

Antibiotics - a cause or cure for psychosis?

Interview with Sue Vogan - August 2007

I was pleased to speak with David Moyer, LCSW (Alaska), retired Lt. Col., USAF, and author of *Too Good to be True? Nutrients Quiet the Unquiet Brain – A Four Generation Bipolar Odyssey*. David is the son and father of men who as he describes in his book had/ have a central nervous disorder. He calls that disorder “bipolar syndrome.”

In your book you introduce a term that is not generally known, antibiomania. What is it and what causes it?

Yes, I cite a study entitled, “Anti microbial-induced mania (Antibiomania): a review of spontaneous reports.” This study, published in the February 2002 issue of the *Journal of Clinical Psychopharmacology* reported that the World Health Organization had received reports of 82 people who became manic following the administration of antibiotics. The authors did not believe there was much of a statistical risk, but nonetheless cautioned readers of the remote possibility of mania secondary to taking antibiotics. I believe this is just the tip of the iceberg since most clinicians who see manic symptoms jump to the conclusion that they are seeing a psychiatric disorder called bipolar disorder. They normally don’t consider the possibility that the mania may be an iatrogenic response to antibiotic treatment. In my book I discuss this phenomenon based on conversations with Tony Stephan and David Hardy, the founders of Truehope Nutritional Support Ltd.

What makes you think it is the tip of the iceberg?

Well, both Tony and David told me they had seen a number of incidents in which their customers who had been diagnosed as having bipolar disorder had been doing fine on the E.M. Power supplements until they took antibiotic pills for an infection of some kind. As David explained, there had been literally hundreds of cases of mania after taking antibiotics. They used to caution them not to take antibiotics by mouth because of that risk. The explanation is that the concentration of antibiotics in the gut from pills would compromise absorption more than if a person took antibiotics by an IV or a series of shots. Psychiatrist Charles Popper suggested these symptoms could be managed by increasing the amount of supplements to one and a half times the normal dose, taking anti-fungal products to decrease the risk of *Candida*; and then, following completion of the treatment, by giving probiotics to restore healthy gut function. Since the Popper protocol has been in place, David reports that their clients can take antibiotic treatment by mouth without the worsening of symptoms that previously had only been prevented by giving the patient IV antibiotics or shots. In our family we used a similar protocol when my son was taking Cipro for Bartonella and he had no exacerbation of symptoms. Probably the most compelling reason this is the tip of the iceberg is that I have received emails from readers of my book stating that their son or daughter had their first manic psychosis after taking antibiotics.

OK, so if antibiotics are given and the person develops a manic psychosis, how do you explain that?

Beneficial bacteria that aid digestion and absorption are killed, leaving the body unable to absorb the nutrients needed to create the neurotransmitters for the brain to function properly. There may be other regulatory functions compromised by inadequate nutrients. Now that they recommend Dr Popper's protocol, according to David, they have had no clients become manic after taking antibiotic pills. That is a pretty dramatic change.

Lyme Literate physicians will say that antibiotics by mouth or IV can cause a Herxheimer reaction, otherwise known as a Herx. This occurs in response to the die off of bacteria if a person is treated for Lyme disease or other chronic infections associated with bipolar syndrome. This can also manifest itself in manic psychotic symptoms. Who is right? Probably either or both.

How can they both be right?

If the person had a chronic infection like *Chlamydothila* or Lyme disease, he could become manic from the infection and the immune response to that infection or from antibiotic treatment. For example, as I discuss in my first book, chronic or even acute infections can trigger psychosis. I am not really concerned here if it is manic or schizophrenic psychosis because when a person becomes psychotic the symptoms are often almost indistinguishable. The massive die off of bacteria from antibiotics can cause the Herx, which has also been associated with psychosis. If a chronic infection did not play a role and there was a problem of a nutritional nature, then diminished absorption secondary to the antibiotics for any infection could account for the exacerbation of symptoms. So you essentially have a situation where either an infection or antibiotics for the infection could trigger the psychosis. There are many other routes to psychosis besides infections, antibiotics, and absorption problems, but that is a subject for another day. Nutrients can mitigate the effects of antibiotics, prevent the psychosis, and actually treat it. Then we also have the interesting possibility that antibiotics can actually stop the psychosis.

