

**Senate Select Committee on Mental Health  
Submission 317: D. L. McIver**

***A Personal Experience of Intervention  
Strategies for Schizophrenia***

**Additional material presented**

**by**

**Jan & Doug McIver**

**for Public Hearing 28 Oct 2005**

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**Information about Jan McIver**

**Qualifications:**

- 1963 Bachelor of Science, Melbourne University. Major in Bacteriology and Biochemistry.
- 1984 Postgraduate Diploma in Clinical Nutrition, International Academy of Nutrition.
- 1985-87 Completed a full undergraduate course in Biochemistry at the A.N.U. to revise my Biochemistry skills
- 1989 Completed an intensive course in Traditional Chinese Massage at the Australian Traditional Chinese Medicine Study Centre at the A.N.U Sports Centre.
- 1989 Diploma of Clinical Hypnotherapy at the Rose Bay Hypnotherapy Centre.
- 1991 Certified as a teacher of 'Natural Vision Improvement'.after training with Dr Janet Goodrich.
- 1993 &1994 Further studies in Traditional Chinese Massage at the Traditional Chinese Medicine Study and Rose Bay Hypnotherapy Centre.
- 1995 Certificate of Advanced Clinical Hypnotherapy, Brice Wright School of Professional Hypnotherapy.
- 1997 Certified Practitioner of Neuro-Linguistic Programming (NLP), American Board of NLP
- 1997 Certified Master Practitioner of NLP, American Board of NLP  
Certified Master Practitioner of Time Line Therapy™, Time Line Therapy™ Association  
Certified and Registered Hypnotherapist, American Board of Hypnotherapy
- August 2001 Global NLP Trainer's Alliance certification as a Trainer of NLP.
- August 2002 Certified by the Society of Neuro-Semantics® &Universal Events as a Neuro-Semantics & Neuro-Linguistic Programming Trainer.
- September 2004 International Society of Neuro-Semantics certification as an Associated Certified Meta-Coach (ACMC)

**I have been a member of the Complementary Medical Association since 1992.**

Background:

I worked as a clinical Bacteriologist at the Royal Women's Hospital in Melbourne from 1963 to 1966. This was followed by ten years looking after my three daughters at home. Problems with the health of family members (including myself), led to an interest in food and chemical sensitivity, and how I could use of nutritional supplements.

I re-entered the workforce in 1977 as a Laboratory Technician at the Research School of Biological Sciences at the A.N.U. where I worked in the field of plant -bacterial interactions. I was a senior technical officer when I retired in December 1998. I was involved in a number of research projects and was a co-author on several scientific publications.

Concurrently with my work at the ANU, I developed my skills in the fields of Nutrition, Traditional Chinese Massage, Natural Vision teaching, Hypnotherapy and NLP. I worked as a part time therapist for a number of years, and became a full time therapist in February 1999. I work under the registered business name of Visionary Health.

My focus now is on using the skills and techniques of Neuro-Linguistic Programming (NLP) and Neuro-Semantics (NS) and integrating these with my biochemical and nutritional knowledge and applying that to the mind-body interaction. The mind influences the body and the health of the body influences the mind. Using both concepts simultaneously is, I believe, a powerful way to achieve change.

My work now involves personal change work and nutrition, and applying that in areas such as relationships, self-esteem, achievement, habits, eating problems, phobias, improving health outcomes and to assist women to a more resourceful experience of childbirth.

I aim to facilitate clients to achieve better health and wellbeing through coaching in order to access their own inner resources to deal with problems and change, whether that be in health, achievement, or relationships.

**JAN MCIVER**

*Visionary Health*

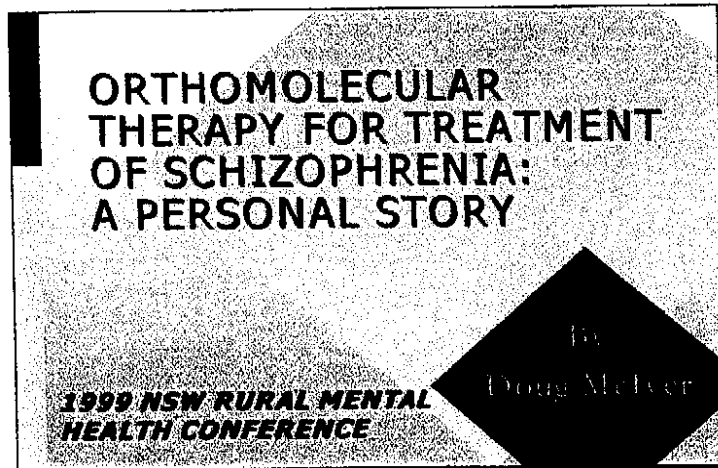
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**ORTHOMOLECULAR THERAPY FOR  
TREATMENT OF SCHIZOPHRENIA:  
A PERSONAL STORY**

D.L.McIver & J.M.McIver  
Canberra.

