Clinical Roundup

Selected Treatment Options for Mood Disorders—Part 2

Healing Touch

Healing touch is a supportive energetic healing approach that may provide an excellent adjunct to medical treatments and/or psychotherapy for individuals with mood disorders such as anxiety and depression. Healing touch is performed by placing the hands gently either on or off the body using a designated sequence of placements (techniques) to assist in restoring harmony and balance to the person’s energy system. Healing touch may help calm individuals and decrease anxiety. However, patients who are acutely angry, manic, or agitated may not be good candidates. When offering healing touch, it is important to establish a trusting relationship, and practitioners should closely observe how a client is tolerating the treatment.

In a qualitative study (grounded theory and case-study approach) by Van Aken with moderately depressed clients, a decrease in depression in those receiving healing touch was observed, although this was not the purpose of the study. Healing touch sessions were offered five times weekly, although the author concluded that it was difficult to ascertain the exact number and frequency needed and suggested a follow-up session one month after the completion of the final session. The core problem identified in these participants was one of disconnection and healing touch was helpful in developing a sense of trust. Specific healing touch techniques recommended for those with depression are the level 1 and 2 techniques of Chakra Connection, Magnetic Clearing, Modified Mind Clearing, and Hands Still. These techniques can also be taught to the individual to be performed on themselves to further support their healing.

A common experience with sessions is for the client to note a gradual progression of positive feelings, including being more relaxed and grounded, with an increase in energy. Additional feelings include being peaceful, open, and more balanced. Healing touch can offer a sense of comfort and of “being cared for” to those with mood disorders during a time of detachment and stress that can help them find the strength to heal their emotional self.

References


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Psychosocial and Nutritional Interventions for Childhood Mood Disorders

Antidepressants have a black box warning about increased risk of suicidality; medications used for childhood bipolar spectrum disorders (BPSD) are associated with metabolic disruption. Neither is 100% effective. The need for safe,
effective treatments led us to investigate two nutritional interventions and psychotherapy to treat children with depression and BPSD.

We noted clinically significant relief of mood, anxiety, and psychotic symptoms using a commercially available multi-nutrient, EMP+ (Truehope Nutritional Support Ltd., Raymond, AB, Canada) in a 12-year-old boy who had been symptomatic for 6 years and now remains improved 7 years later on this intervention alone. An 8-week monotherapy open trial of the same supplement in 10 children with BPSD demonstrated a 37% decrease in depression and a 45% decrease in mania scores; the supplement appeared safe and well tolerated with no changes in BMI or waist–hip ratio, in contrast to side effects associated with psychotropics commonly used for BPSD. Micronutrient supplementation is especially important when using mood-stabilizing drugs known to induce vitamin deficiencies.

Omega-3 fatty acids have been used to treat childhood mood disorders. In addition to our case report of treatment response in a girl with bipolar disorder type 1 with psychotic features and generalized anxiety disorder, we are undertaking analysis of a recently completed randomized controlled trial that we believe will support combined psychotherapy with omega-3 fatty acids for youth with depression and BP not otherwise specified.

Finally, there is sufficient evidence to support the importance of family psychoeducation plus skill building for children with BPSD. Similarly, cognitive behavior therapy with a parent component is considered a well-established treatment for children with depression. Thus, we recommend including family-based psychotherapy when treating children with mood disorders, regardless of other interventions utilized. We suggest that psychotherapy and nutrition options should be considered either prior to or as an adjunct to a lower dose of psychotropics when treating youth with mood disorders.

References

patient gets a positive ART response when the examiner states age 10–15, we then further determine the exact year this unresolved feeling developed by repeating the process with each year stated individually. Once we have the age at which the unresolved emotion occurred, reflection on the patient’s life history can lead to identification of the triggering emotional trauma associated with that feeling.

