

Successful Treatment of Schizophrenia with Phytotherapy

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Ms. R. was 34 years old when she first consulted with me. She had been registered blind since birth although she does in fact retain some small degree of central vision. She attended this initial consultation accompanied by her friend, Lance, who was also blind, who seemed to know her very well and often helped her formulate her answers to my questions.

She was diagnosed with schizophrenia in 1989 and had been treated with *Loxapine* since then. Initially her doctor had prescribed high doses of the drug but, over time, she had been able to reduce the dose to a maintenance level of only 5 mg daily (therapeutic range 5 - 250 mg). An attempt in 1992 to reduce the dose further, using hypnotherapy as a supportive treatment, resulted in a repeat psychotic episode which caused her to be hospitalized and medicated on *Chlorpromazine* until she was stabilized again.

Ms. R. lived at home with her parents who were significantly unsupportive and who verbally and emotionally abused Ms. R. such that she felt isolated and victimized. This abusive parental behaviour was verified by Lance so that I could be sure it was not a schizophrenic paranoia. She saw a psychiatrist monthly although she did not feel that he offered her any emotional or practical support, and he did not do any counselling with her. The nature of her schizophrenia was that she felt an emotional disassociation and delayed emotional reactions. She also felt that she was often in a dreamy or twilight world, not really present in her life. She complained of significant memory loss such that was quite dysfunctional in society. She admitted to having great difficulty keeping a conversation going because she would forget what had been said within minutes. She did not have headaches and hallucinations were absent. She mentioned that her sleep was very disturbed and she might pass all the night in a 'waking dream' or sleep for 10 or 12 hours. Her overall energy was quite good and she participated in various activities through the Canadian National Institute for the Blind (CNIB).

Her general health was quite good with no respiratory, urinary, musculo-skeletal or cardiovascular symptoms at all. Her menstrual cycle was regular at 28 days and there was no problem with the menses. There was some pre-menstrual symptoms for a couple of days each month, especially increased emotional lability and a tendency to be weepy. She used no birth control and her pap smears were always normal. The digestion was a little sluggish with a bowel movement only every other day.

The diet was not very good, being pretty typical 'meat and two veg'. She did have 3 regular meals a day but there was a notable lack of fruit, fresh vegetables or whole grains. She drank 3 or 4 glasses of water daily, as well as several cups of black tea and the occasional coke or other soft drink. She also took a daily multivitamin and mineral supplement and a garlic/parsley tablet.

Treatment plan

Ms. R's. stated desire was to stop the Loxapine because she felt that it was largely responsible for the 'brain fog' she suffered from all the time. Because she had been on medications for a long time and had unsuccessfully attempted to come off them in the past, I felt that great caution was required in this case. I suggested that we spend about 3 months building and strengthening her system before attempting to reduce the drug. I made some dietary suggestions based on a need to increase the intake of fresh, living foods, and I gave her a printed sheet called 'Basic Guide to Healthy Eating'. I specifically recommended that she eliminate refined sugar from her diet because of its known adverse effects on brain chemistry.

Herbal formula

Valeriana off. (1:3)	10
Chamomilla recutita (1:4)	20
Hyssopus off. (1:3)	20
Melissa off. (1:4)	20
Lavandula vera 1:4)	20
Acorus calamus (1:3)	<u>10</u>
	100 ml per week

