

The herbalist's role in supporting mental health

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safety / ethical considerations
supervision??

Integrative management:

Assessing and providing support strategies at the levels:

- Social - relationship: family, close friends
- Social - culture: cultural practices (source &/or relief of anxiety), local groups / pressures
- Psych: "conventional" symptomatology (vs. "disease")
- Lifestyle: dietary choices / patterns, movement, air, living environment
- Biological - Functional
- Biological - Energetic [sometimes both biological levels in tandem, other times solo or w/ other modalities]
- Spirit: everyone has this level, regardless

*corollary: multiple modalities. herbal medicine alone is not enough. Herbalist can act as a "primary care" focus in most cases, though

Severe cases, immediate referral:

suicidal? dangerous? unable to take care of personal needs?
anxiety rapidly progressing (hours/days)? sudden onset of cognitive impairment?

Due to potential issues:

thyroid hormone dysfunction; anemia; electrolyte imbalance; substance abuse; improper nutrition (missing essential amino acids / EFAs); cancer; stroke; injury

Plan based on shared goals

clearly defined, outlined and obtained together
timeline
assessment-based (see above categories) metrics as source of "objective" evaluation criteria on the timeline

Issues unique to multi-modality approach

interactions. Dangers / contraindications can exist; synergies and additive effects also

Follow - up

varies depending on situation. Schedule can be revised "on the fly". Opportunity to evaluate progress on mutually-agreed-upon metrics; adjust formulation; monitor energetic / constitutional changes (deepen constitutional understanding)

Commonalities to all herbal support

Whole-person assessment (plurality of symptoms w/ additive or complicating effects)

Tonification (often doable as a tea blend, good for habitual use)

Cooling nervines

Succalcap leaf Safest of all the cooling nervines, and also very effective in over-stimulated conditions. The tincture of the fresh herb is very good, at doses of ½ tsp three times a day between meals. A tea of the dry herb can be made as well, though I find that more tonic and less calming.

Lemon Balm leaf The "gladdening herb" that is specifically indicated with more depressive tendencies, or if there is a lot of digestive wind. Its energy actually tends toward warmth, and astringency. It makes an excellent tea.

Blue Vervain leaf and flower A more powerful digestive stimulant that is also an excellent nervine for "excess" constitutions. It cools and is extremely bitter. The dose of tincture is ¼ to ½ tsp 15 minutes before every meal.

Chamomile flower Tending more towards warmth, this calmativ is famous for relaxing colic in infants. It helps overanxious adults as well, especially if there is digestive spasming, pain, and wind. The tea is the only way to go: start with two cups a day.

Wood Betony leaf An herb which was much more *en vogue* in the past, it helps for chronic headaches and a feeling of tightness or oppression in the chest. The tea works well, or a tincture taken at ½ tsp doses a few times a day.

Warming nervine tonics

Oats tops **The premier nervine tonic, made from the immature seedheads of the oat grain ("milky tops"). It is nourishing, tonifying, and incredibly safe. I use it as the base of almost any nervine formula. The tincture made from the fresh tops is excellent for active, scattered symptoms, and can be taken at dosages of ½ to 2 tsp at least three times daily. The tea of the dried tops is a more long-term rebalancer and has some adaptogenic quality as well.**

Hawthorn berry, leaf, flower Warming, heart-healthy, and calming, this herb can be used as the berry, leaf, or flower. It is useful to build even nervous energy in both depressive and anxious conditions, helping to impart focus and calm without stimulating in any way. Its most common indication is the concomitant presence of cardiovascular disease. Take 1 tsp of the tincture two or three times daily; or make a strong tea; or eat spoonfuls of Hawthorn berry jam.

Rose bud and flower Emotionally soothing, I've found Rose to help rebalance nervous issues that have abuse or abandonment at their root. Aromatherapy works well here; also, glycerin-based extracts. Rose can also feature as part of a nice tea formula, especially to balance it energetically. Another specific indication is "heartburn" (literally).

