

CASE STUDY: CHILDHOOD SCHIZOPHRENIA/DEAFNESS/  
MOTOR DIFFICULTIES/FATIGUE

Jonny Y.'s mother suffered from toxemia of pregnancy, and when he was born in the intensive care unit of his local hospital, it was evident that he had been affected by his mother's illness: He was very small, his color was "bloody-gray," and he was quiet and sleepy.

From the beginning, his development was abnormal. He didn't even open his eyes or cry for the first six weeks of his life, and when his mother introduced milk formulas to his diet they were usually rejected by violent "projectile" vomiting. For the first two years of his life, he had almost constant diarrhea.

He had poor head control at a time when other children his age were able to look around easily, and he sat up much later than his peers. He still was crawling when other children his age were walking well, and when he attempted to speak at a normal age, he had great difficulty putting phrases together and often his pronunciation was unclear. When he got a little older, he also began to experience hallucinations—voices coming out of nowhere. Then he began to have two-week periods of normal behavior, which would be fol-

lowed by four-week periods of difficult behavior during which he would be quiet and subdued one moment and screaming in fear and impossible to control the next.

Because he had difficulty speaking, his parents' early impression was that Jonny was unable to understand language rather than to use speech. They felt his problem was based on a hearing problem because there were occasions when they had to scream at him to get a response, although at other times they had only to speak in a normal voice and he would react. His parents also noticed that these fluctuations in his ability to hear seemed somehow to be related to the time of the year.

His slow progress, suspected hearing problem, language difficulty, and behavioral problems led to a series of studies at Johns Hopkins Hospital, the world-famous institution in Baltimore, Maryland, where the doctors found that Jonny's parents were correct—he had a 40 percent hearing loss in his right ear and a 60 percent hearing loss in his left ear; at Johns Hopkins they also diagnosed his personality problems and hallucinations as childhood schizophrenia.

When his parents brought him into my consultation room, the first thing I noticed was his rubbing his nose from side to side with his index finger, giving me a typical "allergic salute"—practically a guarantee that I am looking at an allergic child. When his mother told me about the projectile vomiting associated with his early formula, this suggested the possibility that he may have had a severe gastrointestinal allergy to something in the formula. The fact that his loss of hearing fluctuated from time to time indicated that his hearing difficulty might very well be a recurring allergic problem of variable intensity rather than a form of permanent damage that a constant level of deafness would indicate.

In reviewing his dietary history, I found he had gone off on occasional food binges with crackers, candy, or potato chips, which suggested that wheat, yeast, milk, vanilla, chocolate, corn sugar, or potato might be allergies of the addictive kind.



I became increasingly suspicious of food allergies when Mrs. Y. recalled that on Valentine's Day Jonny had eaten a rather large quantity of red candy and five hours later had suffered severe abdominal cramps, diarrhea, and vomiting. (At the time his mother did not associate his gastrointestinal illness with the red candies. Instead, she thought that Jonny had a "stomach virus," although no one else in the family became ill.) He was sick all the next day with the same symptoms when, suddenly and dramatically, he placed his hands over his ears and screamed in fear for someone to please tell the "voices" to stop ordering him to eat more candy.

I suspected that his unusual behavior was a withdrawal reaction from some food or chemical in the red candy that might have first caused him to have the acute symptoms of vomiting, diarrhea, and abdominal cramps and then caused him to experience an addictive craving for the red candy and a hallucination that "voices" were ordering him to eat it.

Jonny's mother also told me that he usually had pain in his left eye and left forehead and often complained of severe pressure behind his left eye. In addition, he had chronic fatigue\* and was not refreshed in the morning despite eight to ten hours of sleep each night. Whether he had adequate sleep or not, he was usually irritable in the morning, and at the end of the school

\* Chronic fatigue in both adults and children is a complaint that doctors encounter many times a day in every field of medicine. Many patients have told me that they can sleep for eight to twelve hours a night, and when they wake up in the morning they still are not the least bit refreshed. Some have stated that they feel they might as well not have gone to bed for all the good that sleeping did them. I have found that allergy and allergic withdrawal are at the root of almost every chronic fatigue complaint I have ever seen. What happens is that the person suffering from chronic fatigue is unconscious, and to all outward appearances is sleeping quietly, but because of allergies, he begins to experience delayed withdrawal reactions that persist throughout the night. Therefore, although he is unconscious, his sleep is not truly restful, and in the morning the night's rest has not been of any benefit whatsoever.

day, his mother "never knew exactly what to expect when he came through the door." On some days he would be charming and pleasant after school; on other days he would be a "monster" who screamed and cursed at her.

