

How to use alternative and natural medicine in the 21st century part VI

Abstract

This article continues article V on treating depression while the patient is receiving oncology treatment. The modalities of alternative and natural medicine can be used for the client's treatment and well-being.

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Introduction

In the medical field, especially for alternative and natural medicine, the doctors can assess the patient for depression. Any acute and chronic illness can interfere with the patient's life, making them feel down and depressed. Alternative and natural medicine has a plethora of healing treatments that the medical staff can apply for short or long-term care. It all depends on how the patient adapts to it.

Clinical handbook of natural medicine

Affective disorders: depression

The clinical handbook of Natural Medicine, states that there are eight factors that modify the function of the brain and affect mood and behavior:¹

- i. Genetic Behaviors
- ii. Age of neuronal development
- iii. Functional plasticity of the brain during development
- iv. Motivational state affected by biological drives.
- v. Memory-stored information
- vi. Environmental that adjusts income.
- vii. Brain disease or lesion-causing function
- viii. Metabolic or hormonal systems

To accurately diagnose depression there are several risk factors to determine the cause and symptoms:

- i. Poor appetite with loss of appetite, weight loss, or weight gain
- ii. Insomnia or hypersomnia
- iii. Physical hyperactivity or inactivity
- iv. Loss of interest or pleasure in unusual activities
- v. Loss of energy and feelings of fatigue
- vi. Poor home environment
- vii. Peer pressure from school
- viii. Poor work environment

The difference of depression from the DSM 5 book verses the natural medicine handbook

The answer to this question is a profound yes. How to understand the DSM or Diagnostic and Statistical Manual is to understand how many times the book has been revised since 1952. They are a group of psychologists called themselves the American Psychological Association (APA). This manual is what licensed clinical psychologists going by to diagnose a client for their mental health wellness or what they suffer from. One such diagnosis is called Depression. There are many criteria to determine what kind of depression a client has. A client needs to have one or more symptoms of depression for two weeks. First, a psychologist needs to understand the definition of depression and how it affects the client. Second, a psychologist needs to use the proper assessment forms, which is called the DSM 5 manual has updated its classifications of depressive disorders with critical new guidelines. It has been a monstrative change to the depression category. Here are the APA Guidelines the updated DSM-5 that added two new disorders to depressive disorders.^{2,3}

Disruptive mood dysregulation disorder (DMDD) is where a child or adolescent has recurrent temper tantrums or outbursts that often seem extreme compared to those who may seem bigger relative to those of their peers, the child may appear to be unable to control their outbursts.⁴ DMDD symptoms also include severe, chronic irritability itself. This is a way to diagnose children whose symptoms might have been wrongly misdiagnosed as childhood with bipolar disorder. Also, the child may have trouble socializing and forming friendships and relationships. Premenstrual dysphoric disorder (PMDD) or Hormonal fluctuations that cause minor physical discomfort or emotional disturbances are common throughout the menstrual cycle. In this criterion, the area begins during ovulation (the luteal phase) and resolves shortly after your period ends. According to the "Very Well Health, between 1.3% and 5.3% of menstruating people meet the rigorous diagnostic criteria for PMDD."

Here are some of the symptoms of PMDD:

Feelings of loneliness, sadness, moodiness, anxiety, irritability, restlessness, or elevated self-criticism

Depressed mood and interest in usual activities

PMDD can mimic symptoms of other diseases, for example:

According to the Clinical Handbook for Natural Medicine, the book has not been updated, which is unfortunate. The book does show a plethora of information to combine the modalities for the Affective Disorders: Depression. The book does not follow the DSM 5 information. Just be aware of this, please.

Disadvantages using the DSM versus the natural medicine handbook

For each book, there are different fields of medical advice. One book or area gives people labels and defines a specific illness. The Natural Medicine Handbook also gives specific advice; however, this field of medicine gives more treatment information for each prescription. The prescription is usually taken from a herbal remedy supplement to a nutritional value.

New development for depression

Cyclothymia, or cyclothymic disorder, is a mild mood disorder with symptoms like bipolar II disorder. Both cyclothymia and bipolar disorder cause emotional difficulties. Cyclothymia is characterized by fluctuating low-level depressive symptoms along with periods of mild mania (hypomania). Symptoms must be present for at least two years before a diagnosis of cyclothymia (one year in children), the age range for this condition usually develops in adolescence. Here are some of the symptoms of this depression that a child may feel. Depressive symptoms of cyclothymia may include irritability, aggressiveness, insomnia or hypersomnia (sleeping too much), and changes in appetite. Also, look for signs of peer pressure and bullying in school. This is quoted from the Betterhelp.com website, "To understand depression, it can be essential to know that depression is an umbrella term for multiple depressive disorders."

