

IN SUMMARY...

On page 4 in my document "Symptoms and Stressors" dated 4/28/97, I related the catastrophic impact of my illness in January 1997; the highlighted sections describe mild visual hallucinations. From the DSM-IV, (p. 310): "... the appearance of delusions de novo in a person over 35 years without a known history of a primary Psychotic Disorder should alert the clinician to the possibility of a Substance-Induced Psychotic Disorder.... It has been suggested that 9 out of 10 nonauditory hallucinations are the product of a Substance-Induced Psychotic Disorder or a Psychotic Disorder Due to a General Medical Condition."

Again: mCPP IS AN HALLUCINOGEN. - BARB 2/24/13.

Vision difficulties:

Inability to maintain focus for periods > 1 second.

I was unable to maintain eye contact, and found it difficult to navigate Wegmanns when I went there to purchase groceries.
Mottling of my visual field.

Psychological difficulties:

Loss of memory and concentration, e.g.:

Inability to find objects after laying them down and turning to another task;

I couldn't recall the password for my computer account;

I had to write down appointments on a whiteboard rather than rely on my memory (note that as a computer programmer I rely completely on my memory to organize my work, without using flowcharts, written structural analyses, or psedocode.)

Ref: Comet, dataComet, <<http://www.databeast.com>>, and <<http://imagelab.vet.cornell.edu>>

Inability to perform work aside from processing invoices.

Loss of willpower (I set myself a goal of accomplishing at least one task per day, which was not easy given my physical state).

Extreme paranoia regarding my girlfriend's goals and intentions.

Oneiroid states (dreamlike but lucid waking states) as I lay semi-paralytic, practically helpless, and amotivational in my bed. [3] **[My web access logs indicate this occurred prior to 1/11/97**

- BARB 9/24/12]

[3] Cf., on the oneiric experience, <<http://bisleep.medsch.ucla.edu/htdocs/wilder/wilderjones.abstracts2.html#wegener.k>>.

In these states I experienced a horrifying confrontation with my anima in a deSadean waking nightmare (as you might expect, I projected my anima onto my girlfriend: it took me a week to grasp that this was projection, that I experienced *my* anima).

Intriguingly (I've always had an interest in cognitive science) these states involved a restriction of memory to disparate but connected memories, which were bound in a closed system from which I could not detach. Consciousness in this case seems to resemble a mountain peak which is shrouded by clouds below a certain level: ordinarily the level is low; as it rose I could perceive only the "peaks," odd details of certain events and statements pertaining to the system, which fit into a whole which I attempted to interpret with an inadequate data set: some interpretations were horrifying. The condition was however extremely enlightening, and many of the connections I made then seem reasonable and relevant even as my condition has improved.

**Highlighting and comments have been overlaid on this scan of the unaltered original document, as submitted in 1997 to the Tompkins County District Attorney's Office, personal physicians, psychiatric examiners, and the NY State Office of Mental Health.
- Bonze Anne Rose Blayk, 9/24/12**

Medical History and Recent Physical and Psychological Symptomatology, 4/28/97

Kevin Eric Saunders a/k/a bonze blayk

Symptoms and Stressors

The following list describes the symptoms I've experienced recently, which worsen progressively both when I am under stress and when I am not medicating myself with cannabis sativa, as I have since 1975. I decreased dosage starting around 6/97 and eventually completely ceased using this medication in order to qualify to continue counseling at the Family and Children's Service. At this time I have completely abstained from cannabis since 2/6/97 due to my legal situation; Prozac is helping greatly to alleviate my stress.

My symptoms worsened gradually over the following months.

----- Symptoms -----

FIRST noted without alarm in the preceding couple of years...

Numbness in my feet and hands which extends up my limbs as I sleep.

My arms below my elbows would tend to go numb if I laid on my back with my elbows resting at my sides. The most prominent sensation here is a feeling that my legs and arms are tingling. I attributed this to bad circulation (I have very small blood vessels and thought this was the cause).

Typically I awake with a start around 5 in the morning as this progresses. This condition is aggravated if I sleep on the limb. I also often find that I am drooling when I awake.