sig. 5 ml. tid. aq. cal. ac

Valerian is a soothing, diffusive, relaxing and stimulating nervine, indicated for the relief of nervous irritation, and to support atonic and functional nervous disorders (*Priest and Priest*). I have found it to be particularly useful where both the relaxing and stimulating effects are required. It is also specifically indicated for sleep disturbance and to reduce the latency to fall asleep (*British Herbal Compendium*). **Chamomile** is another herb exhibiting both relaxing and stimulating properties. Its volatile oil content, rich in *bisobolol* and *chamaezulene*, is spasmolytic and relaxing to the smooth muscle and nervous tissue, while its bitter constituents provide a stimulating and tonifying effect upon the nervous system. It is especially indicated for nervous irritability and persistent low grade anxiety states (*Priest and Priest*). **Hyssop** is a stimulating and cleansing herb with an anti-spasmodic effect, especially pronounced in the central nervous system (*Grieve, Zeylstra*). It contains a volatile oil which has both a mild sedative and a nerve tonic action which results in a sense of relaxation, alertness and mental clarity (*Tisserand*). It has traditionally been used in treating epilepsy and other convulsive conditions and is considered to be regulating, balancing and normalizing to brain activity. **Melissa** or **Lemon balm** is considered to be one of the finest tonics and restoratives for nervous function (*Zeylstra*). It is traditionally used for depression and somnolence (lethargy and drowsiness) as well as for insomnia, agitation, anxiety states, nervous headaches, migraines and hysteria. Its sedative properties are particularly expressed through the volatile oil, inhalation of which has a marked and rapid effect. In the tincture form it has somewhat more of a stimulating and tonic effect due to the additional benefit of the bitters, resin and acids which are not significantly present in the pure volatile oil. Paracelsus called it 'the elixir of life' and Culpepper said that it "...causeth the mind and the heart to become merry ... and driveth away all troublesome cares and thoughts out of the mind arising from melancholy and black choler". **Lavender** is one of the most effective tonic nervines. Like the Melissa, Hyssop and Chamomile, it has both sedative volatile oils and stimulating bitters and thus serves to regulate and balance nervous function. Lavender volatile oil exhibits a balance of yin and yang energies and is thus especially effective in harmonizing extrovert and introvert tendencies in people (*Tisserand*). It shows especial benefit in psychological disorders such as depression, insomnia and hysteria. It is very effective in cases of mental exhaustion and where there are delusions or hallucinations (*Grieve*). The tincture of Lavender provides both a refreshing and a relaxing effect and it tends to regulate and steady the emotions. **Sweet flag** or **Calamus** demonstrates anti-spasmodic,

relaxing and stimulating properties. The oleo-resin is rich in *asarone*, *camphor*, *eugenol*, *pinenes* and *sesquiterpenes*. It has traditionally been used in India for many generations as a powerful rejuvenative herb for the brain and nervous system, promoting cerebral circulation, increasing mental sensitivity, sharpening the memory and enhancing awareness (*Frawley*). In the treatment of schizophrenia specifically, Ayurvedic physicians use Sweet Flag to restore tranquillity to the mind (*Bhagwan Dash*).

Ms. R was also prescribed a herbal tea consisting of equal parts of **St. John's Wort** and **Skullcap**. This was to be taken especially at night to aid sleep and during the day if she felt herself becoming anxious or upset about something. St. John's Wort is especially indicated for depression and as a strong but gentle thymoleptic to raise the spirits and lift the mood (*Weiss*). Skullcap is calming and relaxing to the nervous system and is considered to be an excellent tonic nervine where there is a chronic anxiety state (Willard). It is especially useful in cases of nervous weakness, agitation, insomnia, nightmares and restless sleep conditions (*Priest and Priest*).

The overall intent of these herbs was to restore harmony and equilibrium to the thought process, and to nourish and strengthen the tissues and the psyche preparatory to reducing the allopathic medication. I particularly wanted to optimize her sleep pattern because it is during REM (rapid eye movement) sleep that most of our healing and regeneration occurs. If this is disrupted then deep healing on an organic, functional level is impaired. At this time I asked her to continue taking her prescription medication in the dose of 5 mg. daily.

April 1994

On her second visit to my office, Ms. R. was once again accompanied by her friend, Lance. She mentioned that she still felt nervous leaving the house alone and usually asked him to go places with her.

She reported a significant improvement in the quality and duration of her sleep. She now felt that she was going to sleep relatively easily and usually slept soundly right through the night, averaging 7 hours sleep each night. Her memory and concentration were greatly improved and she had observed an increasing ease in maintaining conversations as her short term recall improved. She mentioned at this time the occurrence of occasional auditory hallucinations, especially sounds in the night, as she was going to sleep, that made her think there as someone in the room next door. They were not frightening her but she recognized that they were not normal. I suggested that she increase the amount of herbal tea she took at night in an attempt to deepen the sleep a little further.

She reported feeling more emotional stability and an overall improvement in her general sense of well being. She had made some minimal diet changes, being hampered in this by an unwillingness on the part of her family to make any adjustments in their eating habits. The main changes she had instigated were a piece of fruit daily, and a wholegrain cooked cereal for breakfast each day. These minor changes had resulted in the bowel movements becoming daily.

