

Childhood Schizophrenia

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Over the past two years drug companies and psychiatrists have reported they now have available several new "wonder drugs" which are superior to anything so far in common use for treating schizophrenia. They are more effective, or have fewer side effects. I have tried them all and I still remain unconvinced that they have made a substantial difference to the patients who have been treated. Yet each drug in turn has been widely promoted as the new answer. I should not be surprised, since this has been happening for the past 30 years with each new tranquilizer being touted as the best, while the ancient ones still remain as useful. It is true that a few patients respond better to the new drugs but, being new, their long-term potential for toxicity remains unknown.

In sharp contrast, it is almost impossible to generate interest in a treatment program that Orthomolecular physicians have been using for 40 years which is more useful than any drugs used alone, i.e. without nutritional therapy and large doses of vitamin B₃, vitamin B₆ and ascorbic acid, and which is free of toxic side effects.

I have supervised and directed four double blind controlled prospective clinical trials on acute patients in Saskatchewan beginning in 1953 until 1960. I therefore feel free to present more clinical data including anecdotes. More properly, these are called controlled series with N = 1, i.e. the anecdote is only the first member of a series which theoretically could run to infinity. In this brief report I present another of these anecdotes but more than one member of the family was involved.

In January 1987 a family from Manitoba brought their five year old son. They were very worried because he was hyperactive and displayed psychotic symptoms. A couple of months earlier his father, a physician, wrote as follows, "We have four children and would not think that our son's behavior was abnormal with the exception of a family background of schizophrenia. My wife's brother is

a schizophrenic and diagnosed as such at age 23 by yourself when you were working in Saskatoon.¹ My wife's sister's daughter was diagnosed by yourself at age eight and was treated in Saskatoon.² Zach is our second son and has always seemed a little bit slower than others at learning. He seems not able to concentrate for long periods and has trouble collecting his thoughts into sentences. Two weeks ago he tore the rabbit ears off the portable T.V. On asking Zach why he did so he stated that God gave him the idea to do it. I said to him, "What did God look like?" And he said, "Like a Monster." Two days later after going to bed he came out to say God told him Disney Land was gone forever. A day or so later he told us that a family friend of ours who has not been to our house in some time was drunk. The past two nights Zach has told us that his brother has been scaring him. He tends to blame other people for things that he does himself. If he gets dirty outside he blames one of his friends for doing this when we can see that he must have done it by himself."

Two months before I saw him his parents had contacted the Canadian Schizophrenia Foundation and obtained some of the literature we have made available. They then started him on a sugar-free diet plus niacinamide one to two g three times daily, ascorbic acid one to two g twice daily and Pyridoxine 250 mg daily. They were amazed by the rapid improvement. However he still had many symptoms. These can be categorized into three main mental functions: (1) Changes in perception. He was afraid of the dark because he had many illusions. He also suffered from daytime hallucinations. For example he saw red bugs flying in the room toward him and once asked his mother to make the bugs stop doing so. Later he saw the same bugs in his dreams. He had seen a monster just before falling asleep. Once he saw a pickle jar turn into an alligator and on another occasion he saw Rudolph, the red-nosed reindeer, with his nose on the back of his head. This phenomenon also occurred in the daytime. He denied hearing voices but he had told his parents about God telling him what to do. (2) Changes

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in thinking. His attention span had improved over the two months but was not normal. Occasionally his speech was garbled and disorganized. He had been unable to make sentences but this was better and his memory was improving. It was now possible for him to count. (3) He was not depressed.

I advised his parents to continue the sugar-free diet, to take him off dairy products and to continue with the vitamin program they had started. Two years later his father told me he was in grade two but still had a concentration problem. I suggested his niacinamide be increased to 1 g three times daily. In June 1992 he was normal.

In September 1993, Zach was still well. However he was a little slow at school but was able to keep up because he worked harder at it. He remembered having seen me and he knew why he had to stay on the vitamin program. The family was now concerned about a younger sister who was beginning to show the earliest changes similar to those which had developed in Zach. She was suffering from visual illusions at night. I suggested they start her on the same program.

There are two aspects to treating sick children. This includes what they have been given and also — and perhaps more importantly — what they have not been given. Zach's parents received information about the treatment of schizophrenia from the literature made available by the CSF. They had been sensitized to schizophrenia by the family history. After beginning treatment they were convinced by the response they saw, and came to see me only because they wanted to be sure they were following the right program. When they called me I suggested that since Zach was already so much better there was no need for them to travel to Victoria. They did not need much counselling.

They were not given the following treatment modalities which are commonly given by pediatric psychiatrists, and many of them are still doing so according to the reports parents have brought to me after having their children treated by them.

A. Psychosocial

1) Guilt. The older ideas, not yet dead, was that childhood schizophrenia was caused by a major defect in parenting, usually mothers were blamed. They were considered to be refrigerator mothers,

i.e. very cold and emotionally uninvolved. I can still remember the first time I told a mother in the late 1950s that she had not made her child schizophrenic and how she promptly began to cry. After she finished she told me she had been told by her previous psychiatrist that she had made her son schizophrenic, the enormous guilt she had felt and how relieved she was when she heard my comment. For many years thereafter I routinely told the parents that they had not made their children schizophrenic.

2) Paranoia. I also often advise parents that their child was not made schizophrenic by society either. This idea was becoming established several decades ago but fortunately did not take hold as firmly as had the idea that mothers were responsible.

It is vital that the treating doctor join the parents in the fight against the disease. This is done by removing guilt so that the family energies can be mobilized in a positive way and not against the therapist. Too often in the past the therapist has entered into a pathological relationship with the patient against the parents who have been blamed. I have witnessed many families destroyed by this pathological abuse of the doctor-patient relationship.

3) Individual Psychotherapy. None of the 200 or so varieties of psychotherapy were used, including the red-hot fad of blaming everything upon sexual abuse, usually by the parents.

4) Family Therapy.

5) Behavioral Therapy.

6) Implantation of the false memory syndrome.

B. Medication

Neither ritalin, imipramine nor any of the antihistamines or tranquilizers were used.

C. Placebo

Since my contact with this child was minimal and came on only after he had already shown major improvement it cannot be said that what I did, nor my personality had anything to do with his recovery. Nor is there evidence that six niacinamide pills per day has a greater placebo value than three, especially with children who hate to swallow pills, particularly when they don't taste good.

The Cost of Schizophrenia

I will not discuss the enormous psychosocial cost of this disease especially when the patient does not recover. The economic costs are enormous. I have estimated that the average cost to society for a schizophrenic patient not treated by Orthomolecular methods will be at least \$2,000,000 over their lifetime, about 40 years. They may not need to be in hospital but are not able to work nor to pay taxes. Each patient treated successfully by Orthomolecular means thus saves the community \$2,000,000. Over 90% of treated acute patients recover if they are maintained on treatment at least two years.

With this family, Zach's recovery, the recovery of his cousin, and the recovery of his sister to come, will save Manitoba \$6,000,000. The only member of that family — heavily loaded with schizophrenia — who did not

recover was the young man who would not remain on the vitamin regimen, and is still sick on tranquilizer medications.

How much longer can society continue to avoid using the best treatment available for schizophrenia today? It is certain the drug companies will not promote it since they do not have patents on the program and promoting this treatment will not improve their profits.

Notes

1. He refused to follow my vitamin regimen and must still stay on tranquilizers to control his illness. He is not well.
2. She was started on the vitamin program, remained on it for eight years and has remained normal.