

MICROWAVE BIOEFFECT CONGRUENCE WITH SCHIZOPHRENIA

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ABSTRACT

The substantiation for microwave voice transmission development, which can be isolated to an individual, prompts review of the correlation between microwave bioeffects and schizophrenia. These correlations are extensive. Studies of both conditions report short-term and spatial memory deficit, time estimation changes, deficits in sequencing, coordination deficit, numerous electrophysiologic changes, startle decrease, neurotransmitter changes, hormone alterations, immune alterations, mitochondria deficits, lipid phosphorylation decrease, lipid peroxidation, deleterious histologic change in disease reduced brain areas, activation of hallucination involved brain areas, and ocular disease. Schizophrenia findings correlate with microwave bioeffects so extensively as to indicate a congruence, and appear to implicate a microwave involvement with enough patients to be remarkable in study results. The development of methods to exclude microwave means in psychosis is imperative, and research is proposed.

INTRODUCTION



Remote microwave induced sound ^{[1] [2] [3]} and internal voice technology has long been discovered, ^[4] developed, ^{[5] [6]} detailed in patents, ^{[7] [8] [9] [10]} with weapons applications described. ^{[11] [12] [13] [14]} That such technology can be applied remotely and coupled to target tracking technology ^[15] has implications for patients who, by virtue of voice transmission complaint and other symptoms, are diagnosed with various mental disorders. ^[16] Auditory hallucination is most prevalent in schizophrenia, which features in 60% of cases. ^{[17] [18]} A frequent patient understanding of the origin of voices is by remote transmission, though the very concept is considered delusional, ^[19] and often the diagnosis is psychosis of varying severity depending on functional ability, ^[20] without any investigation of described internal voice capabilities.

The substantiation of microwave voice transmission development suggests examination of any microwave bioeffect correlation with schizophrenia findings. The hypothesis tested was that perhaps some discrepant schizophrenia study results could differentiate patients subjected to technological assault. Unfortunately, little differentiation was evident, because the correlations appear too extensive, as presented in overview Table I. Unless otherwise noted, the microwave exposure effects examined are at low intensity, and are expressed in text parenthesis in terms of existing exposure standards. ^{[21] [b]} Since most of the observed correlations are close to microwave exposure standards, the possibility of an environmental microwave association with schizophrenia is considered.

Cognitive Function

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Schizophrenics are particularly impaired in memory. [22], [23] Pulsed radar exposed Latvian children are deficient in short term memory compared to unexposed children. [24] Rats exposed to microwaves during gestation exhibit conditioned avoidance acquisition deficit as adults (at 1.61 X US occup. std.). [25] Adult rat microwave exposure yields avoidance conditioning deficits (at 31% of US occup. std. & 1.75 X ICNIRP pop. std.), [26] [27] and there is some mention of retrograde amnesia with such conditioning (at 63% of US pop. std.). [28] [29] Schizophrenic working memory is considered central to many schizophrenic symptoms. [30] Schizophrenia deficits are in multiple areas of working memory, and the disorder exhibits deficits specifically in spatial working memory. [31] [32] [33] [34] Rat spatial working memory on microwave exposure is deficient for performance in a water maze, (1.2 X US pop. std.) [35] [36] and in the 12 arm radial maze (60% of US pop. std.), [37] [38] but apparently not when distal cues are present for radial mazes, [39] [40] which are preferred in rodents. [41] [42]

Schizophrenia time estimation is altered with overestimation of short time intervals. [43] [44] [45] [46] Microwave exposed rats, when trained on inter-response time reinforcements reflect the same direction of deficit by increased total lever presses (at 31% of US occup. std. & 1.75 X ICNIRP pop. std.),^{25 26} shorter inter-response times (62% of US occup. std.), [47] which are even greater for pulsed microwaves (1.1 X US occup. std.). [48] A rat time estimation task on microwave pulsation indicated change in discriminating stimulus duration, increased time to complete tasks, and increased the amount of non-response (at 90% of ICNIRP pop. std.). [49] The authors suggest an effect on the animal's internal clock.

Schizophrenia patients exhibit deficits in memory for temporal order. [50] [51] [52] [53] Microwave exposed rats with simple response sequence conditioning (to 1.6 X US occup. std.) [54] [55] [56] [57] [58] exhibit analogous sequencing deficits. In humans, the order threshold of discriminating the ear of first tone presentation as succeeded by a tone separated by decreasing intervals to the other ear, increases after 50 minutes cell phone exposure, while the threshold decreases with no exposure rest. [59]

The hippocampus has general importance to memory, [60] while sub serving spatial, temporal, and sequence memory. [61] In rodents the hippocampus is one of the most responsive brain regions to microwave exposure (at US pop. std. to US occup. std.), [62] [63] and microwave induced histologic damage is observed (at ICNIRP pop. std. to 1.8 X US occup. std.). [64] [65] [66] Some schizophrenics have anti-hippocampal antibodies, [67] and

