

Heart-ache and Spirit-pain: Differentiating Herbs for Psycho-Spiritual-Emotional Distress

The first half of this article is an overview of the intersecting causative factors currently suspected to affect mood, which I intend to only briefly touch on in the accompanying live presentation, but which will be a useful orientation to the subject. Providing this summary here will allow me to focus primarily on the material found later in the article regarding differentiation among classic nervines and adaptogens, and the inclusion of actions and associated plants that we might not consider relevant at first blush. In the live presentation, I will also share a great deal more regarding the nuanced patterns of action or “personalities” of key plants, weaving energetic qualities, pharmacology, clinical literature, botanical characteristics, mythology and personal experiences. Through the union of these many threads, we’ll explore the resonance of the plants with the tender needs of the human heart.

Definitions and Causes

While the Diagnostic and Statistical Manual of the American Psychiatric Association has precise criteria for mood disorders such as depression, anxiety, panic disorder, bipolar disorder, post-traumatic stress disorder (PTSD) and schizophrenia, many practitioners and individuals recognize that alterations in mood, cognition, and perceptions can present in myriad ways, including a host of physical symptoms. Psycho-spiritual-emotional distress, a term which seems most inclusive and perhaps less pathologizing, can encompass these well-characterized states, while leaving room for the infinite variety of additional states of being that tear at the fabric of heart and spirit, hampering our daily functioning and diminishing our joy in living. While it is recognized that any and all of these states may eventually bear gifts of growth, for many reasons (including harm to self and others), we often seek to mitigate these states in the short or long term.

As herbalists with a view towards whole-person health, we are accustomed to attending to this complex dimension of life, but may feel over(or under)whelmed by the list of herbs generally directed at these concerns. Having an understanding of some of the prevailing causative models of dysregulated mood states can assist us in thinking outside of the “anti-depressants and anxiolytics” box. Each of the following theories contributes to what is certainly a much larger, more complex picture than any one model can account for, yet collectively they broaden our view and enlarge our potential toolkit.

1. The monoamine hypothesis maintains that mood disorders are caused by a combination of changes in the manufacturing and release of neurotransmitters (i.e. serotonin, norepinephrine, dopamine) in the brain; altered use of tryptophan (serotonin’s precursor); and dysregulated neurotransmitter re-uptake and receptor availability. From this hypothesis springs most pharmaceutical treatment of mood disorders, including the well-known selective serotonin reuptake inhibitors (SSRIs), which decrease re-absorption of serotonin from the neural synapse, allowing it to remain longer to do its job. This theory is widely critiqued, yet remains firmly rooted in medical practice.

2. The theory of **neuroendocrine dysregulation** suggests that changes in mood are a result of improper function of the hypothalamic-pituitary-adrenal (HPA) axis, three endocrine glands which work together with aspects of the nervous system (hence neuro+endocrine) to help us effectively adapt to all kinds of stress. In this case, lasting changes in mood can be viewed as a (mal)adaptive strategy in response to stressors. Depression and anxiety are also understood to cause or worsen HPA axis dysfunction. That the systems involved in stress response would play a role in mood regulation is almost a given from an herbalist's perspective, but the idea has only gained traction in conventional medicine in recent years—mostly only in the research arena and specialized populations, such as those with post-traumatic stress disorder (PTSD). As many as 30-70% of people diagnosed with depression have some inappropriate functioning of the HPA axis, which usually manifests as elevated cortisol levels and abnormal diurnal cortisol secretion (which impacts sleep-wake rhythm).¹ The central nervous system and HPA axis behave as one unit in many ways, and so the monoamine hypothesis and this one are tightly, if not inseparably, linked. While physical, chemical and emotional stress all impact the HPA axis, early childhood adversity and unprocessed traumatic events predispose one to dysregulation later on. Ongoing stressful or negative emotions and thoughts are also primary promoters of neuroendocrine dysfunction. In short, the neuroendocrine system is a primary pathway through which our emotional landscapes—beliefs, worries, habits of thinking, self-esteem, sense of empowerment—translate into physical health or dis-ease. This is the seat of mindbody medicine.