The Main criteria

DSM-5 identifies symptoms of depression, but two primary criteria must be considered. The most essential symptoms in the diagnosis are a depressed mood and anhedonia. A depressed mood involves sadness. Anhedonia is related to the reduced ability to experience pleasure, and a sense of profound dread. Anhedonia has several assessment tools for correct symptoms.

The 61-item instrument Chapman Physical Anhedonia Scale (PAS) 22 and its revised form, the Revised Physical Anhedonia Scale (R-PAS), 28 the Fawcett-Clark Pleasure Scale (FCPS), 27 and the Snaith-Hamilton Pleasure Scale (SHPS or SHAPS).

Beck depression inventory: This 21-item, self-reported questionnaire takes about 10 minutes and provides mental health professionals with info to help determine your symptoms of depression. These tools can be valuable assessments to treat a child with this type of depression. When it comes to the alternative and natural medicine fields the correct modality or combination of modalities goes with the symptom. For example, a licensed physician can give a herbal supplement to calm the nerves or send the family to an acupuncture specialist, or even a life coach.

HIPPA and patient's bill of rights

This is something that each hospital or facility can do is to give the client and family a copy of the Patient Bill of Rights. The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").⁵

Use the proper medical coding for insurance purposes

International Classification of Diseases (ICD) is a global system of medical coding which is used to accurately classify diagnoses. In the United States, ICD-10 codes are the most widely used and accepted form of medical coding. The ICD-10 code for depression is F32, which encompasses all forms of depressive disorder.⁶

Case studies

Case study 1

The safety profile of TRINTELLIX was evaluated in more than 5,800 adult patients across short-term and long-term clinical.

Common adverse reactions:

Occurring in $\geq 2\%$ of patients treated with TRINTELLIX and $\geq 2\%$ greater than the incidence in placebo-treated patients in 6- to 8-week trials*

No significant effect on body weight in 6 short-term MDD studies and 1 long-term MDD study¹

Weight change: randomized, double-blind, placebo-controlled studies.

Common adverse events (incidence $\geq 5\%$ for TRINTELLIX) were nausea (25.0%, 5.4%), headache (9.4%, 7.7%), dizziness (8.0%, 5.0%), and pruritus, generalized (5.8%, 0%) for TRINTELLIX and escitalopram, respectively.¹⁵

Three TRINTELLIX patients experienced a total of 5 SAEs, and 1 escitalopram patient reported 1 SAE.¹⁵

There was 1 case of suicidal behavior in the TRINTELLIX group but no attempted or completed suicides.¹⁵

Twenty TRINTELLIX patients (8.9%) and 14 escitalopram patients (6.3%) withdrew because of an AE.¹⁵

In clinical studies, TESD was both voluntarily and prospectively assessed in patients taking TRINTELLIX.^{1.7}

Case study 2

Randomized, double-blind, placebo-controlled studies of citalopram in adults with MDD were included. Studies with medically ill or treatment-resistant subjects were excluded, as were studies of relapse prevention. Remission of MDD was defined as a primary outcome, and response or change from baseline scores was defined as secondary.

Results

Eight studies (n=2025) met the inclusion criteria. Two studies provided data on remission, but only one of these showed a significant difference between citalopram and placebo (RR=1.59, 95% CI 1.10 to 2.31). Showing a reduction in MDD symptoms to be significant for citalopram relative to placebo. There was no evidence of any significant small study effects. The overall quality of reporting was poor, with insufficient information on the methodology or outcomes. Seven studies received industry sponsorship. Symptom reduction scores in citalopram-treated patients with MDD are significantly better relative to placebo treatment, according to a meta-analysis of published reports. Evaluation of unpublished data is necessary to assess more definitively the effectiveness of citalopram for MDD.

National suicide prevention lifeline

The National Suicide Prevention Lifeline is a 24-hour, 7 days a week, free (and confidential) hotline. You do not have to be suicidal to call. If you (or someone you love) are having a mental health crisis, pick up the phone and dial this number: 1-800-273-8255 or 800-SUICIDE (hearing impaired – 800-799-4TTY) (Spanish 888-628-9454). Check out the Lifeline website, too.

Conclusion

Between the DSM 5 manual and the Clinical Natural Medicine Book, there is quite a significant difference in the medical stance. For example, The DSM 5 brings the psychologist to better diagnose a client for better treatment. The Clinical Natural Medicine Book provides a wide variety of information to help the client for a more comfortable life and to protect their well-being.

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Conflicts of interest

The author declared that there are no conflicts of interest.

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