Table I

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Cognitive/Physiologic Parameter	Schizophrenia Sign/Symptom	Microwave Bioeffect
Cognitive Function		
◆◆◆◆◆ Memory Deficit	Deficits in Memory and Working Memory	Child Short Term Memory Deficit, Rat Conditioned Avoidance and Spatial Memory Deficits
◆◆◆◆◆ Time Estimation	Overestimation of Short Intervals	Rat Shortened Inter-Response Times and Increased Responses in Time Estimation Tasks
◆◆◆◆◆ Temporal Order	Temporal Order Memory Deficits	Human Decrease in Temporal Order Discrimination, Rat Response Sequencing Deficits
Startle Response	Decreased in Some Patients	Decreased in Animals
Coordination/Balance	Decreased Coordination and Balance	Decreased Child Coordination, Rat Decrease in Coordination and/or Balance
Electrophysiology		
Contingent Negative Variation	Decreased in Patients	Decreased on Human Cell Phone Exposure
Event Related Auditory Response	Decreased in Patients	Decreased in Animals, Component Decrease in Human Cell Phone Exposure
EEG Delta Waves	Increased in Patients	Increased in Humans and Animals
EEG Beta Waves	Increased in Patients	Increased in Humans and Rats

TABLE I, continued

SCHIZOPHRENIA SIGN/SYMPTOM CORRELATION WITH MICROWAVE BIOEFFECTS

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Physiologic Parameter	Schizophrenia Sign/Symptom	Microwave Bioeffect
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Neurotransmitters		
◆◆◆◆◆ Dopamine	Indicated Decreased in Negative Symptom Schizophrenia	Indicated Decreased Based on Extensive Evidence
◆◆◆◆◆ Serotonin	Indicated Decreased in Patients Based on Numerous Studies	Found Decreased in Rats
◆◆◆◆ γ -Aminobutyric Acid	Decreased Uptake & Release in Schizophrenia Synaptosomes	Decreased Receptor Specific Binding
◆◆◆◆ Acetylcholine	α 7-nicotinic Receptor Decrease in Some Brain Areas Consistent with Acetylcholine Decrease	Decreased Rat Acetylcholine Release, and Precursor Uptake in Same Brain Areas
Hormones		
◆◆◆◆◆ Corticosteroids	ACTH, Cortisol, and Corticosterone Reported Increased	Adrenal Depletion with ACTH, Cortisol, and Corticosterone Increase Reported
◆◆◆◆◆ Melatonin	Decrease Reported in Some Patients	Decreased on Human Cell Phone and EMF Exposure
Mitochondria	Decreased Number in Schizophrenia Brain	Deleterious Changes with Decreased ATP, Creatine Phosphate, and Marker Enzymes
Immunology		
◆◆◆◆◆ Autoimmunity	Suggested from Autoantibody Levels and Autoimmune Disease Incidence	Reported Induced and Stimulated
◆◆◆◆◆ Tumor Necrosis Factor	Reported Increased	Numerous Reports of Increase in Animals
◆◆◆◆◆ B Lymphocytes	Balance of Evidence Shows Increase in Some Patients	Increased in Mouse Spleen with Genetic Control

Table I, continued.

SCHIZOPHRENIA SIGN/SYMPTOM CORRELATION WITH MICROWAVE BIOEFFECTS

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Physiologic Parameter	Schizophrenia Sign/Symptom	Microwave Bioeffect
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Lipids		
◆◆◆◆◆ Phosphorylation	Decreased on Magnetic Resonance Spectroscopy	Decreased P ³² Lipid Incorporation
◆◆◆◆◆ Peroxidation	Increase in Patients	Increased <u>in vitro</u> and in Rats
Blood-Brain Barrier	Suggested Impaired in Patients	Reported Decreased in Numerous Studies
Anatomy & Histology		
◆◆◆◆◆ Hippocampus	Hippocampal-amagdala Complex Volume Reduced in Most Studies	Degenerative Hippocampus Histology Reported
◆◆◆◆◆ Thalamus	Volume Reduction Observed in Many Studies	Degenerative Histology Reported
◆◆◆◆◆ Cerebellum	Changes Observed in Many Studies	Degenerative Histology Reported
◆◆◆◆◆ Cortex	Volume Reductions Observed in Frontal and Parietal Cortex by Many Studies	Several Reports of Degenerative Unspecified Cortex Histology
Metabolic Activation	Hallucination Activates Temporal Lobe, and Thalamus with Collicular Activation Found in Some Studies	Animal Activation of Temporal Lobe, Thalamus, and Inferior Colliculus on Hearing Effect Pulsed Microwaves
Ocular Disease		
◆◆◆◆◆ Cataract	Subcapsular Cataract Reported Without Association to Medication	Known Cause of Subcapsular Cataract
◆◆◆◆◆ Retinopathy	Associated with Widely Prescribed Anti-Psychotics	Associated with Occupational Exposure and Experimentally Produced
Voice Transmission	Hallucination Most Common Symptom	Voice Transmission Affirmed

the same hippocampus CA1 region that is volume decreased in schizophrenia, [68] on microwave exposure shows altered neuronal activity in vitro slices from rats, [69] as well as decreased acetylcholine release in vivo rats (1/2 US occup. std.). [70] ◆ Mouse hippocampus mitochondrial activity is indicated decreased on microwave exposure (1/4 US pop. std.). [71] ◆ Although not actually affecting performance, cell phones are reported to affect a magnetoencephalogram (MEG) component of verbal memory encoding suggesting interference by the [72] ◆ Multiple human case reports of memory difficulty; with other neurasthenic complaints exist on excess microwave exposure. [73]

and poor prognosis. [116] ♦ The human N100 amplitude is decreased on GSM cell phone exposure, [117] [118] which is also decreased in schizophrenia [119] [120] [121] with the reduction correlating to withdrawal-retardation scores, [122] and paranoid diagnosis. [123]

Hearing effect pulsed microwaves evoke brain responses similar to auditory stimuli. [124] ♦ [125] ♦ [126] ♦ Radio frequency exposure increases human hearing threshold for auditory tones. [127] ♦ Sound also decreases the brain stem microwave hearing response. [128] ♦