3. The theory of **learned helplessness** posits that the depressed and/or anxious person experiences themselves as incapable of effective action and believes outcomes in their life are out of their control.² Learned helplessness can lead to paralyzing stress, anxiety and depression, even in the presence of manageable situations. Failure to act on one's own behalf reinforces the sense of helplessness and feeds negative moods. Limited access to power and resources are often associated with learned helplessness. Learned helplessness impacts physiological parameters, such as neurotransmitter levels—it's not "just a feeling". (The good news is that a set of teachable techniques, called learned optimism³, has been developed as a countermeasure, which can not only change one's perceptions, it can alter genetic expression—and so, function—in the brain and HPA axis.)

4. **Digestive dysfunction (e.g. malabsorption, dysbiosis) and inflammation** can also be at the root of mood dysregulation, causing nutrient deficiency, specifically of vitamins, minerals, essential fatty acids and amino acids, all important for nervous and endocrine function. In addition, food sensitivities, dysbiosis and other causes of digestive inflammation impact gut-brain communication. For example, high inflammatory tone and increased permeability in the gut shifts circulating inflammatory mediators (e.g. IL-6 and TNF-a) which may impact nerve signaling and HPA axis function, causing depression.⁴ In fact, systemic inflammation from any source (e.g. autoimmunity) has the potential to impact mood and is being extensively explored as a key cause of depression, with research into disorders such as anxiety following suit.⁵

5. **Genetic variability and gene-environment interactions** may play a role in all of the above areas. For example, depression may originate in heritable genetic deletions and variabilities

which predispose a person to the condition through alterations in neurological, endocrine or inflammatory behaviors. Perhaps even more interesting and amenable to intervention, however, are the effects of our environment and behaviors (i.e. diet, relationships, pollutants, exercise, etc.) on the expression of the genes we came in with, a field of study known as epigenetics. [Very basically, genes are “turned on” or “off”, depending on what messenger molecules they come into contact with. These messengers change in response to our inner and outer environment.] In this theory, we see that some people may be born prone to developing depression and some people will develop it regardless of family history, due to environmental factors and life experiences.

But these two pathways are not mutually exclusive. For example, inherited variations in the gene that codes for the serotonin transporter (responsible for re-uptake) are especially implicated in depression. Research also suggests that these same variations influence how sensitive one is to their environment, and so how likely they are to experience changes in genetic expression.⁶ It’s like a predisposition to vulnerability. This is young research, but I like to consider this information in light of traditional medical systems which often acknowledge three similar concepts: 1) original or “birth” constitution, 2) the energetic patterns of imbalance that develop through lifestyle and experiences, and 3) the fact that certain constitutions are more vulnerable to developing particular patterns of imbalance (e.g. constitutionally hot people are *generally* more likely to develop inflammatory disorders).

In summary, many people experiencing dysregulated mood will likely experience elements of dysfunction noted in each theory above: neurotransmitter activity, endocrine function and resistance to stress, emotional resilience and optimism, digestion and inflammatory tendency. Individual presentation in each area is mediated by both genetic inheritance and the environmental inputs that shape the expression of those genes, including diet, exercise, pollutants, adverse childhood events, traumatic experiences, social relationships and emotional habits. Herbs can be understood as an essential part of our environment, positively influencing the daily messages that our genes (or constitutions) interact with, modifying our genetic expression (or patterns of imbalance), and, so, how we function and feel.

We can begin to see how nuanced and diverse disease expressions respond well to the herbalist’s approach. This is not only because herbs are specifically suited to address our biological complexity, but herbalists’ systems for pattern recognition also draw on life’s complex and nuanced nature. What this means is that if we can get a sense of the pattern(s) through which a person is expressing psycho-spiritual-emotional distress, we can better select herbs to support them. These selections can then be based not only on biochemical activities that address the above theories of cause, but also on energetic qualities (i.e. hot, cold, moist, dry, stimulating, relaxing, tonifying) and system affinities that recognize each person’s experience and presentation.