Pain in the heels of my feet.

This begins in the left heel; the right heel begins to hurt as the disease progresses. When it becomes extreme I have to avoid walking using my heels when I go barefoot.

AROUND 6/97, noted without any particular alarm...

Pain in my left hip, also some pain in left knee, intermittent.

Pain in my right ankle from a sprain incurred 7/94.

This sprain occurred after I'd abstained from sativa for about 3 months, my first sprain since 1974 (which left me using crutches for a month). I've never suffered significant injury to my left leg. My right upper shin was badly cut in 5/94; no pain experienced here.

Night sweats, intermittently, over several months.

----- Stressors -----

ON 12/22/96 I was set up with a spiked drink at Micawber's and thereafter tailgated and framed by Sergeant Curatolo of the Ithaca Police

Department on a false charge of willingly speeding 50 MPH in a 30 MPH zone; as you might expect this incident aggravated my normal tendency to mild paranoia dramatically! I had had 4 drinks that night from 10 PM to 1:20 AM, and was astonished to find that the test administered at the IPD station at 3:00 AM registered .15 BAC.

This event also re-triggered trauma associated with my rape, since the mental association I made with nearly being rear-ended was that the driver was "crawling up my butt"; I actually recalled the rape incident to Sgt. Curatolo, even though I'd never reported it as such to the police (a waste of time). I didn't realize at the time that Sgt. Curatolo was the "drunk driver" who would have hit me if I hadn't sped up dramatically, because after doing so he fell back out of sight behind my car, and then later caught up with me 2 miles down the road with his overhead lights on.

Symptoms

I completely quit smoking sativa out of paranoia over the DWI.

I lost 10 pounds of weight in the following week and averaged 4 hours of sleep per night. I was quite agitated by the possibility that the IPD was systematically distorting BAC test results, since I had not yet done the research which established that the pint of "Bass Ale" I was offered by an unknown woman, "Sam," at 12:40 AM, was almost certainly spiked with vodka. (See http://www.intox.com/Drink_Wheel_NF.html for the BAC calculator I used to determine this; my BAC rose from .12 on the field tester, 30 minutes after this drink was consumed, to .15 at the station an hour later.)

Stressors

ON 12/29/96 I was falsely accused of rape by my girlfriend, who had stayed with my daughter Rachel and I continuously after I brought her over to share Christmas celebrations at her request. I completely forgive and excuse her for this incident (since she suffers from PTSD and sometimes stresses out when I stress out, as I was over the felonious Sgt. Curatolo and his holstered .40 caliber Glock). I was arrested on other charges involving 2 unrelated Class A misdemeanors that day due to this incident.

Symptoms

I awoke and suffered convulsions for several minutes around 4:00AM one morning. (I can't recall the date).

I later recognized this as an attack of grand mal epilepsy.

ON 12/30/96 I commenced SSRI medication using 20mg/Prozac/day.

ON 1/4/97 I commenced TCA medication for sleeplessness using 20mg/Trazodone/day. **[50mg/Trazodone/night; an SRI, not a TCA - BARB 9/23/12]**

I was experiencing rather extreme mood lability.

Psoriatic arthritis, primary site above and behind my left ear.

A bulge had developed over a period of several months, which I at first believed was simply due to a bump on my head. The bulge was about 4 cm. around and 2 cm. high when I visited

Dr. Magre on 1/13/97 and was diagnosed; he prescribed Visoral shampoo.

I associated this bulge with the sensation of numbness which spread from the right side of the back of my head all the way around to my left cheek. Currently I am lacking some sensation in my left cheek.

This bulge is growing again.

Mild pain and numbness in my upper and middle back. This is returning.

A rash around my anus, which I associate with mild numbness. (Dr. Breiman)

Hair which I've removed from my anal area is not growing back as it used to. Likewise, there are areas on my legs where the hair removed by pulling is not growing back at all (on my feet and shins; the hair on my left shin is growing out in an irregular fashion).

