

The Two-Minute 24-Hour Mania Manager

A Promising Treatment for Acute Mania

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Too Good to be True? Nutrients Quiet the Unquiet Brain

A Four Generation Bipolar Odyssey

A diagnostic medical procedure used by neurologists can, within minutes, stop mania for up to 24 hours. The procedure stopped mania in a 29-year-old woman with a ten-year history of bipolar disorder in New Zealand. It stopped my 28-year-old son's mania in two minutes.

My stomach was in knots. I was all too familiar with the symptoms. Sometimes there were subtle warnings. Sometimes the episode hit with the speed and vengeance of a southern summer storm.

Always - and this was no exception - the episodes were preceded by an inability to sleep. Then my son would begin calling old friends to declare to them fantastical insights; he would talk faster and louder than usual; he would move faster and become increasingly impulsive. When he walked the house shook. This one was starting out just like the others had, only faster. The storm hit after just two days of not sleeping..

Early this particular morning he was excitedly talking to his grandmother on the phone to get a recipe for a cake he would make and take to the neighbors, all the neighbors. He wanted to get to know them better. He could just as well have been planning to start a new company or wanting to warn the world of its impending destruction. Whatever the issue, when he became manic, his ideas dominated his consciousness and compelled him to action. After he hung up I made my move.

In as relaxed a tone as I could muster I said, “You seem to be a little excited today. Would it be OK if we tried that technique the doctor in New Zealand used and see if it can help you relax and get some rest?”

“No, I want to make a cake and take it to all our neighbors. You know we have lived here 10 years and we still don’t know them.”

“Did you sleep last night?”

“I don’t need to sleep.”

“Did you take your meds and supplements last night?”

“Don’t need them. God will provide.”

Psychiatrists have a fancy word for what to most people would think of as a stubborn refusal to face reality. They call it anosognosia, a failure to recognize that something is wrong in one’s own body. It is like denial, only more incapacitating. For example, a person with a paralyzed left arm from a stroke in his right hemisphere may be unaware that his arm is paralyzed because the part of the brain that normally would perceive this is also damaged. With my son, the connection between his perceptions and physical reality was overridden not because of stubbornness, but because of a genuine inability to perceive the changes taking place in him. If his mania continued to worsen, he could think himself a prophet, the anti Christ, or even God. My son would soon become uncontrollable, even violent if anyone attempted to thwart his will. This sounds unbelievable but, as any parent who has had to deal with a psychotic son or daughter can attest, stranger things than this can happen when one’s brain is broken.

He didn’t know he had a problem and any attempt by me to convince him he did would have increased his resistance. I decided to skip the direct approach.

“You know, it would be really interesting to see if the technique Dr Dodson used had any effect on you. We could try it and show Judy (my visiting sister) if it had any effect.”

“OK.”

Bingo! He would not do it for a problem he was having but he would as an “experiment” for his aunt. I poured some water in a measuring cup and added ice.

“As I remember from the article the person was lying down.” My son stretched out on the couch with his head on the armrest at about a 30-degree angle.

“The doctor poured the water in for about 3 minutes. Let me know how it feels.” I poured the ice cold water into his left ear, using a towel to catch the excess water while continuing to keep his ear full.

“That is an interesting feeling,” he said.

He continued to lie there, not moving or talking. He closed his eyes. I stood there for a few minutes expecting him to return to his previous activities. I crept away to the bedroom where my visiting sister had hidden herself waiting for the dust to settle.

“I can’t believe it. He was getting ready to start up again and now he seems to be sleeping. Would you check to see if he is putting me on?”

She quietly walked behind the couch and listened, then returned from the living room to the bedroom.

“I can hear him snoring. He is asleep.”

“Unbelievable!” I said. “It worked.”

Four hours later he woke up. He spoke in a normal voice without the pressure and speed he had exhibited before. He did not mention his plans for the neighbors. When asked about the water in his ear, he said he didn't sleep and the water in the ear did nothing for him.

However, for the rest of the day, he acted normally around the house. He took his medications and supplements without complaint. However, that night, in spite of my attempts to dissuade him, he went to a rehearsal of a male chorus of which he was a member. While there, in response to the stimulation around him, he became manic again, excitedly informing the men that he was going to direct them to a first place in a pending singing contest. As the mania returned he became uncooperative about any intervention and, unfortunately had to be hospitalized after he returned home. Even so, his dramatic response to the cold water was enough to convince me of its usefulness, not for a cure, but for temporary management of mania. Perhaps, had I given him a larger dose of medications, we could have prevented the episode.

The results were miraculous but they only lasted twelve hours, twelve hours less than that noted by the New Zealand psychiatrist Dr. Michael Dodson who successfully used the technique on a patient in New Zealand. She had failed to respond to a week of treatment with Zyprexa and a week with Electro Convulsive Therapy (ECT). My son's shorter response may have been due to the fact that he has neuro Lyme disease and the woman in New Zealand may not have had it.

Here is an oversimplified interpretation of the work of Dr John Pettigrew who developed the "sticky hemispheric switch" theory of Bipolar disorder. Dr Pettigrew is professor of physiology and Director, Vision, Touch and Hearing Research Centre, University of Queensland, Australia. For most of us, the internally motivated action brain, or, the "just do it" brain is in our left hemisphere and the reflective, externally oriented "think before you act" brain is in the right. The average person has seamless integration of these two sides, being able to quickly alternate these perspectives. For the manic bipolar brain, the ability to integrate these perceptual approaches is compromised. Dr Pettigrew measured the differences in the switch rate between right and left hemisphere perception and found that the bipolar person switches are much slower than those of the non-bipolar person. During mania, when the switches are stuck on the left side, the person is literally unable to reflect on his actions or the consequences of his actions, as, for example, when my son tried to take over the singing group

unmindful of the fact that the group already had a director. Exclusively “doing” without “thinking” is mania. Exclusively “thinking” without “doing” is depression. The ability to execute and reflect is essential for survival but the manic person executes without the ability to reflect on the consequences.

Dr Dodson and I used the cold water to “dampen” (inhibit) the activity of the left hemisphere so that the right hemisphere could exert more influence. Incidentally a very small percentage of the population have what is called heterotaxia where hemispheric functions are reversed. For them, water in the left ear would worsen their mania.

There are many questions still to be answered. Is the procedure a cure? Probably not. Can it help manage acute mania? Yes. Can the procedure be used to manage acute mania with fewer drugs? Probably it can, but effective long-term research on all these questions is needed. With Dr. Dodson’s patient, after a 24-hour period of normality, she slowly returned to mania until, at 72 hours she was given another dose of cold water with the same dramatic improvement. This time the “Two-Minute 24-Hour-Mania-Manager” along with whatever medications she was taking worked well enough that she could be discharged to her home.

This innovative approach to the initial management of acute mania is strange but effective. The results seem almost too good to be true. However, the procedure is grounded in science and its efficacy is demonstrated in the experiences of the patient from New Zealand and my son.

There are several promising new approaches to bipolar and other mental disorders such as nutrients, fasting and dietary changes, and treatment of chronic infections. Left caloric vestibular stimulation, a simple technique already used by neurologists to assess inner ear functioning, is one that offers the most instant and dramatic results. Public awareness and advocacy by consumers and their families may be necessary before clinicians and scientists give the 2-Minute 24-Hour Mania Manager the research it deserves. After all, there is no patent on cold water. It may be possible that emergency room physicians around the country can use this powerful “off label” technique to help manage acutely manic bipolar patients.

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