

# Correspondence

## **Insanity or Hypoglycemia: A**

### **Case History**

Approximately two years ago a man called the office to talk to me about his wife, age 50. There was obvious anxiety and even a hint of desperation in his voice. He wanted an opinion as to whether or not I could help his wife. He started by saying that I was his last hope. If I could not help her she was going to have to be put in the State Mental Institution. With great emotion, he told the following story:

Betty, (not her real name), had always been a very vivacious, outgoing and upbeat personality until approximately three years ago when she began to show signs of fatigue and irritability and have spells of mild depression. This went on for about two years, becoming a little worse all the time. She finally went to see her gynecologist who found that she was having "female problems" because of a fibroid uterus and advised that she have a hysterectomy and oophorectomy. The surgery didn't improve her feelings of fatigue and depression as it was thought that it would. She was put on a hormone supplementation which helped for awhile. However, Betty's condition gradually deteriorated. Her symptoms began to become more severe and more numerous, including complete fatigue, mental confusion, a feeling of tightness and tenseness in her chest, constantly cramping leg muscles, spells of panic and tachycardia, fainting spells and deepening depression. Her gynecologist referred her to an internist who did exhaustive studies on her blood, finding nothing that he considered significant. X-rays and complete cardiology studies revealed "mitral valve prolapse". Her symptoms were assumed to be coming from M.V.P. and the resulting anxiety. She was put on Xanax, Procan S.R., Pamelor and Synthroid. These medications made her even more lethargic and mentally inadequate and she became hallucinatory at times and out of touch with reality. She was then referred to the psychiatric ward of a hospital where several psychiatrists examined her and experimented with other antidepressants.

Betty's husband was finally told (within hearing of the patient) that she should be put in the State Mental Hospital and that she would finally end up committing suicide!

All of these happenings, in and out of doctor's offices and hospitals, occurred over a period of one year post surgery. It was at this point that a family friend, whom I had helped with a similar problem, suggested that he call me.

Betty's husband was told to get copies of all the laboratory work that had been performed and we arranged to see her immediately. When she walked into the office I observed an extremely morose and expressionless woman with very attractive facial features, weighing 130 lbs. She sat in the chair next to my desk very depressed and withdrawn, displaying very hostile behavior and obviously not wanting to answer questions. She expressed the feeling the all of her troubles were her own fault and that God was punishing her for some reason.

Her past dietary history had been one of an average diet with frequent binges on sweets and eating lots of chocolates.

Notable findings on examination revealed a deeply grooved tongue in the center line, white spots on her fingernails, a very irregular heartbeat, several upper thoracic rib lesions and very tender trigger points on both occipital ridges.

The laboratory findings which her husband brought in were essentially normal with one notable exception. Her five hour glucose tolerance test was highly abnormal and so typical of a very advanced case of reactive hypoglycemia that I could not understand how any thinking doctor could dismiss it as insignificant. Fasting blood sugar was a normal 105 mg.%, 1/2 hour 184, 1 hr. 168, 2 hr. 122, 3 hr. 106, 4 hr. 82, 5 hr. 65. The test should have been continued since the blood sugar was still dropping rapidly but any further figures would have been of only academic interest as the diagnosis of Reactive Hypoglycemia should have already been made! Such wide variations in blood sugar (or any other of the body's essential nutrients) cannot be tolerated by nature and severe symptoms result.

I started treatment of this patient on June 2 1989 by putting her on a good nutritious diet of unrefined foods with absolutely no refined foods of any kind. She was given specific vitamin and mineral supplementation as needed to correct her obvious deficiencies: vitamin B complex, as evidenced by her badly fissured tongue, magnesium, as evidenced by her irregular heartbeat, magnesium and calcium, as evidenced by her leg cramps, large doses of niacinamide, as evidenced by her depression and mental confusion, vitamin C in mega doses, as evidenced by her bleeding gums and her adrenal cortex weakness and zinc, as evidenced by the white areas on her nails and her poor glucose metabolism. She was given intensive intravenous infusions of these same substances. She was treated with Osteopathic Manipulative Therapy to stimulate the pancreas and adrenal glands and to correct the numerous thoracic and cervical bony lesions which were causing much of the discomfort in her chest and head.

On June 5th, Betty was already beginning to show improvement. Her attitude was much improved and she even smiled a time or two. Her leg cramping was also improved. By June 11 she was having no more fainting spells and was beginning to think and communicate clearly. She was smiling a great deal on this visit. On June 22, Betty was taken off some of her Xanax. On each visit she was given O.M.T.s and I.V. vitamin therapy and assurance that she was going to get completely well. By this time I was seeing the patient only every week or so and she continued to make progress. By August 1 she was riding her bicycle and expressing some of her old enthusiasm for life. On Sept. 7 she had just returned from a vacation in California and was doing extremely well and expressed gratitude for getting back her life again. By October 31 Betty was off all mind altering drugs including Xanax. I have treated her very little since October of 1989. She still comes in for general care, but no longer needs treatment as far as her "insanity" is concerned. She is again a vibrant and wonderful lady who is thoroughly enjoying life. The only lingering effects of Betty's long suffering with her "mental illness" is the understandable resentment that her real problem wasn't discovered and treated by the

numerous specialists she had consulted so that she wouldn't have had to go through a year of "hell" before she got help.

Comments: This is a perfect example of some of the serious problems in the allopathic and osteopathic professions today. We are being taught to depend on high tech methods of diagnosis and then to prescribe drugs which are foreign to the human body, rather than to practice the original precepts of osteopathy. When are we going to start listening to the patient and using our reasoning power and common sense to help people overcome their self induced and doctor induced illnesses by helping the body help itself.

Harlan O.L. Wright D.O.  
4903 82nd St. Suite #50  
Lubbock, Texas 79424

#### **An Alternative Treatment for Tic Douloureux**

Trigeminal neuralgia (tic douloureux) is a disease which causes severe lancinating pain lasting several seconds to several minutes, which may be repeated many times for many months. It is often set off by touching a trigger point, or by an activity such as chewing or brushing one's teeth. The usual treatment consists of drugs such as Tegretol, Baclofen, Phenytoin, and antidepressants, and has included surgery to sever the fifth nerve. But there is an alternative which has worked very well for four of my patients who followed it.

September 15, 1992, a woman born in 1915 told me that she had been awakened one night in 1978, screaming from pain on the right side of her face. She suffered over six episodes of the severe pain. She was diagnosed as having tic douloureux. Since then she had not been free of pain. In addition, over the previous year she had also developed severe pain in her jaw diagnosed as arthritis.

I advised her to take niacin 500 mg after each meal, ascorbic acid 1000 mg after each meal, B-complex 50s once a day, vitamin E 800 IU daily, vitamin B<sub>12</sub> sublingually 2 mg per day, and folic acid 5 mg twice a day.

One week later she was free of pain. September 20, 1994, she called me to discuss something not related to this problem. I asked her about the pain. She replied it was a miracle, and she had not suffered any further pain.

Tic douloureux should be added to the list of diseases which respond to Orthomolecular therapy. The three main elements should be vitamin B<sub>12</sub>, ascorbic acid and 1-lysine up to 3 g per day. I did not give this patient 1-lysine and she responded well, but with other patients this amino acid has been very helpful.

A. Hoffer, M.D., Ph.D.  
3A - 2727 Quadra Street  
Victoria, B.C. V8T 4E5