While there are many ways to describe people’s patterns, there are three basic pictures that I’ve found show up repeatedly when addressing mood. While there is rarely a perfect fit, and this method will still invariably leave out some unique characteristics, this can be a *starting*

place for protocol development. Keep in mind that aspects of two patterns can be present, as well.

Pattern Recognition—A Place to Start

Hot/Overactive/Excessive/Tense: This presentation usually involves agitation, irritability and anger, anxiety, insomnia, digestive discomforts involving inflammation and diarrhea, headaches and general neuromuscular tension. Folks with more hot, tense constitutions (Pitta, Wood/Fire, type A folks) would *most likely* express in this way. There may be moisture or, if the heat is excessive, a person may have dried out. Often this presentation involves just pushing through, staying busy and masking difficulty. The anxiety and insomnia are often rooted in concern about how to get things done (and done *right*) or in overwhelm at one's responsibilities. Many times, others may not realize this person is depressed because they can still be engaged and productive. These folks are still somewhat resilient and likely haven't exhausted their endocrine reserves yet, but they might be getting there. Inflammation will be a big player and these may be the type to have cardiovascular conditions and hypersensitivities.

Cool/Moist/Relaxed/Stagnant: Here, we're most likely to see sluggish, damp digestion, foggy thinking, low energy and motivation, low self-esteem, worry, possibly over-eating or comfort-eating, hypersomnia, hypothyroidism, metabolic syndrome and obesity. Those characterized as Kapha or Earth/Water types often express through this pattern. They often have the resources they need, yet lack the spark to mobilize them. Waste materials build up, circulation of blood and lymph is slow and brain function may suffer. There can be endocrine dysregulation involving the HPA axis, but just as often there are blood sugar and thyroid issues taking center stage. This presentation may most closely resemble the classic depressive picture.

Cold/Dry/Depleted/Tense: This is a fearful, anxious presentation. The person is often exhausted, but can't sleep, especially from waking in the night. They may have poor appetite and weight loss and nervous tension affecting the skeletal and smooth muscles, so the digestion and frame suffer. They may have the look of a frightened rabbit and, recognizing their vulnerability, are often on edge, agitated and jumpy. The Vata or Metal/Wood types often present this way (here the dry, windy expression of Wood is prominent vs. the hotter presentation of Wood found above). Being close to exhausting their resources, these are the adrenally fatigued folks who need rest, nourishment, relaxation and safety. (For those familiar with Chinese medicine, this is a yin and blood deficient pattern, which can lead to heat over time and will start to look like the hot, tense pattern. Don't be fooled!)

Plant Selection

With a sense of the pattern or movements at work in a person's body, psyche and environment, we can select plants that fit the particular pattern present. In my mind, this is the most important step. I am enormously fond of the research which elucidates how or why the plants act as they do in biochemical terms and I have deep affection for the specific indications for each plant, based on organ affinities and specific "personality". However, I find what can be

most useful is understanding the patterns of people and plants first and the details of each plant's gifts second. So, this is how I've presented the herbs below, trusting that specifics about each plant can be found elsewhere in many excellent sources (including during the live presentation!).

Before we proceed to herbal approaches, I also want to strongly emphasize the need for engagement with the emotional and cognitive terrain of the individual in conjunction with herbal support. I recommend a variety of mindbody interventions (e.g. Somatic Experiencing, breathwork, meditation), and refer for different types of psychotherapy, wilderness therapy or spiritual counseling—whatever resonates. I believe that the plants ease the way for this kind of psychospiritual work and, in turn, doing this work expands the reach of the plants.