Auditory brain stem responses (ABR) in schizophrenics having hallucination, [129] [130] [131] never medicated hospitalization, [132] marked personality deterioration, [133] and negative symptoms [134] involve abnormalities of increased peak latency and missing peaks. ♦ Since microwave hearing produces an ABR, [135] [136] interference is expected, which would complicate ABR topographic appearance. ♦ Increased ABR latency is reported from a cell phone study, [137] though this is not replicated by all cell phone studies. [138] [139]

Soviet and American microwave exposure of humans report EEG increases in delta or ♦ slow ♦ waves, abnormal to adult alertness in quantity. ♦ Acute human exposure to continuous or pulsed microwaves, exhibit increased electroencephalogram (EEG) delta waves (less than US pop. std.). [140] ♦ Soviet and East European microwave occupational exposure review observes increased EEG delta waves. [141] ♦ Cell phones also increase human delta waves in adults [142] and children. [143] ♦ ♦ ♦ ♦ ♦

Rabbit and rat microwave irradiation yield delta waves as well. ♦ Daily 3 hour rabbit exposures produces delta wave increases at 1 month to pulsed microwaves and at 2 months to continuous wave exposure (1/2 US occup. std.). [144] ♦ Daily 7 hours of microwave exposure produced delta waves after 10-15 days in rabbits at 1/3rd the US population exposure standard, but took 1 month for delta wave increase at 1/30th this standard. [145] ♦ Rat microwave irradiation induces delta waves in the left hemisphere by continuous wave, but in the right hemisphere when modulated. [146] ♦ Delta waves are also produced by extra low frequency radiation in rabbits [147] or magnetic fields in humans. [148] ♦ ♦

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ Microwave delta wave increases correspond to delta wave increases widely noted in untreated, [149] [150] [151] [152] [153] [154] [155] [156] [157] [158] [159] [160] [161] and medicated [162] [163] [164] [165] [166] [167] [168] [169] schizophrenia EEGs. [170] ♦ Delta waves particularly correspond to psychotic episodes, [171] [172] and occur immediately prior to auditory hallucination. [173] ♦ ♦ Higher delta power correlates with negative schizophrenia symptoms, [174] [175] and ♦ psychomotor poverty ♦, [176] [177] while higher left temporal delta wave dipole density correlates to ratings for hallucination and paranoia. [178] ♦

Intermittent long-term occupational exposure to microwaves increases EEG beta frequencies. [179] ♦ A therapeutic microwave instrument immediately increased beta wave power in humans, and cell phones increase these

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frequencies after a 15 minute delay.¹⁴² Cell phones also increase human beta waves during tasks.^[180] Microwave exposure increases beta frequencies in the rat (at pop. std. to 1.2 X occup. std.).^{[181] [182] [183]} Though some anti-psychotic drugs decrease beta frequencies, schizophrenia EEG studies exhibit increased beta frequencies.^{150 151 152 154 155 156 160 161 162 167 175} MEG frequencies in the beta band are observed on auditory hallucination.^[191] Treatment-resistant patients have greater increases in beta frequencies above 18 Hz,^{[192] [193]} with dipole location sources of beta frequencies varying on auditory stimulation according to symptom severity.^[194] Greater increase in beta frequencies is associated with decreased mismatch negativity amplitudes,^[195] and psychomotor poverty.^{174 176 177} The sources of increased schizophrenia beta frequencies are also more anterior and superficial than controls.^{[196] [197]} Superficial tissue absorbs more microwave energy than deep tissues.^[198]

Electromagnetic field EEG entrainment occurs especially within physiologic brain frequencies (1-40 Hz), either with a so modulated carrier wave or at these extra low frequencies. Microwave EEG entrainment (or change to exposure frequency) is demonstrated in cats,^[199] and rats.^[200] Lower frequency radiation or magnetic EEG entrainment is observed in rabbits,^[201] monkeys,^[202] and humans.^[203] In addition to the capacity of entrainment to produce delta or beta waves, the effect forms a basis for schizophrenic thought interference complaints, and is of non-lethal weapon concern.^[204]

Neurotransmitters

Both schizophrenia and microwave exposure involve brain dopamine alterations. Many have long attributed positive schizophrenic symptoms to dopamine increases based on differential drug effects.^[205] However, findings in schizophrenics with negative symptoms for dopamine metabolites, dopamine receptors, and drug studies indicate decreased dopamine.^[206] Based on behavioral changes, drug study results, and enzyme alterations, microwave exposure also indicates decreased dopamine.^{[207] [208] [209]}

Other neurotransmitter alterations correspond in both microwave bioeffects and schizophrenia. Brain postmortem tissue analysis, cerebrospinal fluid, and drug studies find decreased schizophrenia serotonin.^[210] Although rat serotonin metabolite ratios indicate increased serotonin turnover rates on acute microwave exposure (3.1 X US pop. std.),^[211] brain serotonin decrease occurs on prolonged exposure (near US occup. std.).¹²⁶ Rat microwave exposure from birth to 15 days decreased serotonin in adults (near US occup. std.).^[212]

Cortical synaptosome γ -aminobutyric acid (GABA) uptake and release is reported decreased in schizophrenics, who have decreased GABA neurons,^[213] and synthetic enzymes.^[214] GABA receptor binding (by ³H-muscimol) decreases in rat neocortex on microwave irradiation (2.6 X US occup. std.).^[215] Immunohistochemistry also indicates decreases in rat cellular GABA content in Purkinje cells of the cerebellum (10 X ICNIRP occup. std.).^[216]

