses play them false, they are forced to act on these false feelings. Therefore the problem is to determine what produces these false feelings and what will normalize them and reorganize them into a more acceptable pattern of human behavior.

The incident of schizophrenia is no greater or no less than it has been for the past decade—there is no great geographical difference. There are a variety of theories as to the cause of schizophrenia, but none hold water in the therapeutic application, particularly the mental or commonly psychiatric counseling type of approach.

If the psychiatric treatment of schizoids is such a failure, what could be the basis for the opinion that this illness is a physical and not a mental condition?

(1) Lucy and Lea, two researchers found that schizophrenics could take enormous quantities of histamines which produce allergies in most people.

(2) Arthritis and asthma were practically nonexistent in repeated surveys of the psychiatric patient population. Out of 3000 autopsies, not one patient showed any evidence of arthritis in their bony structure.

(3) Diabetes is a rarity in mental hospitals, the level being far below the average for a random sample of the general population.

(4) Schizophrenics can suffer and

the case load of the average mental hospital and of the average physician who treats mental illness.

The well known hereditary pattern of schizophrenia would indicate that there is chromosomal imbalance which allows schizophrenic individuals abnormal biochemical departures from normal body chemistry. Here is the key factor to understanding and to the therapy of schizophrenia and related disorders.

We are all familiar with the pattern of the adrenal glands in a flight or fight situation. Additional quantities of adrenalin and adrenalin like compounds are released by the adrenal medulla during these stress situations. As mentioned in previous articles, these produce a rather typical response that has allowed man to outrun the sabre toothed tiger and to survive to this day. Man has survived and the sabre toothed tiger has not. It was man's superior adrenal system that allowed this survival. These additional adrenalin or adrenalin like substances are lysed or destroyed once the crisis is over, by a substance appropriately called adrenlysin.

Here again we see the wisdom of the body's innate intelligence and the master hand of the creator at work. But when this finely balanced system is disturbed by faulty structural relationships, certain other changes take place. Adrenalin normally breaks down to a highly toxic substance called adrenochrome, which in turn breaks down into a harmless leuco-adrenochrome and a highly toxic adrenolutin compound. The leuco-adrenochrome with characteristic evidence of innate

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endure extensive burns, fractures, heart attacks and a variety of other shocking illnesses with abnormal lack of shock and with great detachment.

(5) When the blood of schizophrenic patients is fed to a certain type of spider, the spider weaves an abnormal web. When the blood of normal individuals is fed to the same type of spider, the spider weaves a very normal web.

The evidence is overwhelming for a physical cause of this perplexing mental disease which accounts for much of

intelligence is the balance wheel against any excess of adrenochrome or adrenolutin. In schizophrenics for some reason, this neutralizing substance is not formed, and the two highly toxic substances are formed with literally no antidote.

Dr. Hoffer and Dr. Osmond are two men who have been singularly responsible for the adrenochrome hypothesis. By accident a patient of theirs who had occasional asthma, took some adrenalin compound by inhalation which had changed color. Normally, as you know, adrenalin as

commonly supplied is colorless. The toxic substance adrenochrome which can be made easily in the laboratory, is pinkish in color. The druggist who supplied the discolored adrenalin was hesitant to sell it to the patient but it was purchased because of the immediate needs of the patient.

After inhalation which had its usual effect upon the asthma temporarily, the patient felt extraordinarily alert but had difficulty in judging distance, time and had bizarre thoughts. This was the start of a recovery from his asthma, but the beginning of a mental state which thoroughly frightened and disorganized this previously very normal individual. He suffered anxieties, compulsions, bizarre thought patterns, depressions and a host of other schizophrenic symptoms. He became very free of his asthma but so disoriented that he could no longer participate in ordinary family life. He happened to mention the discolored adrenalin solution to a friend who was familiar with its toxic effects and who warned him against its use. He discontinued the prophylactic inhalations of the discolored material which he had maintained despite the unusual absence of symptoms. It should be



clear by now that adrenochrome and adrenolutin are true hallucinogens, similar to the widely presently known mescaline and L.S.D.

Since the substances adrenochrome and adrenolutin are toxic and since the normal antidote leuco-adrenochrome is not produced in sufficient quantities, the conclusion should be obvious. Increase the production of leuco-adrenochrome and/or neutralize the two toxic substances, adrenochrome and adrenolutin by some natural antidote or method.

The obvious additional pattern of

reducing adrenalin production is not worth considering since its production is vital to survival, even in this day of "paper" sabre toothed tigers. Naturally, avoiding the life situations that stress the individual is wise, but often impossible.

There are other incidental factors that increase adrenalin production, that can be reduced, such as smoking. Copper increases the oxidation of adrenalin and should not be used loosely, supplementally.

Up to this point, the discussion has been mainly biochemical and the alteration of normal biochemical changes in the breakdown of the adrenalin molecule. If, as it has been said, that schizophrenia is a physical condition and not mental, what are the physical clinical signs?