Symptoms presented at hospital emergency room visit on 1/11/97 included:

Pronounced weakness in my legs;
I had difficulty walking, and tended to stagger;
Numbness spread up to my thighs and upper arms as I slept;
Irregular heartbeat;
Urinary retention; and
Dry mouth (definitely caused by Trazodone).

These were dismissed as psychosomatic symptoms of agitated depression, and I was not admitted to the hospital. Dr. Sheimann pronounced me "a healthy young man." To his credit, Dr. Sheimann suggested that perhaps I was suffering from a neurological problem, which gave me the impetus to conduct a web search on possible neurological causes of my symptoms. [2]

By 1/20/97, my symptoms included:

Extreme weakness in my legs:

This was accompanied by atrophication extending up to my thighs. An electric sensation proceeded in a ring up my legs, and the atrophication occurred below this ring. I estimate that I lost about 30% of the muscle mass in my legs and right buttock, and somewhat less muscle mass in my arms...

I now find sleeping on my side somewhat uncomfortable since my knees now knock together, while they did not before, and resting on my buttocks is uncomfortable due to the feeling that the bone is not cushioned.

Nearly complete loss of sensation in my right buttock (which took one week to recuperate after resuming smoking cannabis around 1/16).

I felt chilled, and needed to turn the heat up to 75, and even then wore a winter coat, socks, and shoes (I rarely wear socks and shoes indoors, even during the winter months).

Complete loss of appetite. I did prepare food and try to eat it with such energy as I had; I got meat pies since they were easy to prepare. When I forced myself to eat, several times I burned my mouth; I was lacking sensation in the roof of my mouth and

failed to notice that the pie was too hot.

Vision difficulties:

Inability to maintain focus for periods > 1 second.
I was unable to maintain eye contact, and found it difficult to navigate Wegmanns when I went there to purchase groceries.
Mottling of my visual field.

Psychological difficulties:

Loss of memory and concentration, e.g.:

Inability to find objects after laying them down and turning to another task;
I couldn't recall the password for my computer account;
I had to write down appointments on a whiteboard rather than rely on my memory (note that as a computer programmer I rely completely on my memory to organize my work, without using flowcharts, written structural analyses, or psedocode.)
Ref: Comet, dataComet, <<http://www.databeast.com>>, and <<http://imabelab.vet.cornell.edu>>
Inability to perform work aside from processing invoices.

Loss of willpower (I set myself a goal of accomplishing at least one task per day, which was not easy given my physical state).

Extreme paranoia regarding my girlfriend's goals and intentions.

Oneiroid states (dreamlike but lucid waking states) as I lay semi-paralytic, practically helpless, and amotivational in my bed. [3] **[My web access logs indicate this occurred prior to 1/11/97 - BARB 9/24/12]**

After this experience, I resumed smoking cannabis sativa in order to obtain relief from the physical symptoms of my disease. I anticipated that I might die from paralysis if I did not.

After "hosing"[†] on sativa for a week I started to recover to the point at which I could again function well enough to take care of myself reasonably well, although I still felt weak. [4] My paranoia regarding my girlfriend was greatly relieved after I tested HIV- (1/27/97).

----- Stressors -----

ON 1/30/97 I was terminated as a client by Family and Childrens' Service after presenting my own treatment program for what was clearly (to me) a neurological disorder for which I had been medicating myself using marijuana; their "treatment program" was to submit myself as an inpatient in a program for treating addictive behaviors, which are and were wholly inappropriate, since I do not suffer from substance abuse or dependency, but rather from a complex of physiological and psychological disorders. As a result I was provided with neither the psychological counselling or physiologic immune-suppressants and anti-psychotic medications which I had requested.

ON 2/3/97 I first read "The Silence of the Lambs", and upon reading the book, it was (and is) evident to me that the character of Clarice Starling is based, at least in part, on my girlfriend--which fact she had

[†] "Hosing" -> consuming about 1/4 ounce of "commercial" marijuana over the span of two weeks. - BARB 9/24/12.

never related to me. I believed (accurately) that the character of Hannibal Lecter was based on a real person, and (inaccurately) that he had threatened to cause the release of anthrax to commit what might be global genocide, or at a minimum mass murder in the range of millions of casualties, a prospect which alarmed me beyond description, since I have been acutely aware of the devastating potential of bacteriological warfare since 1972.

