

Nutritional Approaches to Schizophrenia

Before the 1950s most patients, diagnosed with schizophrenia, were kept in mental hospitals. There was no treatment. Then two things changed.

Firstly, Drs Abram Hoffer and Humphrey Osmond discovered that high doses of Vitamin B3 and sometimes vitamin C reversed schizophrenia in newly diagnosed patients. Dr Hoffer, Associate Professor of Psychiatry at the University of Saskatchewan, found 90% of first-time patients could be cured and the other 10% improved. He found chronic schizophrenics also improved but much less. When treated for several years with niacin and other nutrients about 60% recovered.

At the same time Dr Carl Pfeifer found that 90% of schizophrenics had at least one biochemical disorder and once identified, 90% showed great improvement or recovery on a nutrient-based program.

Hoffer did two double-blind trials using 3 grams of niacin daily. Six further double-blind trials followed, and these showed the natural rate of recovery was doubled.

Secondly, about the same time, phenothiazine drugs were discovered. These were an effective treatment for schizophrenia. They worked faster than vitamins but came with a worrying list of side effects such as fatigue, weight gain, fatty liver and cognitive difficulties which often meant rehabilitation into the outside world was difficult. However, **the discovery of these drugs overshadowed the discovery of vitamin B3 even though these vitamins were cheaper, safer and had better long-term benefits.**

Nutritional Treatments

Hoffer and Osmond's first case was a boy in a catatonic stupor who had not responded to insulin or electric shock therapy. He was given 10g of niacin and 5gms of vitamin C by a stomach tube. Two days later he was out of a coma and kept drinking the vitamins with water. Two weeks later he had completely recovered.

The discovery of vitamin B3 was met with little real interest by psychiatrists even though Hoffer and Osmond had published two double blind trials in medical journals (using 3 grams of niacin daily). They also did long-term follow studies for 5 to 10 years and those using supplements showed excellent results (less admission, suicides

and less days in hospitals). This contrasted markedly with those on standard therapy.

Psychiatrist Dr Michael Lesser in his book "Nutrition and Vitamin Therapy" describes several cases. He describes Robert who had a long history of severe schizophrenia. He had been hospitalized for four and a half years, had electroconvulsive treatment, various drugs and psychotherapies with little change. He was being considered for lobotomy so nutritional therapy was tried as a last resort. Robert had tests for various nutrients and was put on a high protein diet with removal of refined carbohydrates, coffee, sugar and cigarettes. He was given B vitamins, niacin and vitamin C. Five months later there was a remarkable improvement. He was calm, reading books and had no more hallucinations. Hoffer describes many moving cases, one who became a professor after recovering from schizophrenia. Another lady with severe schizophrenia described how her whole brain function and thinking reverted to normal 6 months after starting vitamin treatment and following many years of unsuccessful conventional treatment by other doctors.

They describe other cases where he successfully used this regime of niacin, vitamin B6 and vitamin C combined with a high protein diet.

Treatment with Vitamin B3 can be more complex than with drugs as other nutrients are sometimes needed.

Some patients with schizophrenia have an abnormality in their urine. They have excess **kryptopyroles**. Those with high levels (can be abnormal in 30% of schizophrenics) will need extra vitamin B6 and zinc. If this test is abnormal and the deficiencies are corrected, then 45% will have a complete recovery.

Combining niacin with Vitamin B12 and folic acid seems to add to the benefits. Research from King's College Hospital showed high doses of folic acid (15mg daily) was highly effective in schizophrenia.

A clue is that patients have low histamine levels and high copper and need vitamin B12 and folic acid (folic acid should be avoided if histamine is high). Other workers have found a variety of nutritional deficiencies in schizophrenics, notably of zinc and manganese (they need 15 to 60mg of manganese daily). Sometimes there is low methylfolate. Vitamin B1 often helps if there is depression whereas B12 is more useful where fatigue is prominent.

In schizophrenia the phospholipase A2 (PLA2) enzymes is often overactive. This strips the brain (especially the frontal cortex) of essential fats. It is known that schizophrenia is less severe in countries with higher intake of essential fats. Dr Iain Glen at Aberdeen University found giving essential fats improved the outcome in schizophrenia. Trials of Omega 3 fats have shown no significant

improvement. However, the evidence suggest using a combination of Omega 6 fats (evening primrose oil, starflower oil) with Omega 3 fats and other nutrients is likely to help.

Although this sounds complicated, most will patients with schizophrenia will respond to a combination of niacin (nicotinic acid) or niacinamide (nicotinamide) and vitamin C.

HOFFER FOUND THAT NIACIN WAS THE KEY TO ACHIEVING A CURE AND IT WAS CRUCIAL TO GIVE A HIGH ENOUGH DOSE.

Foods and Schizophrenia

Changing the diet is also important. Typically, this means reducing sugar, junk food, alcohol, additives and white flour products. Often there is intolerance to wheat, sugar, tea and coffee.

Three foods seem to cause more problems than others. The first is wheat or gluten. There are also higher levels of antibodies to gluten in schizophrenia. The second is milk. More than 90% of patients with schizophrenia have antibodies to beta-caseomorphin 7 (BCM7) which comes from milk from most dairy cows (Freisian cows but not Guernsey cows or milk from goats). The third is sugar. The correlation between schizophrenia and sugar is very high (0.94) which suggests it is a major factor in maintaining the disease.

Basic Regime

1) Vitamin B3 1.5 grams to 6 grams daily.

Vitamin B3 deficiency resembles schizophrenia, and this vitamin is highly beneficial, though it works slower than drugs. It has been found to reduce hallucinations and delusional thinking. There are 3 forms of vitamin B3.

The form used most is niacin (also known as nicotinic acid) and the dose of **niacin** is **1.5 grams daily** built up slowly as doses over 100mg can cause flushing. (Note the trials were done with 3 grams niacin daily). Flushing is less likely if it is taken with a heavy meal. Michael Lesser starts with 50mg three times daily, doubling every few days until maximum mental improvement is achieved. An eventual dose of 250mg 6 times daily is suggested but sometimes double this is needed. The minimum therapeutic dose is one gram daily. Levels above 6 grams daily (in the sustained release form) may be toxic.

Another form of Vitamin B3 is Niacinamide (nicotinamide). An advantage is that it does not cause flushing and it is a good choice where flushing is the problem. It is now hard to get this vitamin in large doses. Nature's Best do a 250mg dose.

It is also possible to use inositol hexanicotinate (INH) which produces similar benefits to niacin without the flushing. It may be slightly less effective.

2) Vitamin C 1.5grams daily

ALSO CONSIDER:

3) Vitamin B6 200mg daily

4) **Multi-B vitamins.** B vitamins work best in combination. Other B vitamins such as folic acid and B12 can be low in schizophrenia. In addition, some workers have used the B vitamin PABA at up to 2 grams daily with benefit. Carl Pfeifer believes that schizophrenia starting in middle age is often due to B12 deficiency.

One way to cover most possibilities is to use a mega B vitamin with Vitamin B3 and vitamin C as this covers B6, B12 and folic acid.

5) **Essential fatty acids** –combination of Omega 6 and Omega 3 fats. There are many brands available.

6) **High protein diet** – niacin may be ineffective without this.

7) **Avoid sugar, refined carbohydrates, coffee and cigarettes.**