

TACHYCARDIA MISDIAGNOSED AS PSYCHOTIC MENTAL ILLNESS.

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INTRODUCTION:

Many people with similar or related life challenges may decide not to share personal information of the kind described in the present memoir. My sharing is intended in defense of my cognitive salience: despite having been diagnosed as supposedly “psychotic.” It is my hope that this memoir might help tip the scales in favor of “psycho-social” rather than “in-your-head,” models of personality disorder (1, 2, 3). Superior psychological models can be found (4); even before the gross statistics of Charles Spearman (1863 to 1945), AND before the forced conditioning experimentations of Ivan Pavlov (1849 to 1936), AND as well before the dubious Oral-Anal Hypothesis of Sigmund Freud (1856 to 1939). Some of these models (4) were presented by names such as Francis Galton (1822 to 1911), Hermann von Helmholtz (1821 to 1894), and Wilhelm Wundt (1832 to 1920): leaders of the subject area-domains commonly referred to as Experimental Psychology and Sensory Physiology.

PSYCHOLOGY VERSUS PHYSIOLOGY

Clinical Psychology can NEVER be divorced from Sensory-Motor Physiology, both having metabolic antecedents. The same can be said about Psychiatry. Although much can be determined about medicinal drug kinetic reactions and time course (5): yet however, precious little on biocompatibility for various states of metabolic status of the individual that is teetering on personhood. Partly from the cost incurred to launch a new medicinal drug: Just one example illustrates that cost in year 2021 to the uninsured consumer-patient for a single pill-tablet of dosage 5 mg of the *generic* pharmaceutical medicinal drug Olanzapine—first marketed around 1995 [named Zyprexa by Eli Lilly Corporation], averages today near about \$28/- based on my survey of six pharmacies in New York City.

OMISSION OF CONSCIOUSNESS [Syncope/Dyschiria]

While playing with young school-children at age 5 years, I fell upon the grass unconscious. A white-coat physician probing my chest with a stethoscope was my first recollection thereafter. No other diagnostic tests were conducted, except perhaps the knee-jerk reflex. My father

agreed to give me monthly injections in my buttock for mostly water-soluble thiamine and other B-complex vitamins that continued until age thirteen.

My diagnosis was NEVER subjected to adequate SCRUTINY. Just six months ago I DISCOVERED MY DIAGNOSIS: Dyschiria (6). My difficulty with motor disambiguation from sensory space explains my inept attempts at dribbling a basketball and playing short-stop at baseball. Not so for acoustic guitar and tambourine.

RACING THOUGHTS AND MOOD DISORDER

On one occasion at the dinner table I started rambling on and on about spiral galaxies. My father arranged to have me tested for *Racing Thoughts*. The physician found tachycardia: and labile blood pressure. When associated with ramblings on spiral galaxies, this warranted a psychiatric diagnosis. Indeed not so for James Joyce. A narrative follows:

Physician (To My Father): “What seems to be the problem with the boy?”

My Father: “My son speaks about topics that are fantastical: such as the origin of planets from nebulous dust and what mystical forces might drive their patterns of organization.”

Physician (To My Father): “The boy is *Super-Intelligent*—and such mental activity has associated psychotic tendency. His cardiac pulse (tachycardia and arrhythmia) and labile blood pressure indicate schizophrenic-affective mood disorder and severe emotional dysfunction. I will prescribe chlorpromazine to calm his mind. Do not be alarmed: “Your Boy is My Boy.”

NEURAL CONDUCTION AND PSYCHOPHYSICS

My father, being a mechanical engineer trained at Ohio State University [Columbus], was not uncommonly reductionist and was not aware of the type of mystery that is now popular press of cosmology (7). The interactions between metabolic variables that are tried and tested by clear hypothesis generation (8) are rare for disorders of cognition. The time is now ripe for the deployment of well established techniques of experimental psychology and psychophysics (9) toward clinical inference.

The biochemical and membrane physiology of neural conduction at cardiac neural junctions resembles the intestinal and central plexus nervous bundles of the spine and cranium. Excess circulating calcium can be sequestered by Vitamin D supplementation and this should be monitored by repeatable and quantifiable tests that can be validated by experimental psychophysics.

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