There is evidence for a cholinergic decrease in Lewy Body system, which is a psychosis that can have schizophrenia diagnosis,^[217] and there is consistent evidence for a decrease in the α 7-nicotinic acetylcholine receptor

in schizophrenia hippocampal and frontal areas, [218] which indicates decreased acetylcholine levels. [219] Acetylcholine release is found decreased on in vivo rat microwave exposure for the hippocampus (1/2 US occup. std.).⁷⁰ Acute rat microwave exposure also decreases sodium dependent choline uptake, the rate limiting step in acetylcholine synthesis, especially in frontal cortex followed by the striatum on either pulsed or continuous wave, but only pulsation decreased hippocampal choline uptake (60 % of US pop. std.).³⁷ [220] [221] The hippocampus and striatum are limbic structures-- a brain system prominent in schizophrenia pathogenesis, which is implicated in microwave bioeffects, [222] and rats differently responsive to the vocalizations of other shocked rats, differ in behavior and neurotransmitter levels on very low microwave exposure (1/2 % of US pop. std.). [223]

Hormones

Corticotrophin is indicated to mediate microwave stress, [224] [225] and microwaves influence adrenal steroids. Satellite station operator microwave exposures produce a stress reaction of urinary increases in 11-oxycorticosteroids and stress hormone diurnal pattern shift (1/10th of US pop. std.). [226] Cell phone exposure transiently increases blood cortisol levels. [227] Rat microwave exposure yields adrenal activation resulting in adrenal medulla epinephrine and corticosteroid depletion (1.8 X US occup. std.). [228] Female rat microwave exposure increased blood corticosterone and ACTH, with decreased estradiol independent of pregnancy (1.2 X US pop. std. to 1.2 X US occup. std.). [229] [230] [231] Schizophrenic patients have increased cortisol [232] with less dexamethasone cortisol suppression than controls, [233] [234] and corticosterone increase is reported. [235] Schizophrenics have such hypothalamic-pituitary-adrenal axis over activity with ACTH increase as to feature the metabolic syndrome. [236] Patient cortisol lacks sleep inhibition, and correlates with paranoia and hallucination.

Decreased melatonin is consistently reported in schizophrenia, [237] [238] [239] [240] [241] with such a finding in paranoid patients. [242] [243] Electromagnetic fields diminish melatonin in animals.²⁰⁷ [244] Human melatonin decrease is both at lower frequency exposure, [245] [246] [247] [248] and on cell phone use. [249] The pineal gland synthesizes melatonin from serotonin, [250] also decreased as above. Abnormal EEG and decreased melatonin are associated with pineal calcification, [251] which has lower incidence in undeveloped societies [252] who also show better schizophrenic prognosis. [253]

Mitochondria Changes

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆ Mitochondria are altered in both schizophrenia and microwave exposure. Mitochondria deformation, size reduction, and decrease in number from 20-33% in schizophrenia brain are observed. [254] Cytochrome c oxidase, of the mitochondria oxidative phosphorylation system, is reduced from 30-63% in the schizophrenic brain. [255] Schizophrenic mitochondria gene expression is decreased in five pathways. [256] Acute microwave exposure evidences mitochondria matrix density decrease, and cristae degeneration in vitro for liver cells (1.2 X US occup. std.), [257] with pulsation experiments inducing normal cristae pattern loss, lamellar body formation, and mitochondrial membrane breaks in neuroblastoma cells. [258] Adenosine triphosphate (ATP) and creatine phosphate

(CP) levels depend on oxidative phosphorylation, which requires electron transport components of mitochondria cristae. Very brief (5 min) whole body microwave exposure significantly decreased rat brain ATP and CP levels (2.5 X occup. std.). [259] [260] Mitochondrial marker enzymes of succinate dehydrogenase and monoamine oxidase are decreased in mouse hippocampus and hypothalamus on 3 hour microwave exposure (1/4 of US pop. std.).⁷¹

Immune Alterations

Elevated schizophrenia autoimmune activity is indicated by several immune alterations, including abnormally high autoantibodies against brain and somatic antigens. [261] [262] Increases of anti-brain antibodies and reaction to brain antigens is also reported with microwave exposure. [263] Higher autoimmune disease prevalence in schizophrenic patients is reported. [264] [265] Foreign abstracts indicate microwaves cause more

general autoimmune stimulation. [266] [267] [268]

Cytokine interleukin-6 (IL-6) increase features in autoimmune disease.²⁶² Ten reports of IL-6 increase for schizophrenia are versus six normal reports, while four IL-1 β increase reports for the disease are versus six normal reports. [269] Electromagnetic field exposure of human monocytes, the most important producer of

these cytokines, dramatically increased IL-6 and IL-1 β production. [270]

High Tumor Necrosis Factor (TNF) levels are reported in schizophrenia.²⁶¹ Very low intensity microwave whole body exposure increases TNF production in peritoneal macrophages and spleen T cells (2 X 10⁻⁴ of US pop. std.). [271] [272] TNF increase on microwave exposure has several other reports. [273] [274] [275]

The balance of evidence shows B lymphocyte increase in schizophrenia (5 reports of increase versus 3 of normal levels).²⁶⁹ Whole body microwave exposure increases the proportion of mouse spleen B lymphocytes (4.9 X US occup. std.). [276] [277] This increase is not caused by proliferation, but from stimulation of already existing precursor B cell maturation, [278] and is under genetic control, [279] [280] with apparent humoral mediation. [281] Microwaves also induce human lymphocyte lymphoblastoid transformation *in vitro*. [282]

