

## My Son Does Not Have a Mental Disorder

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Once my son told me he was God the father and I was his son. Several times he tried to convince his family and friends that he was Elijah the prophet. He once told my wife and me that he was going to raise a recently deceased elderly man to life. A few times he behaved violently against others and himself. My son has been hospitalized more times than I care to remember, at least 20. During each stay, he was given a diagnosis of bipolar disorder. But he does not have bipolar disorder. He doesn't even have a mental disorder.

These are admittedly strange words to come from the keyboard of a clinical social worker, especially one who provided mental health services to active duty airmen and their families during his 28-year career in the Air Force. Still, I invite you to consider the possibility that my son does not have a mental disorder because, even though such a brash statement flies in the face of all we have been taught, it just might be true. Spoiler alert! The fifth version of the Diagnostic and Statistical Manual (DSM-5.), while still using the term "mental disorder," now defines such a disorder as a syndrome, that is symptoms running together. However, the mental disorders of the DSM-5 are still perceived to be discrete mental diseases by the public and healthcare professionals.

My 39-year old son has had, on average, two to three psychotic episodes a year since his first in 1998—some when he didn't take his psychotropic medications and some when he did. He broke out from that pattern for 19 months, from February 2012 to August 2013. During that time he had no episodes. In addition to his usual psychotropic medications and nutritional supplements, he took three different antibiotics that are considered to be effective against two bacteria, Lyme disease (*Borrelia burgdorferi*) and *Chlamydomphila pneumoniae* (*C. Pneumonia*), a microbe associated with not only [pneumonia](#) but also [aneurisms](#).

Why was he treated with antibiotics? He had these infections. [In one study, Lyme disease was present 2.6 times more in those with psychosis compared to controls.](#) In another, [C. Pneumonia was found six times more often.](#) These weren't the only infections he had. He also had *P. gingivalis*, a bacterium that infects the gums. In a 2011 study in Egypt, 25 of 35 schizophrenia syndrome patients had this infection. Only six of the 35 controls had it. [P. gingivalis was associated with a four times increased risk of schizophrenia syndrome.](#) The severity of the infection was associated with the severity of symptoms.

Wait a minute. Everyone knows that association does not mean causation. Maybe the associations were a coincidence. But what if one or more infections changed a biological pathway in his brain proven to contribute to psychosis? [And lastly, what if treating these](#)

## [infections reduced psychotic symptoms while changing the biological markers of those pathways?](#)

Now I'll be the first to admit that an esoteric word like the kynurenine pathway and its associated biological markers, such as [kynurenic acid, quinolinic acid](#), and xanthurenate, are not household words. Neither was tuberculosis when our forefathers were treated for a "disease" they called "consumption," that is, until Dr Robert Koch proved that *Mycobacterium tuberculosis* caused it. Before 1882, any doctor who told his professional peers that consumption was actually an infection would have been drummed out of his profession.

We have come to be satisfied with the vague theory of "chemical imbalance." In light of today's research, that is not good enough. No, you won't find words like kynurenic acid in the latest DSM. But these biomarkers are linked to immune responses to infections and they affect brain function. There are other pathways and other biomarkers, but this is enough for now.

One of his psychiatrists—no, two of them—told us that having Lyme disease had no relationship to his other disease, bipolar disorder. Many more denied he was even infected due to [inadequate testing practices](#) promulgated by the [CDC](#) and, according to [Dr Alan MacDonald, the inaccurate but widespread denial of chronic Lyme disease](#). But I understand their thinking. Take all those who have Lyme disease, *C. pneumonia* or *P. gingivalis*, or even all three, and they probably do not have a history of psychosis.

But my son's psychiatrists can not explain why adults with these infections are more likely to experience what they call psychiatric disorders. They cannot explain why [pregnant women infected with herpes 2 virus \(HSV-2\) were 1.6 times more likely to have children who, as adults, would have psychotic episodes](#). A recent finding from genetic research helps explain. [The majority of genetic variations linked to schizophrenia and bipolar syndromes are located in chromosome 6](#). That is the chromosome that codes for immune responses. Treat the infections, the immune system responds and symptoms abate.

Now the story starts to get complicated. In October 2011, my son gave blood for a test by a company called [Advanced Labs](#). If the patient has Lyme disease, the test will grow *Borrelia burgdorferi* from the blood in culture and then confirm it with a technology called polymerase chain reaction (PCR). It took three months before the culture finally grew *Borrelia burgdorferi* spirochetes. Along with neutraceuticals and probiotics he began taking three different antibiotics daily. After more than a year of consistent treatment, he began taking them sporadically for a time and then stopped. Four months later he took the test again. No spirochetes were found. He was cured...or was he? Six months later he took the same test again. This time, in only two weeks, the culture was teeming with *Borrelia burgdorferi* spirochetes.

To me, it looked as if the treatment that was supposed to be killing the bad guys, killed some, but also selected out many of them—for all I know the toughest and most resilient—to morph into different forms (e.g. [cysts, and blebs](#)). These forms waited to make a comeback when the coast was clear. You see, *Borrelia burgdorferi* is one of the original shape-shifters. These little buggers came back faster after being subjected to a year long attack by the antibiotics than they did when my son's immune system was his sole defense against them. Besides changing their structure, pathogens also attach to tissues and thrive in colonies called [biofilms](#). Like gazelles

on the plains of Africa, microbes “know” that if they stay in a herd they are less likely to be picked off. Because of microbial persistence, long term treatment is needed. This is considered controversial since for many mainstream doctors chronic Lyme does not even exist. Whether [antibiotics](#), [herbs](#), [oxidative medicine](#) and/or other treatment modalities are the most effective is for future researchers to determine. First we have to admit to the problem.

