neuro-motor tone.

It is for this, that we are not sure that the idea of some chemical balance/imbalance to explicate the gradations in the mood of a Depression is tenable. In the case of gradations in neuro-motor tone, either in the way of increases in tone or vice versa, the phenomenon is a function of the **NUMBER** of active neurones in the neurone pool.

Is it necessary to postulate the concept of a chemical balance/imbalance to explicate the gradations in mood intensity? After all, here we have a model to explicate gradations in muscular intensity or tone; *and it is one that is corroborated by experiment*. We remain suspicious that there is any extant experiment that proves the existence of this chemical balance/imbalance.

If the chemical balance/imbalance is **NOT** the basis to explicate the ontology of Depression, the scientific community now best seek a better way to understand what is going on in these "depressed" patients. We feel that the incredible mysteries of human ontology clearly go beyond such an utterly simplistic and ridiculously reductionistic way of understanding as a chemical balance.

What we have all now latched onto has the possibility of being a mental departure. To compound the problem there other potential costs that the patient unfortunately has to carry:

> **It is obviously absurd to say that doctors should never prescribe pharmacologically active drugs. There are times when medication is absolutely essential. But the good doctor is always mindful of its power. No greater popular fallacy exists about medicine than that a drug is like an arrow that can be shot at a particularized target. Its actual effect is more like a shower of porcupine quills. Any drug - or food, for that matter - goes through a process in which the human system breaks it down for use by the whole.**
>
> **There is almost no drug, therefore, that does not have some side effects.**

Norman Cousin: *Anatomy of an Illness* Bantam Books 1979 page 52

- Dysthymia. Using the concept **MODULATION** in the chemical balance/imbalance, you can see how transitions in the range of the swing of the balance can account for the gradations in the mood alteration. It accounts for how a patient may feel more and more depressed; or he may feel less and less depressed.

However, in the science of Neuro-physiology there is *no* chapter that is devoted to the examination of chemical balances in the brain!

The muscle tension increases or falls from A □ B □ C according to the total number of neurones that are activated. At C it is 2 + 3 + 4 = 9.

The question is whether mood states may be thought of being similar to changes in

What Neuro-physiology has found is that it is the number of active neurones at any moment in time that determines the state of the tone of any muscle. As more neurones fire, the tone increases. As less do so then the muscle becomes more flaccid as illustrated in the diagram in the next page:

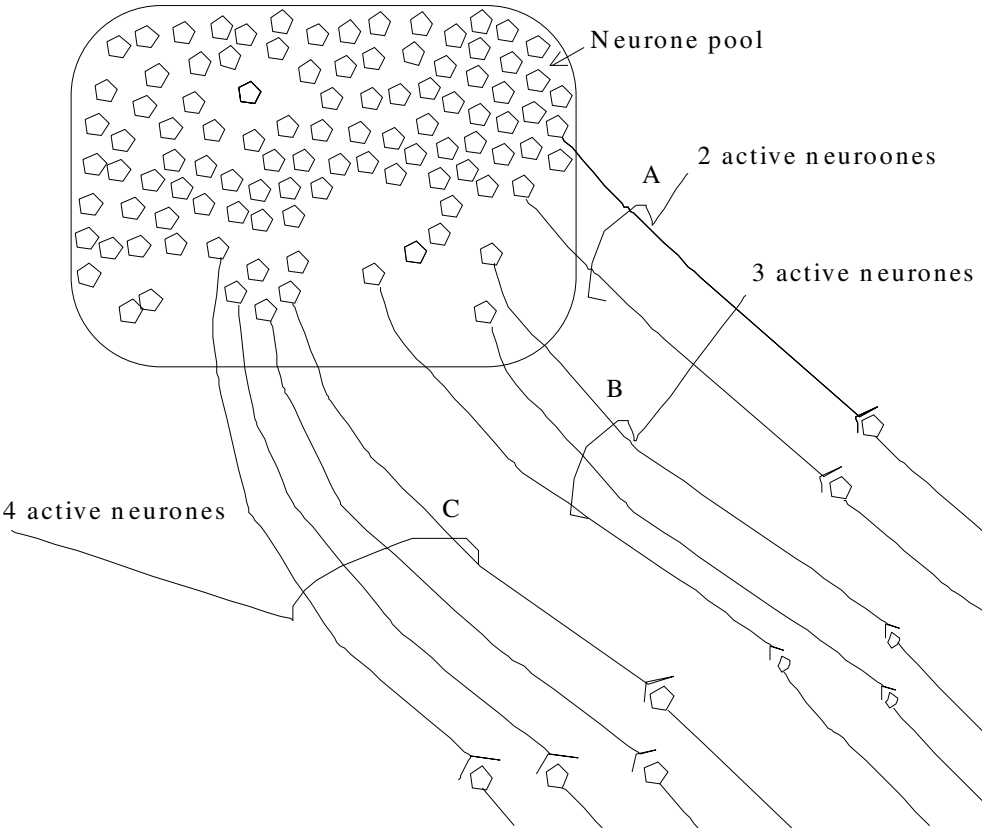


Figure 2

concerns. In turn we are not sure about the scientific accuracy of this claim and everything implicit to it.

It is our view that to:

1. not get a depressed mood (nor possibly an irritable mood in children or adolescents), i.e. a mood opposite to it, a cheerful mood, *implies neuronal activity since something is being done*
2. not have diminished the appetite, i.e. have an excellent appetite or to not be overeating, i.e. to eat normally also logically *implies neuronal activity since something is being done*
3. not get insomnia or hypersomnia, i.e. to be sleeping normally also *implies neuronal activity since something is being done*
4. not depress the energy level in a person is to have a normal energy level which *implies neuronal activity since something is being done*; and to not have fatigue *implies neuronal activity since something is being done*
5. not depress one's self-esteem implies having normal self esteem is a condition that also *implies neuronal activity since something is being done*
6. not depress the level of concentration is about having a normal effective concentration. This *implies neuronal activity since something is being done*
7. not have difficulty in deciding suggests conflict of choices and that it can be *implies neuronal activity since something is being done*
8. not feel hopeless and have a sense of gaiety and happiness *implies neuronal activity since something is being done*.

Neurones, according to the experimental facts of neuro-physiology obey an all or none law. They are either active or they are not. If they are not active they are *doing nothing*.

Now additionally, in this theory, it has also somehow become necessary to postulate the idea of "**MODULATION**" in the activity of neurones. This idea is intended to explicate the gradations in mood alteration as implied in the semantics of the word appended to this condition

2. poor appetite or overeating
3. insomnia or hypersomnia
4. low energy or fatigue
5. low self-esteem
6. poor concentration
7. or difficulty making decisions
8. and feelings of hopelessness.

Instead, *in the normal resting base state* we are left to infer that this very pool of neurones will be associated with all the inversions of the above, i.e.:

a. cheerful mood
b. excellent appetite
c. normal sleep
d. high energy
e. lofty self-esteem
f. excellent concentration
g. easy making decisions
h. and feelings of confidence.