She did mention on this visit some vulval discomfort, perhaps a mild yeast infection. I gave her a herbal/essential oil pessary to use nightly and an anti-fungal and anti-pruritic cream and suggested she use them for a week. If this did not effect a change she should consult with her doctor for further testing and treatment.

Herbal formula

Valeriana off. (1:3)	10
Hyssopus off (1:3)	15
Acorus calamus (1:3)	10
Melissa off. (1:4)	20
Lavandula off. (1:4)	15
Centella asiatica (1:3)	15
Taraxacum off. radix (1:3)	<u>15</u>
	100 ml per week

sig 5 ml. tid. aq. ca. ac.

Gotu kola (Centella asiatica) was included at this time to enhance oxygenation and the metabolic efficiency of the brain. In Ayurvedic medicine it is considered to be the most powerful rejuvenative nervine, increasing intelligence, longevity and memory and decreasing senility and aging. It is also an effective blood purifier (alterative) and strengthens the adrenal glands (*Frawley / Lad*). **Dandelion root** was added to enhance the cleansing action of the formula. The intention was to aid in the elimination of toxins that may be adversely affecting the mental health, and to promote the hepatic elimination of the Loxapine. The bitter properties of dandelion make it the pre-eminent tissue and blood cleansing herb, while its considerable nutrient profile make it valuable wherever debility and lassitude are a problem.

I also prescribed a compound **Bach Flower remedy** consisting of the following remedies: **Gentian** for despondency, melancholia, depression and discouragement; **Centaury** for timidity and being easily influenced by others; **Scleranthus** for indecision, uncertainty, emotional lability and difficulty standing up for oneself; **Cerato** for doubt of your own abilities, judgements or beliefs and difficulty in making decisions; **Clematis** for being dreamy, inattentive, with-drawn, introverted, drowsy, listless and absent minded and **Gorse** for hopelessness and despair. These were dispensed at a strength of 4 drops each of the mother tincture in 25 mls. spring water, to be taken in a dose of 4 drops 4 times daily.

At this time I contacted the psychiatrist that Ms. R. was seeing and obtained his permission to have her reduce the dose of Loxapine to 3.75 mg. daily (a sub-clinical dose). The doctor was agreeable to trying this because he had seen such an improvement in Ms. R.'s mental state since she had begun to take the herbs, although he expressed his belief that she would almost certainly have a relapse on this low dose of medication.

June 1994

On her third visit Ms. R. reported progress on all fronts. Her memory, clarity of thought, concentration and self confidence continued to improve and she felt more emotional stability than she had known for many years. She had not reduced her dose of Loxapine but said that she now felt ready to try. Her bowel movements continued to occur daily. She reported increased energy and enthusiasm. She had started swimming lessons and was riding a tandem bicycle several times a week with a sighted friend.

Herbal formula

The herbal formula, tea and Bach Flower remedy were repeated unchanged.

July 1994

On her fourth visit Ms. R reported further positive changes. She had reduced the Loxapine to 3.75 mg daily and had become aware of a slight increase in the auditory hallucinations and a slight decrease in

the quality of sleep, but an overall improvement in energy and general well-being. Her memory continued to improve and she felt that her social interactions were becoming progressively easier as she "came out of her shell".

Herbal formula

Valeriana off (1:3)	15
Hyssopus off. (1:3)	20
Acorus calamus (1:3)	10
Melissa off. (1:4)	15
Lavandula vera (1:4)	15
Taraxacum off. radix (1:3)	10
Centella asiatica (1:3)	10
Viscum album (1:10)	<u>5</u>
	100 ml

sig. 5 ml. bid. aq. cal. ac.

European mistletoe (*Viscum album*) was added to the formula as a powerful central nervous system relaxant especially effective in loss of memory, irritability and chronic anxiety (*Weiss*). The plant also contains sympathomimetic amines which raise the sympathetic tone in the body and assist in energy balancing.

The dose was dropped at this time to twice daily in an attempt to reduce her costs and to test out the reliance of her body on the herbs.

The Bach Flower remedy and the herbal tea were repeated.