Lipid Phosphorylation and Peroxidation

Schizophrenic brain magnetic resonance spectroscopy shows decreased phosphomonoesters, and increased phosphodiesteres. [283] This represents reduced lipid membrane building blocks, and increased lipid degradation

products.²⁸³ Microwave exposed rabbits decrease P³² incorporation into brain lipids (1.8 X US pop. std.). [284]

Lipid peroxidation is found increased in schizophrenia, [285] [286] accompanied by alteration in antioxidant enzymes with superoxide dismutase (SOD) consistently found elevated. [287] Parameters of antioxidant status in schizophrenia are associated with positive, [288] negative, [289] or severe symptoms [290] and

therapeutic improvement on appropriate supplementation. [291] Lipid peroxidation results from

increased free radicals, which react with mono- and polyunsaturated fatty acids that are required for maintaining membrane fluidity and permeability characteristics. [292] [293]

Microwave exposure membrane fluidity changes, [294] receptor shedding, [295] and readily increased reactive oxygen species [296] implicate lipid peroxidation. [297] Peroxidation is detected in liposome, [297] and living rat microwave exposure, [298] even at mobile phone exposure levels (~3 X ICNIRP pop. std. [d]).⁶⁵ [299] Foreign abstracts indicate microwave exposure increases an indicator of lipid peroxidation, and SOD activity in platelets, [299] and pig retinal ganglion cultures. [300] A mechanism for such effects is by magnetic field stabilization of electron triplet states that results in an increase in the rate of free radical formation. [301] [302] [303]

Many favor a neurodevelopment hypothesis for schizophrenia, but there is evidence for a neurodegenerative process in a sub-population. [304] [305] Neurodegenerative diseases such as Parkinsonism, Alzheimer's, and amyotrophic lateral sclerosis (ALS) are linked to electromagnetic field exposure. [306] Though Parkinsonism association has only exposure linkage with little evaluative data, the association data is greater for Alzheimer's disease, while a considerable number of studies have strongly associated ALS with electromagnetic field exposure. [307] [308] [309] Oxidative stress is believed to play a role in these neurodegenerative diseases [310] in which psychosis is frequently a component. [311]

Schizophrenia is consistently coexistent in patients developing ALS, [312] with both these syndromes linked to chromosome 21q22. [313] The locus for cytoplasmic Zn/Cu superoxide dismutase is at chromosome 21q22, and familial ALS has confirmed mutations for this enzyme, [314] though mutated protein is not yet confirmed in schizophrenia. A normal variant Mn superoxide dismutase believed to mis-target the enzyme's mitochondrial location also has ALS association [315] with this enzyme mapping to chromosome 6q25, [316] which is a schizophrenia linked locus. [317] [318] Mn superoxide dismutase is found decreased in schizophrenia hippocampus. [319] Though this ALS linked variant enzyme is associated with schizophrenia [320] or tardive dyskinesia development, [321] this is not consistent for populations from less developed countries. [322] Both superoxide dismutase enzymes are important in anti-oxidant defense. A third common chromosome linkage is 9q25, which is linked to familial ALS, frontotemporal dementia, [323] and schizophrenia. [324] [325]

Blood Brain Barrier Permeability

Molecular and cellular evidence suggests blood-brain barrier (BBB) impairment in 18-29% of Schizophrenics. [326] Non-thermal microwave alteration of the BBB permeability is consistently observed (1.3 X US occup. std.),⁸⁸ [327] [328] [329] and is attributed to pinocytosis. [330] [331] The alteration is proposed induced by heat shock protein phosphorylation, [332] and heat shock protein antibodies are among the evidence for schizophrenia BBB impairment.²⁶⁹ [333] Studies not showing a microwave BBB effect have utilized short exposures, thermal microwave levels, and are criticized for procedure or publication behavior. [333] Thermal microwave BBB studies are complicated by

decreased BBB permeability at about 40° brain temperature, [334] but at 2° higher the permeability greatly increases. [335] [336]

Anatomy and Histology

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆ Schizophrenia reduction of medial temporal lobe structures, particularly the hippocampal-amygdala complex, ¹⁰⁷ [337] is observed in 74 % of magnetic resonance imaging studies. [338] ◆◆ Chinese hamster 15 day microwave exposure produces pyknotic neurons in the hippocampus, hypothalamus, and unspecified cortex areas (1.8 X US occup. std.). ⁶⁶ ◆ Rat GSM cell phone exposures produce scattered groups of shrunken neurons having loss of microstructures in the hippocampus, basal ganglia, and cortex, ⁶⁵ which is replicated by another study having additional findings of some microvacuole formation and blood-brain barrier albumin leakage. ⁶⁴ ◆ Rat pre- thru [339] post-natal ultra-wideband microwave exposure increased hippocampus lateral length. ◆ Such enlargement may indicate edema, reflecting pathology resulting in eventual size reduction. ◆◆

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆ The thalamus is volume decreased in 42 % of schizophrenia studies, ³³⁸ with lower neuron number in the anterioventral nucleus observed. [340] ◆ Light and electron microscopy of hamster 22 day microwave exposure reveals cytoplasm vacuolization and chromatolysis with a pale frothy cytoplasm in ventral thalamic neurons, and little rough endoplasmic reticulum, with very few polyribosomes (3 X occup. std.). [341] ◆ Dendrites had vacuoles, myelin figures, and few microtubules. ◆