**HANDOUT MATERIAL**

# ORTHOMOLECULAR THERAPY FOR TREATMENT OF SCHIZOPHRENIA

## A PERSONAL STORY

D.L.McIver & J.M.McIver Canberra (no institution involved)

The objectives of this paper are:

- to tell the story of Doug McIver and his recovery from schizophrenia in order to demonstrate that treatment of a mental illness by orthomolecular medicine techniques can be an appropriate and effective therapy for the prevention and treatment of a mental illness;
- to advocate for research leading to the inclusion of orthomolecular medicine in the mental health care services in urban and rural Australia.

### Mental Health History of Doug McIver

#### Three main phases

- 1939 to 1971 - pre-illness
- 1971 to 1983 - psychosis onset, diagnosis and medication
- 1983 to present - orthomolecular approach to treatment

#### Phase One Pre-illness (1939-71)

I had no family history of mental illness. I was married in 1964 and had three daughters. I was active in sport and community groups and participating in Church activities. I had a B.Arts (1967) degree and was a public servant from 1968.

#### Phase Two Psychosis Onset & Medication 1971-83

In December 1971 I had my first indications of symptoms associated with a mental illness.

**In December 1972/ January 1973 I was given a diagnosis of paranoid schizophrenia, obsessive compulsive disorder and latent homophobia. I was 33 years of age. From 1972 to 1983 I was on prescribed medication (stelazine, largactil and cogentin).**

In July 1982 I started to phase out medication because of what we thought were tardive dyskinesia symptoms. I had started taking vitamins, in particular vitamin B3, an important nutrient in applying orthomolecular medicine techniques to people diagnosed with a mental illness. My mental state was good for the next year.

During October /November 1983 I had a re-occurrence of symptoms after a stressful period, so I re-introduced small dosages of stelazine on an ad hoc basis.

In January/February 1984 I was told by my psychiatrist that I would require continuing medication.

My GP had already suggested that I should be admitted to hospital.

### **Symptoms in Early Phase Two (1971-83)**

The following symptoms were experienced:

- auditory and visual hallucinations
- lots of emphasis on certain words being taken personally e.g. "stuff", "fall off"
- delusions and signs of distorted thinking in conversations
- "picking up other conversations within a conversation" in a paranoid way
- began to want to escape from inter-personal relationships
- lacked motivation and wanted to sleep, fatigue
- became stressed and lost initiative
- became suspicious and distrustful
- much guilt, anxiety, sadness and sorrow

### **Medication Treatment in Phase Two**

My initial medication was stelazine (10-20 mg/ day), largactil (50-150mg/day) and cogentin (4mg/day).

Later, once I had stabilised, this was reduced to stelazine only, 5mg twice per day.

During this time I slept long hours, my thought processes were drastically slowed down, and I had motor co-ordination problems. For a sportsperson this change was quite astounding.

On this regime my hallucinations gradually subsided and other symptoms reduced, however, other side effects developed.

On the whole I had a positive response to drug treatment but was concerned about side effects from the medication.

### **Medication Side Effects**

The most noticeable side effects were:

- frequent muscle spasms and breakdown
- weight gain
- frequent infections, stomach upsets and chest pains
- twitching and involuntary movements
- grimacing and noticeable facial line markings.
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The last two were regarded as possible indicators of tardive dyskinesia, a known side effect of phenothiazine drugs.

### **Phase Three Commitment to Orthomolecular Treatment (1983 to present)**

During 1983 I started to explore the effects of dietary change in relation to my mental health. In 1984 this became a strong commitment following the advice from my medical practitioners that I would require continuing medication.

Late in 1984 I submitted myself to the Commonwealth Medical Officer (CMO) for assessment.

In November 1984 I went on sick leave until I was retired from the Commonwealth Public Service on invalidity grounds. This occurred in May 1985 at the age of 45. I had indicated to the CMO that I did not intend to resume taking psychiatric medication.

