My Paranoid Patients Are Now My Friends

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Introduction

Just before Christmas in 1960, I received a handwritten two-page letter from Dr. Ted Robie of New Jersey. Ted had been practising psychiatry for about forty years. He was compelled to write to me because, for first time in his career, his paranoid patients had become his friends. I think that in this very brief statement he demonstrated the fundamental difference between standard psychiatry as practised then and even now, and orthomolecular medicine, practised by a few.

You have to understand paranoid patients to grasp what Ted wrote. Paranoid patients are fearful because of their delusional beliefs and they do not trust very many people. Even patients who have had loving relationships with their partners for many years will doubt them and, in the past, it was not unusual for paranoid patients to believe their mates were poisoning their food. Since most paranoid patients do not believe they are sick and it's the rest of the world that is out of order, it becomes very difficult to treat them. They have had to be forced or committed into hospital, where treatment was forced upon them, and since most of them did not recover, they never had a chance to establish positive relationships with their doctors.

A paranoid patient in one of Ontario's mental hospitals refused to accept treatment. He said that he preferred to deal with his ideas free of the drugs with their terrible side effects. This issue was taken to the Supreme Court of Canada, which found that forcing anyone to submit to treatment against his or her will was against Canada's constitution. Of course, governments have immense power to have their own way. He was therefore kept in hospital under a Provincial Act. In Ontario it is against the law to force medication. Not so in the rest of Canada.

What is Paranoia?

Paranoid ideas are delusions that are held firmly against known facts. It is therefore a value judgement that has to balance the probability that the facts used by the paranoid patient to support his delusion are real. There is no doubt that many paranoids are not really paranoid but are responding to their altered perceptions, as Dr. John Conolly pointed out many years ago. A common example was the belief that one's spouse was putting poison into one's food. However, this could be traced to the bitter taste that food may develop when patients are deficient in zinc. When I explained to some of these patients that the bitter taste arose from a deficiency of zinc, they were no longer paranoid.

There is no limit to the number of paranoid delusions patients will develop. Here is an example of a paranoid delusion that forced a prisoner from Prince Albert prison to flee and kidnap several police in their car. After being returned to prison he told me he had to escape in order to save his life. He was convinced that poison gas was being piped into his cell. His evidence was that he could smell it coming from the vents. He tried to stop this by plugging the air vents. (Kahan, 1973).

In her second report, Kahan described the history of a young man who killed almost the entire Hoffman family in northern Saskatchewan because he had been ordered to do so by the Devil, and this command was not countered by the usual advice he would get from his guardian angel not to do so. He died psychotic in a mental hospital.

Recently in Canada, another schizophrenic patient was found not guilty by

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reason of insanity because he too believed he was ordered by God to kill a fellow bus passenger, which he did by cutting off his head.

Conolly described a woman in his hospital who was very depressed because she knew her husband was dead. She could see his ghost perched in a tree outside her window. Her doctor told her husband about this delusion, but would not let him go into the room lest it frighten her too much. However, when no one was looking, he went in anyway. She looked at him, fainted, and when she came to said, "Let's go home, John." Confronted with reality she no longer believed that her hallucination was his ghost.

An example of the tenacity with which patients can hold onto their delusions was the patient who had concluded he was dead, and could not be argued out of this. When his doctor asked him, "Do dead men bleed?" He replied, "Of course not! What a ridiculous question." The doctor followed up, "Will you allow me to prick your finger to see if you bleed?" "Of course," he replied and held up his forefinger. The doctor pricked the finger and it bled. The patient was astounded. He exclaimed, "I did not realize dead men could bleed." This delusion reminds me of the delusions held by modern psychiatry that their toxic, poisonous drugs are more helpful than harmful to patients.

Paranoid ideas are not always injurious. For some occupations, being paranoid can be very useful. I think being paranoid is very helpful for police officers, for detectives, for the military, as this will prolong their lives. I think paranoia is advantageous evolutionally if it is not excessive, or else it would have disappeared long ago. The Trojan horse tactic succeeded because of insufficient paranoia. Even for many business affairs it may be very helpful. Had the government controllers of the world's banking system displayed a little more paranoia, perhaps we would not be in our present financial situation. I think also it can be helpful to believe when driving that other drivers may actually want to hurt you, as long as you know this is seldom true. Interestingly, paranoid patients, no matter how delusional and paranoid they can be, are gullible when it comes to other ideas, like falling for the billion dollar scams that flood the Internet.

Why So Few Paranoid Patients Become Friendly With Their Psychiatrists

The main reason is that most of these patients do not recognize they are sick, and therefore cannot be persuaded that treatment will do any good. *'In vino veritas'* refers to men or women who, under the influence of alcohol, will blurt out paranoid and other socially unacceptable ideas. The alcohol reduced some of their social controls. Paranoid patients are very pleased when they are no longer bothered by these repetitive intrusive ideas, and the odds they will become friendly with the doctors who treated them increased. Otherwise, they cannot be persuaded that to get well they need correct treatment, nor that it would be smarter on their part not to talk about their paranoid ideas.

