

Editorial

## A Novel use of Psychiatric Drug

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### Abstract

A case demonstrating the successful use of the benzodiazepine Diazepam to treat chronic vestibular neuronitis with severe vertigo is presented. The implications of the novel use of this psychiatric drug and a discussion on the probable pharmacokinetics involved follow.

### Introduction

The patient K, female 74 years of age, was known to the author. She was suffering from cervical spondylosis past more than a decade for which she was doing physiotherapy exercises and symptomatically using analgesics. Her cervicgia would aggravate if she missed her exercises and she would suffer a progressively worsening vertigo, culminating in feelings of losing balance and falling and sensations of sinking into a big hole into which the walls of the room would come crashing down on her. These were terrifying experiences she had been living with, and her functionality had been severely compromised.

Two neurologists independently diagnosed vestibular neuritis, probably of a viral etiology. The neurologists gave her symptomatic treatment including an anti-histamine drug that she was taking to manage her condition but she improved only partially. A change in approach came when RS asked her how and when it began. She recalled that this severe vertigo, losing balance and sinking in a hole sensations started when she suddenly stopped Valium (Diazepam) that she had been taking (5mg daily) for the preceding one and a half years – in retrospect it seemed to be a drug withdrawal reaction. But the strange thing about this withdrawal was its duration, i.e that it continued for over one decade. During all these years her neurologists had symptomatically prescribed antihistamines and other medications which that the patient could not recall.

### Treatment

Since history revealed sudden withdrawal of Valium as the apparent cause, Valium itself could possibly be used as treatment. This is analogous to the homeopathic principle of Isotherapy, wherein the cause of a condition is used for its treatment [1]. But in isotherapy the dosing used is homeopathic. In homeopathy the dilutions of medicine are extremely weak. I used the mainstream medicine procedure of serial dilution of the cause. For example the main stream medical allergists use some dilutions for candida, dust mites saliva protein and pollens. The other principle we followed was that each patient is unique, the

principle of biochemical individuality. Therefore I decided to find out by trial and error the minimum strength of Valium that would give relief to this patient. Among researchers this procedure is known as Provocation/Neutralization (P/N) or the Miller Method [2]. I decided to find out the “End Point Titration (EPT) of Valium that would relieve the patient’s symptom. In P/N, using the serial dilution procedure, starting with the stronger to weaker dilutions of the substance, the EPT is the first weakest dilution that relieves the symptom. In addition to Valium I decided to try Imipam that was given for irritability and Trika given for her sleep by a physician over a decade ago together with valium. She refused to take Imipam and Trika

Procedure: I took one tablet valium of 5mg, one tablet imipam 25mg and one tablet Trika of 0.25mg. One tablet of each was crushed and powdered and a condensed saturated solution was prepared using saline water as solvent. The solution was liquid enough to be pulled up in an injection syringe. This actually was the “Starter”. One cc of this starter was drawn up in a syringe and mixed with 4 cc of saline water. This was the 1/5 dilution or the dilution #1. Next one cc was drawn up from “Dilution 1” and added into 4 cc saline water. This became 1/25 dilution or Dilution #2. The Dilution #3 was similarly prepared as 1/125.

### Results

The EPT or the therapeutic dose for valium was found to be 1/125 dilution or the Dilution #3. I was biased in favour of 1/125 dilution because in my own case of wheat and milk allergies this was the neutralizing/therapeutic dose. Therefore I selected 1/125 as the therapeutic dose. But the patient never liked any dilution level of imipam or trika because these made her feel worst, although I tried the serial dilutions up to 1/3125 for these. So

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I gave up these two drugs because of resistance from K.

Below are the raw data from my case notes as the treatment went on using valium only.

October 19, 2015: The 1/125 dilution of valium once in a day, two days in a week.

October 27, 2015: Valium at 1/125 dilution is consistently resulting in good result. No vertigo.