The use of muscle testing has been particularly invaluable in testing schizophrenics. Every patient with a previously validated diagnosis of schizophrenia, had a variety of muscle imbalances with the usual weakness causing hypertonicity of the opposite or contralateral antagonistic muscle. Coincident with each patient, there was weakness of the anterior flexors bilaterally and occasionally unilaterally. This weakness responded to the usual neurolymphatic and neurovascular reflexes, but the response was not permanent as usual and further research showed there was a specific response to niacin and also to niacinamide. This was reported earlier in the 68 research manual and has been further documented in terms of direct oral absorption by the Mellon Institute of the University of Pennsylvania. The immediate clinical response to the oral absorption without swallowing is an interesting phenomenon, in that it occurs within ten seconds.

The result is long lasting and when combined with the previously mentioned neurovascular and neurolymphatics, produces an excellent response in the weak neck flexors. The niacinamide or niacin produces a steady and progressive response in the physiology of schizophrenia. An interesting sidelight is the unique ability of the body's innate intelligence to telegraph its nutritional needs. In a weak neck flexor problem involving both anterior scalene and sternocleidomastoid, the response is to niacinamide, or to niacin or niacinamide with B6.

In the anterior scalene syndrome by itself, the response to niacinamide or to niacin or to niacinamide B6

combinations is only fair. But when high B6 and low niacinamide combinations are given, the response is as spectacular as with the niacin product in the combined problem. The patient's progress is steady and progressive and barring temporary emotional upsets from unavoidable life situations, the patient returns to normal in a preceptive way and becomes a useful, productive member of society.

Frequency of treatment should be twice weekly, at first with an approximate level of 300 mg of natural source of niacin or niacinamide B6 combination daily. In the severe aggravated highly acute problem, a temporary use of a very high level of synthetic niacin or niacinamide is occasionally required with an eventual rapid return to the more balanced lower level of niacin intake.

The adrenal makes adrenochrome or adrenolutin in certain individuals, in a vain effort to balance body equations, but with the tragic effect of disturbing biochemical balance more severely. It is as though you entered a cabin from the bitter cold and attempted to build a fire in a fireplace that had a closed flue. The resultant heat from the fireplace warmed the individual, but the resultant smoke drove the occupant outside to get away from the smoke the fire was producing, and the individual was back in the cold again. The heavier dose of niacin is occasionally necessary to get rid of the accumulated "smoke." Once the flue was opened mechanically, the lower level of niacin would be adequate to allow the fire to draw properly. This crude analogy points up the need for immediate treatment as well as the long term maintenance program.

There are a variety of cranial faults in these schizoid patients, but they vary from one patient to another. The unvarying constant element in each patient with a previous diagnosis has been the weakness of the anterior neck flexors. Naturally not every patient with weak anterior neck flexors has schizophrenia, but each time, every time, each schizoid exhibits this constant factor. This factor diminishes with treatment and proper nutritional management and provides a useful barometer of progress. Your attention is directed to the superb monograph by A. Hoffer and H. Osmond, entitled "The Chemical Basis of Clinical Psychiatry." This book is published by Charles C. Thomas, Springfield, Illinois, and can be obtained from your usual book source or from your col-

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lege library. Another source is "*Niacin Therapy in Psychiatry*" by A. Hoffer, by the same publishers.

We have a duty to be physician to the whole man, not only to the sum of his parts, and the factors that produce mental disease are as much a part of our responsibility to the patient as any other factor, producing disease. The immediacy of the patient's problem may be such as to require protective custodial care, but this cannot be continued forever any more than continued avoidance of fats will therapeutically clear up a gall bladder problem.

The answer is obvious, remedy the basic problem rather than avoid the precipitating factors. Niacinamide therapy along with appropriate structural corrections of cranial and spinal faults, offers definitive therapy which is basic to the problem.

In some resistant cases, or in a particularly difficult behavior problem in an older individual, the addition of ribo-nucleic acid is one of great advantage in restoring the literal "CELL MEMORY" that is needed for total recovery. An interesting fact in this regard is that failure of cell memory following proper adjustment of the patient's structure, does not mean faulty technic, but faulty nutritional background on the part of the patient's previous pattern. In any resistant

chronic disease pattern, regardless of symptomatology, it is a good policy to consider that the innate intelligence of the body may have a temporary "hysteria" or perhaps a "lapse of cell memory" which can be stimulated by proper adjustmet. But in the event of a lack of proper response, addition of R.N.A. (the cell memory raw material) is good therapy.

Many patients with schizoid problems may require long term care and perhaps lifelong intake of niacin factors since they have a congenital chemical imbalance. The patient is rewarded by normal behavior and society is rewarded by a proper citizen in all his productive ability.

Further information regarding therapy and niacin R.N.A. intake patterns is available from the author without charge. Kindly enclose a stamped, self-addressed envelope with your request to: Dr. George J. Goodheart, 542 Michigan Bldg., Detroit, Mi. 48226

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