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Personalized Medicine in Diagnosis and Treatment of the Schizophrenias

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Introduction

In the Mid-Twentieth Century a chemical revolution in psychiatric treatment occurred when Thorazine, the first major tranquilizer specifically for psychoses appeared. Today this drug and its 'atypical anti-psychotic' descendants are the dominant therapy for schizophrenia, with other treatments minimized. These drugs are necessary to bring the acutely insane quickly back to their senses, which usually occur within a few days of treatment. However, these "anti-psychotics" provide only symptomatic treatment with no effect on the underlying cause of the psychosis. Once the crisis has passed and the psychotic is eating and sleeping regularly, the doctorshould search for the etiology(s) of the madness, both psychosocial and physiologic. Only rarely is such a thorough evaluation done.

Most doctors consider schizophrenia an unfathomable baffling mystery though there are numerous known biological causes of the schizophrenic syndrome; hyperthyroidism, pellagra, mercury poisoning, etc. However, few are aware of these causes and treating physicians generally continue patients indefinitely on powerful tranquilizers at large disabling dosages. Then the medication becomes 'the cure worse than the disease'. Over-drugged patients, passion and enthusiasm sapped along with their neurotransmitter, dopamine, become somnolent, withdrawn and incompetent.

The poor recovery rate for schizophrenia has not improved at all with the use of psychiatric medications [1]. Yet many could return to their lives and jobs if drugs with their brain disabling side effects were reduced to the necessary minimum or completely eliminated when no longer useful. Confidence shattered by the breakdown, stoning with tranquilizers sabotages recovery, placing the final bars on their cage in the mental health system, where they usually serve a lifetime sentence.

A recent study implicates the 'anti-psychotic' drugs as responsible for the shrinkage in brain matter found in chronic schizophrenics [2]. British psychiatrist David Horrobin was able to reverse the loss and grow new brain tissue using omega 3 oils with the highest percentage of eicosapentaenoic acid (EPA) [3].

A necessary evil, pharmaceuticals need to be used in the smallest effective dose and replaced quickly with real understanding of the true cause and treatment of the problem [4,5].

Genetics and Schizophrenia

The incidence of schizophrenia is estimated to be about one percent worldwide; the same in both sexes, higher in the big industrialized cities, lower in developing agrarian cultures [6]. Social psychiatrists like Ronald Laing have estimated the incidence of ambulatory psychoses much higher at ten percent [7].

If your sibling is schizophrenic, there is an eight percent chance you will be. If oneparent is schizophrenic there is a twelve percent risk. If both parents are schizophrenic, there's a forty percent chance their child will be too. With identical twins the odds are almost fifty-fifty, if one is schizophrenic, the other will be too.

These statistics support a definite genetic factor, which is to be expected. It's widely recognized that our personality, the way we behave, is inherited. Schizophrenia is defined by the four A's; ambivalence, autism, association defect and inappropriate affect, all behavioral expressions of a specific inherited personality variant.

Yet identifying a 'schizophrenia gene' seems quite improbable as schizophrenia itself is not a hard science word, but rather a subjective term based on behaviors. As such the word can be hijacked for inappropriate political purposes, as when political dissidents are hospitalized with "schizophrenia" in order to silence them [8]. These mythological psychiatric labels like schizophrenia, bipolar disorder, attention deficit disorder, permit the misdiagnosing and drugging of even two-year-old children [9].

Bleuler [10], who first defined schizophrenia in his book "Dementia Praecox or the Group of Schizophrenias", was dealing with a number of different conditions. It is more logical to refer to a 'schizophrenic syndrome' as the schizophrenic complex cannot be said to be a disease at all since there are no consistent pathognomonic signs to distinguish it.

It appears our brain/psyche has only a limited characteristic reaction to overwhelming stress. One of those expressions is the psychotic schizophrenic syndrome. The same presenting picture can have several different causes, such as niacin deficiency, mercury poisoning, thyroid disease, phenylketonuria, etc. Discovering the underlying cause of the schizophrenic presentation greatly improves and legitimizes appropriate medical treatment.

Is Schizophrenia an Evolutionary Advance?