November 7, 2015: Valium 1/125 and she said "No vertigo all these days. Sleep is 60 per cent better but there was dry mouth and throat during night".

November 11, 2015: "No vertigo, no dry mouth in night and sleep was satisfying. It must have come because I recall going to toilet in night only once". I (RS) noticed improvement in her mood and energy level.

November 17, 2015: "Sleep is not good but there is continued relief in vertigo. No vertigo". Valium 1/125 was continuing once a day, two days each week.

November 23, 2015: "Vertigo is not severe but it's there. Sleep is disturbed". Valium is continuing as before.

November 30, 2015: "No vertigo, just a mild feeling of it". Valium is continuing as before.

December 19, 2015: She went to a marriage ceremony out of town where she did not take Valium at all. She said: "Vertigo was not there but feeling of imminent fall and staggered gait was there".

December 21, 2015: Today I (RS) made fresh 1/125 dilution of Valium.

December 22, 2015: After a gap of many days because of the marriage ceremony to which she went early December and during which time she did not take her dose of Valium, she resumed taking Valium only since December 21, 2015. No vertigo. Mood and energy level were good. She went out walking to buy vegetables and actively managed her helpers in the household chores.

December 29, 2015: Late in the evening she complained that vertigo was imminent but it was not the terrifying type when she felt the room shaking. The feeling of vertigo was probably because of fatigue. She had not eaten the entire day and not rested at all. Today for the first time she made the distinction between feeling of vertigo and severe vertigo.

June 07, 2016: On June 01, 2016, she walked to market in hot summer day. She complained of less sleep and vertigo. But this vertigo was not of the severe type in which the room would spin, the walls would feel like collapsing and she would feel like sinking into a well.

As she complained of less sleep and vertigo, I thought that the EPT must have shifted. So I restarted with Valium dilutions as follows: 1/5 once daily

for one week; next, 1/25 once daily for a week; next, 1/125 once daily for the third week. My plan was to compare these dilutions to check which one gave the best relief. If there would be no difference in effect, then I would test 1/625 and below. The severe vertigo in which entire room would feel spinning and the sinking feeling however was long finished.

June 25, 2016: This was an important session because it clinically proved that the Valium at 1/125 was not a placebo. She said that yesterday on June 24, 2016 there was one "severe room spinning type of vertigo that had been absent all these past months".

I (RS) had prepared the 1/5, 1/25 and 1/125 dilutions of Valium and had explained to her the protocol to take them. But she did not follow the protocol and took these dilutions as per her whim. She said the above mentioned severe room spinning vertigo occurred in the night when she took 1/25 dilution. So again she was put on 1/125 dilution.

July 11, 2016: She complained of vertigo while turning sides on the bed. But these episodes were not the "severe room spinning type".

July 22, 2016: Valium 1/125 was continuing once a day, two days each week. She reported insomnia, mild cramp that could be easily managed. Vertigo was present but not the "severe room spinning type". She has been wheat addicted and seldom took protein.

August 9, 2016: No vertigo. Mood was good. However sleep was disturbed.. She has been on 1/125 Valium once a day, two days each week.

### Follow Up

August 26, 2017: She had stopped taking Valium past all these past over 12 months. Once she requested to restart Valium 1/125 but I (RS) ignored it because I could not get Valium from chemist shops without a prescription and psychiatrist would not prescribe Valium for this "crazy experiment".

In spite of not taking Valium she has remained free from the "severe room spinning type" vertigo that used to be very frightening to her. She has had mild vertigo occasionally that did not interfere in her daily activities. These episodic vertigo would occur when she would fast the entire day for religious reason and work excessively. She believes these mild vertigo episodes are because of her very chronic cervical spondylosis.

### Analysis of Results and Analysis of Follow Up

Treatment contact was from October 19, 2015 through August 9, 2016 consisting of 16 sessions. During this active period the patient-reported episodes of "severe room-spinning type" vertigo (the Severe Vertigo), very frightening to her, occurred only once; the brief, mild vertigo was reported 5 times; "no vertigo" was reported 7 times. During the "Severe Vertigo" according to her the entire room would spin, walls would feel collapsing and she would have a feeling of sinking into well.