I chose to apply orthomolecular medicine principles and have continued to do so to achieve optimal health outcomes since that time. These principles are outlined in the rest of this paper.

I have also used exercise and other complementary therapies (e.g. traditional Chinese massage, meditation & yoga) to assist my health.

### Diagnostic & Assessment Tools/Treatments.

The three principle areas that I applied were dietary change, chemical desensitisation and nutrients supplementation.

*Dietary change* involved the following strategies:

- *fasting, food challenges and pulse tests to determine responses to particular foods*
- *elimination of specific foods and drinks after challenge testing*
- *rotational diet.*

*I eliminated some foods without specific testing, based on literature research and observation of responses to meals. I did specific challenge tests for other foods and found some foods caused symptoms associated with the illness of schizophrenia e.g. hallucinations, anger, paranoia, inter personal conflict, confused thought processes and fatigue.*

*Pulse testing was used to identify foods which were potential problems. This involved taking a resting pulse rate before eating and at intervals after eating (see Fig. 1 )*

*Fig. Behaviour and feelings were noted and pulse rate was recorded. A sudden rise in pulse rate (more than 15 points) suggested a sympathetic nervous system response and the need for further challenge after fasting to determine all responses to that food. This was necessary because of the phenomena of masking.*

*Masking is a phenomenon by which a food eaten frequently does not have an immediate adverse reaction. This adverse response to the food may be delayed for several hours, or even days, and is only apparent when the food is removed from the diet for a period of time and then reintroduced. After fasting, or not eating the food for more than four days, the reaction to the food is generally much more immediate.*

*It often took up to five days for a reaction to totally subside. And within this period, having other reactive foods or exposure to chemicals seemed to escalate the response.*

Figure 1 Food Challenge - Corn - Pulse Test 11 April 1990. Meal of corn only at 4:45pm.

Time	Pulse
3:50pm	78 (before)
4:00pm	88
4:50pm	100 (after)
6:00pm	82
7:17pm	79

Response recorded at the time of challenge was 'aggressive confident voice tone. Strong expression of needs, stable, feelings of frustration and irritation. One strong visual hallucination.'

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Between 1984 and 1992 I conducted random tests by the challenge method (see Fig. 2).  
Examples of recording of responses to single food challenges 18 June 1986

8.15 am Meal: LAMB CHOPS

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*Response:* Hallucinations from television. Strong internalisation of thoughts. External conversations about myself.

10.56 am *Meal:* BEANS

*Response:* Many hallucinations. Brain very active. Many thoughts. Tiredness.

12.30 PM Much anxiety and obsessions. Concern about getting things done.

4.45 PM *Meal:* CORN

*Response:* Aggressive confident voice tone. Strong expression of needs in home. Stable, but feelings of frustration and irritation.

One strong visual hallucination.

8.30 PM *Meal:* LENTILS

*Response:* Stable, very motivated about home needs. Mood good, quiet and relaxed. Co-operative!! Auditory hallucinations present but not worrying me.

10.45 PM *Meal:* BROCCOLI

*Response:* Dozy, cold feelings, itchy rash

19 JUNE 12.45 am – 2 am

Many mental conversations. Wanted to stay awake. Read. Thinking about life, people, situations.

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*I also used a Rotary Diversified Diet (see Fig. 3) to avoid masking of food responses and enable identification of problem foods. In this diet I used only one or two foods per meal and did not repeat the same food for four or five days. The Rotary Diversified Diet was pioneered by Dr Theron Randolph, an American psychiatrist/clinical ecologist<sup>1</sup>.*

Figure 3 ROTARY DIVERSIFIED DIET – Example (April 1985)

<i>Day</i>	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>
<i>Monday</i>	<i>berlotti beans</i>	<i>tuna &amp; berlotti beans</i>	<i>roast lamb &amp; lettuce</i>
<i>Tuesday</i>	<i>paw paw &amp; linseed squash</i>	<i>chick peas &amp; lettuce</i>	<i>venison, cauliflower &amp;</i>
<i>Wednesday</i>	<i>eggs</i>	<i>rice &amp; fish</i>	<i>tuna, pork chop, beans Pineapple</i>
<i>Thursday</i>	<i>zucchini &amp; ham</i>	<i>tuna &amp; alfalfa</i>	<i>fish, sweet potato, cabbage</i>
<i>Friday</i>	<i>kalimari</i>	<i>mussels &amp; goat's milk</i>	<i>chicken, potato, squash, leek</i>