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆ Schizophrenia cerebellum changes are evident in numerous studies of neurological signs, postmortem specimens, [342] and in 31 % of neuroimaging studies. ³³⁸ ◆ Atrophy is the main anatomic observation, but several studies show Purkinje cell loss. [343] ◆◆ Rat and quail pre-natal prolonged microwave exposure produces

Purkinje cell loss and histologic change respectively (1.2 X US occup. std. & 3.1 X US pop. std.). [344] [345] ◆◆ Rat post-natal microwave exposure also produces Purkinje cell decrease and cellular changes (1.2 X US occup. std.). [346]

◆ Pulsed microwave rat balancing ability deficit suggests cerebellum motor influence (23 % of US pop. std.). ⁹⁵ Prefrontal and parietal lobe volume reduction is reported by 60 % of studies for each area. ³³⁸ ◆ Several microwave reports are of cortex or unspecified brain area change. ◆ Prolonged microwave rat exposure produces neuronal cytoplasm vacuolation, swelling, and beading of axons, with dendrite spine decrease (less than US occup. std.). [347]

◆ Extended microwave exposure produces myelin degeneration in guinea pig and rabbit cortex (1.75 & 2.5 X US pop. std.). [348] ◆ Studies cited above also noted degenerative cortex histology. ⁶⁴ ⁶⁵ ⁶⁶ ◆ Histologic study of microwave exposed rats that exhibited discriminative conditioning deficits, ⁵⁸ revealed cortical dendrite myelin figures at 6 weeks post exposure (1/2 ICNIRP occup. std.). [349] ◆ None of the above microwave histologic studies noted gliosis.

A neurodevelopment schizophrenia hypothesis is favored, since autopsied brain has no inflammation or gliosis resulting in scarring. ◆ Yet, brain atrophy by apoptosis lacks gross change. ◆ Several microwave studies report apoptosis: ◆ in vitro via the Fas pathway in human Jarkat T cells (3.1 X US pop. std.), [350] in vivo in mice thymocytes, [351] from exposed rat cranium cell phone irradiation, [352] and in rat hippocampus on high power exposure. [353] ◆

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Glucose uptake and blood flow during hallucination shows temporal lobe activation over baseline or control in 85 % of studies, and thalamic activity is apparent in some studies. [354] ♦ Rat blood flow increases significantly in the temporal cortex, as well as in both the lateral and medial geniculate bodies with acute microwave exposure pulsed for the hearing effect (1.6 X US occup. std.). [355] ♦ Both geniculate bodies indicated active during microwave hearing exposure are part of the thalamus. [356] ♦♦ Acute hearing effect pulsed microwave exposure increased rat brain glucose metabolism by [¹⁴C] 2-deoxy-D-glucose with particular prominence in auditory related structures of the inferior colliculus, and medial geniculate body, as well as the cochlear nucleus and the superior olivary complex (30% of & 1.2 X US occup. std.). [357] ♦ These latter two structures are within the brain stem or associated structures, where large blood vessel pulsation obscures resolution on functional imaging. ♦♦♦ Though inferior colliculus activation has been infrequently noted during hallucination, one study noted activity in the region of the colliculi while stipulating problematic brain stem localization, [358] and another study detected activity within the inferior colliculus while ascribing detection to imaging without scanner noise. [359] ♦ At least four studies during hallucination detect activity in the thalamus. ³⁵⁹ [360] [361] [362] ♦ Therefore microwave hearing studies particularly correspond to a number of observations during hallucination in temporal and thalamus regions, while a couple of studies have indicated activation of initial sensory pathways for hearing by sound or microwaves. ♦ Considering all the methodological limitations, such a mechanism in some patients cannot be excluded. ♦ A study of unmedicated schizophrenia without hallucination assessment locates increased patient glucose metabolism for the pulvinar in which the geniculate bodies are located. [363] ♦ Possible geniculate contribution to the observation lacks discussion in this PET image co-registration with MRI study. [e]

Brief human cell phone [364] and rat microwave exposures increase brain blood flow (1.2 X US occup. std.), ¹⁸² but longer exposure of pregnant rats exhibited decreased uteroplacental circulation (1.2 X US pop. std. & 1.2 X US occup. std.). ^{230 231} ♦ Acute psychosis studies have shown increased global brain blood flow, [365] [366] with psychosis and delusion correlation, yet the chronic patients most studied show hypoperfusion. ♦ Microwave exposures inducing thermal effects initially increases, but eventually decreases brain blood flow, though associated with cellular injury. [367] ♦ Specific cerebral blood flow regions are increased while hallucinating, but sensory stimuli and endogenous verbal imagery activates hallucinator brain regions less than non-hallucinators. ³⁵⁴ [368] [369] ♦

Schizophrenia brain perfusion during tasks includes globally increased blood flow, or less dominant hemisphere activity and more non-dominant increases than controls. ³⁶⁹ ♦ The shift of brain activity to other brain areas could have mechanism in a technologic etiology. ♦ Although perceptual processing is usually lateralized to the left hemisphere, the right hemisphere is normally activated for pitch discrimination, non-verbal, and degenerate sounds. [370] ♦ Microwave activation may be akin to degenerate or non-verbal sound, particularly since continuous waves without hearing effect activate auditory brain structures and elevate hearing threshold. ³⁵⁷

Schizophrenia brain activation changes are particularly in the frontal lobes. [371] ♦ At rest, schizophrenics exhibit lower glucose utilization in the frontal lobes relative to either occipital or whole brain. [372] ♦ The schizophrenia prefrontal blood flow is especially deficient while performing tasks specific to this region. ³⁶⁹ ♦ Consistent with a prefrontal deficit are microwave deficits above noted in frontal choline uptake, memory, contingent negative variation, and frontal neuropsychiatric symptoms. ♦♦ Schizophrenia decreased brain activity also has basis in decreased brain area volume, mitochondria, and neurotransmitters corresponding to microwave bioeffects. ♦

A microwave mechanism for EEG delta wave increase is proposed by corpus callosum tract fatigue, making unavailable this interhemispheric connection, with inherent corticospinal and spinocortical tract delta rhythm predominant. ¹⁴⁵ Schizophrenia corpus callosum dysfunction ^[373] and decreased brain activity may enlist abnormal brain area activation. A gamma wave distribution model relates normal development delta wave amplitude and cortical metabolic rate to transient neuronal organization. ^[374] A re-organization may apply in technologic assault.

