

'Tis the season to be jolly (or not!)

by Jo Kettelman MARH



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According to the popular song, Christmas is 'the most wonderful time of the year' (Pola and Wyle, 1963), when everyone is happy, wallowing in enjoyment, roaring log fires, frosted windows, fairy dust and the like. A montage of every Hollywood film crossed with Christmas card images of a Victorian family Christmas. But as Wilfred A. Peterson, the inspirational writer of *The Art of Living*, points out:

Christmas is not in tinsel and lights and outward show.

The secret lies in an inner glow.

It's lighting a fire inside the heart.

Good will and joy a vital part.

That is the real emotion of Christmas we'd all like to experience, not the consumer-driven desire for presents but a feeling of love for humanity and the state of grace.

Generally, however, the thought of Christmas and winter is more likely to bring a feeling of dread and foreboding. Whilst, for most of us, that may be worrying about how to buy all the 'must-have' gadgets in this time of 'credit crunch', for a significant number of people it may be something more serious than that. These people are generally suffering from Seasonal Affective Disorder (SAD) or from its milder cousin, Winter Blues.

SAD is a condition in which people experience episodes of depression that typically begin in late autumn or winter and only lift in the spring.

Seasonal, because the ailment is influenced by the season; affective, because it is an expression of mood; and disorder, because in all cases it brings about a change or imbalance in the body's normal way of functioning.

(Smyth, 1990)

The prevalence of SAD varies by latitude. In Britain it affects an

estimated half a million people each winter (SAD Association, 2008). In North America, the disorder is much more common in Canada, where it affects nearly ten percent of the population, than in Florida where it only affects two percent (Rosenthal, 1993).

Research has shown that the length of a seasonal depression is

similarly affected by latitude, the longer the winter the longer the length of the episode of depression. In London the average length of an episode is 5.7 months (Clare and Milligan, 1994).

For many people SAD is a seriously disabling illness, preventing them from functioning normally without constant medical treatment. For others, however, it is a mild problem causing discomfort but not illness. This is sub-syndromal SAD or 'winter blues'. Anyone can develop SAD, but there is a greater susceptibility associated with the following predisposing factors:

- people living in areas far from the equator
- women
- those aged 20-40 years – some researchers feel, however, that there is an increased risk with age
- those with a family history of SAD or clinical depression.

SAD is a condition in which people experience episodes of depression that typically begin in late autumn or winter and only lift in the spring



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(Burrows, 1999; SAD Association 2008)

SAD strikes regardless of race, class or occupation, and it is found in both the northern and southern hemisphere during their winter months.

Symptoms of seasonal affective disorder

There are four classic symptoms experienced every winter by most SAD sufferers. They are:

- increased desire to sleep
- extreme lethargy
- depression during the winter months
- increased appetite, which often leads to weight gain.

These symptoms are often felt more severely in the afternoon or evening. People with SAD find that they do less in wintertime. But despite this decrease in activity, they still feel tired. They may experience excessive daytime sleepiness or find it extremely difficult to wake during the dark mornings of winter.

The average weight gain for SAD patients during the winter months is four kilograms, but it can be as much as 13kg. Some people may crave foods high in proteins, others crave carbohydrates. They tend to stock up and binge, rather like hibernating animals. This can also offer some form of comfort when depressed, with patients bingeing on whole packets of biscuits or bars of chocolate. Lethargy, sleepiness and weight gain all contribute to the feelings of depression, misery, guilt and loss of self-esteem (Rosenthal, 1993; Smyth, 1990).

There are a number of other symptoms that are sometimes experienced:

- anxiety: tension, inability to tolerate stress, phobias
- social problems: irritability, desire to be alone,

As it darkens, so do many people's moods.

- agoraphobia
- loss of libido
- sleep problems
- mood swings: in the spring there may be a rebound mania i.e. 'spring fever'
- menstrual problems, pre-menstrual tension
- feelings of desperation and hopelessness
- comfort eating, bingeing on food and/or alcohol
- physical ailments: headaches, joint pain, constipation, diarrhoea, palpitations. (Smyth, 1990)

Symptoms of winter blues

SAD is the extreme end of the spectrum when it comes to seasonal changes. Sub-syndromal SAD or winter blues affects more people. Certainly this year with the grey, overcast summer and wet autumn, it would not be surprising if there were a significant number of people complaining of similar symptoms. Generally the winter blues symptoms are less intense and last for a shorter period of time, usually only the height of the winter.