Adaptogens

Ashwagandha root **This solanaceous root comes to the materia medica from Ayurveda. It is an excellent example of a Yin tonic, nurturing deep strength and specifically helping address the root deficiencies behind insomnia**

patterns. The powder can be given, 1 or 2 tsp twice daily; alternatively, the tincture works well too, at about 1/2 to 1 tsp twice daily.

Rhodiola root Also known as "arctic root" or "golden root", the extract of this rose-flavored plant is an incredible tonic for low energy states, lack of focus, and depression. It has an invigorating, Yang quality while at the same time not being too stimulating. I generally suggest it for relatively limited periods of time (2-6 months) or on an as-needed basis (1-2 days a week). The dose ranges from 60 to 120 drops twice daily, but not later than 3pm.

American Ginseng root "Root of Kings", life-enhancer, premier tonic, panacea: ginseng has been called many things, and with good reason. Our American variety is very tonifying to the Yin, and is especially indicated for conditions of depletion, stress, and anxiety in folks over 40. Chew on pieces of the root, or take a tincture at the dose of 1/2 teaspoon twice daily.

Licorice root This is a delicious (to most folks) remedy for conditions of adrenal depletion and stress leading to depression, lack of energy, and lethargy coupled with inflammation in the system (tension, pain, headaches, achiness). It is also a good respiratory tonic helpful in asthma. Use caution in hypertension. The dose is 1/4 to 1 tsp twice a day.

Depressive symptoms

conventional approach: based on somewhat flawed questionnaires (Hamilton scale, e.g.) and DSM-IV diagnostic criteria

Assessment based on impact in the assessment criteria, quality of life impact:

(relate, perform, "fit in", create, use judgement, find meaning)

Depressive symptoms present as "low" - psyche and spirit deficient.

St. Johnswort

substantial clinical evidence. Tincture, from fresh plant, 3ml 2x/day or 2ml 3x/day
warm, slightly astringent, used historically as a tonic. Kapha / deficient, weak NS

Albizzia julibrissin (Mimosa)

limited Western validation; Chinese herb
substantial personal and anecdotal evidence; works fairly rapidly
All constitutions; some say "intoxicating"
2-5ml 2x/day

Rhodiola rosea

SNRI as well as SSRI - like activity
body aches, fatigue
perhaps for more active people - gently cooling, antifatigue adaptogen
3ml 1x-2x/day - use caution w/ insomnia, evenings

Acorus calamus

GI Sx usually present as well - reflux, bloating e.g.
powder - 1/4 tsp 2x/day
tincture (high alcohol) - 1ml 2x/day can be increased to 5ml 2x/day

Folate and B-Vits

Low folate level predicts low response to treatment
Low B12 often found in association w/ depressive symptoms

Vitamin D

Doses up to 100,000 IU short-term, 50,000 week-long, 7,000-10,000 maintenance daily
Esp. in SAD

Omega-3 EFAs

Can synergize beneficially w/ conventional antidepressants
Stand-alone antidepressant effect
2g-4g daily with food

Cyclic mood changes

Including mania, "bipolar"
also present as a "degree of wind" with many other symptom patterns - depression, anxiety, psychosis, insomnia
manic and **hypomanic** episodes (>1wk vs. 3-5 days). In the latter functioning need not be impaired
herbalists reject the assumption that cyclic mood changes are different aspects of a "disorder"; prefer to view it as vitality moving, restless, affected by wind and dryness.
Degree and severity can be used to assess the pattern, but often gray areas like "elevated mood" or "high irritability"
-> ongoing monitoring important until herbalist can determine the specific nature of the cyclic changes
-> support may need rapid modification

Rauwolfia serpentina is strongly cooling, bitter, calmative. Reduces blood pressure substantially. Tethers the spirit closer to the body. NO w/ Hx of dizziness, fainting

Kava as a liquid can be combined with tonics and used as needed for manic phase, esp. w/ anxiety aggravating or triggering. 1-2ml in a little water sublingually ofr 45 seconds or until mouth numbs. repeat up to 6x/day

Valerian / Crampbark esp. in constitutions w/ muscular spasms, palpitations, cold hands/feet. 3-5ml 2-3x/day

Sesame oil internally, as a dressing. Buffers fluctuations, esp. in the more Vata profile

Choline / phosphatidylcholine / EFAs maintain neuronal membrane integrity

B-12 supplementation may decrease cyclic frequency, reduce manic episode intensity (based on 1984 study)

Tonics only (see above) during "lows", constitutionally appropriate. Avoid swinging back and forth with herbs for depressive states, ends up becoming an impossible chase and makes matters worse.