During follow up of over one year period she did not take valium at all,

yet stayed symptom free. Occasionally there were mild episodes of vertigo that did not affect her functioning. They were not frightening to her. She ascribed them to her chronic spondylosis but they could be because of nutritional hypoglycemia when she would observe full day fast for religious reason and would overwork.

## Discussion

Significant in this case report is the severity and long duration of the symptom and no available effective treatment in the main stream medicine. I openly acknowledge the possibility of placebo effect but I also doubt the role of placebo- effect in view of chronicity, medicine given by neurologists and any other dilution of Valium that were not effective for long. It is worth notice that only the 1/125 dilution of Valium gave the long lasting relief, not the 1/25 dilution that she at her whim took on June 24, 2016 and reported in the session of June 25, 2016. The fact that we don't know the mechanism behind this treatment should not imply that we ignore the data/result. It may be questioned that how can drug withdrawal reaction continue for years. First it must be understood that drug withdrawal is not a reaction to the absence of the drug in the body. It's a reaction to the remnant trace of the drug that the body has not be able to throw out. Generally the withdrawal reaction to the addictive/allergenic substance lasts from 3 to 10 days. In the case of milk (casein) it's about 4 days but in the case of wheat (gluten) its 7 to 10 days. These are the data in main stream medicine. It means that the problem substance exists for 3 to 10 days in some amount. At times the substance can stay for a year or longer for example marijuana that can stay inside the brain cells and continue to cause reactions [3]. Moreover the substance in ultra high dilution used in homoeopathic medicine can survive for virtually indefinite period at quantum level in the form of energy vibrations of electro-magnetic field [4]. It can be asked how can the substance, the drug, exist for years in the body and keep causing withdrawal reaction? I propose that the blood is the solvent and the substance or medicine is diluted ultra high in blood, converting the drug to its unique electro-magnetic signature. It is this signature or energy vibration that stays inside the cells for decades unless neutralized by resonating vibration of the drug. By trial and error we have to discover this dilution of the drug wherein its diluted form resonates with the vibrations of the drug inside the cells.

Probably the drug itself in its molecular form never reaches inside a cell. Its only its ultra high dilution in the form of electro-magnetic energy field vibrations that reach a cell of our body or of pathogens such as cancer cells.

The evidence of effectiveness of serial dilution or provocation and neutralization of allergen such as gluten, casein, inhalants such as fungal mold, dust mites and pollens and hydrocarbons unique to the patient relieving many kind of symptoms is already available [5]. But use of the cause itself that started the symptom, serial dilution of the psychiatric medicine that was given to treat some other symptom decades ago but

itself became the cause of other symptom in the present are perhaps unique in this report. I got the idea of serial dilution of medicine while reading an article in the field of ultra-high dilution [6]. Ultra high dilution of medicines and allergens is an exciting field of research. The dilution there is beyond the Avogadro's number where all trace of substance is believed to disappear. But it has been shown that even at that extreme level of dilution the electro-magnetic signature as energy vibration unique to the substance exists. This probably will be the next level of pharmacological research that we may call quantum field research of drugs. Such ultra-high dilutions are routinely used in homoeopathic medicine. The fact that homoeopathic medicine is not considered scientific need not withhold us from engaging research in ultra-high dilution of medicines. We can do scientific work on drugs using ultra-high dilution without adopting the other aspects of homoeopathy. I appeal not to throw the baby with the entire bathwater. Alternatively, as shown in this article, we may not have to go to ultra high dilution level to get the result. We must remember that each patient/person is unique and we can use scientific methodology even if we cannot do inter-subject generalization of result---we can still do intra-subject generalization born out of longitudinal research---and this is what is clinically relevant to the patient.

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