September 1994

At this 5th visit Ms. R. reported a continued improvement in her situation. She had been away to cousins in the country for a holiday and felt much better to be away from her emotionally abusive family. She had resolved that once her mental health was fully stabilized she would seek sheltered housing for herself. She felt that this was a very significant decision - to leave home and live alone - and she believed that she had been aided in reaching this courageous decision by the Bach Flower remedy. She described a great reduction in the auditory hallucinations and a continued improvement in her memory and concentration. She had maintained her dose of Loxapine at 3.75 mg. daily.

This was the first visit that she made to my office without her friend, Lance, and she reported an increasing self confidence and ability to initiate activities in her life. She described, however, a lack of fun and laughter in her life and told me how serious she was most of the time. I suggested that she set herself a challenge to do one crazy, fun thing each week.

Herbal formula

Her previous formula, Bach Flower remedy and herbal tea were repeated but the dose on the herbal formula was reduced to 5 ml once a day.

October 1994

On her 6th visit Ms.R reported continued improvement in her schizophrenic symptoms. She was still taking 3.75 mg. Loxapine daily and I suggested that she go ahead and drop the dose to 2.5 mg.

She had recently had a gall bladder attack and an ultrasound had determined the presence of several small gall stones. She had decided to go ahead and have laser surgery to remove the stones. I

mentioned various herbal and dietary approaches but she felt that they would be too difficult for her to carry out and she preferred to take the easier option. I concurred with her decision because I did not want to do anything which could have disrupted her mental state or precipitate a decline in the positive changes we had so far effected.

Herbal formula

The herbal formula, Bach Flower remedy and herbal tea were repeated. She was instructed to increase the dose of her herbal formula back up to 2 or 3 times daily if she noticed any deterioration of her mental condition as the Loxapine was reduced.

December 1994

On this visit Ms. R. reported that she was scheduled for the gall bladder surgery just after Christmas. She had reduced the Loxapine to 2.5 mg daily and was feeling progressively more clear headed and emotionally stable. She had been away to visit her cousins again and was now quite distressed at having to live at home with her parents. Her father in particular had been quite abusive and she was actively discussing with the CNIB about moving out on her own.

Herbal formula

Her herbal formula, Bach Flower remedy and herbal tea was repeated.

January 1995

Ms. R. reported that when she went for the laser surgery on the gall stones, they were found to be inoperable so her gall bladder was removed. She had healed up very well and appeared to be suffering no repercussions. She had succeeded in dropping her dose of Loxapine down to only 1.25 mg daily and was feeling very pleased about this. She said that she was not having any auditory hallucinations or delusional thoughts and felt very happy and stable. She described how prayer and positive affirmations helped her to cope with the difficult situation at home.

Herbal formula

At this time we decided to stop the daily herbal tincture formula and continue with Flower remedies, herbal teas and aromatherapy.

She was given a **Nerve tonic** tea blend consisting of **Black Cohosh, Skullcap, Blue vervain, St. John's wort, Valerian, Lobelia** and **Ginger**. This tea comprises herbs traditionally used to calm an over excited nervous system and to serve as a nourishing tonic to the nervous tissue.

Her Bach Flower remedy was reassessed and adjusted to include the following remedies: **Centaury, Scleranthus** and **Clematis** as in the previous formula, plus **Walnut** for times of transition and change and for adjusting to new situations; **Wild Oat** for being dissatisfied with the present situation but feeling powerless to change it, and for feelings of frustration and difficulty in expressing ones creativity; and **Oak** for feelings of despondancy and hopelessness and for difficulty in asking for help from others.

Essential oils were prescribed for use in a warm bath at night, and to be sniffed straight from the bottle as needed throughout the day. The blend she received contained volatile oils of **Lavender, Melissa, Vervain, Orange** and **Rose Geranium**. These were chosen for their relaxing and harmonizing properties. **Orange** is noted for its antidepressant activity and has "... an air of jollity...seeming to carry with it some of the sunshine needed for its ripening" (*Davis*). It is recognized especially for its uplifting

and rejuvenating properties and it reputed to clear the mind and promote mental clarity. It is also notably effective in cases of insomnia. **Vervain** is a deeply relaxing and soothing oil, assisting one in staying grounded and centered. **Rose Geranium** is tonic, sedative and calming to the nervous system as well as regulating adrenal function and being specific in anxiety states (*Tisserand*).