The symptoms may include:

- more sleep needed
- difficulties getting up in the morning
- extreme tiredness and listlessness
- carbohydrate cravings
- increased appetite
- weight gain. (Rosenthal, 1993)

The differences between SAD and classical depression

The major difference between SAD and classical depression is the fact that SAD occurs on a regular basis during the winter months and is relieved by spring. Several other differences are also found and these can be seen in a simple table (see below).

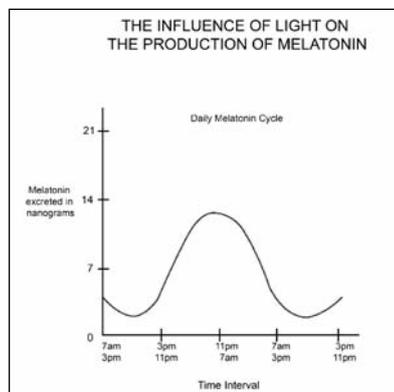
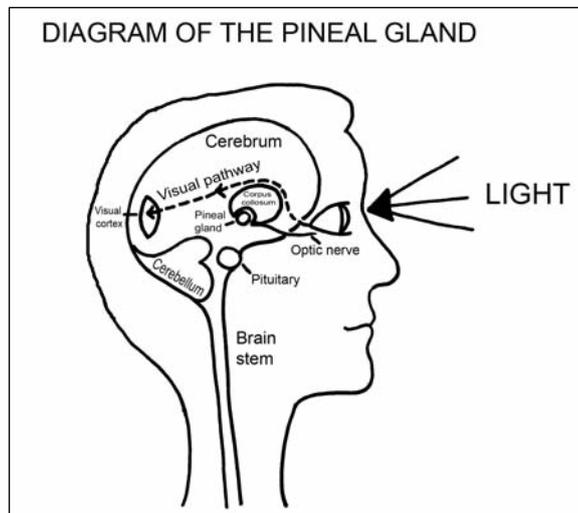
Differences between SAD and classical depression	
SAD	Classical depression
Onset in autumn, relief in summer, with reoccurrence each year	No seasonal pattern
Mood influenced by daylight hours	Mood not affected by daylight
Tendency to sleep more	Difficulty in sleeping
Tendency to eat more	Loss of appetite
Increase in weight (Smyth, 1990)	Weight loss or stable

➤ **Causes of seasonal affective disorder**

Why should seasonal changes bring about such an alteration in functioning for some people? Interest has focused on the hormone melatonin, which is produced in the pineal gland in the brain. Its production and secretion into the bloodstream are closely related to exposure to light. Melatonin is normally only released at night, as bright light suppresses its release. Melatonin is thought to induce sleep and so it is felt that the dark of winter causes more melatonin to be released in susceptible individuals. During darkness and sleep, it is thought that melatonin modifies the secretion of hormones from other organs such as the pituitary gland. Because the pituitary gland is responsible for the release of so many hormones, the influence of melatonin is widespread throughout the body (Clare and Milligan, 1994; Smyth, 1990). (Just as an aside, at the Robin Murphy seminar, mentioned in the news section of this journal, Robin spoke briefly about using *Melatonin* in potency – this could be a significant development, it may offer an alternative tool in the treatment of SAD.)

The French philosopher Descartes described the pineal gland as ‘the seat of the soul’. There is of course a link between the visual pathway and the pineal gland. This allows the light to reach the pineal gland and suppress the production of melatonin. Interestingly we often refer to the eyes as ‘the window to the soul’. Whilst scientists are still searching for the physical manifestation of the soul, we cannot confirm Descartes’ assumption. However, a disturbance with the soul would certainly lead to a multitude of physical and emotional disharmonies making everyday life a trial. ‘Every mile is two in winter’ (George Herbert, 1651).

The amount of light that can be measured on a sunny day can be as much as 100,000 lux. (A lux = 1 unit of light.) Even on the cloudiest day light is rarely below 10,000 lux. But the light of artificial bulbs is around 500 lux and therefore is not of sufficient quality to reduce melatonin production (Smith, 1990). It is easy to see that, in people who suffer with SAD, having lights on indoors in the wintertime



does nothing to ease their symptoms of depression. But the reason why certain people are more reliant on the light of the sun still eludes scientists.

