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## Introduction

In the Mid-Twentieth Century a chemical revolution in psychiatric treatment occurred when chlorpromazine, 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 doctor should search for the etiology(s) of the madness, both psychosocial and physiological. 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. When 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 Over-drugged patients, passion and enthusiasm sapped along with their neurotransmitter, dopamine become somnolent, withdrawn and incompetent.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 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 one parent 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 100% 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 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 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? An 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 Hooper 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 seven 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.

Hoer 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

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