Positive Symptoms

Although microwave bioeffects are consistent with negative schizophrenic symptoms, ^[f] internal voice transmission effects provide basis for several prominent positive schizophrenic symptoms. ^[g] Psychiatric prejudice presently considers casual discussion of this presentation delusional without detailing extensive references. Because internal voice is similar to thought, and may be directive, these technologies are capable of altering thought itself and ongoing behavior. Positive symptoms of attention deficit and thought disorder have some explanation in hallucination. Exacerbating both these symptoms are microwave altered cognitive function, and EEG entrainment capability. Microwave manipulation, then could account for the major positive schizophrenia symptoms of hallucination, delusion, attention deficit, and thought disorder.

Though some first admission studies suggest a decline in schizophrenia, true incidence change is questioned by changing demographic and diagnostic patterns ^[375] with diagnoses of borderline states, ^[376] and paranoid psychosis ^[377] matching some apparent declines. A recent literature review concludes that schizophrenia incidence has increased. ^[378] Paranoid schizophrenics are most likely to believe in technologic assault. More studies of this diagnosis show less genetic association, a later onset, ^[379] ^[380] and reported increase of the paranoid subtype within the past century. ^[381] ^[382] Paranoid schizophrenia is apparently preponderantly sporadic, ^[383] ^[384] with EEG abnormalities reported as more frequent, for this diagnosis. ^[385]

Ocular Disease

Microwave exposures produce eye disease. Microwaves particularly produce subcapsular cataracts. ^[386] ^[387] Anterior subcapsular cataracts were significantly more prevalent in schizophrenics than a visually impaired population, without medication association, except that phenothiazines actually had less cataract prevalence. ^[388] As expected for a group of little occupational exposure, schizophrenics have less cataract incidence of all types than the general population, ^[389] but schizophrenia cataracts have been associated with high doses of chlorpromazine (a phenothiazine). ^[390]

Schizophrenia retinopathy is associated with thioridazine, ^[391] and generally with phenothiazines. ³⁹⁰ ^[392] Photoreceptor cell Electroretinogram (ERG) changes are reported in schizophrenia. ^[393] Microwave exposures are occupationally associated with retinopathy, ⁷⁷ ^[394] ^[395] and have shown retinal damage experimentally at higher ^[396] and low intensity exposure. ^[397] ^[398] ^[399] However, one monkey, low intensity, radiation study observed abnormalities in the ERG and glycogen storage that can be associated with more serious retinal changes, ^[400] but did

not observe the frank degeneration previously observed,^{397 398 399} although the study did not replicate pulse width, degenerative time course, and 16 Hz pulsation conditions. Several groups have reported that radio frequency modulation at 16 Hz produces calcium ion effects,^{[401] [402] [403] [404] [405] [406] [407] [408] [409] [410]} for which ion parametric (or cyclotron resonance) has been proposed for such a modulation specific mechanism.^[411]

^{[412] [413]} Chinese abstracts of retinal ganglion culture microwave exposure indicate lipid peroxide production,^[414] actual damage,^[415] and production of apoptosis related genes.^[416]

All the schizophrenia ocular disease associated drugs are older, and may have prescriptive preferences for public medical assistance generic availability or particular patient symptom profiles. Phenothiazines were so broadly utilized that direct association with schizophrenia cannot be excluded. Visual care is a neglected area of schizophrenia physical health,^[417] and visual field testing is non-routine.

Standards and Environmental Considerations

East European and Russian occupational microwave standards of 10 $\mu\text{W}/\text{cm}^2$ are based on a neurasthenia syndrome.^[418] Reported symptoms are headache, dizziness, increased irritability, loss of appetite, sleepiness, increased fatigability, sweating, difficulties in concentration or memory, depression, emotional instability, dermatographism, thyroid enlargement, and tremor of the extended fingers.¹⁴¹ Discomfort, gait difficulty, and sleep

disturbance are also reported with the syndrome.^[419] The American microwave study of increased human EEG delta waves noted short-term memory impairment, concentration inhibition, irritability, apprehension, frontal headache, and work interfering sluggishness the next day.¹⁴⁰ Neurasthenia is consistent with many schizophrenic symptoms.

Though the syndrome is dismissed on subjective grounds by many but not all Western investigators,^[420] complaints of such symptoms are reported in a dose response relationship near a cell phone base station.⁴¹⁹

The Russian standard contrasts with a 1000 times greater US standard of 10 mW/cm^2 , which was too weakly written to sustain lawsuit.⁴¹⁸ The original US standard was set at one-tenth the level known to increase body temperature. Present US standards (ANSI/IEEE C95.1) lowered the occupational standards within certain frequencies, and finally set population standards, though at ~ 100 times the Russian.²¹ The main microwave research sponsor, the Defense Department has vigorously defended the thermal rationale with suppression of non-thermodynamic effect investigations.^[421] Standard setting for optimal equipment performance on national security grounds is

suggested.^[422] There are many reported effects at, or near these standards, which are incongruous with a precautionary principle.

