

DR. BONNET DISCUSSES PYROLURIA

To discuss this complex topic, this issue of **The Healing Partnership** newsletter will carry an interview with Dr. Bonnet on the subject of pyroluria.

Editor: Dr. Bonnet, can you define pyroluria for us?

Dr. Bonnet: Pyroluria is a metabolic disorder in which under conditions of stress a person becomes functionally depleted of pyridoxine (vitamin B6) and zinc. It was first identified in the late 1950's through tests with psychiatric patients in a psychiatric hospital. Through a specific laboratory test of the patient's urine, what has become known as the mauve-factor was identified.

In 1963 Doctors Abram Hoffer and Humphrey Osmond coined the name 'malvaria' for those patients who had a mauve factor in their urine. Extensive testing showed that the mauve factor occurred in about one out of three confined in a psychiatric hospital.

Editor: When and how did you become involved in this research?

Dr. Bonnet: I joined the research team of Dr. Osmond and Dr. Carl C. Pfeiffer at the New Jersey Neuro-Psychiatric Institute in 1972. By that time Dr. Pfeiffer had seen some astounding results of his experimental research. Particularly in a young lady, named Sara.

Sara had come to the Institute in terrible shape. She was fifteen years old at the time, and was suffering from seizures, chronic insomnia and had bouts of amnesia and vomiting. She was at the point where she clearly wanted to die. The laboratory tests showed her urine to have a strong mauve factor and high coproporphyrin excretion. Her psychiatric rating test (the EWI) clearly showed considerable perceptive disorder.

Sara was given large doses of vitamin B6 (up to 1 gm. per day), along with supplementary zinc (160mg) and 8 mg of manganese. She responded immediately. In fact, Sara's recovery was so dramatic, she applied to and was accepted not only to college but went on to a successful modeling career. Today she continues a maintenance dosage of the vitamin and mineral supplements to prevent a relapse, but leads a healthy, sane life. Dr. Pfeiffer originally called the condition the "Sara syndrome." Today it is referred to by the more generic term pyroluria.

My continued study, research and interest in the topic, stems from my personal diagnosis of pyroluria. I have maintained a dosage of about 1500mg. of B6 for years. Only recently, when I expanded my practice to include homeopathic remedies, have I experienced such a remarkable improvement that I now maintain a dosage of 250mg. of B6.

Editor: You noted that initially psychiatric patients were identified as having pyroluria. Is the problem limited to psychiatric patients?

Dr. Bonnet: No. In trying to identify its origin we found pyroluria definitely showed genetic roots. In fact, although the disorder can be inherited from only one parent, most of the time both parents have the disorder. In fact there is a better than 50-50 chance of this happening. It also is seen in geniuses. In fact, both Emily Dickinson and Charles Darwin had all of the classic symptoms of pyroluria.

Editor: You raise an important point. What are the symptoms?

Dr. Bonnet: The diagnosis of pyroluria is fairly easy to make. Symptoms include:

- 1) Poor stress tolerance. This is often first noticed as a student completes high school and leaves home for the more competitive world of college or a career. Stress levels skyrocket beyond previous (safe within the confines of the family) levels. With college students, symptoms are usually seen to be cyclical in that they increase and decrease with the cycle of the workload within the semester. Most crises usually surface as the end of the semester approaches.
- 2) A tendency to not be hungry for breakfast, sometimes even experiencing morning nausea.
- 3) Infrequent recall of dreams upon awakening. This does not mean necessarily being able to relay the dreams, but to remember dreaming.
- 4) Pain in the left upper quadrant of the body. This is because the spleen is congested. B6 is necessary to stabilize the red blood cell membranes and when a person is deficient in B6, the red cells turn over more rapidly than normal and that leads to congestion of spleen.
- 5) History of mild anemia that doesn't respond to iron.
- 6) A tendency for skin to burn easily in the sun.

Examining the patient is likely to reveal: white spots on the fingernails; paleness (of complexion); and crowded incisors.

A word of caution: although the symptoms seem fairly easy to identify by the patient, it can be dangerous to self-diagnose and self-treat. Incorrect large doses of B6 can be dangerous and a proper balance of zinc (generally gluconate) is required.

Editor: How would the diagnosis be confirmed?

Dr. Bonnet: Final determination of the disorder requires a urine test. This determines the Urinary Ehrlich Chromphor (UEC) level.

Considerable care must be taken in gathering the urine. Due to the fact that the substance we are looking for is very unstable and quite vulnerable to decomposing, my office adds ascorbic acid to specimen as soon as the patient voids. The specimen is then frozen over dry ice. This is critical and must be enforced for a correct reading. Our lab is likewise extremely careful of temperature when administering the test.

Editor: Once the diagnosis has been determined, what is the procedure for treating the disorder? Will the patient be able to return to or continue a “normal” life?

Dr. Bonnet: Following usual treatment protocol, the patient starts with a dosage of 500mg. of the B6. We adjust it upwards by 250mg. every four days until the person starts to recall dreaming on a regular basis. If they dream too much on the 500mg, we cut back on that dosage. Sometimes if a person is dreaming too much on even 250mg. it could be an indication that they don't have pyroluria.

Usually pyroluric people require doses between 250 to 1500mg. Some require up to 2000mg. and there is an occasional patient that does need more. In the past we always had keep a close watch on the dosage, especially watching for a more serious side effect, numbness in the toes, called peripheral neuropathy with pyridoxine (the standard form of B6). However by adding Pyridoxal-5-Phosphate (P-5-P), the active form of vitamin B6 we have been able to prevent the peripheral neuropathy and maintain a much lower amount of vitamin B6. The neuropathy comes about because of an imbalance between pyridoxine and P-5-P, taking additional P-5-P takes care of the problem. Hence, it has been a long time since we have seen people with numb toes.

Editor: Are there any other symptoms that a patient should report regarding pyroluria?

Dr. Bonnet: Some pyroluric patients will find they can not handle any level of outside involvement with people. The stress of these situations is unbearable. In severe cases, the stress reaches the point that the patient spends their time in seclusion. The patient might also report blinding headaches, nervous exhaustion, a change in handwriting and familial dependency. Both Charles Darwin and Emily Dickinson were known to have these symptoms.

Dramatic personality as well as physical changes are generally seen when the disorder is properly treated. The patient will return to a healthy happy life, often finding a job if they are not working or being promoted if they are employed.

When pyroluria is very severe, there can be an abnormal (unpleasant sweetish) odor to the person's breath. In a psychiatric patient, this usually indicates a breakdown is pending. The reason for this odor is not currently known, but continuing research is being conducted.

Frequently gastrointestinal problems are also noted – particularly irritable bowel syndrome and colitis (that can be anything from spastic colon to ulcerative colitis). Episodes of diarrhea and constipation also indicate a lack of B6. Some seizure disorders can be traced to pyroluria.

One more note, B6 is known as the asthma nutrient. People with pyroluria will sometimes come down with asthmatic difficulties. We have also seen increased instances of arthritic disorders as well.

Editor: Pyroluria, although first identified in psychiatric patients, certainly does not seem to be limited to that population. You have made it clear why this problem needs to be diagnosed at your office, where careful patient history and proper testing of the urine can be handled. Are there any other guidelines for patients to follow.

Dr. Bonnet: The most important guideline for any patient to follow is adequate nutrition and practicing a lifestyle of moderation in all activities (both work and play). Learn to LOVE your body and take care of it with the proper respect.

Natural treatments for **depression** involve the identification of nutritional imbalances, allergies and yeast overgrowth. Supplements like St. John's Wort, SAME and essential fatty acids have proven to be very helpful, while the use of medications is sometimes necessary.