

SENATE SELECT COMMITTEE ON MENTAL HEALTH INQUIRY SUBMISSION of Douglas L. McIver

ATTACHMENT A

Personal Family Experience

It may be of interest to the Senate Select Committee, that I was able to treat my schizophrenia by a different management schedule after being prescribed stelazine, largactil and cogentin between 1973-1984. I was suffering from side effects of the drug therapy: twitching & involuntary movements, muscle spasms, muscle breakdown, grimacing and noticeable facial line markings, frequent infections, stomach upsets, chest pains, and weight gain (on medication I went from 65kgs to 90 kgs in a few years). And, yes, I had a bad temper (according to my wife!) which had not been part of my “normal make up” so to speak. As a sports person (participating in cricket and Australian Football at a competitive level) it was infuriating to me to succumb to the deleterious impacts of the illness and to cope with the medication on my motor co-ordination skills.

In the 1980s my wife had to also cope with the ill health of our youngest daughter, Nicole, who was born in 1971. After Nicole had revealed a range of allergies following tests with a Canberra clinical allergist, Jan applied her own skills, education and training to learn about food allergies and chemical sensitivities.

Jan, a Science graduate from Melbourne University, and formerly a bacteriologist at the Royal Women's Hospital, Melbourne, enrolled for courses in nutrition. She discovered the work of medical researchers and doctors who were using non-pharmaceutical drugs approaches to healing and who had highlighted that sensitivities to foods and chemicals could cause the symptoms of many illnesses, including mental illness. It was an eye opener to our family and a way forward.

Nicole encountered learning difficulties and was eventually diagnosed with schizophrenia (with suicidal tendencies) in 1993. We suspect she had been experimenting with amphetamines. Nicole had many problems with her prescribed medication. And some of the product information about the drugs was a worry but, as was her right, she followed the advice of her psychiatrist.

Nicole's mental health improved when she applied the medical principles relating to nutrition and environmental medicine with discipline. Her schizophrenia symptoms (e.g. hallucinations, delusion, aggression, tiredness) subsided. We still recall Nicole telling Jan in amazement “Mum, I don't have any hallucinations!”

While progress was made in helping Nicole manage her mental health symptoms, very ironically, Nicole's cancer (diagnosed six months prior to her death) beat us when she died at the age of 25 years in 1996!

We have two other daughters, born in 1966 and 1968. Both married, with each having two children: all enjoying good health and no mental health problems.

But back to my own situation. In 1983/84, while continuing my employment in the Commonwealth Public Service, Jan pointed out to me that I was showing signs of side effects from my medications and, as my mental state at this time was good, I decided to phase out the medication. Things were fine for about six months and then symptoms started to reappear. Jan asked me whether I wanted to go back on to medication or try the alternative approach using diet and nutrients. I had no desire to go back to the problems associated with medication so agreed to take on board what Jan's research was revealing about diet and nutrients.

The prevailing conventional medical wisdom was so supportive of using psychiatric drugs to cope with the symptoms, and to not go “drug free”, that initially I was not convinced this would work. However, I took up Jan's challenge to test the hypothesis she put forward. Jan's approach was to research what had been demonstrated by case studies especially those related to mental illness, and then test in our situation. As a result I eliminated from my diet: dairy products, wheat, cereal grains, refined sugar, caffeine, confectionery, and alcohol and added in various nutritional supplements.

We also found that I tolerated fish well and so used it frequently in my diet. Later I used a supplementary nutrient containing fish oils (salmon). Since then we have discovered research about Omega-3 fatty acids in relation to schizophrenia.

It became evident that the change in my approach, especially getting off my medication became a concern to my medical team. My psychiatrist did not agree to my decision to move to the changed approach, especially stopping my medication. (I was told, firmly, I could end up in hospital!).

In the workplace a few difficulties arose, and I agreed to submit myself to the Commonwealth Medical Officer. I was retired from the public service at the age of 45 years in April 1985. It meant a considerable lifestyle change, including to the family income levels (at the time and ever since!).

Having retired, and realising there was a resistance to the non-pharmaceutical drug approach, I decided to trust my wife's views and judgement and apply the medical principles of the alternative approach rigorously. I made up my mind to be well again without resorting to psychiatric drugs. In so doing, I felt the work of Jan and myself may help "the cause" of alternative (or complementary) psychiatric intervention strategies.

