Effects of mescaline and lyseric acid (d-LSD-25).


PROBLEM: The effects of mescaline and LSD in schizophrenic patients.

Mescaline

DOSAGE: 0.4 - 0.6 g i.v.

MATERIAL: 59 schizophrenic patients, divided into 3 groups. Group 1: pseudoneurotic schizophrenia, Group 2: schizophrenia with slight or no deterioration, and Group 3: schizophrenia with moderately severe or severe deterioration.

RESULTS: Most patients showed a vegetative disturbance. Hallucinations occurred quite regularly. Anxiety increase was the most frequent emotional change. Many patients displayed hostility. Concern with pre-existent symptoms was often noted. Evasiveness, vagueness, denial and paranoid manifestations were frequent. More open verbalization of mental content in some cases, sometimes patients released material not previously verbalized. Sexual material occurred frequently.

LSD

DOSAGE: 10 - 120 g.

MATERIAL: 21 patients. Some received LSD repeatedly. All had schizophrenia (5 pseudoneurotic, 12 mixed, 2 catatonic and 2 paranoid). 19 of the 21 pats. also received mescaline, 16 by i.v. and 4 by oral route (both routes at different times in one patient).

RESULTS: Mental changes occurred if 60 g, or more, was given. Below 60 g, and sometimes even above 60 g, the symptoms produced were unreliable.

Vegetative, autonomic, motor and sensory disturbances: Chilliness, headache, trembling, flushing, pupillary dilatation, numbness of hands, sense of heat, nausea, vomiting, unsteadiness, and hyperacusis. These occurred 30 - 60 mins. after taking LSD. The changes were less intense and less diffuse than with i.v. mescaline but comparable in intensity with oral mescaline.

Perceptual disturbances included hallucinations and illusions of the personal and non-personal environment, and somatic disturbances. The frequency of visual hallucinations was significantly lower than with mescaline. The other perceptual disturbances occurred with about the same frequency.

Visual hallucinations: As with mescaline, the content consisted of geometrical figures, colours, inanimate and animate objects.

Somatic disturbances were less diffuse and intense than with mescaline.

Time sense disturbed. As with mescaline, there was generally a slowing of the subjective recognition of flow of time.

feelings of unreality were experienced by the majority of patients, as with mescaline, but they were less intense. The feelings were in most cases referred by the patients to disturbances of perception.

Disturbances in thought and language processes occurred in all patients receiving more than 10 g LSD (comparable incidence with mescaline). The most frequent complaint was a sense of impaired concentration or thinking ability. This was often related to a haziness of mind and the sedative-like effect of LSD. In some pats. speech tended to become slow, sluggish and slurred. Two subjects reported pressure of thought in addition to a sense of muddled thinking.

None of the pseudoneurotic schizophrenics showed a frank schizophrenic thinking disorder with LSD (or with mescaline). In some overt schizophrenics, thinking disorders, such as increased evasiveness, blocking, scattering and irrelevance, became more marked. However, in patients who became quite anxious, the stream of thought showed increased or decreased verbal productivity and constriction of content, the usual concomitants of anxiety.

Emotional disturbances were very common with LSD. Relaxation, drowsiness and euphoria (7 cases), depression with retardation (6 cases), alternating depression and euphoria (3 cases), predominantly anxious reaction (6 cases).
In some cases the mental changes were mixed with increased anxiety. Associated with the anxiety were irritability, resentment and a suspicious attitude. Frank paranoid delusional constellations were quite infrequent as compared with mescaline. Intensification of catatonic manifestations in 2 cases and a more intense paranoid attitude in 1 case. No significant effect in 3 patients. The pseudoneurotic schizophrenics and the undeteriorated or moderately deteriorated overt schizophrenics showed more intense overt emotional reactions to LSD, mescaline, or both. In severely deteriorated schizophrenics, the emotional response was always intense, but often no content was verbalized and gross catatonic withdrawals ensued. The vegetative and perceptual alterations and visual hallucinations in the last group were quite often as intense as those in the first 2 groups.

Repeated administration: In the majority of cases such manifestations as paranoid attitudes, silliness and schizophrenic thinking disorders were often reproduced with the same intensity as before. Often more euphoria was noted on repeated administration.

SUMMARY: The effects of mescaline and LSD were studied in schizophrenic patients. Both drugs produced physiological changes and mental symptoms were markedly aggravated. The changes were less intense and less diffuse after LSD than those after i.v. mescaline but comparable to those after oral mescaline. Visual hallucinations were less frequent after LSD than after mescaline, but the other perceptual disturbances occurred with about the same frequency. Both drugs magnified the schizophrenic structures in schizophrenic patients.

COMMENT: This paper is of value, since it reports on the effects of LSD in schizophrenics. There are only reports on isolated cases in the earlier reports. This is the first paper in which the effects of LSD and mescaline were compared in psychopathic patients. A comparison in normal subjects has been made by FISCHER et al. (VI LSD No.7) and MATEFI (Diss Basel, 1952).

INDICATIONS:

VI LSD (§102a)
mescaline (§102b) M 360 Schizophrenia

(Ueber die Wirkung des Mesalins und der Lysergsäure (d-LSD-25))


(Leff de la mescaline et de l’acide lysergique (d-LSD-25))

Les effets de la mescaline et du LSD sont étudiés chez des schizophrènes. Les 2 remèdes provoquent des troubles fonctionnels physiques et aggravent nettement les symptômes psychiques. Les altérations après LSD ressemblent un peu à celles après la mescaline, mais toutefois elles sont moins intenses et moins étendues qu’après une injection i.v. de mescaline. Les hallucinations visuelles sont moins fréquentes après LSD qu’après mescaline, mais les autres troubles de la perception surviennent avec à peu près la même fréquence. Les 2 remèdes accentuent la structure schizophrène du processus psychique.