The pineal gland has been linked to the crown chakra. This is known as the energy centre with the spiritual aspect of self-consciousness, according to Dr Christine Page. She believes that people who suffer with SAD are ‘unable to find their Inner Light and rely on the artificial lights of the outside world’ (Page, 1996). Certainly, in extreme cases, sufferers of SAD say that they find day-to-day living a struggle during the times of depression and suicide is not entirely unheard of.

Susceptibility of individuals is crucial in this area. Without the favourable conditions within the individual, the lack of light could not produce such debilitating symptoms. The energies and the susceptibility must be working within the same frame, resonating in the same field, for the reaction to occur. The susceptibility is tied to the relationship with the background miasmatic picture. In the case of SAD, I think that the

miasms of *Psora*, *Syphilis* and *Tuberculosis* are of particular interest.

Psora is the miasm of under-function. A person with the classic symptoms of SAD is probably having extreme problems functioning within the normal remits of expected behaviour. *Psora* matches the expressions of anxiety and irritation and memory loss often demonstrated by sufferers of SAD and these symptoms are all worse for the dark of winter.

The destructive nature of the *syphilitic* miasm is shown by the negative quality of the symptoms: a desire to escape from this time of year, a lowering of self-esteem, a fear that they are going insane, and a dread of the dark nights of winter.

Tubercular expression can be seen in the erratic and unfulfilled nature of the condition, which is of course sensitive to changes in temperature and weather. There is also a restless quality and dissatisfaction with the situation. A craving for stimulants and especially chocolate is also seen in this miasmatic expression. (Harwood, 1997; Murphy, 1999)

Treatment for seasonal affective disorder

According to the SAD Association, light therapy has been proven effective in up to 85% of diagnosed cases. This requires exposure for up to four hours per day to a very bright light, at least ten times the intensity of ordinary domestic lighting. It is used throughout the winter and on cloudy days in the summer. It requires the user to sit two or three feet away from a specially designed light box, allowing light to shine through the eyes. Clearly this has limitations as a treatment. It is not the most practical and portable of solutions and the time commitment to remain symptom-free must create problems for individuals who are already experiencing problems waking in the morning and keeping abreast of their work. The other issue concerning the uses of a light-box is that it offers relief only as long as it is being used; each year the symptoms reappear.

Traditional antidepressants are not helpful for SAD as they exacerbate the sleepiness and lethargy symptoms of the illness. Non-sedative Selective Serotonin Reuptake Inhibitor drugs (SSRI)



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such as Prozac are given, often in combination with light therapy. They act by promoting the production of serotonin in the brain. In the body melatonin is manufactured from serotonin. When melatonin levels increase, serotonin levels usually decrease, since more serotonin is converted to melatonin. On the other hand, exposure to light lowers melatonin levels and increases serotonin levels. The effect of the SSRIs is to lift the mood and reduce carbohydrate consumption. Side-effects include stomach upsets, tremors, nausea and headaches and they can take up to three weeks to have any effect.

I first became interested in this subject when it formed part of my final year project. At that time I approached the SAD Association and asked about the use of homeopathy and was told it was not part of their field of interest. Incredibly, nearly ten years on, nothing has changed. The advice they give is still the same and the representative I spoke to showed no interest in engaging me in a dialogue which may have enabled them to look at offering some advice about using homeopathy as an alternative therapy.

Seasonal affective disorder and homeopathy

At Christmas time most of us are hoping for an exciting, desirable and occasionally valuable treasure

to make its way into our stockings. A golden necklace, a platinum ring, a small(ish!) diamond, some handmade Belgian chocolates or even some expensive perfume would be most welcome in my pile of gifts. People experiencing the difficulties of getting through a cold, dark winter with SAD are no different. However, their present may be less expensive than the material treasures of a Christmas list. The homeopathic remedies of *Aurum metallicum*, *Platina*, *Diamond*, *Chocolate* and *Frankincense* are all beneficial at addressing the major symptoms of this condition.

Aurum metallicum

According to Murphy, *Aurum metallicum* was known in the past as 'Sol of the alchemists'. Many links have been drawn between the sun and gold and so it should come as no surprise to find that gold can be a remedy for the treatment of SAD (1995).

The *Aurum* mental state reflects many of the symptoms found in

SAD is brought on by the onset of winter.

depression generally. However, several are common to SAD, including acute mental depression and hopelessness, often expressed as a loss of the love of life, the future looking dark, without a ray of light.

To these *Aurum* patients, it is as if the sun has been completely snuffed out and there is no longer any point in continuing to live.

