

Manic Depression: An Alternative Treatment

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Ten years ago, after a series of "psychotic" episodes, I was diagnosed as "manic-depressive" and told that I would have to be on Lithium for the rest of my life. Choosing to refuse this drug treatment, I found myself instead upon a path of self-discovery. And what began for me as a rebellion against standard psychiatric treatment, became an exciting learning process as I learned new ways of understanding my symptoms, and developed natural, health promoting methods to care for myself.

Hellish hospitalization experiences left me with little faith in modern psychiatric treatment. As a patient, I was battered by psychiatric aids, locked in empty rooms, given shock "therapy," and treated to a host of other major and minor assaults. Against my will, I was forced to take drugs that caused many unpleasant side-effects including parkinsonism, photo-sensitivity and excessive thirst. Although "manic-depression" is considered to be biochemical in origin, this violent treatment approach seems riddled with Freudian influence; the wild manic unconscious must be controlled and forced back into submission with drugs and restraints.

While the drug Lithium is the treatment of choice by the majority of psychiatrists, the method by which this drug seems to work is not known. Although lauded as the cure-all for manic-depression, Lithium is a toxic substance and can cause a host of negative reactions ranging from diarrhea to seizures. In addition, while it may dampen the extreme swings, taking Lithium is no assurance that "mood" fluctuations will stop.

Subjectively, all the drugs including Lithium made me feel worse. While drugged, I experienced difficulty concentrating. In addition, Lithium seemed to kill my creativity.

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And emotionally, I felt numbed; it seemed as though I was looking at the world through cloudy glass — out of touch with both myself and my environment.

Since I was not offered the explanation that a chemical imbalance caused my problems, I could see no reason to take a drug; the drugs caused discomfort and certainly did not solve my apparently overwhelming unconscious conflicts. When my doctor told me that there was nothing that he could do for me if I would not take Lithium, I realized that I was on my own with this. The idea that I am responsible for taking care of myself became clear to me and in essence, I became my own doctor.

I began by asking what the label "manic-depressive" or "bipolar-affective disorder" means? And I discovered that this diagnosis is used to describe symptoms involving wide fluctuations in what are generally termed "moods." While mood shifts can range from extreme highs of manic-psychosis to deep lows of suicidal depression, more moderate ups and downs are also often diagnosed as "manic-depression." Current psychiatry has not yet come to a conclusion regarding the causal agent in this problem. While there are remaining remnants of the Freudian influence which claims that "manic-depression" is caused by unresolved unconscious conflicts, I found that most physicians now agree that it results from a biochemical imbalance within the body (Fieve, 1975).

Initially unaware of the chemical link, I began my self treatment by focusing on the emotional aspects of my life. Assuming that I could find emotional causes for my "craziness," I began to keep track of my feelings. Through close self monitoring, I soon discovered that while rarely reaching the point of manic psychosis or suicidal depression, there were regular, mild changes in my

moods. Although I found no clear connection between events which made me feel happy or sad, and my general mood state, it seemed evident that emotional stresses (both positive and negative) could accentuate my ups and downs. Still believing that the cause of my problems lay hidden within my "unconscious," I entered psychotherapy to look more deeply into my psyche. And although I learned valuable things about myself, my occasionally radical mood shifts became even more of an enigma as I discovered that in general, I am a psychologically healthy person!

Over the years since my initial hospitalization, I developed a series of seemingly unrelated physical health problems. The varied diagnoses included colitis, hypoglycemia, allergies, hypothyroidism, chronic infection, and premenstrual syndrome. After the birth of my two children, my physical condition further deteriorated; frequently, periods of fatigue and illness would leave me dysfunctional. Unwilling to accept the label "hypochondriac," I began to search for clues to my ill physical health, and the puzzle of my "emotional disturbance" began to fit together.

I began to notice that there was no clear separation between my moods and my physical health. For example, I tended to have more pronounced highs and lows during the spring and summer seasons, when more allergens were present in the air. And I experienced cyclic premenstrual depression each month. Noticing that my highs and lows seemed to relate more to energy level than moods, I began to think of myself as having *energy* swings rather than mood swings. Finally, learning of the biochemical theory reinforced my belief in the link between my body and my mind.