Examples of events in our patients’ lives that have triggered unresolved emotions have included the year a patient was diagnosed with type 1 diabetes, the year a patient’s father moved out of the family home, and the year a patient’s fiancé ended their engagement. Another more astounding example was the case of a 10-year-old girl with severe emotional lability. ART revealed dysregulation corresponding to the patient’s time in utero. The patient’s mother then recalled the facts regarding the patient’s gestation. The patient was apparently one in a set of triplets; however, due to complications, one of the fetuses was selectively aborted. Consequently, the patient witnessed the demise of her sibling while a fetus. Remarkably, once this was discovered, the patient did well with further treatment. With this technique, a patient’s unresolved and repressed emotional traumas can be immediately addressed in the context of psychotherapy.

References


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Resolving Bipolar Disorder by Applying a Holistic Model: An Innovative Approach in Psychiatry

Bipolar disorder (BD) is a relatively new diagnostic category, derived from a rare psychiatric condition, manic-depressive disorder. BD is characterized by mood swings. Its definition has been controversially expanding, incorporating milder conditions.1 The conventional approach to treatment emphasizes life-long medications management with the goal of reducing inevitable relapses,2,3 while accepting side effects, high treatment costs, and disability rates.

We developed an individualized holistic approach with a goal to achieve long-term recovery.2 The initial stage usually lasting several weeks is focused on searching for etiological factors, reducing general toxicity, addressing lifestyle and behavioral patterns, digestive issues, and energetic instabilities. It is accomplished with behavioral modification, acupuncture, and orthomolecular supplementation with vitamins, minerals, and amino acids.5–8 The goal is to reduce symptoms while treating the underlying causes of imbalance.

During the medication titration and emotional stabilization phase that can last several months to years, the etiologies that caused and support BD are addressed. Medications are slowly titrated and the process is supported by orthomolecular supplementation and multiple other modalities. Emotional traumas are resolved by using EMDR, energy work, positive psychology, guided imagery, systemic family constellation therapy, homeopathy, and five-element acupuncture. Endocrine issues are resolved using bioidentical hormone supplementation, herbal and homeopathic protocols, and neural therapy. Digestive issues such as small intestine bacterial overgrowth are resolved using elimination protocols,9 dietary modification, digestive enzymes, neural therapy, probiotics, herbal antibiotics, and antiparasitic supplements. Patients are trained in self-regulation and empowered through keeping a diary, and practicing meditation and yoga. Toxicity is addressed by removing amalgam fillings and herbal chelation.

The healing of BD is a life-long process. Initially, patients require our support and counsel as they learn to live a medication-free, holistic lifestyle and resume a normal life by practicing resilience and self-regulation. In time, supplements and required clinic visits are reduced as the patient becomes more self-reliant. The role of the practitioner is to guide the patients through self-discovery on their path to wellness. To embrace this holistic approach, practitioners need to be well-versed in multiple healing modalities, well-aligned as a team, and practice what they preach.

References


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Yoga

Mood disorders are common mental health problems, affecting approximately 154 million people around the world. It is a major public health problem, associated with considerable burden of disease, suicide, physical and mental comorbidities, high economic costs, and poor quality of life. On the basis of epidemiological data and health economic measures based on clinical severity ratings, it has been projected that major depression will be responsible for the largest burden of disease of any illness by the year 2020. Mood disorders exist in many forms, including unipolar depression, bipolar depression, mania, mixed syndromes, and subsyndromes, and these conditions can co-occur with other psychiatric and physical disorders. Yoga techniques enhance well-being, mood, attention, mental focus, and stress tolerance. Sudarshan Kriya Yoga has proven to be a beneficial, low-risk, low-cost adjunct to the treatment of stress, anxiety, posttraumatic stress disorder, depression, stress-related medical illnesses, substance abuse, and rehabilitation of criminal offenders. It has also been found to increase serum levels of brain-derived neurotrophic factor, an indicator of neuroplasticity, which is correlated with improvement in depression.

