

Schizophrenias: from (The Subject With His Own Observations About Himself) A few words about how adenolutin was used. Dr. Humphrey Osmond was the thinker of the two doctors, Osmond-Hoffer. Before he came to Canada as a psychiatrist in Saskatoon he had experimented with hallucinogenic substances in England. He found that there must be something ignited in within the human to cause similar reactions to hallucinogens as in schizophrenias. He was correct. It is as called adenolutin or aminochromes which are produced in many cells throughout the body not just the adrenal cortex. When adenolutin is oxidized it sets up peculiar behaviors that mimic exactly what schizophrenic were experincing. Osmond was Hoffer's boss. So Osmond-Hoffer isolated adenolutin and injected into themselves, one at a time after the study of each individual. They had to know what antidote to bring them back to reality and that was vitamin B3 Niacin, relatively new in the late 50's, only prior discovery in the 30's. They had already been using some B3 on some patients and saw enough changes to merit that if they took adenloutin they could with the aid of B3 come back to normalcy a short time later. That later time was usually 3-4 weeks or even longer. They wrote their book on their research in 1961 called "Hallucinogens, this 608 page giant in the field of psychiatric diseases is a must read and study book, published by Academic Press. It is out of print and I in fact tried to get it back in print for them with no sucess. Everyone of the autistic traits are here but they were not called autistic, but schizophrenic. You see for yourself now. _Here are some observations made by Osmond when given adrenolutin during scientific studies by Drs. Hoffer, Osmond, Symthies, and Altschul during the 1950's and 60's. _1)I feel no urge to cooperate in volunteering information about my feelings (APATHY-INDIFFERENCE-comes from NT) _ 2)I did not feel any desire to talk more than a few seconds and felt very little interest in what was going on (APATHY-INDIFFERENCE comes from NT) _ 3)I chatted with the technician and was interested in all that was going on and now as a person I felt no interest in him whatsoever. (APATHY-INDIFFERENCE comes from NT) _ 4)I remember thinking I was like a monkey and how they were treated in a recent film- passive, compliant, emotionally flat, but awake and and well aware (APATHY-INDIFFERENCE comes from NT) _5)I felt I could not be bothered so I remained silent (APATHY-INDIFFERENCE comes from NT) _ 6)Poverty of thought and

content to remain in one position or place (APATHY-INDIFFERENCE comes from NT) 7)I felt I had lost the capacity to feel joy, sorrow, or any powerful emotion (APATHY-INDIFFERENCE comes from NT) _ 8)My mind was blank for long periods of time and I felt contented to lie and not think about anything (APATHY-INDIFFERENCE comes from NT) _ 9)I had no interest in this experiment, his feelings, or anything else (APATHY-INDIFFERENCE comes from NT) 10)I saw many colors in patterns (hallucinations)_ 11)His face looked much more dark and somber than usual, almost threatening (disperception comes from NT) _ 12)I felt automaton, dull and detached, and not interested in talking to anyone (APATHY-INDIFFERENCE comes from NT) _ 13)Unwilling to do tasks (APATHY-INDIFFERENCE comes from NT) _ 14)Did not read instructions carefully and misinterpreted (disperception comes from NT) _ 15)I did not really feel myself in them (Lack of Empathy comes from NT) _ 16)I did not feel any interest and tried to make succinct answers (APATHY-INDIFFERENCE comes from NT) 17)Pupils dilated (TCM) _ 18)Slightly withdrawn (APATHY-INDIFFERENCE comes from NT) _ 19)Music that prior experiences seemed less intense than usual (APATHY-INDIFFERENCE comes from NT) 20)Dull and flat (APATHY-INDIFFERENCE comes from NT) _ 21)Less interest than unusual (APATHY-INDIFFERENCE comes from NT) _ 22)Marked reduction in drive and interest with resulting poor concentration (APATHY-INDIFFERENCE comes from NT) _ 23)Inability to feel deeply (APATHY-INDIFFERENCE?? comes from NT) _ 24)Diminished empathy toward others (APATHY-INDIFFERENCE comes from NT) _ 25)Complete absence of anxiety _ 26)Lack of drive to carry a thought to its conclusion (APATHY-INDIFFERENCE comes from NT) _ 27)Lack of interest in myself and indifference to what others thought of me (APATHY-INDIFFERENCE comes from NT) _ 28)Lost urge to make critical appraisal of changes (APATHY-INDIFFERENCE comes from NT) _All words in parentheses are my analysis. _(Reprinted by permission)_Here is a very important clue- None of these behavior traits were "normal" for Osmond in his normal personality as verified by other doctors and even his wife. Anything that is not "normal" for a person and they demonstrate unusual or bad behavior is a very strong clue that they have biochemical imbalance. Now lets see what happened with Dr.