If schizophrenia is such a pathological condition,, why is it so prominent? After all, if natural selection determines the proliferation of those most adapted to our environment; why is this highly disabling condition still present? This incapacitating state should have died out long ago. The chronic psychotic can't make money and usually doesn't marry or reproduce. Schizophrenia must have some positive value to compensate for an affliction, which would seem to doom its sufferers.

Doctors Hoffer and Foster [1,11] believe schizophrenia is just such an evolutionary advance. They note schizophrenics are less prone to cancer, demonstrate superior physical health and are highly creative. The statistic that schizophrenics die on average five years earlier than their peers is explained by noting psychotics are sick, allowing the genetic expression of their disease. If they had been well nourished and

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cared for, their genetic tendency to schizophrenia would not become manifest and they would be able to fulfill the potential of a naturally endowed healthy and highly creative life.

Hoffer and Foster [1,11] believe schizophrenics emerge from successful families because other family members also share the schizophrenic DNA, though not fully expressed. The families of psychotics thereby enjoy the brilliance and creativity of the schizophrenic gene, permitting them to be prosperous and successful. The lesser expression of the heterozygote allows the family to avoid the psychosis. Even at the genetic level the schizophrenic is 'taking the hit' for his kin; the danger of psychosis being the necessary sacrifice to gain the genetic benefits for their family.

The schizophrenic himself has the potential of being eminently successful, if he caters to his unique genetic makeup, avoiding any detrimental environmental exposures. Historical examples like Isaac Newton, Martin Luther, Joan of Arc and Vincent Van Gogh all managed to achieve greatness, in spite of, or perhaps because they suffered from psychosis.

Genetic Abnormalities in Schizophrenia

Hoffer [1] believed the schizophrenic syndrome is induced by genetic differences in the handling of the catecholamine, adrenalin. When the genetically susceptible person becomes severely anxious they produce a toxic form of adrenalin called adrenolutin which itself induces the hallucinations and sensory dysperceptions.

Traditional biochemical theory has held schizophrenia is due to an excess of the catecholamine, dopamine. This may be true for the untreated acutely psychotic who are too disturbed to permit testing. But measuring the plasma dopamine in my outpatient practice of psychotics most of whomhave been or are currently on atypical antipsychotic tranquilizers their dopamine levels are usually too low to be measured. Hoffer's theory of abnormal adrenalin metabolism is compelling. Dr. Foster [11] found four genetic abnormalities, dealing generally with catecholamine synthesis significantly more common in schizophrenia.

Whatever the actual mechanism, psychotics as a group share an exquisite sensitivity as mentioned by Van Gogh in his autobiography. Hyper vigilant, they notice more in their environment leading to stimulus overload when under stress.

Genetic Link between Celiac Disease and Schizophrenia

Researchers have discovered a possible link between schizophrenia and the known genetic disease, gluten enteropathy or celiac syndrome [12]. Sufferers are intolerant of a high gluten diet and need to avoid the high gluten grains; wheat, rye, barley and buckwheat. Schizophrenia appear to occur more frequently in persons who also have celiac disease.

Dohan [12] studied hospital admissions for schizophrenia during WWII and found a strong correlation between wheat consumption and number of psychiatric admissions. In those countries with markedly diminished wheat consumption, due to wartime unavailability, there was a similarly dramatic decrease in hospital admissions for schizophrenia. As a further test, Dr. Dohan removed all the gluten foods from the diet of one ward of schizophrenics and found those patients recovered quicker and left the hospital earlier, than their controls on the other non-gluten free diet ward.

Treatment for schizophrenia caused or influenced by allergy to wheat gluten is simple; avoid the allergen; in this case gluten. Celiac syndrome and the schizophrenic reaction it can induce are stress related conditions. If the person is calm they may be able to eat reasonable amounts of grains without difficulty. But under stress, they turn increasingly to the allergy inducing and addicting food, causing a severe intolerance, which may express itself as a psychotic or lesser mental reaction (cerebral allergy).

Food allergy is usually a story of the poisoned loving his poison; for we often become addicted to the very foods for which we have an allergy. The addiction is the cause of the allergy, as constantly eating the same food increases the risks of intolerance. Especially if the food is of inferior nutritive value, crowding out more nutritious foods; as is the case with grains like corn and wheat as compared to the superior seeds and nuts, meat, dairy, eggs, vegetables, beans, peas and other high protein choices.