In many studies it has been shown that yoga and exercise have beneficial effects on mood and anxiety. In a randomized controlled study in healthy subjects, the effect of a 12-week Iyengar yoga intervention (60 minutes per day, 3 times per week) was compared with metabolically matched walking exercise on mood, anxiety scales, and thalamic GABA levels using magnetic resonance spectroscopy scan. A significant increase in thalamic GABA levels and greater improvements in mood and anxiety were shown in patients in the yoga group, as compared to patients in the walking group. Thus, yoga therapy may act as a useful adjuvant to mood-stabilizing medications.

The following yogic practices (60 minutes per day, 3 days per week, for 3 months) may help stabilize mood:

1. Loosening practices (Shithilikanavayāyāma for approximately 10 minutes):
   a. Standing practices—Jogging, jumping, hip twisting, forward and backward bending, alternate toe touching, side bending.
   b. Sitting practices—Tiger stretch, plough pose (Halāsana), seated forward bend yoga pose (Paschimottanāsanā).
   c. Supine practices—Straight leg raising, both leg raising, cycling.

2. Breathing practices (Prānāyāma for approximately 15 minutes): Forceful exhalation (Kapālabhāti for 2 minutes), right nostril breathing (Suryānoloma Viloma prānāyāma for 2 minutes), bellow breathing (Bhūshīrīkā for 2 minutes), or Sudarshana Kriyā yoga, and alternate nostril breathing (Nādisuddhi for 3 minutes); left nostril breathing (Chandra Anulom Viloma for 2 minutes); humming bee breath (Bhramari for 2 minutes); abdominal breathing in lying down position for 2 minutes.

3. Physical postures (Āsanas for a total of approximately 20 minutes):
   a. Standing āsanas—Sun Salutation (Surya Namaskāra for 3 minutes), half wheel pose (Ardha Chakrāsana for 1 minute each side); hand to foot pose (Pādahastāsana for 1 minute); half waist rotation pose (Ardha Kati Chakrāsana for 1 minute each side).
   b. Sitting āsanas—Camel pose (Ustrasana for 1 minute), posterior stretching pose (Paschimottanāsanā for 1 minute).
   c. Prone āsanas—Cobra pose (Bhujangāsana for 1 minute); crocodile pose (Makarāsana for 1 minute).
   d. Supine āsanas—Upside down seal (Viparitikaraniāsana for 2 minutes), wind releasing pose (Pavanmuktāsana kriyā for 1 minute each side), shoulder stand pose (Sarvāngāsana for 1 minute); plough pose (Halāsana for 1 minute); kneels to ear pose (Karnapītāsana for 1 minute); bridge pose (Setubandhāsana for 1 minute).

4. Guided relaxation in corpse pose (Savāsana) with Pranava japa (Om Chanting) for 15 minutes at the end of āsanas and prānāyāma.

References


Evidence-Based Yoga Therapy

Stressful events have been implicated in the evolution of mood disorders.1 In addition to brain neurotransmitters, hormones, and growth factors, it is viewed that mood disorders are probably more closely aligned with cytokine variations that occur in the brain.2 Social stressors such as separation or divorce, unhealthy and unsupportive relationships, loss of a friendship, social rejection, and social alienation have been found to have an impact on mood disorders.3,4 The positive effects of social support and social connectedness on mood states and well-being may be related to attenuation of proinflammatory cytokines.5 Yoga, a mind–body therapy, promotes social support and social connectedness.6 Similarly, yoga also reduces interleukin 6.7 In addition, yoga leads to fewer depressive symptoms.8 Furthermore, yoga has been associated with proinflammatory cytokine reductions.1

In our clinical practice at Morarji Desai National Institute of Yoga, New Delhi, India, we use evidence-based yoga therapy (EBYT) to treat mood disorders. The EBYT for mood disorders may include the following practices.7,8

- **Shanti Mantra**: Peace chants from *Upanishads*
- **Asana** (postures): Sarvangasana (shoulder stand pose), Matyasana (fish pose)
- **Bandha** (lock): Uddyanabanbha (abdominal contraction)
- **Pranayama** (breathing techniques): Nadi Shodhana Pranayama (psychic network purification), Bhramari Pranayama (humming bee breath)
- **Mudra** (psychic gesture or attitude): Yogamudra (attitude of psychic union)
- **Pratyahara** (withdrawal of the senses): Yoganimdra (psychic sleep)
- **Dhyana** (meditation): Om Chanting

When used in combination with modern conventional treatment, the results of EBYT for mood disorders may be observed much earlier. We encourage a concerted effort from all fields of research to incorporate ages of ancient wisdom into the health challenges we face today.

