

Case Reports is a regularly featured column meant to highlight the clinical applications of alternative or integrative therapies as they are implemented in patient care. Preference will be given to cases in which diagnosis, treatment, and outcomes are clearly defined.

BACH FLOWER THERAPY IN THE TREATMENT OF CHRONIC MAJOR DEPRESSIVE DISORDER

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Bach flower remedies are a unique form of energy medicine that has become increasingly popular among alternative healthcare professionals; they are classified as homeopathic remedies in the United States and are part of the Homeopathic Pharmacopoeia of the United States (HPUS). Discovered by the English physician Edward Bach during the 1930s, the 38 flower tinctures are believed to heal emotional imbalances such as despondency, despair, and fear. Having been challenged by those patients whose chronic depressive symptoms were refractory to psychotherapy and/or medications, I began integrating Bach flower therapy into my psychotherapy practice about 3 years ago and have witnessed remarkable results. This article describes how the flower remedies were used within the context of psychotherapy to successfully treat 2 patients presenting with chronic major depressive disorder.

CASE EXAMPLES

At the onset of flower therapy each patient had been diagnosed with chronic major depression (depression lasting for at least a 2-year period). The Beck Depression Inventory (BDI) was administered to determine baseline functioning.¹ Based on an assessment of each patient's symptom history a selection of corresponding remedies was determined. Using Dr. Bach's guidelines for working with multiple remedies, 2 drops of each in its concentrated form were placed in a 30 mL phial, diluted with spring water, and a teaspoon of vegetable glycerin was added as a preservative. From this combination of remedies each patient was prescribed the standard dose of 4 drops to be taken on or under the tongues 4 times a day. Over the next 12 weeks patient response was monitored through recorded clinical observation, patient self-

report, and the BDI, which was repeated at weeks 4, 8, and 12. In clinical practice, a 50% reduction in scores on measures such as the BDI is typically considered indicative of therapeutic responsiveness.

Case 1

History of Presenting Complaint

Ms. A, a 45-year-old married woman, presented with intense feelings of sadness and emptiness that she could not overcome. Other symptoms consisted of anhedonia, excessive guilt over her condition, significant loss of energy and libido, insomnia, weight gain, and a negative self-appraisal. She reported that the depressive feelings had occurred most of her adult life, but were significantly present and unrelenting for the past 5 years. She was unable to identify any precipitant to her depression. She complained of feeling extremely overwhelmed by her daily tasks (eg, housekeeping, taking care of the family dog), which she found difficult to initiate and complete, and was easily discouraged whenever she was unable to meet personal goals (eg, following an exercise regimen or completing a household project), which would ultimately worsen the depression. Although she appeared to be a bright and multi-talented individual, she was troubled by an inner sense of vocational and spiritual uncertainty.

Based on her symptoms, Ms. A warranted a diagnosis of major depressive disorder, chronic. The significance of her depression was further substantiated by her initial score of 35 on the BDI, which falls within the severe range. She reported 3 previous attempts of antidepressant drug treatment without the slightest success. In 1994, she had been given a 3-month course of sertraline, in 1997 she took venlafaxine for a 3-month period, and in 1999 she was given effexor for 3 months. When we began treatment, she was not using any allopathic or alternative medicine for her depression.

Treatment

The patients' depressive syndrome suggested 7 remedies that could be helpful: Mustard (*Sinapis arvensis*) to ameliorate the waves of depression that seemed to descend for no known reason, Gentian (*Gentiana amarella*) to alleviate the discouragement from

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setbacks, Pine (*Pinus sylvestris*) to resolve the guilt, Olive (*Olea europaea*) for the physical loss of stamina, Elm (*Ulmus procera*) to eliminate the exhaustion brought on by her daily responsibilities, Hornbeam (*Carpinus betulus*) to increase energy needed to initiate and complete tasks, and Wild Oat (*Bromus ramosus*) to help facilitate spiritual and vocational clarity.

Over the next 12 weeks Ms. A's condition was monitored during her individual therapy session and the BDI was repeated at weeks 4, 8 and 12. Her BDI scores were 35, 11, 12, and 11 respectively. Within 4 weeks the overshadowing sadness, sensitivity to setbacks, and guilt had significantly decreased. During her sessions she began to reveal family of origin issues that seemed to greatly influence the way that she responded to present day situations, including an underlying level of resentment. Subsequently, at the end of the initial dosage bottle, Mustard, which had been used to address the insidious depression, and Pine which was selected to target excessive guilt, were replaced with Walnut (*Juglans regia*) to help break away from negative ties from the past, and Willow (*Salix vitellina*) to relieve bitterness and resentment from emotional injuries of childhood. By week 8 she was noticing a decrease in angry feelings, describing renewed interest and pleasure in life, and reporting an increase in physical energy. By the end of session 12 she was less self-critical, and actively exploring her spiritual beliefs and vocational interests. She had also mustered up the energy to complete a vocational course in welding.