(Withoukias, 1995)

These feelings develop from low spirits to a general lifelessness and finally to a great desire to commit suicide. They are completely without hope. They feel closed from a relationship with the world, deriving no pleasure from social or emotional contact.

There is a weakness of memory and a feeling that something has been neglected. Things seem to take a long time to get done. A person requiring *Aurum* will not feel like talking much and, if they do, it usually involves grumbling. Problems experienced by SAD sufferers in keeping up with their workload, and indeed attending work, do not sit very comfortably with a person requiring *Aurum* as that is such a significant piece of the essence of *Aurum*.

Continued depression increases as these patients feel they cannot maintain their occupation. Work provides material assets. They value money (gold!), it ensures financial security and helps to reduce feelings of unworthiness. >

Susceptibility of individuals is crucial in this area

➤ Losing their job, or thinking they are going to lose it, often is a contributing factor to these people committing suicide (Mathur, 1994; Murphy, 1995; Vermeulen, 1994; Vithoulkas, 1995).

I used *Aurum* in treating a lady coping with the symptoms of SAD. It had started when she was at college; she began to notice problems reaching deadlines for assignments but it only seemed to coincide with Bonfire night and then would recede in the spring. She described a feeling of being locked away and that she had been abandoned by God. *Aurum metallicum* LM1 made her feel human again and people who saw her stated 'she looked radiant'.

Platina

The idea of being highly valuable is central to the theme of *Platina*. Platinum is usually seen as a more desirable metal than gold and it usually costs more. Symptoms that may be expressed in the *Platina* condition reflect the sense of despair that a person with SAD may experience. *Platina* can feel weary of everything, sitting quietly alone in the corner of the room brooding. Morose, low spirited, sad, feeling that they have been forgotten by friends and family. These feelings can often lead the person to be snappy and sharp-tongued as though they have nothing but contempt for the world and the people in it. All this depression would be better for a dose of sunshine! They may feel ravenously hungry but also with an aversion to food due to the depression. Tiredness is all encompassing; there is much yawning and a great difficulty waking in the morning. Everything seems worse during the darkness of the night, muscles ache, and cold creeps into the bones and the person may experience both a physical and emotional numbness. No wonder this person is snappy – they feel terrible! (Kent, 1995; Murphy 1995)

Diamond

Diamonds have traditionally been seen as gems of incredible value, power, fortune and protection. However, history is littered with stories of destruction and death surrounding some famous, highly prized stones such as the Hope Diamond. Many of its owners suffered great personal losses; of their wealth, their position as

ruler and death of family members. Diamonds also have a link with the sun, in astrological planetary aspects.

'Nothing approaches the pain, the suffering and the torment of the state expressed in *Diamond*', states Peter Tumminello (2005). *Diamond* bears many similarities to *Aurum*, but the expression appears to be more intense. In the proving of *Diamond immersion* many provers mentioned the feelings of despair, disconnection and negative state. 'I feel like a hopeless case', 'I am reluctant to talk to my friend', 'I have nothing to offer this world'. Many of these provers then went on to mention the strong desire for sunlight – 'constant need for sun', 'craving sun', 'feels he is drinking in energy from the sun with his eyes. Sun is calming, balancing, renewing and strengthening. Builds an internal charge from

***Aurum metallicum* LM1 made her feel human again and people who saw her stated 'she looked radiant'**

being in the sun'. (Tumminello, 2005). Other symptoms discovered in this new proving that fit the requirements of SAD sufferers include a sense of detachment, isolation and darkness, a sense of failure, confusion when thinking, a desire for light, exceptional tiredness and a strong desire for chocolate. This new proving, undertaken by Peter Tumminello, may provide homeopaths with a great new gem to use in treating the effects of SAD. (Further details of Peter Tumminello's work can be found on pages 50-53 in the spring issue of *HIP* 2007.)

Chocolate

The Aztecs placed greater value and importance on chocolate than gold; and of course, the Aztecs

were a renowned nation of sun worshippers (Sherr, 1993). Like the Aztecs, I love chocolate, not just in its material form but especially as a treatment for the problems associated with SAD. Generally patients requiring *Chocolate* complain that they are overcome with sleepiness and when they are asleep, their sleep is very deep and hard to wake from, like a bear hibernating in a cave. This overwhelming desire to hibernate is one that the SAD Association states is crucial in the diagnosis of the condition. *Chocolate* has this symptom centrally within its essence. To combat this sleepiness there is an increase in appetite and a strong desire for something sweet to eat – a quick energy fix.