When I reviewed Jonny's chemical history with him, he stated that he could not stand it when his mother smoked. It made him cough and sneeze and feel as if he could not breathe. His eyes would burn and become red. In addition, many odors, he added, made him sick. He said he could not name all of them, but nail polish and his mother's hair spray made him nauseous. (If his teacher polished her nails in class, it would make him literally gag.) Exhaust fumes from cars and trucks made him extremely uncomfortable in a nonspecific fashion; all he could say was "I can't stand them." Sometimes the chlorinated water supply in the house made him feel tired, confused, and depressed. If Jonny's mother used bleach in the laundry or cleaned the sink or tub with a scouring powder containing chlorine, he would promptly detect the presence of chlorine there too and become ill. He told me that he thought he would be poisoned by chlorine someday because it was so "bad" for him. Keep in mind that this is a child who had been diagnosed as having a severe form of illness—schizophrenia! Like many of my patients, Jonny told me that he could not say exactly how many substances affected him but he was very much aware of the fact that he didn't "feel right" after an exposure to them, and, therefore, did not like them. These complaints are not nebulous; they are symptoms of an allergy just a hair's breadth below the level of awareness.

As much as Johnny hated the smell of chlorine, he loved the odor of gasoline and permanent marking pens and felt he got a lift from them. Disliking or hating certain things, liking or loving other things is the result of having an allergy to them. Actually, the petrochemical substances he encountered all day long made him feel below par (his allergic reaction), and a quick sniff of the volatile agents present in gasoline or a



marking pen was just enough to make him feel better (stop his allergic addictive withdrawal reaction).

Jonny frequently had athlete's foot infections, which indicated that he was susceptible to certain species of molds. His mother said that he had itched and scratched all of his life for "no apparent reason." Allergic itching is very common and is often caused by mold sensitivity. This made the construction of his family's house important, because it was built on a concrete slab without a basement or crawl space and, therefore, the main floor was in direct contact with the ground. In summertime, when the ground under the house was cooler than the surrounding air, the slab floor also was cool; there would be condensation of moisture under the carpet, and mold would begin to grow. The house was also filled with potted plants, from which the odor of mildew was quite obvious to the entire family.

Jonny would become hyperactive immediately after breakfast every weekday. However, he was all right on weekends. When I investigated his diet, I found he was having more milk on weekdays at school than he normally drank at home on weekends. He also ate eggs every morning prior to leaving for school, but on weekends his mother always prepared pancakes for him, made without any eggs.

I tested Jonny extensively because of the seriousness of his problems. It was significant that there were a number of negative tests in various categories of common environmental substances which served as controls. A number of the major offending foods that cause serious problems in many other patients did not affect him at all. A number of the foods he was currently eating did not produce any reactions. He selectively reacted to some molds but not to others, to some of the chemical tests and not others. He even reacted to the toothpaste he had been using. This is what testing for allergies revealed:

*Cane sugar:* Slightly tired, slightly dizzy, and a mild headache. He coughed a few times. He felt "funny," but

he was not able to tell exactly how he felt or where he felt funny.

*Milk:* Itching of his left eye and a dull headache in the left temple. Coughing. He acted very silly and giddy. He said it felt as though something was pushing his left eye forward and out of his head. Then, he became detached from his surroundings and said, "I feel like I am not here. My spirit is leaving my body."

*Wheat:* Headache. Eyes burning. Sleepy. Dizzy. His cheeks became very pale. His mother stated that facial pallor was something that they saw very often, and it would come and go.

*Eggs:* Throat itching. Mild cough. Mild headache. Eyes hurt.

*Beef:* Coughing. Dizziness. Feeling of being separated from surroundings. Headache coming and going throughout this test.