<i>Saturday</i>	<i>FAST</i>	<i>FAST</i>	<i>lamb, pumpkin, beans, paw paw</i>
<i>Sunday</i>	<i>eggs</i>	<i>lamb, lettuce, parsley</i>	<i>venison, swede, lettuce</i>
<i>Monday</i>	<i>berlotti beans</i>	<i>berlotti beans &amp; alfalfa</i>	<i>pork, leek, cabbage, apple</i>
<i>Tuesday</i>	<i>zucchini &amp; ham</i>	<i>tuna &amp; lettuce</i>	<i>veal, sweet potato, lettuce clover.</i>

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*Foods I eliminated from my diet included cow's milk, grains, refined sugar, caffeine, confectionery, some vegetables (e.g. potato, capsicum, carrots), some fruits (e.g. citrus, apples, bananas, apricots, peaches & plums). As well as a specific sensitivity to some foods I also had a more general intolerance to foods high in carbohydrate, especially starch.*

**My food sensitivities suggested a disturbance of the immune system, which in my case affected my mental health.**

*Chemical Testing: 1985-1987*

*In January 1985, and again in 1987, I underwent testing for chemical sensitivities. These tests were carried out by a psychiatrist/clinical ecologist in Sydney. The tests demonstrated sensitivities to alcohol and tobacco, phenol, formaldehyde and aldehydes, hydrocarbons and exhaust fumes.*

*My responses to chemical tests included hallucinations, especially auditory; forgetfulness, vagueness, poor concentration; sleepiness and drowsiness; feelings of hypnotic state; upset stomach, headaches, cramps in hands and legs, hot flushes and cold shivers; feeling weak and listless after testing.*

**The doctor concluded that his testing of myself had:**

“demonstrated a high level of sensitivity to petrochemical substances, and although appropriate desensitization drops are used by him, it is important that, wherever possible, he avoid exposure to chemicals of all kinds”

**Chemical Desensitisation Strategies**

*I minimised my exposure to car fumes, heavy vehicles, bus interchanges, and stayed out of cars as much as possible. I used a mask when gardening, mowing, painting or dealing with volatile chemicals. If possible I avoided exposure to paints, glues and solvents of any kind.*

*I was careful about purchases and avoided perfumed toiletries such as hair sprays, soaps and hand lotions, and cleaning agents (which are often highly perfumed).*

*I drank filtered water and ate organic food as much as possible.*

*Also, after known exposure, I would use alkali, amino acids or oxygen to counter adverse reactions.*

*Supplementary Nutrients Regime in Phase Three*

*Additional nutrients (i.e. vitamins, minerals and amino acids) were used to correct problems in my biochemistry and to ensure that no deficiencies occurred as a result of dietary changes.*

*My nutrient regime has altered over the years as there has been much trial and error to work out what was most effective in stabilising my mental state. Also there has been considerable change in the information available and the Commonwealth Government's Therapeutic Goods Act 1989 reduced availability of some nutrients e.g. tryptophan & slow release niacin.*

*The basic vitamins that I use now are Vitamin A, B group, C, E and inositol. The additional minerals that I use are calcium, magnesium, zinc, chromium, potassium and manganese (which was especially important to treat tardive dyskinesia symptoms).*

*The amino acids I used varied over the period of Phase Three. They included an amino acid complex containing all the essential amino acids, and L-cysteine, tryptophan, lysine, phenylalanine, tyrosine and glutamine.*

*I also used some herbs and food extracts including evening primrose oil, garlic (usually in the cooking these days) and occasionally other herbs used for minor health problems. I used digestive enzymes on a regular basis with meals and I would use alkali (i.e. sodium bicarbonate) half an hour after meals, or as needed to neutralize an adverse reaction.*

#### *Food and Chemical Responses During Phase Three*

*From our experience we observed a strong correlation between exposure to particular foods and or chemicals, and various symptoms, especially anger.*

*We also observed that we could "turn off" these symptoms e.g. with desensitization drops for chemicals, or with alkali, or oxygen. This "turn off" could be very rapid, i.e. within 15 minutes.*

*Elsewhere I have indicated specific responses to some foods and chemicals, However, generally my responses included increased confusion; feelings of panic and fear; hallucinations and strong internal conversations; anger, irritability, moodiness, aggressive feelings and attitudes; tiredness and fatigue; body sensitivities such as cramps, itchiness, dizziness and pain; voice and writing changes; doubting whether people wished to converse with me and, doubts within myself about whether I wished to converse with others; concerns about movements by people such as fiddling with rings and pens and foot and leg movements; excessive concern about some words e.g. "stuff" and "loops"; and denial statements like "I don't need vitamins" and "diet is unimportant".*