Ms. R. was also given a herbal tablet to be taken if needed for anxiety and stress or nervous tension, or for any sleep disturbance. The tablet comprised **Humulus lupulus** (Hops), **Piscidia erythrina** (Jamaican Dogwood), **Chamomilla recutita** (Chamomile), **Valeriana off.** (Valerian) and **Scutalleria lateriflora** (Skullcap). The Valerian, Chamomile and Skullcap have sedative and tonic properties as described above. The **Hops** are noted for their hypnotic property, permitting a deep sense of relaxation and tranquillity and being a particularly effective cerebrospinal trophorestorative (*Priest and Priest*). **Jamaican Dogwood** is noted for its antidepressant action, and for calming an over excited nervous system (*British Herbal Compendium*).

March 1995

Ms. R. reported in this visit that she was maintaining the Loxapine at 1.25 mg daily. She had noticed occasional, migratory sensations of pins and needles in the arms and legs but was not having any auditory hallucinations nor any persistent unwanted thoughts. We reviewed the side effects of Loxapine withdrawal and noted that a mild and transitory dyskinesia and paraesthesia is common. I advised her maintain the regime she was following and to call me if these sensations became worse in any way. I also recommended that by mid April she aim to cease taking the Loxapine altogether and to restart the herbal formula at twice a day to compensate for cessation of the drug.

Herbal formula

Her Bach Flower remedy, herbal tea, herbal stress tablet and essential oil prescriptions were repeated. She still had some of her previous herbal tincture formula left so we agreed that she should use it up when she finally stopped the Loxapine.

April 1995

At this visit Ms. R reported almost 6 weeks without Loxapine. She had noticed a few auditory hallucinations but they were not frequent or severe. The paraesthesia had disappeared and she was not having anxiety attacks, insomnia or any other signs or symptoms of significant nervous stress. She had informed her medical doctor of her situation and progress and he had been quite supportive. She was using the herbal stress tablets at night and sleeping quite soundly. Her energy and enthusiasm were high and she seemed quite a different person to the depressed and confused woman who had first presented in my office just a little over a year previously.

Herbal formula

Valeriana off. (1:3)	15
Hyssopus off. (1: 3)	15
Acorus calamus (1: 3) 1	5
Melissa off. (1:4)	15
Lavandula vera (1:4)	15
Viscum album (1:10)	10
Stachys betonica (1:4)	<u>15</u>
	100 ml

sig. 5 ml bid. aq. cal. ac.

The **Wood betony** (*Stachys betonica*) was added into the formula as a gentle, stimulating tonic for the brain, especially indicated for hysteria or persistent unwanted thoughts (*Priest and Priest*) and for nervous debility, anxiety or neuroses (*Zeylstra*).

It was recommended that she take the herbal formula twice a day in order to support her body in the final stages of the *Loxapine* withdrawal, with the intention of reducing the dose again within a few weeks and ultimately weaning her off all herbs as well.

May 1995

Only a couple of weeks after the last visit I received a phone call from Ms. R. to say that she seemed to be losing ground. Her home life was becoming increasingly unpleasant and she was finding it very stressful. She was having lots of hallucinations, and the previous night had become almost hysterical at the thought that there was a man in her bedroom trying to assault her. She was having anxiety attacks and crying spells. I also talked at this time with her friend Lance who was understandably concerned. I obtained permission from Ms. R. to speak directly with her medical doctor. Initially she was very resistant to because she adamantly refused to go back on any anti-psychotic medications. I explained to her that almost certainly what was happening was that now, without the medications to dull her mind, a lot of previously suppressed emotions were probably surfacing and needing to be processed and dealt with. We agreed that it would be best for her to get away from her parental home, perhaps into a refuge of some sort where she might be able to get some effective counselling help. When I talked to the doctor he was agreeable to not getting her started back on medications, but was unable to suggest a suitable place for her to stay. In the end he prescribed a few *Ativan* tablets for emergency use and she worked her way through this final drug detoxification process with only using 1 of these on one occasion. She did move out her parents home and into Lance's apartment - crowded but OK for a temporary measure.

Over the next few days I spoke with Ms. R. and with Lance several times and each time she was a little better. He was immensely supportive and she was through the worst of the breakdown in 5 days. During this time I recommended that she increase the herbal tincture to 5 mls. tid and take copious amounts of the tea. She also used the herbal stress tablets as needed.