In 1985 I fasted for five days and then did single food challenges using the pulse testing approach and monitoring mood and behaviour. A sudden rise in pulse rate (>15 points) suggests a Sympathetic Nervous System response and that further challenge after fasting may be needed to determine other responses. I eliminated foods which caused me concern during these single food challenges. I noticed I had a low tolerance to starch. I recorded my tests and dietary intake. After a raft of tests, executed by myself and my wife, I introduced a rotation diversified diet (pioneered by the late Dr Theron Randolph, an American psychiatrist and clinical ecologist).

I used supplementary nutrients to assist my nutritional balance and to correct problems in my biochemistry. Jan, and I placed emphasis on Vitamin C and the Vitamin B group (particularly slow release niacin B3, as research had indicated the import of B3 as one part of a holistic approach to improve health outcomes). I also used Vitamin A, E and inositol and amino acids (a complex containing all essential amino acids, as well as L-Cysteine, Tryptophan, Lysine, Phenylalanine, Tyrosine and Glutamine). In time the Federal Therapeutic Goods Administration (TGA) reduced the availability of some nutrients (e.g. tryptophane and slow release niacin).

As well I included minerals in my nutrient intake: calcium, magnesium, zinc, chromium, potassium and manganese (especially important in treating my tardive dyskinesia symptoms). I took digestive enzymes, herbs and food extracts (e.g. Evening Primrose Oil, garlic, other herbs for minor health ailments). I was also helped by using alkali (especially sodium bicarbonate) occasionally: this procedure had a neutralizing effect on dietary intolerance or chemical reactions. I recorded details of my nutritional intake.

My testing by challenge indicated a large number of food sensitivities and suggested a disturbance of the immune system, which in my case affected my mental health. I found that some of my schizophrenia symptoms, including hallucinations, frustration and irritation, aggressiveness, tiredness, anxiety, obsessiveness, sleep interruption, activeness in thought and movement, paranoia (people talking about me!!) would increase with exposure to some foods and chemicals. This was an important finding for me and which has motivated me to keep persisting with finding the causes of my schizophrenia instead of taking drugs which only work on the symptoms and create side effects.

Occasionally I would conduct further tests. Some of these tests were done after fasts, others after eliminating a food for more than four days. This was necessary as food eaten frequently often has a masked reaction, which can be delayed for some time. I found after fasting, or not eating the foods for more than four days, the reaction to the food was generally much more immediate. It often took up to five days for a reaction to totally subside. Within this period, having other reactive foods or exposure to chemicals, seemed to escalate the response.

As well I undertook independent food and chemical tests with two doctors during 1985-87. I was found to sensitive to exhaust emissions, hydrocarbons, aldehyde, formaldehyde, phenol, perfumes, alcohol and tobacco. As well some food allergy tests showed up new information or confirmed single food challenges. The chemical tests included responses of hallucinations, forgetfulness, vagueness,

drowsiness, upset stomach, headaches, cramps, hot flushes and cold shivers, weakness and listlessness. Indications of a loss of immune tolerance.

As an aside, but relevant, could these sensitivities be related to cytokines regulated functions? On 14 December, 1998 Dr Colin H. Little MBBS, MRCP (UK), FRACP, a Melbourne based Special Allergist, advised me of "research into processes underlying food intolerance and chemical sensitivity". He also informed me that:

"We have a better understanding now, as a result of some recent findings, as to what may be the underlying mechanism behind adverse reactions."

Dr Little was to have further papers published and also to *"make people be aware of new and relevant processes in sensitivities and where further studies could be carried out."*

As a result of the findings about my sensitivities, the medical team decided that I minimise my exposure to chemicals, as far as practicable, and to take protective or desensitising drops. In March 1986, my doctor wrote:

"Mr McIver has a complicated medical history and many of his symptoms have been helped by a dietetic modification. Testing carried out by myself, demonstrated a high level of sensitivity to petrochemical type substances, and although appropriate, desensitising drops are used by him, it is important that wherever possible, he avoid exposure to chemicals of all kinds."