Osmond and an even more severe biochemical reaction- LSD 25. Abram Hoffer and Humphry Osmond worked together for many years in various hospital facilities in Canada. During the early 1950's they did exhaustive experiments of various hallucinogenic drugs that gave similar and in many cases exact behaviors that mimic that of mental illnesses. Their work in the area of drug induced behavior changes was one of the first researches that sparked on my own research into how things work or don't work biochemically. They gave pure facts plus the anecdotal diaries of the person who had received the hallucinogen, which showed behavior changes that illustrate how behavior can be changed biochemically. Very specific behavioral information even down to exact symptoms can be seen in these studies. _ Here is a list that I have taken from one of the many LSD 25 experiments done by these thinkers. This one being by Humphry Osmond. Here's what he had to say when he was given LSD 25. See how it differs from adrenolutin from the previous list. LSD 25 mimics symptoms of schizophrenia. Here is what Osmond said: (my thoughts are in parentheses) _1)Thought of being object as a stone or plant- as feelings for inanimate grew, feelings for humans decreased. (hallucination) _2)Had to curb unpleasant feelings (slight anger) _3)Impulse to say or do what wanted to- disregard for others feelings (increased anger) _4)Did not wish to talk- more comforting to gaze (APATHY-INDIFFERENCE) _5)Time was of no importance- did not hurry in normal tasks (indifference) _6)Things normally done cause great stress and cannot be done- persuading others to do tasks for you. What would be humiliating in normal circumstances was not humiliating. _7)Stress brings on unusual feelings _8)Sensing something is holding them in such as a glass wall but not visible (it comes and goes)- paranoid feelings (paranoid feelings-dispercption) _9)Don't know anyone here _10)Wonder if handwriting is his (unusual thought-possible hallucination) _11)Cannot (measure) distance and time- objects look closer or farther away, or smaller or larger than in reality. (hallucination) _12)Paranoid feelings from non-specific identifiable people. Life circumstances of others become personal; for example, wrecked car viewed by Osmond: thought- they were involved in the accident, being preoccupied thinking one is normal, usual self but one is not (my thoughts to help clarify- he thought that it was normal to have thoughts about car accident fixation of

ideas) (paranoid-disperception) _13)Difficult to divert attention away from inanimate objects. Refuses to follow directions- as noted by other doctors. Needed continual persuasion to get a response- as noted by other doctors) (possible disperception) _14)Loose associations- taking unrelated thoughts and joining them together and being convinced they make sense and being angry that no one else can see their value (disperception) _15)Marked refusal to communicate, resistance to requests as observed by other doctors (indifference) _16)Withdrawal from people- antisocial, disinterested, antagonistic, defensive, and delusional offensive (indifference) _17)Increase in body image in size, shape, design (visual hallucination) _18)Depression more than euphoria (depression) _19)Distant objects too close- movement of stationary objects (hallucination) _20)Easily distracted- can change subject in mid-sentence; others can alter subject too. _21)Complaint of mild heart pain (TCM) _22)Objects change in color, size, and quantity (hallucination) _23)Depersonalization of body, not real, not a part of him (hallucination) _4)Mysterious messages; telepathic code coming from universe (hallucination) _25)Tactile hallucinations (hallucination) _26)Changes in tempo of ideas- rapid thoughts _27)Flight of ideas, difficulty concentrating, blocking and speech alterations (hallucination)_28)Negativism, ambivalence, personality splitting, inappropriate behavior, sitting in a waste basket, creeping on the floor (disperception) _29)No insight that he was different from others. (disperception) _30)Word associations unusual _31)Forming thoughts before sender has sent entire thought _32)Interrupting conversation _33)Steering conversation in different direction away from the thought or question _34)Formed answers before they understood the thought or question _35)Object identity (possible disperception) _36)Mannerisms unusual, euphoria, giggling, laughter in inappropriate manner or timing (TCM) 37)Mood irritable, negativism, "do you know what I mean" (anger) _38)Physical symptoms, nausea, headache especially in an angry mood in the front of the head (TCM) _39)Reading; words move too quickly or too slowly- visual distortions or malfunctions with brain receiving (hallucination) _40)Distortions- words jump around (hallucination) _41)Hallucinations; physical, environmental- can't or will not measure distance (hallucination) 42)Length of time to do task is