When she attended my clinic 2 weeks later she was stabilized again. She had begun of her volition to take 3 capsules daily of St. John's Wort oil and been taking all of her herbal remedies. She was no longer having any hallucinations or unwanted thoughts and had no subcutaneous sensations or paraesthesia. She continued to stay in Lance's apartment and was much happier there.

Herbal formula

Her last formula was repeated at a dose of 5 ml. tid. Her herbal tea, essential oil and herbal stress tablets were repeated. The Bach Flower remedy was adjusted to include the following essences: **Centaury** and **Cerate** as before; **White Chestnut** for preoccupation of thoughts and persistent mental images; and **Larch** for feelings of inferiority and lack of self confidence.

June 1995

At her most recent to my office, Ms. R. was radiating good health and vitality. She felt absolutely stable and normal and was having no symptoms of mental instability at all. She continued to take all of her herbal medications and had added in a daily supplement of B complex as well as Royal jelly. She was planning to be visiting friends out of town for most of the summer and expected to find her own home in the fall and possibly try to get a job with the CNIB later in the year. She had talked to her medical doctor who was very pleased with her situation.

Herbal formula

At this time I recommended that she continue to take her tincture formula three times daily for another month, then to reduce it to twice daily for 2 months, then once daily for 2 months, prior to hopefully stopping altogether. I also advised her to continue to use all the other remedies as she had been doing. I asked her to call me in a month to keep me up to date on the situation and we made an appointment to see each other again in three months time.

Commentary and conclusions

This was a particularly tricky case for two reasons: first because the very nature of schizophrenia makes it hard to get reliable information from the patient or consistency in following instructions and taking remedies, and second because Ms. R's blindness made her very dependent on her family who were patently unable to meet her needs. It helped immensely that Ms. R. was a very intelligent woman with a genuine and strong desire to overcome her problems. It also helped that her friend, Lance, was so supportive and helpful.

In hindsight I can see that I probably acted too hastily in reducing the dose of herbs before she had actually weaned right off the Loxapine. This is a constant dilemma for the practitioner - trying to balance the clinical needs of the patient against their financial constraints. If we had maintained the full dose of 5 ml tid throughout the course of treatment and only begun to reduce it after several week without the Loxapine she may not have suffered the relapse she did.

Upon reviewing the side effects of Loxapine one can easily see that in the case of Ms. R several of her 'symptoms' may in fact have been drug reactions. Significantly, as she reduced the dose of the drug her thought processes became progressively more clear and her ability to initiate events developed. Ms. R was fortunate to have the support of her medical doctor and her psychiatrist who both encouraged her initially to maintain the lowest dose possible of the medication, and later to wean herself off altogether.

Given the chronicity of this condition and its tendency to go through periods of relapse and remission, I have suggested to Ms. R. that she expect to keep taking some form of herbal support more or less indefinitely. This will probably take the form of a daily herbal tea, possibly with the use of stronger herbal tinctures or tablets on a p r n (as needed) basis.

addendum

Schizophrenia is a psychotic condition characterized by several classical thought disorders. Schizophrenia tends to affect younger people and is usually chronic with periods of relapse and remission. Typical behaviour includes blunted or inappropriate emotional responses, apathy, indecision, introversion and irrational anger. Auditory hallucinations are common as are delusions of thought interference or persecution. There is a disturbance of logical thinking which may lead to the person being unable to communicate with any degree of lucidity, and there may be 'thought block' where the mind goes completely blank for moments at a time (*Rowley*).

Loxapine is classified as a dibenzoxazepine anti-psychotic drug that depresses cerebral cortical function as well as the hypothalamus and the limbic system from which emotion is initiated. It exhibits a strong anti-cholinergic function, blocking the function of dopamine as a neurotransmitter and enhances alpha adrenergic responses. Its mode of action as an anti-psychotic is unclear. Potential side effects include respiratory depression, laryngospasm, pseudo-Parkinsonism, dystonia, tardive dyskinesia, drowsiness, seizures, anaemia, leukopenia, agranulocytosis, photosensitivity, dermatitis,

glaucoma, blurred vision, dry mouth, nausea, vomiting, constipation, weight gain, urinary disturbance, amenorrhoea, orthostatic hypotension, hypertension and cardiac disturbance (*Mosby's Nursing Drug Reference*).