Questioning the idea that "manic-depression" is a distinct illness like measles, cancer or bubonic plague, I began to look upon my entire collection of physical and emotional symptoms as a part of a greater interrelated "gestalt." My attempts to understand this relationship led me to new ideas in the fields of immunology, pathology and stress research. The discoveries that I made became intimately connected with the self-care treatment of my "manic-depressive" symptoms. In the field of Clinical Ecology, a new branch of immunology, I found many parallels between

my symptoms and those of "ecological illness." Using the term "allergy" broadly to mean any pathological reaction to any encountered substance, Dr. Theron Randolph (1980), a respected researcher in this field, maintains that chronic allergic exposures can alter people's moods and affect their health. According to Dr. Randolph, in addition to common pollen and mold allergies, foods, chemicals and environmental pollution can also be a source of problems. If the central nervous system is affected, the sufferer's allergic response can cause mental and emotional symptoms as varied as full blown "psychosis" to mild concentration problems (Philpott & Kalita, 1980; Randolph, 1980). These responses are referred to as "cerebral reactions." Severely reactive individuals with multiple allergies are said to have "ecological illness."

Randolph (1980) describes well-being in terms of a teeter-totter like continuum from severe depression to homeostasis to mania. Like drug addiction, according to Dr. Randolph, initially substances to which people become sensitized give them a lift. The rebound effect is downward in the form of mild fatigue or common allergic reactions like a runny nose or cough. As exposures continue, says Randolph, the patient's health deteriorates and the ups and downs become more severe and debilitating.

A related illness which has furthered my understanding of the correlation between my physical and emotional problems is chronic Candidiasis. The extensive research of Dr. Orian Truss (1982), has singled out a ubiquitous pathogenic yeast, *Candida albicans*, as a prime agent in many emotional and physical problems. According to Dr. Truss, chronic Candidiasis can cause a host of physical problems including susceptibility to food and chemical intolerances (i.e. ecological illness), disorders of the endocrine system, and repeated infections. Yeast toxins released into the body can directly cause various cerebral reactions, as can other substances that sufferers may have become sensitive to as a result of this chronic infection. Found directly colonizing the brains of diagnosed schizophrenic patients (Truss, 1984), *Candida* has become implicated in cases of severe Psychopathology. Increasing my belief in the correlation between

my physical and emotional problems these ideas were exciting to me. And by putting the Candida and allergy information together within the framework of a stress model, I developed my approach to self-treatment. According to Hans Selye (1976), stress is a cluster of physiological changes in people's bodies, particularly affecting the endocrine and immune systems. Popularized, stress has become synonymous with emotional "pressure." However, stress can be brought on by purely physical factors like environmental pollution and inadequate diet. Since stress apparently precludes the disease process, it follows that stress is also involved in "mental" disease. But the assumption that "mental" illness is caused only by emotional stress is an illogical conclusion.

I have come to think that the primary symptoms which become present in illness depend upon multiple factors such as genetics, learning, and diet. And while the disease process itself is similar from person to person, an individual's symptomatology is unique; whether a person develops heart disease or "manic depressive illness" is an individual matter. And what may be stressful to one person may be benign to another. In addition, since disease is a process involving various interacting forces it is wrong to look only at one isolated symptom without regarding the individual's entire state of health — both emotional and physical.

In my case, I believe that I have a natural — possibly inherited — tendency to develop cerebral reactions. When under severe stress, these cerebral reactions can be pushed into severe "manic-depressive" symptoms. While emotional factors can cause stress, these alone are not enough to destroy my homeostasis. However, the interplay between factors such as chronic infections, allergies, as well as emotional stress can trigger my particular form of "getting sick."