Symptoms

ON 2/6/97, I began to interpret the song selections on radio station WIII-100 FM as coded messages which were providing mystifying clues as to how I was supposed to act, after the manner of a covert operation coordinated using indirect cueing.

At midnight I heard the first clear voice message: "bonze blayk, keep dancing!" I did my best to comply with the clues and intermittent messages, despite increasing fatigue and near-paralyzing fear, because of my belief that I was being tested by Dr. Lecter, "a rat in a maze," as it were, was under direct observation, and that it was crucial to "perform" in order to avoid what might be a major catastrophe, not only for myself, not only for my girlfriend, but for humanity at large.

To quote Jack Crawford: "Lecter loves his little jokes."

As it turns out, the character of Lecter is indeed based in part on a well-known figure in the medical profession; fortunately, one who is exceedingly unlikely to commit mayhem of any sort. I established this identity on 3/20/97.

According to my research all these symptoms (other than the epileptic seizure, dry-mouth and heart palpitations, which were due perhaps to the Trazodone) are associated with Guillain-Barre and similar demyelinating neurological disorders. It's also possible that the psychiatric symptoms are caused by partial complex epileptic seizures. Whatever the causes, they are probably neurological in origin.

In my web research, I've also found some indications that I may suffer from Startle Disease (hyperekplexia): my symptoms are mild, but I do have a dramatic startle response (e.g., I often catch items which others accidentally knock off a shelf, often leap up if a glass is broken, say "OUCH!" if I step on another person's foot!). I also occasionally experience starts when I begin to doze off.

[1] It was during this period that I first commenced serious research into the definition and diagnosis of psychiatric disorders (I'd previously read extensively on topics in individual and social psychology, including Ernest Becker's and other author's works, but never with a view to diagnosis), and discovered the applicability of Klein's diagnostic category of Hysteroid Dysphoria to my own case (discussed briefly in "The borderline syndromes: constitution, personality, and adaptation" by Michael H. Stone). I later read Larry Kramer M.D.'s "Listening to Prozac" in 9/95 and was further

confirmed in my belief that my depressive symptoms fit this category. (A hallmark of Hysteroid Dysphoria is that it is *environmentally* induced: dramatic improvements in mood can be brought about by careful attention and praise, which is my experience. This accounts for the behavioral similarity in some cases to Hysterical Personality Disorder, since applause or interest prompted by flamboyant or theatrical behavior has a beneficial effect on mood.) **[That should be Histrionic Personality Disorder! - BARB 9/25/12]**

- [2] I used Alta Vista's Advanced Search to generate web queries <<http://altavista.digital.com/cgi-bin/query?pg=aq>>. I found a number of sites offering information on neurological disorders, the most valuable of which was <<http://www.neuro.wustl.edu/neuromuscular/>>, which is maintained by Washington University's Neuromuscular Disease Center. Examination of their Differential Diagnosis page persuaded me that my symptoms matched those listed for CIDP (Chronic Immune Demyelinating Polyneuropathy). This may or not be the case, but if I do not have an immune system disorder, color me amazed (otherwise, I have no clue as to why sativa is so effective in suppressing my physical symptoms). HSMN (Hereditary Sensory-Motor Neuropathy) and HNPP (Hereditary Neuropathy with Pressure Palsy) also seem to be diagnoses that could fit my physical symptomatology.

- [3] Cf., on the oneiric experience, <<http://bisleep.medsch.ucla.edu/htdocs/wilder/wilderjones.abstracts2.html#wegener.k>>.

In these states I experienced a horrifying confrontation with my anima in a deSadean waking nightmare (as you might expect, I projected my anima onto my girlfriend: it took me a week to grasp that this was projection, that I experienced *my* anima).