References


Acupuncture

Mood disorders are disturbances in the predominant affective state of the patient, and vary from depressive states to mania and other states. They are further categorized into depression and bipolar disorders. Depressive symptoms include sadness, irritability, worthlessness or guilt, and sleep and appetite changes. Bipolar disorders involve depressive but also maniac traits, such as expansive, elevated, or irritable mood, flight of ideas, distractibility, and agitation.1 Anxiety is a protective reaction that may turn into a dysfunction when it becomes chronic or interferes with quality of life.2

MacPherson et al. showed statistically significant benefits for both acupuncture and counseling in comparison to usual care alone, for patients with moderate to severe depression.3 In another trial, Chen et al., comparing acupuncture and
Electroacupuncture with paroxetine versus paroxetine alone, showed that combined therapy significantly improved obsessive-compulsive, depressive, and anxiety symptoms. Despite controversy on the effectiveness of acupuncture in anxiety, its use has been associated with change in biological markers of mental illnesses and clinical effects. A meta-analysis indicates that acupuncture may be more effective than placebo or nonintervention for preoperative anxiety. For bipolar disorder, two randomized trials compared adjunctive acupuncture to nonspecific or “placebo” acupuncture, showing promising results for relieving both depressed and elevated mood.

In Traditional Chinese Medicine, mania and depressive symptoms are classified in “patterns.” Some suggested acupoints are PC7, HT7, ST40, and CV17, for “liver Qi stagnation”; ST36, SP6, BL15, and BL17 for “spleen and heart deficiency” (BL18 and BL20 can be added); PC8, CV14, GV26, KI4, and LR3 for “hatred attacking the liver” causing mania symptoms; and reducing GV26, CV13, and HT7 and fortifying SP6 and KI3 for mild symptoms with signs of “deficiency.” PC6 is used to “protect the heart from fire of the mania state” or to “fortify Qi” in melancholy. ExHN3 or five needles inserted on the transition between the forehead and the scalp are used for “calming the mind” in any situation.

References


Ear Acupuncture

Ear acupuncture was introduced officially in 1957 by French physician Paul Nogier. The peculiar innervation of the auricle, with a well-represented supply of fibers of the cranial nerve X, makes this method appealing for practitioners who want to regulate the vegetative system to reduce anxiety and improve mood of their patients. Unfortunately, the specificity of auricular points is still insufficiently unexplored and we do not have yet on the auricle a documented representation of zones that could be used for depressive disorders.

According to auricular diagnosis of depression, important areas seem to be the posterior part of the ear lobe (1) and a more centrally located zone (2) related to mood, cyclothymic personality, and phobic anxiety. Further important areas seem to be
the intertragic incisure and the anterior part of the ear lobe (3 and 4), which may be related to the hypothalamic–pituitary–adrenal axis and to cortical functions such as attention, cognition, and appraisal. The “limbic-cortical dysregulation” model proposed by Mayberg could possibly fit with the somatotopic mapping reported in Figure 1. According to this author, across the different positron emission tomography paradigms searched out in depression, there is an inverse relationship between the frontal and limbic systems: a decreased activity in the former corresponds with a relative increase of the latter.

A recommendation into practice is therefore at first to treat the limbic-subcortical structures, possibly located on areas 1 and 2, testing and always regulating at the same time area 3. The neuroendocrine area 4, which I consider a “stress-response” area, should always be checked and included in treatment.

References


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