Case 2

History of Presenting Complaint

Ms. B, a 40-year-old divorced female had suffered from symptoms of depression since childhood. She complained of feeling sad with frequent crying spells, loss of energy, decrease in libido, and an inability to find joy in life. The waves of sadness would manifest for no apparent reason and last for several weeks. These episodes would suddenly show temporary improvement, only to return within a short period of time. She had recently become engaged and conveyed ambivalence about the relationship with her fiancé. She reported a tendency to procrastinate, and described a pattern of perceiving others in a critical manner yet found it extremely difficult to verbally express anger. The patient's depression first manifested at age 9 following the death of her grandfather. At the time of implementing Bach flower therapy into her treatment she was taking sertraline 100 mg/d. She had been taking the medication for 2 years and reported that while the intensity of the depression had improved the dysphoric states continued to plague her. She had also engaged in 3 courses of psychotherapy, each of which helped to improve self-confidence and decision-making but did not alleviate the depressed mood. The first took place 10 years earlier and lasted for 7 years. The second took place 2 years earlier and lasted 6 months. I had been seeing Ms. B in weekly psychotherapy for 6 months prior to adding the remedies to her treatment regimen. Based on the symptoms, her diagnosis at the onset of flower therapy

was major depressive disorder, chronic. Her overall level of depression was in the mild range as reflected by a BDI score of 12.

Treatment

Analysis of the patient's current complaints and the history of her depression suggested the following combination of flower remedies: Mustard (*Sinapis arvensis*) to address the dark clouds of depression, Star of Bethlehem (*Ornithogalum umbellatum*) to heal the wounds caused by her grandfather's death which precipitated the depression, Olive (*Olea europaea*) for exhaustion, Hornbeam (*Carpinus betulus*) for procrastination, Beech (*Fagus sylvatica*) for the critical spirit towards others, Agrimony (*Agrimonia eupatoria*) to address the tendency to repress unpleasant emotions, and Walnut (*Juglans regia*) to help facilitate the transition into marriage. An adjustment to the combination was made during week 6 when Star of Bethlehem was replaced with White Chestnut (*Aesculus hippocastanum*) to address unwanted worrisome thoughts, which had surfaced.

Over the next 12 weeks, Ms. B's condition was monitored during therapy sessions and the BDI was repeated at four-week intervals. The BDI scores were 12, 13, 6 and 2 respectively. By the eighth week of Bach flower therapy the frequency of depressive episodes per week was decreasing and she was reporting more pleasure in life. She was also expressing her feeling states with greater ease to her fiancé, which resulted in reassurance about the ensuing marriage. By session 12 the sadness had subsided, and the negative mental preoccupations had dissipated. She reported renewed ability and vigor in completing tasks, an increase in libido, and feeling less irritable and annoyed.

AN OVERVIEW OF BACH FLOWER THERAPY

The 38 flower remedies are specially prepared liquid tinctures and not a physical medication in that they do not contain the specific molecular substance of the flowers.² The remedies are prepared by picking fresh flowers, still wet with dew, placing them in a clear glass bowl of spring water and leaving them in sunlight for several hours during the early-morning. With certain select flowers, an alternative method is used in which the flowers are placed into a saucepan with spring water and then brought to a boil. In both the sunlight and boiling methods brandy is added to the water in a 1-to-1 ratio.

Dr Bach believed that the remedies contained small amounts of the plant's life-force energy which enabled them to provide vibrational patterns needed to either neutralize or serve as an antidote to negative emotional, behavioral, or cognitive states. Each one of the 38 remedies corresponds to a precise psychological imbalance and is suitable for treating an extensive series of symptoms. There is no standard remedy for any one disorder as the same problem experienced by different individuals can produce quite varied psychological reactions. Each individual requires a unique treatment. Depending on the symptoms, the remedies can be used singly or in combinations to a maximum of 7. The remedies are taken on the tongue, under the tongue, or at the pulse point of the wrist a minimum of 4 times per day.

The flower remedies appear to have no side effects and do not

seem to interfere with any form of treatment including homeopathic, herbal or allopathic medication. It is important to recognize that the remedies seem to act as catalysts in releasing unwanted negative psychological states.³ Consequently, they appear to augment psychotherapy, a healing modality which also aims to work through rather than repress negative psychological states.

Although there is a preponderance of testimonials from patients and practitioners regarding the healing benefits of Bach flower therapy, there are few published accounts regarding its effectiveness in treating psychological illnesses. To date, the only published study is that of Campanini in which 115 patients suffering from depression and anxiety were treated with the remedies.⁴ The researchers reported improvement in 89% of the cases and noted that the remedies were observed to be completely safe with no indication of even the slightest side effect. There has also been one small double-blind placebo study showing the effectiveness of the remedies in alleviating situational stress.⁵

DISCUSSION

An estimated 14 million Americans suffer from chronic major depression, a condition that can result in significant impairment in the overall quality and productivity of life. Tragically, approximately 15% of these individuals commit suicide. The cases of Ms. A and Ms. B are described because of the positive results these 2 women experienced when Bach flower therapy was used in their treatment. These examples support the

work of Campanini and colleagues, and are encouraging because they suggest that the remedies may bring about relief for those who struggle with chronic depression even when other methods of treatment have been unsuccessful. Before using the remedies, both of these women had endured unrelenting depression for many years. Ms. A had engaged in three prior medication attempts, while Ms. B had undergone a lifetime total of eight years of psychotherapy and 2 years of psychotropic intervention.

Practitioners who gain experience in using Bach flower therapy in the treatment of patients with chronic depression are often quite satisfied with the results. As illustrated by these cases, the remedies can be used in conjunction with psychotherapy and conventional antidepressant medications. However, in order for the clinical community to place faith in this branch of alternative medicine, scientific studies examining the efficacy of the remedies as a treatment for chronic depression are needed. Hopefully, researchers with interest, funding, and expertise will emerge to evaluate this healing modality.

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