My doctor also wrote in February 1987:

"It was recognized that chemical sensitivities pose a very real problem, especially when they are to the petrochemical derivatives, because they are constantly around us and include such things as the by-products of burning petrol, plastics, et al. Desensitising therapy, with the use of sublingual protective drops is only an assistance in this, and the ideal management is total avoidance. This latter, of course, is totally impracticable, therefore it is a matter of trying to reduce exposure as far as practicable."

I consequently minimised my exposure to motor vehicle fumes as best I could. I wore a face mask when gardening, mowing, and dealing with known chemical hazards. I avoided toiletries: hair sprays, perfumed soaps and hand lotions, perfumed cleaning agents. I avoided exposure to solvents (paints, glues etc.) and used a mask where practicable and necessary. I drank filtered water and used, as much as possible, organic foods (i.e. free of added toxic chemicals). After evident toxic chemical exposure I used alkali, amino acids and oxygen. It required discipline and commitment.

I have had infrequent hair trace mineral analysis. Some interesting findings: elevated aluminium, zinc and iron. Also some cytotoxic food testing for masked food allergy and Radio-Allergo Sorbent Tests (RAST). The tests revealed intolerance to cow's milk, corn, beef, egg white, pineapple, tartrazine, and ponceau 4R. Given I'd been avoiding dairy products since 1984 I had not been having cow's milk, beef, steak or veal, so an interesting result. Other nutrition assay tests revealed vitamin and mineral levels. A 1997 allergy and sensitivity blood test revealed allergies to mushroom, candida, baker's yeast, lamb, tomato, orange. I had eliminated wheat in 1984 and bread was not part of my diet.

With concerns about mercury levels in my body, during the 1990s I received chelation therapy and changed to a dentist who was using holistic dental care and had my amalgam fillings removed and replaced with a different filling base upon test undertaken by the dental therapist.

There was much trial and error in the supplementary nutrient approach to work out what was most effective in stabilising my mental state. and, importantly, there was considerable change in the information available about diet and nutrients, and the TGA played a role in its changes in protocols (e.g. reducing the availability of tryptophan and slow release niacin).

From our experience with these diagnostic procedures and interventions, Jan and I observed a strong correlation with symptoms and exposures to particular foods and /or chemicals. In general terms my responses included increased confusion, doubts, panic and fear; hallucinations (strong internal conversations); anger, irritability, moodiness, aggressive feelings and attitudes; tiredness and fatigue;

body sensitivities such as cramps, dizziness, pain and itchiness; voice and writing changes; excessive concerns about use of some words and movements by people fiddling with their rings and pens and moving their feet when sitting; excessive changes in attitude, including statements which went against the use of the new therapy (e.g. "I don't need vitamins; diets are unimportant").

When I consider where I am now, the benefits of the intervention strategy have included:

- NO psychiatric drugs! This has undoubtedly improved my self-esteem. As to how much I have halted some of the side effects of taking the drugs for over 10 years is difficult to say. I think there are health hazards which may continue but I feel I am enjoying good general and mental health. There is a marked reduction in grimacing, twitching and involuntary movements (symptoms associated with tardive dyskinesia)

- improvement in my mental state with elimination of paranoia, delusions, hallucinations

- better management of my health generally: self discipline, awareness and insights; personal empowerment to want to be well and this is easier when I recall what I went through to achieve where I am at!!

- my weight is now back to what it was when I was younger (I was up to 90kgs plus when I was normally around 65-68kgs). Fitness has improved. And I have improved energy levels with less fatigue and vastly improved sleeping patterns.

- my social interaction is as it was in the days before the onset of schizophrenia or when on the medication. I believe there is good evidence to indicate I am enjoying improved interpersonal relationships (which I had always valued highly!). Trust is evident again (which so important in healthy relationships), as is a sense of humour which helps in handling conflict. And, of relevance, and perhaps not as easily understood about schizophrenia, I have again regained my sensitivity towards others and awareness of inappropriate responses in myself. All important personality issues ('traits') when considering mental health and wellbeing.

I should mention that there is new research and evidence which even updates my own experience. In this context I encourage the Select Committee to find time to read Attachments B and E.

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