Reducing the overall level of infection was helpful to my son, as it has been to others whose psychotic symptoms are linked to infections. However, even after a year of treatment and even though the disease was not in his blood, it was still in his tissues.

The devil remains in the complex, contradictory details. In July 2013, his doctor took him off the Haldol because he had been doing so well. She also suggested that he stop the antibiotics. One Month later, in August, he had a manic episode requiring hospitalization. The August episode could have been due to a condition called drug discontinuation syndrome. He may have stopped taking the Haldol too rapidly. It could have been due to stopping the antibiotics or even to taking them. [Antibiomania](#) can occur from loss of absorption of nutrients from the die off of intestinal bacteria. (He had also been inconsistent in taking his nutraceuticals and probiotics given to prevent this.) In November 2013, while only taking psychiatric medications, almost double what he had been taking before, he had another episode requiring hospitalization. Did his brain become inflamed again secondary to the increase in pathogens? Did anomalies in the kynurenine pathway reoccur? Microglia, the macrophages of the brain may have stimulated pathways leading to excessive kynurenic acid, one biomarker of a dysfunctional kynurenine pathway. With the right tests, his doctors would have known what happened. But no, it was just another hospitalization for a patient with bipolar disorder.

It is admittedly easier for psychiatrists to call my son’s condition bipolar disorder, especially when they have a diagnostic manual to back them up. It is more difficult to diagnose the precise biomedical conditions that contribute to his symptoms. Mainstream psychiatry continues to support a diagnostic system that is failing to accurately diagnose and treat “mental disorders,” or, what I call in my most recent books, biobehavioral syndromes.

So, does my son have a mental disorder *solely* defined as a collection of symptoms that run together? Does he have a biobehavioral syndrome caused by identifiable and treatable biomarkers? Ask most psychiatrists—indeed most physicians—and they will tell you he has a mental disorder. Ask me and I will say “No way!” He has multiple medical disorders that have not been adequately treated with standard of care medicine. After consulting with numerous health care providers and assessing the results of a myriad of laboratory tests, we have identified a number of useful treatment targets. Chronic bacterial infections are just one of them. My son is one person. What about all the thousands of others destined for recurrent psychotic episodes and the risk of a [25-year shorter lifespan](#) because their “mental disorder” is the object of treatment?

In 1978, psychiatrist Charles Krauthammer, now a Fox News Contributor and columnist for the *Washington Times*, wrote a seminal article published in the *Archives of General Psychiatry*

entitled [“Secondary Mania, Manic Syndromes Associated with Antecedent Physical Illness or Drugs.”](#) He wrote: “...we have found that mania occurs secondary to drugs, infection, neoplasm, epilepsy, and metabolic disturbances. These cases are best considered secondary manias. They suggest that mania—like, for example, hypertension—is a syndrome with multiple causes and that with further research many manic syndromes currently considered primary will be shifted into the secondary category.” While acknowledging the prevailing belief that mania occurs as a phase of manic depressive illness, I believe he was presciently setting the stage for the fact that all mania is secondary. It is secondary to something, not a mental disorder called bipolar disorder. That would be like saying he is manic because he is manic.

If your mechanic tells you your car’s engine is racing because it has an “engine racing disorder,” you are going to fire him and find a new one who can diagnose the problem. Admittedly, in the mental health care system, this is not so easy. Still, the next time your psychiatrist tells you or a loved one that the diagnosis is schizophrenia or bipolar disorder, ask them what tests they used to come up with their diagnosis. Ask them what tests they will perform to determine an appropriate treatment plan. Ask them how they will biologically assess treatment progression. Tell them that if they are treating mania, lowering the [kynurenic acid](#) level by [reducing chronic infections and balancing the immune system](#) might be a good place to start. [High levels of kynurenic acid correlate with psychosis and frequency of psychosis.](#) Another coincidence? Now there is a real chemical imbalance for you. We could talk about nutrition too, such as the role of [B-6 deficiency in increased kynurenic acid](#), or the [effectiveness of 13 amino acids in lowering KYNA levels, at least in rats](#), but that is a subject for another day.

Someday, hopefully sooner rather than later, our health care providers and our families will discard terms like mental disorders in favor of treatable, biologically precise biomedical disorders that contribute to conditions I happen to describe as biobehavioral syndromes. Only then can we stop talking about managing chronic mental illnesses and begin curing them.

So if we are not going to call it mental illness, what shall we call it? Here is one we might consider, at least for my son, Antigen-Mediated Neuroimmune Disorder manifesting as bipolar syndrome, or, to simplify, Immune Response Disorder manifesting as bipolar syndrome.

David Moyer, AF Lt Col and Licensed Clinical Social Worker, retired, is the author of three books, *Too Good to be True? Nutrients Quiet the Unquiet Brain*, (eBook revision in 2015 entitled *Nutrients Quiet the Unquiet Brain*), *10 Ways to Keep your Brain from Screaming “Ouch!”* and *Beyond Mental illness*.