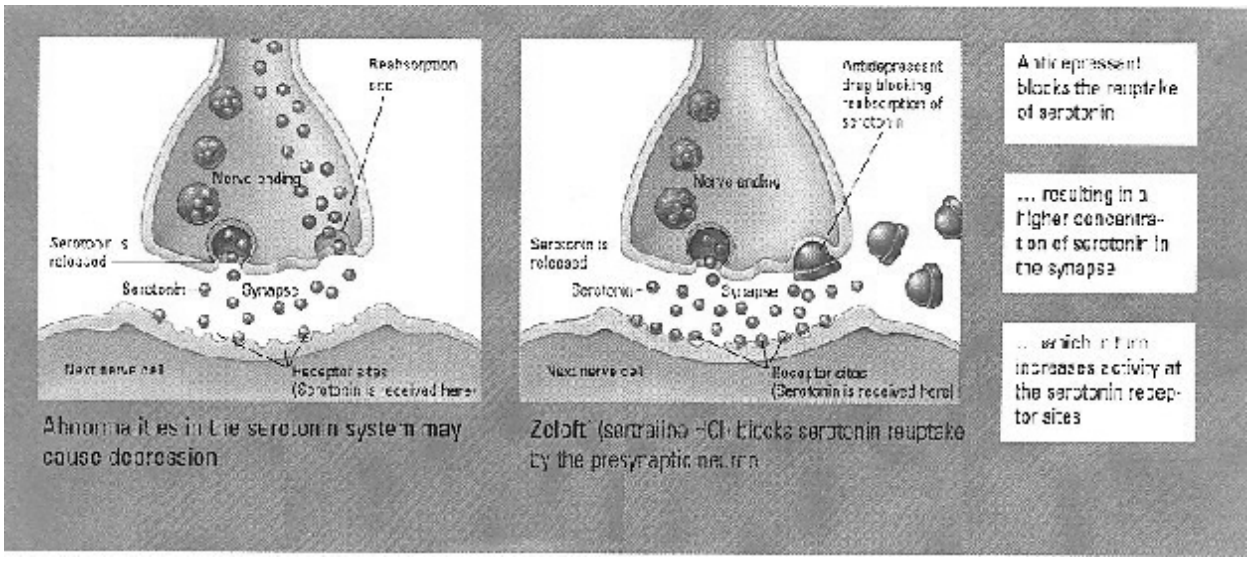
The question is this:

Is it likely or even probable that a pool of neurones regardless of whatever their <u>distribution</u> can be the mother of the above list of ontological phenomena by merely being *in the normal resting base state***?**

Our inference is that it is not logical or even probable. Something else has to happen for such a wonderful scan of events to be. However, the current fashion is not concordant with our

appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness."

The American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders* (Third Edition - Revised) 1987 page 230-231.



1This picture is produced by the manufacturer of the drug, Zoloft, as is also Figure 2. They are part of their distribution pamphlet about Zoloft.

From this modest premise, the theory then goes on to propose that if you can effectively block either the release (or the passage) of the transmitters across the synaptic space, you will pre-empt the condition of Depression. This is achieved because the pool of neurones, whose neurological activity subserve to cull out all the features of the depressive state will be suborned. This is reflected in the diagram below:

The theory then asserts that if it is possible to block the neurotransmitters, then the succeeding neurones will not be activated. They will be left in their resting base state and therefore, the Depression will not happen.

If this is so, by the logic of this argument, we are compelled to conclude that *in the normal resting base state* this very pool of neurones **DO <u>NOT</u> ENGENDER**:

1. a depressed mood (nor possibly an irritable mood in children or adolescents).

We dedicate this paper to the late Norman Cousins whose powerful and deep insights about our ontology opened the door to Alternative Medicine.

This paper wonders about the place of the psychiatric *Chemical Imbalance/Balance* as the basis for Depression and human ontology in general.

Alternative paper to a similar
paper published in the
eletronic journal of
www.neuro-semantics.com

Depression and *The* Chemical Balance, Part I

by

In this paper, the male pronoun will apply to either gender. The plural pronoun will apply to both authors. The nominal pronoun will apply to the first author.

Dennis K. Chong and Jennifer K. Smith Chong ©

The current theory is that a chemical balance determines how we are. To accept this is to deny our right to our self-hood and our free will since it will be this chemical imbalance that will have the final say about our ontology, i.e. our subjective reality. It is to say that this chemical balance has the final say about how the weft and woof of the fabric of our subjective reality is woven. This theory flies in the face of that ancient axiom that comes from the Book of Proverbs:

As a man thinketh, in his heart, so is he.

The argument about this chemical balance goes something like this: Neuro-chemical transmitters cross the synaptic space. By doing so they activate the succeeding set of neurones. The argument then continues to say that when these succeeding neurones are activated, the condition of Depression (also known in DSM-III-R as Dysthymia or Depressive Neurosis) comes to exist in a human being's being.

> Depression is described as a:
> **"disturbance of mood involving depressed mood (or possibly an irritable mood in children or adolescents). In addition, during these periods of depressed mood these are some of the following associated symptoms: poor**