Intriguingly (I've always had an interest in cognitive science) these states involved a restriction of memory to disparate but connected memories, which were bound in a closed system from which I could not detach. Consciousness in this case seems to resemble a mountain peak which is shrouded by clouds below a certain level: ordinarily the level is low; as it rose I could perceive only the "peaks," odd details of certain events and statements pertaining to the system, which fit into a whole which I attempted to interpret with an inadequate data set: some interpretations were horrifying. The condition was however extremely enlightening, and many of the connections I made then seem reasonable and relevant even as my condition has improved.

- [4] As my condition improved, I experienced the rage states which I've usually experienced when not using sativa to medicate my condition; this tendency to experience strong feelings of hostility and persecution subsided as I continued to administer sativa. Due to paranoia regarding the possibility that I had been infected with HIV and/or Crohn's Disease, I limited my use of sativa, since I feared that suppressing my immune system would aggravate HIV and/or cancer.

MY "RAGE STATES" were ALL from PROZAC®.
... I was still taking ~10mg/day at the time I wrote this.
You've heard the expression... "that's the drugs talking?"
- RIGHT -
- BARB 9/25/12

ON 3/3/97 I read "The Silence of the Lambs" and was horrified to discover that there was powerful correlative evidence that:

- 1) The character of Hannibal Lecter is based on a real person;
- 2) Lecter made an all-too-feasible threat to release a strain of anthrax which could result in the deaths of millions.

ON 3/6/97 I interpreted songs played on WIII (99.9 FM) as coded messages and also heard voices giving instructions in the form of obscure clues as to how I should behave ("instruction" in the classic "Lecter" style; note that the movie is a *very* poor interpretation of the book.) Attempting to comply with these instructions resulted in my burning down my girlfriend's trailer--while wearing her clothes!-- in a state of sheer terror, and I was again arrested. Note that the focus of the paranoia here was Dr. Lecter, and not my girlfriend, and that there was no hostile motivation for this act--to the contrary, I was attempting to "comply" with the instructions in order to *avoid* mayhem.

DURING my solitary incarceration for a week in the holding tank at the Tompkins County Jail (a glass enclosure, brightly lit at all times) I experienced a number of auditory hallucinations for the first few days. These abated gradually.

Some of this was paranoia, some was reality. As it turns out, I was definitely correct in one thing: Lecter is indeed based on a real character. (I discovered through more web research that he is familiar to most forensic psychologists, though "harmless," to my great relief, and still unidentified to the world at large.)

Sheimann 1/11/97

Dr. Sheimann how things had been going for me recently; when I told him "I've experienced a number of stressors" he said, "Stressors... that's a psychological term... have you ever been here before [for mental problems]?" I told him that I had spent a fair amount of time studying the DSM and other works on the mental disorders beginning a few years ago and knew Latin, so I tend to use the Latin terminology.

He said that the nurse who'd been on duty the night of my DWI recognized me, and made it clear that he had heard about my "rape" arrest the week before, saying "You had a very busy night last week!" and asked "Do you know where your girlfriend lives? Do you know where your girlfriend works?", indicating to me that she (an RN) had starting working at Cayuga Medical Center (which she had mentioned to me at various times over the previous couple of years as a possibility).

The nurses were twittering as I passed: "Susan! oh (? comments)... Susan!" and giving me suspicious looks. (The men were less inclined to be judgmental, and I certainly didn't believe there was a "conspiracy" of these doctors... another "malassessment" by Hamlich.)

During this visit I overheard Dr. Sheimann discussing my condition with another person, presumably a doctor: "He supposedly has the problem at 3:30, writes a ransom note, and only then comes to the hospital at 5:30 after mailing it..." It was the case that I had written a note and mailed it out that morning... I told my counselor, Amari Meader, that I believed I was being observed; she said "That sounds delusional!" and thought this might be an auditory hallucination on my part, but I rather doubt it...