In Hoffer reported by Challem (2007), I summarized the major change that has occurred from psychiatry of 1950 and orthomolecular psychiatry today. In June, 2007, a forty-year-old man came to see me, accompanied by his sister. He had been a very busy and skilful artisan. He told me that he had suffered from anxiety and depression most of his life, and latterly from what he described as a delusional disorder, meaning he became extremely suspicious of any girlfriend, believing she is unfaithful. This always broke up the relationship. Five years ago he had been diagnosed schizophrenia, but more recently had been given a more esoteric diagnosis, "Othello's Syndrome", by his current psychiatrist. For this he

was prescribed Risperidone, 3 mg per day. Risperidone made him more anxious, and he was depressed most of the time. He denied having experienced visions or voices. He had been in a psychiatric ward twice, the last time for five days at the end of April, 2007. He had been abstinent from pot and cigarettes for two months prior to seeing me.

There was clear evidence that he was allergic to dairy products. He was advised to follow the following nutrient program: niacin 1 gram TID, ascorbic acid 1 g TID, B-complex 100 mg OD, pyridoxine 250 mg OD, vitamin D 6000 IU during winter, 4000 IU in summer, zinc citrate 50 mg OD, salmon oil 1 g TID, selenium 200 mcg OD, and apple cider vinegar 1-2 tbsp with meals.

Two months later he was normal. "Othello" had vanished, driven away by a few simple vitamins. Had he gone for help in 1950 he would have been offered deep psychotherapy, preferably psychoanalysis, and if he could afford it, weekly sessions or more often for up to ten years, because it was believed that paranoid ideas arose from unexpressed homosexuality. At one of our conferences the presenting psychiatrist described a similar case and then told us he was homosexual. I asked what the evidence was. Had he, in fact, ever been or even expressed any interest in men? The doctor replied that of course he was homosexual, since Freud had shown this in a book he had written about one paranoid psychotic judge. He was paranoid and that was enough to prove to this doctor he was a latent homosexual. The odds are that this patient would eventually have wound up in some chronic mental hospital ward and later, if he survived, he would have been driven into the streets, as is the case with so many of these patients today,

This recovery from "Othello's syndrome" shows that in this man no psychological complexes were involved; he did not need psychotherapy. He was given the information doctors must give to their patients. He did not have "Othello's syndrome", whatever that is. It is another example of psychiatrists attempting to develop fancy diagnoses by describing the symptoms of the illness in more and more detail, and by attaching a name to it that gives it more cachet. This man was another example of a pellagra psychosis, the vitamin B_3 dependency, which can take almost any clinical form. When modern psychiatry becomes better informed, it will depend upon simple laboratory tests and the response to vitamins to make the diagnosis. No one diagnoses syphilis anymore by describing the clinical symptoms. It is diagnosed by laboratory tests. In brief, in 1950 there was no treatment; today there is. What a difference!

The schizophrenic psychosis characteristic of late stage pellagra cannot be distinguished from schizophrenia unless the typical nutritional history associated with it is present. The discovery that niacin and niacinamide cured pellagra made it possible to use a very simple diagnostic test that in my opinion turned out to harmful to schizophrenics. In the 1930s pellagra psychotics were distinguished by giving them the vitamin. If they recovered quickly, in a matter of weeks, they were called pellagra, but if they did not they were allowed to remain schizophrenic. The gross error in this reasoning was that it did not take into account the fact that individuals' needs do differ, and optimum doses are not invariant. As has been pointed out repeatedly, whether the deficiency is low dose or high dose, the condition is the same except that high doses were not continued long enough to make any difference. Paranoid ideas were common amongst pellagrins; not surprisingly, they vanished when patients were given the correct doses of vitamin. This is recently referred to by Prakash, Gandotra, Singh et al (2008).

Brief Case History of a Very Sick Paranoid Schizophrenic Patient Who is on the Road to Recovery

Several decades ago a young man was referred to me. After having seen more than five thousand schizophrenic patients over fifty years, I think I have seen nearly every form it can manifest. He was the only one who made me fearful by his manner, which sizzled with the intensity of his anger at the whole world, and by the tenacity with which he adhered to his fantastic delusional ideas. He frightened his social workers, who refused to see him alone, and also alienated most of the doctors at the clinic he attended. He never threatened my staff, or me, nor was he paranoid about us.

I never argue with paranoid patients, nor do I try to convince them they are wrong. After each visit he may have felt better, but I felt very much worse, tired from listening to all those psychotic ideas pouring out of him. I immediately started him on niacin, 1 gram after each of three meals, plus 5 mg of Haldol, one of the safest antipsychotics, until its patent ran out, when it suddenly became very dangerous, especially as the new 'atypicals' were developed.

His visits went on year after year. I measured the degree of improvement by the amount of time he gave to his paranoid ideas compared to the time given to reality-based problems. After I changed my status from psychiatrist to consultant, there was a subtle shift. Over the past year, almost 90 percent of the content of his conversation was reality based. We speak about vitamins, whether he needs any more, and so on. He is no longer frighteningly hostile and, amazingly, he now has a job. The last interview he told me how much he liked me, and that I was the best doctor he had ever had; this, from an originally very hostile paranoid patient.

What Helped Him Become So Much Better?

Fortunately, he was always able to find living quarters with which he was able to cope. Physically he was well; he did not show the typical appearance of a chronic tranquilized patient. My office always treated him with respect and consideration, and when he was abused by the system I became his advocate, writing letters and making calls on his behalf. And of course, he never stopped taking niacin every day, 1 gram after each of three meals. I did not treat his paranoid ideas. I did not try to persuade him they were wrong, and no matter how bizarre they were, I still listened. He would have made an excellent science fiction writer on the morbid side. His paranoid delusions are playing a much lesser role because his schizophrenia is coming under control. One does not treat the paranoid delusions; one treats the basic disease present in the human being.

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