SCHIZOPHRENIA-LIKE RELATIVE NUTRITIONAL DEFICIENCY

Definition of differential diagnosis

- the distinguishing of a disease or condition from others presenting with similar signs and symptoms

RELATIVE NUTRITIONAL DEFICIENCY (RND)
A relative nutritional deficiency occurs when an optimal diet does not meet the needs of the system.

PROVISIONAL DIAGNOSIS: SCHIZOPHRENIA
After making the provisional diagnosis of schizophrenia, formulation of a differential diagnosis is required followed by a medical work up to determine the working diagnosis.

DIFFERENTIAL DIAGNOSIS

SCHIZOPHRENIA (PARTIAL ILLUSTRATIVE):
1. Schizophrenia
2. Schizophrenia-like dopamine related relative nutritional deficiency symptoms™
3. Brief psychotic disorder
4. Delirium
5. Delusional disorder
6. Medical illnesses
7. Medication-induced disorder
8. Mood disorders with psychotic features
9. Pervasive developmental disorder
10. Psychotic disorder NOS
11. Schizotypal disorder
12. Schizotypal personality disorder
13. Substance abuse

Management of SCHIZOPHRENIA-LIKE DOPAMINE RELATED RELATIVE NUTRITIONAL DEFICIENCY SYMPTOMS™ *
If systemic dopamine (catecholamine) concentrations are low, inadequate, depleted, or suboptimal™ on an optimal diet, a relative nutritional deficiency of their precursors or cofactors always exists. When schizophrenia-like RND symptoms are present, consider a dopamine challenge,™ of dopamine precursors along with properly balanced serotonin precursors, thiols and cofactors.*

Baseline urinary and serum dopamine assays are not reproducible, therefore, are of no assistance in establishing the existence of dopamine concentrations that are not high enough or the nutrient starting point for addressing relative nutritional deficiency related symptoms.*

Mastery of nutrient side effect management should be in place before starting the dopamine precursor protocol.*

THE UPPER DOSING RANGE
Under the dopamine related RND protocol™ standardized 40% Mucuna Pruriens is increased by 2.4 grams per week. If the development of side effects does not increase the time to stabilization, some patients may require ten to fifteen weekly Mucuna increases (24 gr. to 36 gr. per day or more) before finding the optimal individualized dosing associated with schizophrenia-like dopamine related RND symptom relief. ™*

"At the same time, the negative and cognitive symptoms of schizophrenia are thought to arise from a deficit of dopamine in the cortex." Abi-Dargham A., Do we still believe in dopamine hypothesis? New data bring new evidence International Journal of Neuropsychopharmacology (2004), 7 (Supplement 1), S1–S5


Low or depleted dopamine or norepinephrine on an optimal diet,™ use the dopamine protocol.
Schizophrenia-like relative nutritional deficiency™

Peer-reviewed schizophrenia literature over the last 20 years is a study of contradictions. The “dopamine hypothesis” which put forth the claim that too much dopamine was responsible for symptoms observed. Next came the cortical dopamine depletion theory stating that schizophrenic patients are suffering from not enough dopamine. Not enough dopamine on an optimal diet represents a dopamine related relative nutritional deficiency. We have two opposing theories, which is correct? It is our experience the schizophrenic-like patient is suffering from inadequate, low, depleted or suboptimal dopamine concentrations. This represents a dopamine related relative nutritional deficiency supported by the fact that some patients can experience relief of symptoms under the dopamine protocol.

A relative nutritional deficiency™ occurs whenever an optimal diet does not meet the needs of the system. Whenever low, inadequate, depleted, or suboptimal serotonin, dopamine, or glutathione concentrations exist on an optimal diet a relative nutritional deficiency™ of their precursors or cofactors always exists. So why has the response we have observed been missed? Because no one pushed the Mucuna with the active ingredient L-dopa to the required levels. To achieve these levels, requires the dopamine precursors, serotonin precursors, thiols and cofactors to be in proper balance or side effects will prevent the patient from taking enough Mucuna. Interpret tolerance of six, twelve, or eighteen pills of Mucuna per day (see dopamine protocol) as tolerance of the active ingredient L-dopa based on an unmet need by the body for this naturally occurring aromatic amino acid. Do not use pill stops; dose the Mucuna based on clinical observations.

As with all the relative nutritional deficiencies™ we deal with mucuna must be given with proper levels of serotonin precursors, thiols and cofactors to ensure long term stability, prevent the onset of new disease-like relative nutritional deficiencies™ and development of side effects.

Mastery of amino acid administration and nutrient side effect management must be in place before starting the amino acids. For those with a limited number of patients successfully cared for using Mucuna, free consults are available at +1-218-626-2220.*

Low or depleted dopamine or norepinephrine on an optimal diet,™ use the dopamine protocol.

1 *At the same time, the negative and cognitive symptoms of schizophrenia are thought to arise from a deficit of dopamine in the cortex. Abi-Dargham A., Do we still believe in dopamine hypothesis? New data brings new evidence International Journal of Neuropsychopharmacology (2004), 7 (Supplement 1), S1–S5