beyond any margin of what this person was able to do in past (disperception) _43)Does not realize it took that long and will deny it did because he is uncertain. May have fear of failure to do task, so it is better not to do any tasks and avoid criticism (disperception) _44)Inhibition/impulse to smash something without any reason to do so; no insight that he has changed. (disperception-anger) (TCM) _45)Separation from one place and thinking he is in another place (hallucination) _46)Thinking he is an object or another living creature (hallucination) _47)Dimensions change- photos become "real"- using senses to experience innate objects- for example, the sensation of the touch of a cloth in a photo or an object moving in a photo. (hallucination) _48)Surroundings causing paranoid reactions (paranoid) _49)Overanalyzing surroundings and giving meaning to surroundings such as cracks in the sidewalk - to non-analyzing and then swing from one to the other - things have special significance or importance (overthinking TCM) _50)Feeling cut off from society (depression) _51)Disinterested in social events (apathy-indifference) _52)No sense of satisfaction in anything (apathy-indifference) _53)Others do not appreciate my work- expectations that later turn into disperceptions (disperception) _54)Hearing voices or sounds (hallucination) _55)Feeling of losing control with reality- common things that in the past that felt good socially are not worthwhile and, in fact, are repulsive now (disperception) _56)Viewing violence as in a theater movie or the disperception of visualizing violence when it has not happened (disperception)_Here is a very important clue. None of these behavior traits were "normal" for Osmond in his normal personality as verified by other doctors and even his wife. Anything that is not "normal" for a person and they demonstrate unusual or bad behavior is a very strong clue that they have biochemical imbalance. How did Osmond-Hoffer know why B3 would work? From others research in the southeastern USA in the 30's with their epidemics of pellagra, a disease cause due to lack of B3, caused in this case by the hull of wheat grain being hulled off in milling processes, and only the remaining part eaten. Wheat was no longer wheat. Pellegra,celiac is exactly the same as schizophrenias and each placed side by side are identical in behaviors. So are you saying B3 will work. Pateints in the state hosptial with schizophrenias that Osmond-Hoffer made well were

many times patients who had their schizophrenias for as many as 18 years with no help whatsoever. They just had the disease and that was that. So the longer they had the disease the longer it took for recovery with B3. Not always but most of the time. Also most people trying to help with autism will balk at the fact that the time to help for schizophrenias was 2-3.5 years before discharge from hospital and into wellness. I know of no doctor anywhere in the world at this time that is using B3 for autism right now and certainly no doctor in the world that has used it for 2-3.5 years and reported their findings. Then there is another problem. Not all the patients Osmond-Hoffer treated with B3 got well. The reason was they were high histamine excretors and could not metabolize B3 properly. It did not work except for those who had low histamine levels. However the brilliant research of another giant in nutrient therapies during this same time frame, Dr, Carl Pfeiffer at Princeton Bio-Brain Center figured out sub-categories for schizophrenias with high histamines and what alternative nutrients to utilize. So we can use that protocol for high histamine people. People thought for years schizophrenias was a fixed disease- once you had it you could not get rid of it. Those people were wrong. Schizophrenias are not a fixed disease states.

About 17 months ago I had wonderful experience happen to me in this regard. I usually take a 5AM walk in the park and feed the squirrels. One morning a woman passed me running and I shouted at her "are you taking your vitamin C"? She stopped and whirled around and asked "why". I said so that your knees have enough collagen to with-stand the pressure of running. The park is about 1/4 a mile around and she kept talking and asking questions about different nutrients that I might know. We got to the other side of the park where I was planning on going to my car and she pointed to the left-side of her head and asked if I knew "anything for that". I said "do you have emotional problems"?" Since I was 18". I asked how old she was and she said" 48". So we sat a picnic table and talked for 1.5 hours. Her mind was all over the place. You had to be a magician to follow her train of thought. I asked her did she have passion to not want that type of life any longer. She blurred out in almost a yelling fashion." Oh yes". I said OK here are the nutrients to start with. Get them today and start on them, go to grocery and get this food and off I went to my car. Well the next morning at 5AM she was waiting for me at the park

when I got there. Again during feeding squirrels, and walking she was quizzing every step. So I gave another list of nutrients and foods to get. I thought I will see how long this goes on. On the third morning she was there again but this time I had brought a copy of the Hoffer-Osmond Diagnostic Test for hospital admittance for schizophrenia. Her name is Ruth. I told Ruth I would like for her sit down at the table and do the test while I walked and fed the squirrels. The test is 146 true-false questions devised so that it can be done in 10-15 minutes at a hospital to see the severity of symptoms. I talked with her after she gave me the test she had finished and told her I would see her the next day and may have the results of her test. She had the highest possible scores I have ever seen- she was off the charts and had she taken the test at a Canadian hospital would have been admitted on the spot- right then. I told Ruth the results of the test.