A 1975 Environmental Protection Agency survey indicated that less than 1% of the population had routine exposure to more than 1 $\mu\text{W}/\text{cm}^2$, and that high exposure areas (building tops with radio frequency transmitter clusters) could run as high as 100-200 $\mu\text{W}/\text{cm}^2$.^{418 [423]} Cell phones can reach 200 mW power output with the exposure standard set above that for whole body, by allowing head and trunk exposure of 2 W/kg.^[424] Not well studied is chronic exposure, and exposure change since 1975 is considerable.

Unproven is an environmental microwave schizophrenia causation, however microwaves are hypothesized as a mechanism for hallucination production by spread spectrum communications,^[425] and for a reported sunspot activity

association with schizophrenia.^[426] Even though a manufactured system may meet the standards, sources are proliferating, and standards may be exceeded in some situations, particularly with increasing cell phone use.

Recognized excessive exposure occurs with heat sealing appliances,⁴¹⁸ cell phone base stations increase exposure, and there are observations that can only be regarded as toxic in cell phone reports, or at exposures near these levels.❖

Dysesthesia symptoms of some patients have correlated with clinical tests,^[427] and patients report a dermatologic electromagnetic hypersensitivity syndrome, as well as a type resembling neurasthenia recognized by the Russians.

^[428]❖ Though many Western investigators are skeptical of such syndromes, reported yeast cell effects are some seven orders of magnitude below the Russian standard.^[429]❖

Discussion

Remote microwave voice transmission has had development.^{4 6 7 8 9 10 15}❖ Microwave internal voice weapons are considered^{5 11} ^{[430] [431]} and weapons have been indicated.^{13 14}❖ Continuous symptoms can be maintained by available tracking technology.¹⁵❖ Since similar means are a frequent patient complaint, it is compulsory that methods be developed to rule out involvement of these technologies in delusional disorder and psychosis.❖ To further ignore the evidence, and disdain the right for appropriate complaint is unethical.❖

Microwave bioeffects have a high level of congruence with major lines of schizophrenia investigation.❖ In both schizophrenia and low intensity microwave exposure, there are deficits in memory, time estimation, sequencing, and motor ability, as well as numerous electrophysiologic signs including decreased contingent negative variation, abnormal or decreased auditory evoked response, with increased EEG delta and beta waves.❖ Startle response and galvanic skin response are found decreased in both conditions.❖ For neurotransmitter levels of both conditions serotonin is found decreased, with dopamine and GABA indicated as decreased, while acetylcholine is indicated decreased in some brain areas.❖ Hormone changes of melatonin decrease, and adrenal activation are common to both conditions.❖ Immune function, mitochondria, and the blood-brain barrier are indicated similarly altered in both situations.❖ Microwaves induce deleterious histology in several brain structures observed reduced in schizophrenia.❖ Microwave exposure activates brain structures corresponding to those noted on hallucination, and a few studies indicate activation of primary sensory pathways, which is consistent with voice transmission.❖ Subcapsular cataracts have been associated with both conditions.❖ Retinopathy is associated with both widely prescribed anti-psychotic medication, and microwave exposure.❖ Microwave voice transmission, bioeffects, and EEG entrainment provide some basis for positive symptoms.❖ The correlations between microwave bioeffects and schizophrenia may not apply to all patients, but is most consistent with the negative symptom group that hears voices and is likely paranoid.❖ The potential for voice transmittal to mimic positive schizophrenia symptoms, and the congruence of other symptoms with microwave bioeffects indicates that a technologic etiology may involve more than a few patients.

The medical community has been remiss in refusing investigation of such an etiology.❖ Psychiatrists have actively ignored longstanding patient complaints of being affected by technologies that have literature basis for such influence.¹⁵❖ Microwave bioeffects, including sound and voice perception have long been described.❖

More than presumption and prejudice must rule out such an etiology.❖ Though direct substantiation of this hypothesis is limited to sight publication of field strength around victims and anecdotal reports of such measurement,¹⁵ formal investigation must begin.❖ The evidence for a technologic etiology regarding microwaves practically comprehensively correlates with schizophrenic symptoms to such congruence that this word's mathematical sense cannot be excluded.❖ This hypothesis is more circumstantially defined than any other environmental pathogenic mechanism, and should mandate investigation to develop methods for ruling out such an etiology.❖

The congruence of microwave bioeffects with schizophrenia symptoms does not have to involve voice transmittal in a technologic etiology.❖ Potentially toxic effects to functioning exist near, and below exposure standards.❖ Hypersensitivity and neurasthenic syndromes are reported with radio frequency fields, though these symptom complexes

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- [b] Standards: pop. std. = population standard, occup. std. = occupational standard. All numbers are calculated in terms of the US standard, unless designated as ICNIRP, which stands for the International Commission on Non-Ionizing Radiation Protection.
- [c] International Commission on Non-Ionizing Radiation Protection
- [d] Though the ICNIRP standard is 0.08 W/kg for whole body exposure, standards for head and trunk exposure allow 2 W/kg, at which the experiment was conducted. Calculation is in terms of whole body exposure limits.
- [e] Indeed the image presented shows two discrete areas of activation, and must be a quite distal section considering the size indicated of the other nuclei imaged, which would approach, if not include, geniculate body location.
- [f] Alogia, affective blunting, anhedonia/asociality, avolition/apathy, and attention impairment.
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