There is a strong symptom associated with anxiety, especially regarding their own health. They can feel open and vulnerable. Concentration becomes difficult and there is a sense of panic concerning their ability to cope with the issues of work, leading to mistakes in writing and following instructions. These patients are very sensitive and can easily feel rejected, so they hide away from the world, isolated and averse to company. They can even have problems relating to their own family, maybe feeling that they don't belong. It's easy to see why this could leave the patient feeling indifferent to life, depressed, lethargic and humourless. All these feelings of isolation and low spirits lift with the arrival of sunshine! (Murphy, 1995; Sherr, 1993)

The desire to hibernate was a key symptom mentioned by a woman I was treating. 'I want to curl up in a ball like a hedgehog'. She found it hard to concentrate and became extremely anxious about meeting deadlines at work. (Normally she had no problem holding down a very busy work and home life.) When she felt like this she wouldn't see friends, as she didn't want them to see her this way. She was unhappy and overcome with tiredness, even though she slept well. It made her unhappy that she put on weight over the winter months and she did have a strong desire for chocolate. 'I long for the warmth of the summer.' I prescribed *Chocolate* 200c, taken regularly throughout the winter. Her response was that she felt this prescription enabled her to 'live' rather than 'survive'.



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Frankincense

The final gift that may help a sufferer of SAD is *Frankincense*. 'Frankincense has been prized for thousands of years' (Evans, 2005). This is one of the meditative provings undertaken by the Guild of Homeopaths. I think that it is significant that this was one of the presents given by the Three Magi to the Christ Child, whose birth we celebrate in the dead of winter. As with all meditative provings there may be some controversy over its use but the symptoms expressed in the proving match closely the ones used in the diagnosis of SAD. Feelings of dread of the darkness, a sense of being lost, feeling at the end of their tether, 'people who are low, irritable, depressed, sad and grumpy, especially at Christmas' are all expressions of this remedy (Evans, 2005).

A good case example of *Frankincense* involves a woman who stated that she was normally full of energy, but the moment the sun was gone she felt everything 'becoming a drag'. She noticed that this seemed particularly worse near Christmas, in the depths of the darkness; she felt more was

required from her limited energy. *Frankincense* 30c weekly eased this sense of depression and dread.

The incidence of people reporting SAD is growing each year, and I think will only be exacerbated by this summer's weather. Homeopathy is a viable alternative to current conventional treatments. We have the ability to be Santa and distribute the desirable gifts that can light the fairy lights within each person so that they can enjoy the changing of the seasons, the circle of life.

REFERENCES

Burrows A (1999) 'How I conquered SAD' *Men's Health*. UK: February 1999
 Clare A & Milligan S (1994) *Depression and How to Survive It*. UK: Arrow Publications
 Evans M (2005) *Meditative Provings, Volume 2*. UK: Rose Press Publication
 Harwood B (1997) *Lecture notes on the Five Major Miasms*. London: College Of Homeopathy
 Herbert G (1651) *Jacula Prudentum*. www.quotationspage.com
 Kent JT (1995 Ed) *Lectures on Materia Medica*. India: B Jain Publishers Ltd

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Ketteman J (1999) *I Follow the Sun* (Final year project). London: College of Homeopathy
 Mathur K (1994) *Homeopathic Systematic Materia Medica*. India: B Jain Publishers Ltd
 Murphy R (1995) *Lotus Materia Medica*. USA: Lotus Star Academy
 Murphy R (1999) *Seminar on Miasmatic Prescribing*. (Notes transcribed and privately published by David MacTaggart Lamb)
 Page C (1996) *Frontiers of Health*. UK: CW Daniels Company Ltd
 Rosenthal NE (1993) *Winter Blues*. New York, USA: Guildford Press
 Sherr J (1993) *The Homeopathic Proving of Chocolate*. UK: Dynamis School
 Smyth A (1990) *Seasonal Affective Disorder*. UK: Harper Collins
 Tumminello P (2005) *Twelve Jewels*. Australia: The Medicine Way
 Vermeulen F (1994) *Concordant Materia Medica*. Netherlands: Merlijn Publishers
 Vithoulkas G (Ed) (1995) *The Essence of Materia Medica*. India: B Jain Publishers Ltd
 www.sada.org.uk

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