

The More than the Usual Moody Disorder

Bipolar Syndrome or manic depression is a psychiatric aberration that is a group of mood disorders in which an individual afflicted with it undergoes extreme emotional states from being clinically depressed to an elevated mood states (or vice versa), and/or a combination of these mood states. If this disorder is ignored and untreated, it can be a crippling condition and may possibly cause suicide.

The term "manic-depressive" made its first appearance in the late 1950s and the present name, bipolar disorder, only became in trend recently. But this mood disorder has been around since time immemorial. The Romans, thanks to their Latin, have coined the words 'ania' and 'manos'. Specifically, it was Caelius Aurelianus, a Roman physician, who proposed these etymologies. 'Ania' means to generate immense mental distress, while 'manos' on the other hand means relaxed or calmed down. Through the centuries great minds have tried to understand this mood swing that had gone terribly wrong. From Gao Lian, the Chinese encyclopedist who cited the illness in his Eight Treatises on Nurturing of Life, to Jules Baillarger the Frenchman who explained the two-phased mental disorder being the origin of frequent cycles involving depression and mania.

But the considered father of the modern concept of Bipolar disorder is German psychiatrist Emil Kraepelin. He sorted out and studied the course of untreated patients afflicted with the disorder way back before mood stabilizers were formulated. From his studies, he conceived the phrase "manic depressive psychosis". He observed that his patients undergo a cycle with moments of acute depression or mania, with symptom-free intermissions that allows the patient to act normally.

But Kraepelin may be the father of the modern concept of this illness, Dr. John Cade discovered the treatment. He found out that Lithium Carbonate is the right medication that can really treat any psychiatric illness. This discovery pioneered the start of the treatment of psychiatric conditions through medications.

In a nutshell, having a bipolar syndrome is just like having mood swings, and a terrible one at that. This over the top kind of mood swing can cause either harm or enhance an individual's everyday life based on the disorder's severity (from mild to severe) and route (elevated or depressive mood). It causes alterations

in ones sleep cycles, energy and activity levels, cognitive functioning, and social life.

This disorder time and again appears as depression in the teenage years and then can have jumpstart as bipolar disorder in the late teens. There are also cases that started early in childhood or late in life. Bipolar is not exclusive to any race, gender, social class, or ethnicity. It can strike just about anybody.

The female patients are likely to start with a depressive episode, and the males with manic episode. This disorder has a tendency to run among blood relatives.

Mood swing changes or episodes may last for as long as months or as short as hours. Rapid-cycling bipolar disorder is when a patient undergoes four or more mood changes or episodes of depression interchanging with mania in a single year.

A full cycle can be accomplished in days or hours by patients with bipolar rapid cycling, though mood changes with bipolar disorder usually take place progressively. These rapid cyclers are very unstable and very difficult to treat; female patients are prone to be rapid cyclers.

There are four types of bipolar disorder. It is classified based on the symptoms' intensity and patterns.

? Bipolar I disorder. This is comprised by one or more or mixed episodes, in addition to one or more major depressive mood change. This is the severest form of bipolar disorder since it is manifested by extreme manic episodes.

? Bipolar II disorder. This is a combination of one or more depressive incidents with at least one hypomanic episode (mild form of mania that may last for at least four days). Hypomanic episodes may not cause severe trouble in everyday living but some patients can be destructive.

? Cyclothymic disorder. This is a unceasing variation of moods which involves stages of depression and hypomania. These two stages are more acute, less severe, and are not experienced with the regularity encountered in the two previous types of bipolar disorder. Patients with cyclothymia may have the possibility to progress to a more severe type of bipolar disorder.

? Unspecified Bipolar Disorder. There are cases that a patient experiences symptoms of depressive and manic episodes without really fitting in any of the above mentioned types of the disorder. This disorder is curable.

But this mood disorder should not be looked down on as if it was Leprosy in the

ancient times. Not does it only have an available medication to stabilize the patient's moods but it oddly gives the individuals afflicted with it a creative edge. With a good combination of medication and therapy, the disorder is very manageable.