

LIVING WITH A BIPOLAR II MOOD DISORDER

by Robert Sealey, BSc, CA

After twenty-eight years of symptoms, on-again off-again episodes of depression with anxiety, dark thoughts and blue moods interspersed with high energy phases and irritable outbursts, at age forty-five, I was finally diagnosed with a bipolar II mood disorder, a form of manic depression. For the first time, I had the right medical words to understand myself. I wasn't a mad, a bad or a sad person, just a person with a mood disorder. After decades of brain problems, no wonder I was anxious.

My moody years included misunderstandings with family, friends and workmates and repeated misdiagnoses and mistreatments by doctors, even a mood disorder specialist psychiatrist. By 1995, I was a real sad sack. Desperate for help, I updated my BSc in biomedical sciences and psychiatry by reading psychiatry and psychology books. I wanted to recover my health, heal my relationships, rebuild my business and restore my destiny. The standard reference books followed the same formula: label the patient as depressed, bipolar or disordered and then prescribe one or more medications such as antidepressants, anxiolytics, anticonvulsants and mood stabilizers. Lithium for bipolars, SSRIs for depressives. Sounds okay, but what if the medications make a cooperative patient worse? For months while my pills did that to me, I thought about suicide. As my doctor kept increasing the dose, I got worse. I just wanted the pain to end.

Nobody likes it when a sick patient gets sicker: not the doctor, not the family and certainly not the patient. I learned that the system reserves three labels for the worst cases – refractory depression, treatment resistance and borderline personality. The stigma of a chronic mental illness distances healthy people from their depressive pals. Exclusion from day-to-day activities does not help vulnerable patients, nor does fear, ignorance or prejudice. In reality, 10% of the population experiences episodes of depression; 2% suffers with bipolar disorders like manic depression. These people need proper medical care.

At local mood disorder association meetings, I met other people who had mental diagnoses: depression, bipolar manic depression, rapid cycling or dysthymia. Most of them were anxious and unsettled, wondering about their symptoms, treatments and prognoses. I felt comfortable with other members of my moody tribe, welcomed and understood.

While discussing our problems, we monitored our progress. We compared symptoms, diagnoses, side effects and therapies. I noticed that some people did well taking high doses of several meds, while others, like me, reported problems tolerating even low doses of brain pills. Some talk therapies worked better than others. The best counsellors respected our difficulties and our capabilities while politely but firmly insisting that we improve our patterns of thinking, feeling, behaving and relating.

I started an independent depression project to interview patients and families, study mental healthcare, develop tips and traps, and write books and articles. As an educated patient, I hoped to guide other people through the mental healthcare maze. Writing allowed me to express my concerns, process my frustrations and shift toward a positive balance of productive thoughts, appropriate feelings and cooperative behaviors. Authoring *Depression Survivor's Kit* helped me to focus, monitor my moods and search for effective treatments. Research and writing connected me with over 150 depressed people. One lady suggested the *Journal of Orthomolecular Medicine*. Even though I had a degree in biomedical sciences and psychology, I did not recognize the word 'orthomolecular'.

Imagine my surprise to find the International Society of Orthomolecular Medicine just two miles from my home in Toronto. The friendly manager told me about their booklist, journal and annual conference – Nutritional Medicine Today. Even though I was still cranky after years of bad moods and failed treatments, I could not resist his pleasant invitation to read about restorative care. My curiosity was aroused as I studied the scientific and medical research, the history of orthomolecular medicine and the progress reports of recovered patients. Could orthomolecular medicine help me?

Skeptical, I turned myself into an orthomolecular experiment. Disillusioned after years of failed patient-doctor relationships, and determined not to risk my life to negligent short cuts, I found reference books which explained how orthomolecular health professionals apply the life science of biochemistry to the art of medicine. In the best books, I connected with qualified healers and trustworthy guides. A basic orthomolecular regimen soon restored my mental health. Later, at conferences, I met recovered patients and orthomolecular doctors.