#### *Benefits of Orthomolecular Treatment*

*I have not taken any form of psychiatric medication since 1983. I have vastly improved my mental state. My psychiatric symptoms have gone. I no longer have paranoid delusions or auditory and visual hallucinations or exaggerated mood swings. Grimacing, twitching and involuntary movements have also gone.*

*I have much improved self- management, self-discipline, awareness and insight. I have experienced 'personal empowerment' to improve my health.*

*My health is very good, my physical co-ordination is improved, my weight has returned to what it was pre-illness and my fitness and energy levels have improved greatly.*

*I now have a normal sleep pattern.*

*I also have better inter-personal relationships with the ability to trust and be more sensitive to other people. I have regained my sense of humour and I handle conflict better. I am now aware of inappropriate responses in myself if they occur.*

*All this has improved my self esteem.*

#### *Conclusions & Observations*

*I think my schizophrenia has been treated well and even better without the psychiatric drugs. The question is whether my experience can be generalized more widely in the community.*

*In 1980, Dr Chris Reading<sup>2</sup>, a Sydney Psychiatrist who uses orthomolecular treatment, found in a survey of 558 of his patients, that most patients had become less dependent on medical and hospital services since receiving his treatment; they were leading more productive lives and government costs were reduced as a result.*

*Dr Ian Brighthope, President, Australasian College of Nutritional and Environmental Medicine has stated in a letter (dated 20 May 1998) to me :*

*"For the past 20 years I have been practising in this field treating people with both physical and psychiatric illness using diet, vitamins, minerals and herbal medicines."*

*Also, there are a number of monographs which relate similar experiences to mine in which a mental illness has been treated successfully with the orthomolecular approach<sup>3</sup>*

*It is therefore with considerable regret that I note the statement of the Royal Australian and New Zealand College of Psychiatrists Position Statement #24<sup>4</sup> which states that "there is no scientific substantiation of the therapeutic efficacy of orthomolecular psychiatry in the treatment of psychiatric disorders." If this is indeed a true statement then surely it is time for some dedicated research testing the efficacy of the total treatment program for orthomolecular treatment.*

*I wish to thank the Organizing Committee for the opportunity to make this presentation and my wife, co-author and health adviser for her expertise and assistance.*

#### Bibliography

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3. *Dr. Richard Mackarness: Chemical Victims Pan Books, London, 1980 pp 115ff*  
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*Abram Hoffer, Ph.D., M.D. & Morton Walker,D.P.M.: Orthomolecular Nutrition, Keats Publishing Inc, Connecticut. 1978.pp 175--177*
4. *Royal Australian and New Zealand College of Psychiatrists Position Statement #24. 1988*  
*web site <http://www.ranzcp.org/statements/ps/ps24.htm>*

Addendum to *Handout Material* for paper presented to 1999 NSW Rural Mental Health Conference

Since Doug's paper was written in 1999, it has become apparent that some of the things we did, have not been mentioned because we did not realize that they may have played a part in his recovery. These are:

1. In our testing of food tolerance, we found that Doug tolerated fish particularly well. Consequently he ate a lot of fish. For example, he ate fish for breakfast every morning (and still does most mornings). Recent research findings on the importance of omega 3 fatty acids suggest this may have been very important.
2. I gave Doug constant supervision and support. He trusted me and I was very careful to maintain that trust. Because of this I rarely spoke to any one else about his problems for fear of undermining that trust.
3. I also repeatedly brought to his awareness that he could control his mental state by controlling the food he ate and his exposure to chemicals. In other words, making him aware that he could take responsibility for his mental state.
4. Doug also became very fit physically from the exercise that he did. He used his bicycle in preference to the car, spent time in the garden and, as he improved, became involved in sport again.
5. I also assisted him with Traditional Chinese Massage and relaxation sessions. Both had a calming effect.
6. Doug also had Chiropractic treatment.

A lot of what we did was experimental within our own household. I would read material that seemed relevant, test it, and if there seemed to be even a small benefit maintain that change and add to it after further investigation.

I believe that it is futile to expect one form of treatment to work miracles and that it was the sum total of all of the interventions that we used that made it so powerful in restoring Doug to full mental health.

Jan McIver  
25 October 2005