*Peanut* (which he loved dearly in the form of peanut butter): Severe headache across forehead and left side of his head. According to his mother, who was present throughout all of the testing, he acted very "goofy, silly, and giddy." Coughing.

*Banana:* Silly. Talkative. Giggly. Dizzy.

*Tomato:* Drowsy. Headache above eyes.

*Tree pollen:* Sneezing. Mild headache. Became silly.

*Grass pollens:* Swelling of his left eyelid, which became half closed.

*Saccharin* (the sweetener in his favorite diet drinks): Weak, shaky. Said his legs felt "nervous." Dizzy. Tense.

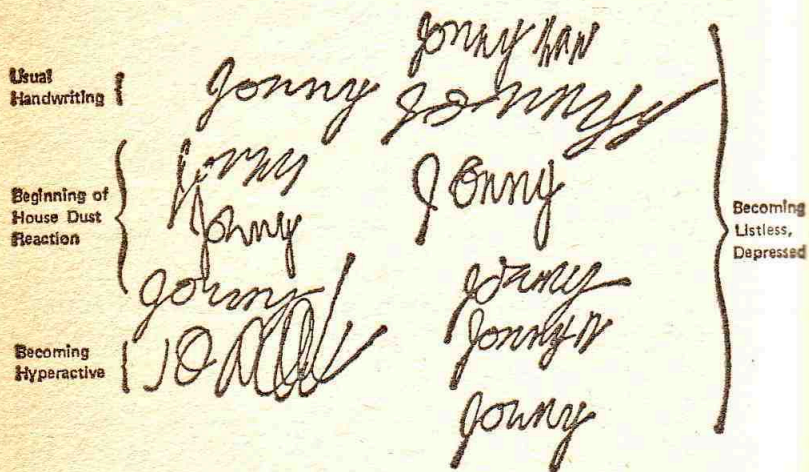
*Weed pollens:* Feet felt tingly and as though they were "falling asleep." He got up and walked around the room. Became very tired and drowsy.

*Lettuce:* He felt that he wasn't getting enough air into his lungs, and his heart was pounding.

*Apple:* Hyperactive. Whistling. He pretended he was blowing a musical instrument. Silly. Making faces, talking loudly. Then he developed a headache in his forehead, became drowsy, and slowed down. His mother described this reaction as "a real wild one."



**Cola:** His ears swelled up and turned bright red. His ears usually were generally swollen, with the lobes more so, especially the left ear. With this test, they became inflamed looking and very swollen. His face and eyelids became puffy, his face red and blotchy.



**Maltex (all-purpose estate spray):** Both ears became moderately swollen and red. His eyes itched. There was pressure in the right side of his head.

**House dust:** Argumentative. Annoyed. Then he became angry and crabby. He cried. He ran down the hall and rushed off and locked himself in the bathroom so he wouldn't be bothered by anyone. When he came out, he was very quiet.

**Yellow food coloring:** As he became aware of the early stages of this reaction, he said "Here it comes again!" He became hyperactive, threw himself down on the floor, and became giddy and loud. Then he ran down the hall and hit his mother. He was given a neutralizing dose and calmed down quickly.\*

\* This test with FD&C Yellow #5 (tartrazine) is further evidence to support Dr. Benjamin Feingold's work regarding food coloring as an important cause of hyperactivity in children. But please look at Jonny's reactions to milk, peanut, banana, tree pollens, dust, and apple for additional evidence that hyperactivity is a cerebral dysfunction from many causes.

**Toothpaste (brand name withheld):** Dull, temporal headache that gradually extended from his left temple around to the forehead.

Jonny was a child with a long, difficult past who, in addition to motor problems and hearing loss, had serious allergic manifestations that I feel explained at least some of his mental, emotional, perceptual, and behavioral problems. The bio-ecologic illness that caused his ears to swell may even be related to internal changes that could cause his fluctuating loss of hearing. Naturally, a child who doesn't hear well to begin with is going to be unhappy and difficult to manage. Obviously, modern medicine desperately needs a comprehensive approach to serious problems such as this one, which goes far beyond my present knowledge and skills.