The basic goal of my self-treatment approach is to control as many factors contributing to my ill health as I possibly can. Simply described as stress monitoring, there are four basic phases to this process. First, I must learn to recognize the signs of over-stress in myself. Next, I attempt to uncover the stressors. Then I decide how to reduce my stress level. And finally, I incorporate the needed changes into my life. For my purposes, I define "stress" as emotional or

physical pressure. A "stressor" can be anything that causes stress. And if I develop symptoms, this means that I have allowed myself to become "over-stressed." The following examples illustrate this process:

My moodswings have always coincided with sleep difficulties; the more severe the swing, the more problem I have with sleeping. By monitoring my ups and downs I have noticed that prior to any major shift in my mood, I begin to have problems sleeping. I may have difficulty falling to sleep, I may awaken in the middle of the night, or I may have restless, dream laden sleep. Consequently, I have learned to treat any change in my sleep pattern as an early warning sign that something is amiss with my biochemistry. At one point while watching my sleep patterns, I noticed that there seemed to be a weekly cycle to my sleep problems. On Sundays, I experienced the greatest difficulties, and usually I would improve throughout the week. After some detective work, I realized that every Sunday our bedding was changed, and the detergent scent in the freshly washed sheets was the cause of my difficulty. By washing our sheets in an unscented baking soda solution, this problem sleep cycle disappeared.

Another example involves watching my activity level. In my high-energy, hypomanic periods, I tended to pile on all sorts of activities. Inevitably finding myself overextended, and procrastinating, I would become possessed with an obsessive drive to "get things done." Eventually my depleted body would crash, and I would find myself depressed, exhausted and sick in bed. I have learned to prevent this cycle by closely monitoring my activity level; taking on no more than I can comfortably accomplish with moderate energy.

If I become overstimulated, an early warning sign of trouble is a caffeinated feeling that I call "speeding." At the first sign of this feeling, I make myself take a break from whatever I am doing and relax. Usually lying down and listening to one of my relaxation tapes is enough to stop the "speediness." If I do not catch the process early enough, my whole body begins to feel as though it is whirring with activity; my pulse rate increases and I have a great deal of trouble settling down. If the process goes this far, then I stop all activity

and treat myself as though I am sick — a day or two in bed, relaxing reading, perhaps some television etc. This takes care of the problem and my energy returns to normal.

Recently, I have begun treatment for chronic Candidiasis. Basically, this involves eating a low carbohydrate, high protein diet, taking an anti-fungal drug, and supplementing my diet with specific nutrients to rebuild my immune system. This treatment has helped immensely with both my physical and emotional health. I find that my leeway is much greater for what I can do without becoming speedy or suffering from other symptoms. Candida treatment, together with avoidance of substances to which I am sensitive like eggs and perfumes, and careful stress monitoring has stabilized my energy level. I no longer have cycles of feeling driven and then crashing with exhaustion. Adjunctively my moods have also stabilized. I generally feel happy but not high, and occasionally sad, but not depressed.

It is no exaggeration to say that the changes I have made involve all aspects of my life. I have learned to monitor myself closely for signs of over-stress, and found methods to reduce my stress load. And I have learned to recognize and avoid any substance or activity which adversely affects my mood or energy level. Most importantly, I have been willing to take responsibility for my health. While I accept that no-one else can "fix" me, taking the responsibility for my health does not mean that I "shoulder the burden" alone, without help from others; quite the contrary. Part of being responsible for my health involves asking for appropriate care when I needed it. I am grateful for the help of several open-minded doctors, including an Orthomolecular Psychiatrist, and a Clinical

Ecologist, who have helped guide me along the road to health. And I have learned to ask my family for support and have taught them how they can help me. Because I believe that I have the power to affect what happens to me, and I am highly motivated to stay healthy and avoid drugs, I have been successful in carrying out the difficult life changes required to care for myself.

While I know that I have a predisposition towards "manic-depression", I also know that I have some control over this process; I do not have to live in fear of the erratic whims of my biochemistry. Nor do I have to spend my life taking a dangerous drug. I have embarked upon an exciting process of self discovery through taking charge of my problem. I have gained an acute awareness of the subtle ways that my environment affects me and I have learned that I can control many factors which cause changes in my mood. Studying the interaction between mind and body has become a fascination to me. And it is my hope that scientists will begin to look more closely into the body/mind link, and that more humane, health promoting rather than symptom masking treatments will be developed for people with "mental" illness.

References

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