Depression, logic, mood, hallucinations, paranoia all were horrendous. I thought at the time she better have passion because that is all that will save her. The first day I met her she said she had only 1 or 2 bowel movements per month for over 25 years. That to me was unheard of. So I told her to start at 5000mg vitamin C and keep increasing 1000mg each day until she had a bowel movement. After 10 days it was maddening. I had jump start her in large amounts two or three times and she was then at 60,000mg each day and still no bowel movement. I got angry with her and said "Ruth tomorrow morning I want you to wake up and take 20,000 per hour and hopefully call me in two hours and tell me you had a bowel movement". Yes she did. Fully formed with no effort or strain. I had to see if she had some type of blockage since I am not a doctor with x-rays available. Had we gone on with upping each day I guess she would have been 110,000mg per day just to have bowel movement. I have never seen in any medical-orthomolecular medicine literature such a tolerance for vitamin C. Also that first day I told her she had to have every waking hour 1 vitamin B-complex 100. I had her take the HOD three weeks later and could see results that were starting to make sense from the omega3, vitamin c, b-complex, specific aminos, and detoxing the liver she had been working on. The HOD test still indicated schizophrenia in spades and she had a long ways to go to normalcy. Each day or every other day I would give her more nutrients to take, different foods, etc. So she knew I cared deeply

for her well-being. I wanted to have her have a chance at whatever life she had left. However about the sixth or seventh week I asked her cousin, whom she lived with whether or not I was being used by Ruth and could she now do it on her own. Her cousin informed I was being "used and yes she can do it on her own". I had two other people across the country, one in New York and another in Ohio I was trying to help and I getting very exhausted. I gave her one more HOD test and knew she would be fine in the future. So I simply told Ruth she was now on her own. Well the most wonderful results as I hoped for happened for Ruth. My wife, Susan goes to the health park to swim, etc and she saw a woman with a shoulder cast on and Susan said "you ought to paint a smily face so that when you look down on your cast you see that". They started laughing and a conversation. Susan did not know it was Ruth and Ruth finally asked Susan if I was her husband. Ruth had only once seen Susan in passing one day at my house. Susan said Ruth was wonderfully well adjusted happy, outgoing, logical, everything for a complete person. Susan came home from the health park that day ecstatic and immediately told me who she had met. I was thrilled. Ruth had passion and it paid off. Now how many people do you know of after 30 years with a massive disease get better. Not many. I called Ruth and told her how delighted I was with her journey toward wellness and that she would in the future get better and better. After I finished the phone call I sat at my desk in tears. It truly is wonderful when any living creature has a fair shot at life for however long. Yes I had to give the knowledge but she had to make it work. Looking back on Ruth, I would not have wanted to go through the things I had to put her through. I was always caring but just the management of what to take when, doses, etc was huge. So again another fully schizophrenic person was not fixed in their disease. I do not think autism is a fixed disease either but most people will not even attempt 1/10 of what Ruth had to do. They say they will but they don't. Or Osmond-Hoffer helping all those over 4500 schizophrenics to wellness and walked out of that hospital. They cured them with only two nutrients, niacin 3000mg daily and vitamin C 3000mg daily. Omega 3 is the next biggie that needs a complete history to make sense of why it is absolutely necessary. In the Rift valley in Africa is Lake Victoria. It is the start of all human life and brain development. In the 1940's the Leaky family of archeologists found skulls of various sizes but not

until 1950 did they find a skull close to our human size. The size of the skull indicated how big the brain was inside the skull. The human brain is nothing more than a huge glob of fat. It is far more than that but for an analogy I say huge glob of fat, 64% of the entire brain is made up of essential fatty acids and 54% of that is omega 3 fatty acid. The brain does not function without omega 3 period. Now back to the Rift Valley. During the early years of human development all people were hunters-gatherers of seeds, berries, nuts, wild grains and things on the ground. All people came from these same tribes- all peoples now are descendants of black people of the Rift Valley. Later in development they by accident or design learned how to trap fish from Lake Victoria. The fish contained omega 3. The human's brain grew larger. Humans then learned how to eat animals as well as their fish and got even more omega 3. This omega 3 is the advancement of all of civilization since the beginnings of time. Peoples migrated to various parts of the world but always had some form of omega 3 in their daily diet. How does omega 3 work in the brain. It is a cushion for electrons to go from one place to another without damaging the new place, a shield. It acts as stimulant to ignite everything from consciousness to motor function, from voluntary to involuntary actions. So there is just nothing it does not do. It is the total of brain function period. There is also omega 6 and 9 but these counteract omega 3. Some doctors horribly state that all the omegas should be in balance. Non-sense. Omega 3 is cancelled out if you eat the normal Western diet of largely omega 6 and 9 diets. There is not such a thing as too much omega 3 in the human brain. So our next nutrient is omega 3 and reduced or no omega 6 or 9. The amount of omega 3 is 3000 mg of the EPA portion of the fish oil. You will see on the bottle EPA and DHA. The DHA is helpful but we are only for now interested in the EPA part.____