Nobel-prize-winning chemist Linus Pauling, PhD, invented the word 'orthomolecular' (meaning 'straighten out the molecules'), after he read about the work of Dr. Abram Hoffer. Not knowing that schizophrenia was considered incurable, Dr. Hoffer, a research psychiatrist, started cooperating with colleagues in the 1950s. They developed an adrenochrome hypothesis and treated schizophrenics with supplements of vitamins B3 and C. Many patients recovered. Conventional doctors discounted the possibility that therapeutic doses of vitamins could treat such a serious illness but that did not stop orthomolecular doctors from helping thousands of patients. The orthomolecular concept made sense to me. A depressed person needs to refuel his brain, stabilize his enzymes and restore his capabilities for thinking, feeling and behaving. After a sick brain recovers from a low-fuel crisis, the symptoms of depression resolve. The restored brain no longer misfires or signals 'send fuel!' Bad moods pass; life looks brighter.

Orthomolecular doctors diagnose each patient carefully before prescribing modest doses of medications with complementary regimens of vitamins, minerals, amino acids, enzyme and energy co-factors, essential fatty acids, antioxidants and hormones – smart nutrients, customized for each patient's diagnosis and biochemical individuality. For the past fifty

years, orthomolecular doctors have been researching and developing restorative treatments for mood disorders like depression, anxiety and manic depression, thought disorders like schizophrenia and schizo-affective disorder, attention disorders like ADHD and autism and brain problems such as epilepsy, dementia, dyslexia and Down's syndrome. Their clinical success stories are heartwarming.

Since 1996, my orthomolecular regimen has complemented my antidepressant-anxiolytic medication (gingko biloba, an extract of Maidenhair, the world's oldest living tree species). Now I keep well, with no more episodes of depression, no more hypomanias. For a higher profile recovery story, consider actress Margot Kidder, best known as Superman's girlfriend in feature films. After years of problems, Margot used orthomolecular medicine to recover from bipolar I manic depression. In 1998, she appeared as the host and narrator of the documentary *Masks of Madness: Science of Healing*. That film presents six patients who share their recovery stories along with six health professionals who explain their orthomolecular protocols.

After years of painful problems, black and blue moods and symptoms of a bipolar II mood disorder, I learned to accept my diagnosis. I developed a VVV-RISCE acronym to understand my bipolar brain. Yes, I can be variable, volatile and vulnerable (to episodes of depression and hypomania), not to mention reactive, intense, hypersensitive, periodically creative and surgingly energized. No matter, I can respect, approve, interest, support and encourage myself. Self-help, bibliotherapy and restorative treatments helped me recover and live well. Not perfect, but perfectly good enough to work, get along with family and friends, consult with clients, write books and introduce people to orthomolecular medicine: restorative treatments for beautiful minds.

Bob's Tips for Coping with a Mood Disorder

1. If you get depressed, family and friends may tell you to "pull up your socks". Depression isn't a sock disorder. You need a medical diagnosis and effective treatments.
2. You can read the practice guidelines of psychiatry. Written for patients, families and health professionals, the guidelines recommend accurate diagnosis and standards of care, not nihilism.
3. Local depression and manic depression associations offer free support groups. You can compare symptoms and treatments, progress and set-backs while you search for quality care.
4. Use bibliotherapy; read to help yourself; become an educated patient; find competent caregivers. Consider standard references and survivor accounts. Focus on safe and proven treatments.
5. Remember that up to 50 medical conditions can cause or contribute to symptoms of depression. If your doctor diagnoses you after a 5-minute chat with no tests or histories, watch out. Don't trust your life to quick and easy short cuts. Consult a mood disorder specialist. Ask for restorative care.
6. Web sites can connect you with information, newsletters, references and resources. Consider:

McMan's Depression & Bipolar Weekly	mcman@mcmanweb.com	(ask for a sample issue)
Intl. Society of Orthomolecular Medicine	www.orthomed.org	(book list, film, conference)
SEAR Publications	www.searpubl.ca	(articles, book excerpts)