Eating a food of lesser nutritional value repetitively like bread for example, crowds out and leaves little room for more nourishing foods. The poor diet weakens the immune system and makes the individual more susceptible to his potential allergens. The gluten protein in wheat bread destroys the villi, the finger like projections, which greatly increase the absorption area of the twenty feet of intestine to over an acre. Destruction of the villi results in poor absorption and subsequent malnutrition, resulting in the celiac disease causing psychosis.

Biological Individuality and Personalized Medicine

The late Dr. Roger Williams, who discovered vitamin B6, first proposed the theory of biological individuality. Just as no two of us have the same fingerprint, so too there are tremendous variations between individuals in our anatomy and physiology. Biological individuality is the predecessor of the concept of personalized medicine. Pharmacotherapy is a 'one size fits all' treatment without regard for biological individual differences. One drug acts as a blanket treatment for all the many different causes under the schizophrenia umbrella.

Schizophrenia is puton Scientific Foundation by Lab Testing

Despite intensive searches over many years, no scientist has ever discovered a pathognomonic sign or symptom specific to the diagnosis of schizophrenia. Nor, with such a vague, subjective, behaviorally defined condition are we ever likely too. With such a 'wastebasket' term, it's a case of garbage in, garbage out. This does not mean laboratory testing on patients called schizophrenic isn't helpful. Their extremes in mood and behavior are mirrored by great fluctuation in laboratory testing and this testing is the key to finding the real cause of their personal schizophrenic syndrome.

For example, in ordering The 5 Hour Fasting Glucose Tolerance Test on 200 consecutive schizophrenic patients, I discovered 67% suffered from Reactive Hypoglycemia and were helped by a high protein-limited carbohydrate, frequent-feedinghypoglycemic diet. Similarly thyroid tests identify that particular cause of schizophrenia.

Pfeiffer [4] discovered blood histamine levels differentiated between the high and low histamine types of schizophrenia. He also posited high serum copper as a possible cause of depression, insomnia, hypoglycemia and paranoia. Measuring plasma catecholamines and serum serotonin further differentiates out problems in the neurotransmitters of psychotics.

Summary

Though current psychiatric drug therapy is usually effective in wrenching the acute psychotic back to our reality, it is symptomatic treatment only and has not improved the recovery rate for schizophrenia at all. Rather than reducing drugs once the crisis is past and searching for the underlying cause of the psychosis, most doctors assume the drugs are appropriate therapy, though no one has ever claimed schizophrenia is due to a thorazine deficiency. Multiple psychiatric drugs are generally continued permanently in such large doses as to be brain disabling, making it impossible for the patient to work or go to school, sabotaging any meaningful recovery.

The tragedy is compounded by our 'Alice in Wonderland' psychiatric diagnostic nosology. The word schizophrenia is a 'wastebasket' term applied to our most severe mental illnesses, which provides no clue as to the cause and thereby the proper treatment for these conditions. Rather than a diagnosis of "paranoid schizophrenia", a better system would diagnose "paranoid schizophrenic syndrome due to hyperthyroidism, copper toxicity, reactive hypoglycemia, or celiac disease, etc".

There is a strong genetic factor in the expression of the schizophrenic syndrome but the individual's environment is important as well. Of these influences, the most significant is the patient's nutritional. It is a true that the greater the degree of malnutrition, the more severe the mental (and physical) illness. Even genetic causes of psychosis are usually best treated by dietary manipulation; as with the avoidance of gluten containing foods in cases of celiac disease induced schizophrenia.

With the schizophrenias, where many different causes can present with the same symptoms, we can see how a personalized medicine approach, which takes account of biological individuality, can provide superior treatment to our current method of drugging and warehousing. Currently we throw away many of the best and brightest of our youth because we don't know and are too frightened by their insanity to care. Forcibly, we addict these troublesome kids to brain disabling drugs that will button up their anger, perform a chemical lobotomy, assuring they will never upset society again.

If we invest the money and time to make a proper diagnosis; taking a thorough history, listening to the patient, performing a physical exam when pertinent and ordering appropriate tests we can seek out the cause of their psychosis and greatly improve the patient's chances of recovery.

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