Now I am getting more confused.

I think what makes this confusing is that we think of mania as a symptom of a psychiatric disorder called bipolar disorder. We still think in terms of psychiatric labels rather than the biological triggers that cause the symptoms. The authors of the DSM-IV point out that their diagnoses are not linked to etiology. I find this hard to fathom. Expanding on a thought in my book, trying to fit the square peg of DSM-IV diagnoses into the round hole of biological causes doesn't work. The result is a classification of "diseases" or "psychiatric disorders" determined by factor analysis of symptom complexes and mutual consensus by those who wrote the DSM-IV. But these diagnoses have no link to actual causes. If, for example, I were to tell you that antibiotics could cause and/or cure mania, your response would likely be one of disbelief and confusion. We have all been taught that mania is a symptom of a disorder called bipolar disorder. How could giving antibiotics "cure" or "cause" the same disorder?

Well, antibiotics can do both. In a new book I am writing, these disorders are viewed as symptom complexes stemming from different ultimately identifiable physical anomalies. It is

important to remember that syphilis and pellagra were labeled as schizophrenia years ago. As you know, syphilis, like Lyme disease, is a spirochetal illness and pellagra is a niacin deficiency. There is no disease, only symptoms of many biological anomalies that cause similar symptoms. That is why the search for the cause of a disorder known as bipolar disorder or schizophrenia has been so unsuccessful. There is no one cause. There is no one disease. A genetic disorder known as G6PD deficiency can trigger bipolar syndrome, particularly with ingestion of fava beans. Lyme disease, even the flu can trigger bipolar syndrome. I know that sounds pretty far out there, but until the emphasis is on the upstream triggers I don't see much hope for progress with these CNS disorders that are currently called mental illnesses. I am not denying the existence of patterns of dysfunctional behavior that can be grouped by categories such as bipolar syndrome or schizophrenia syndrome. I am saying that even though the behavioral manifestations are similar, the symptoms are not the disease.

So how can antibiotics "cure" psychosis?

In a study published in *Molecular Psychiatry* in 2006, *Chlamydial* infections were found in 40.3% of the "schizophrenic" patients compared to 6.7% in the controls. *Chlamydomphila* infections represent the highest risk factor yet found to be associated with symptoms associated with that label, even higher than Lyme disease that I discuss in my book. In Germany a Dr. Fellerhoff and her staff treated the infections with antibiotics and by modulating the patient's immune response to that infection with in vitro-activated (outside the body) immune cells. She reported achieving, "sustained mental improvements in patients that did not depend on treatment with anti psychotic drugs." It appears that reducing the antigenic load and modifying the immune response to the infection may have been effective.

OK, but how does that fit with antibiomania?

It doesn't. If a person took antibiotics by mouth, they likely killed some beneficial gut bacteria but it may still have led to "sustained mental improvements." These patients are improving because the precise trigger for their symptoms is being treated. Give the same treatment to a person whose past psychotic episodes were secondary to absorption deficiencies or genetically based nutrient needs and this may trigger a psychosis. Give that person the right nutrients for the specified deficits and there is a high likelihood they will maintain homeostasis with less, or frequently with no psychotropic drugs.

Scientists recently reported that among patients labeled with schizophrenia, thirty times the number of what they call "genetic polymorphisms" exist in two areas of the gene responsible for the body's immune responses to pathogens. A genetic polymorphism is a genetic variant that exists in at least 1% of the population. This supports the idea that the unique genetically programmed and environmentally shaped response to infection can have a major effect on what are commonly called psychiatric disorders.

So you are saying that because antibiotics can cure or cause psychosis, then different triggers must be involved?

Exactly. Same symptoms - different causes. Elaborate decision trees, such as the Texas Algorithm project, are based on managing symptoms not actually treating the triggers. Those remain virtually ignored.

What is the take home message here?

There are several. Antibiotics in pill form can cause or worsen psychosis. Infections can cause psychosis as can any antibiotics that cause a Herx. Nutrients can prevent psychosis. Lastly whether antibiotics help or hinder will depend to a great extent on what condition you are treating and that condition isn't a label but a very real biological trigger or combination of triggers that cause the symptoms of bipolar or schizophrenia syndrome.