Glycemic state needs to be evaluated / addressed if necessary

Anxious symptoms

range of "causes" / symptoms: PTSD, GAD, OCD, phobias, panic attacks

range of severity / danger associated with each (though perhaps GAD least so)

Impact on quality of life:

(relate, perform, "fit in", create, use judgement, find meaning)
as objective measurement criteria

Kava as an excellent anxiolytic, can be taken PRN for panic / overwhelming, or background 1g 2x/day or 3ml 2x/day. Step-up while concomitantly weaning off conventional meds. Somatic (body) effects

Passionflower esp. w/ anxiety, worry at night. More mental constitutions

Ginkgo biloba extract cap (24% flavo-glycosides) 240-480mg daily in 2 doses. Recent human evidence re: anxious states in "cognitively intact" adults

Rescue remedy PRN, esp. more sensitive constitutions

Lavender, E.O. or as part of a tea formula (small part, strong flavor!)

Green tea L-theanine has clinical evidence backing its anxiolytic effect. Great alternative to coffee

Magnesium esp. w/ muscle cramping / tightness

Exercise

Outdoors!

Psychotic symptoms

under the broad umbrella fall diagnoses such as schizophrenia, based on moving diagnostic targets from Western med. Conventional treatment not only poorly effective, also often unsafe esp. w/ multiple meds

Role of lifestyle assessment crucial. Outdoors? Exercise? Glycemia?

Dopamine connection. Genetic / autoimmune / infective link(s)

Dopamine receptors are of two major types (although there are eight total). The most common, D1 and D2, are also the eminent examples of those two types.

In schizophrenia, the D1 receptors are on neurons which seem to be responsible for storing/interpreting memory, attention, and the maintenance of a "healthy" consciousness; while the D2 receptors seem to relate to the overexpressive, hallucinatory, manic symptom states (also tics - facial musculature - check). Dopamine receptors are overproduced. Apparently, damage to the D1 receptors can also result, giving rise to the long-term symptoms of depleted psyche. Perhaps this is partly due to the treatment... Reserpine is cited (now synthetic): **Rauwolfia serpentina**. Decreases dopaminergic activity all around; reduced sympathetic nervous system response (thus also hypotensive). Obviously contraindicated in depression, but perhaps very indicated in a yang mental illness. Check blood pressure too.

Coleus forskohlii, on the other hand, seems to increase cAMP production in most all cells, dopamine-receptor neurons included. Whether it is by stimulating the adenosylate cyclase enzyme or by some other means, forskohlin has been shown to increase the production of cAMP in (obviously) vitro. Now, it is curious to note that this seems (and there is reference to this fact in a 1983 study, although more modern research would advise caution) to traditional sources that Coleus can help modulate symptomatology of mental illness. First off, one has to assume that the increase in cAMP would perhaps not stimulate but at least counteract a deficiency in dopaminergic neuron function, by ensuring that it has enough of this energy-source to function at its best. Thus, D1-receptor neuronal function would improve (counteracting long-term negative symptoms of schizophrenia). D2-receptor neuronal function would also improve - so, perhaps, knowing the wisdom of the body, fewer dopamine receptors would be created in the neurons to counteract some underlying deficiency in the neuron itself? Could this be a deficiency of cAMP?

EFAs

Ginkgo biloba as for anxiety

Tobacco re: cholinergic attention pathways, blood glucose modulation, reward pathways (DOPA)

See herbs for manic phase of cyclic symptomatology