I'd like to note that one psychological disorder I do not suffer from is hypochondria: I'm simply trying to be organized in listing and interpreting my symptoms so that competent physicians can work from the clues to figure out the most likely causes of my problems and best course of treatment. (I was raised to be fairly stoic about disease; my father's mother Marguerite was a Christian Scientist, and both my parents were mind-over-matter types. My mom commented recently that my father "would never go see a doctor." I actually spent a few years accompanying my Dad and Marguerite to her Christian Science Church in Little Rock, though he was a professed agnostic and I was--technically at least--an atheist)

More diseases from which I do not suffer:

"Addiction" to marijuana: Please note the National Commission on Marihuana and Drug Abuse's "Investigations of Very Heavy, Very Long-Term Cannabis Users" <<http://206.61.184.43/schaffer/library/studies/nc/nc1h.htm>>.

I'm perfectly happy psychologically not smoking cannabis sativa: I prefer being clear and usually *enjoy* the psychological symptoms of my neurological disorder (please note: it's been commented that I'm much easier to live with when I smoke regularly: as reported in the Greek study cited above, "Interestingly, 10 of the 15 wives interviewed prefer the behavior and attitudes of their husbands when they are using hashish compared to when they are drug-free."). My physical condition is another matter: it's very clear to me that it worsens if I do not smoke. After 6 weeks of abstention from smoking, my system is now clear of THC (which requires 3 to 5 weeks for daily smokers), and my physical symptoms are gradually worsening.

My 20 years of experience as a daily smoker indicates that it is evidently a safe and effective drug for immune system suppression and treatment of inflammation. This treatment enhanced my ability to interact socially and make significant contributions to society through my work as a programmer. Until quite recently I never made the connection between my use and its effects in suppressing the (unnoticed) physical symptoms of my disorder.

Re: my diagnosis at FCS (Amari Meader, Robert Hamlich M.D., and independent counselor Fran Markover): note that I made the "mistake" of telling them the truth about my self-medication with cannabis, and was eventually was diagnosed as a marijuana "addict" after 3 "counseling" sessions with Fran Markover. I had to press Ms. Markover to refer me to Dr. Stackman at my last session on 1/17, by which time I had decided there were very good grounds to suspect that I suffered from the symptoms of a neurological disorder rather than purely psychological problems.

I am addicted to tobacco, but even though this bothers me, it bothers the psychological "community" not at all. As I remarked to Ms. Meader, I associate tobacco usage with antisocial behavior. When I asked Dr. Hamlich for recommendations on treating this addiction, he said that he was unaware of any effective treatment, and that it's very hard to stop.

Bipolar disorder: 50 minutes of chat with a depressed patient is not adequate to enable a psychiatrist to diagnose a depressed patient as a sufferer of manic-depressive disorder and recommend lithium (prescribing stelazine "for anxiety" when I suffered from a dysphoric crash, but not Prozac because the patient *might* go manic). "Whenever I hear that someone who's very smart goes

into grad school but fails, I immediately suspect manic-depressive disorder"--Anna Matusiewicz, M.D., 5/93. Sorry, hysteroid dysphoria might not be in the DSM yet, but it is a genuine disorder, and Cornell's Doctoral Economics Program might as well have been designed to destroy someone who suffers from this disorder; as I summarize my experience in my C.V., "Dismal, yes; Science, no."

At this point I intend to go completely dry and see what happens with my symptoms... personally I feel very skeptical of the tendency within the "treatment community" to regard all "substance use" as indicative of an underlying personality disorder and "treat" them with "chat therapy" and "12-step" programs rather than acknowledging that clients may be medicating themselves to treat an underlying physiological ailment, and that this self-medication may well be better than no-medication. (I've supposedly got BPD, when my relationship "problems" present themselves as "commitment," "hanging tough," and "co-dependency"? Hah! "Doctor, diagnose thyself!: Projection in the first degree!")

Since I've quit smoking, I've noted that I tend to want to drink more alcohol, while I've been drinking only about 5 drinks per week. Again, one might look to "the usual suspect": I've got an "addictive personality" syndrome: on the other hand, alcohol is *also* an immunosuppressant (Cf. <<http://www.niaaa.nih.gov/publications/aa15.htm>>), and I've noted fewer problems with numbness on awakening after drinking.