Key Herbal Actions – Nervines and Adaptogens

Most **nervines** with any research at all have been shown to shift neurotransmitter activity and some to interrupt HPA axis dysfunction and learned helplessness. The media darling, St. John's wort, has been pigeon-holed as an SSRI, but research suggests it acts broadly on numerous neurotransmitters (serotonin, norepinephrine and dopamine), as well as possibly impacting HPA axis function and interrupting learned helplessness.⁷ In addition, it's a prime liver herb and may reduce inflammatory mediators (e.g. IL-6) implicated in depression.⁸ I think we'll "discover" eventually that all nervines act through these many pathways and more. No plant is a one-trick pony. The nervines we choose may be relaxing, stimulating or more neutral and tonic, depending on the presentation. Many will be aromatic, supporting digestion, relaxing musculature and improving cognition and circulation, while more bitter nervines will also support digestion and blood sugar metabolism, while reducing inflammation and pain.

Adaptogens directly impact the HPA axis, interrupt learned helplessness, and many have an effect on neurotransmitters, as well. Adaptogens improve our resilience to stressors and also shift our perception of our capacity to manage those stressors (reducing perceived helplessness). As immunomodulants, most adaptogens will address inflammation, and many are excellent nourishing tonics. Some directly regulate thyroid activity, normalize blood sugar and improve libido. We can select those which best address the most prominent symptoms, while again selecting more stimulating, relaxing or neutral plants, as appropriate for the general pattern presented.

Selecting nervines and adaptogens by pattern:

These are short lists, designed to be as clearly associated with each pattern as possible. Of course, many exceptions and additions could be made to these lists, but it's a foundation for more complex formulation.

Hot/Excess/Tense (goals: cool and relax to calm digestion, reduce irritability, anxiety, headache, muscular tension, overt inflammation, insomnia)

Nervines: rose, linden, hawthorn, chamomile, lavender, blue vervain, motherwort, skullcap, wood betony, ginkgo, gotu kola, mimosa flower and/or bark

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Adaptogens: eleuthero, licorice, rhodiola, raw rehmannia, red peony

Cool/Moist/Stagnant (goals: warm, dry and move stagnation, improve digestion and elimination, cognition and motivation, blood and lymph circulation)

Nervines: lemon balm, damiana, rosemary, purple bee balm (*Monarda fistulosa*), mugwort, turmeric, garden sage and clary sage, St John's wort, anise hyssop

**take care with high doses of lemon balm if hypothyroidism is a concern*

Adaptogens: eleuthero, schisandra, sacred basil, withania, rhodiola

Cold/Dry/Depleted/Tense (goals: improve assimilation and intake to increase moisture and nourishment, build blood, relax to enhance circulation and warmth, release spasm, reduce anxiety, ground and protect) **Many warming herbs are a bit dry for these folks, so add moisture with licorice, an excellent adrenal tonic.*

Nervines: oats, skullcap, mugwort, lemon balm, lavender, anise hyssop, red bee balm (*Monarda didyma*), gotu kola, mimosa bark, wood betony, kava (only in depression that presents with anxiety)

Adaptogens: ashwagandha, Asian or American ginseng, licorice, maca, shatavari, cooked rehmannia, sacred basil, eleuthero, schisandra, white peony

Adjunctive Actions to Consider:

Once nervines and adaptogens are in place, check to see that all of the other areas have been covered: inflammation, digestion, circulation and waste removal, plus any area uniquely affected in a particular person (libido, sleep, energy, thyroid health, muscular tension). If not, a few other plants to consider:

Circulatory stimulants can be important in supporting cognition and ameliorating sexual dysfunction that can appear as a side effect of common pharmaceuticals. Some favorites include rosemary, ginkgo, gotu kola, sage, prickly ash, and chocolate. You'll note most of these have either tradition or research to support their use in depression, specifically, as well as often being great **anti-inflammatories**.

Many **digestive stimulants/bitters** are also nervines, and so have already been mentioned, but if somehow you've managed to formulate without something to regulate appetite, assimilation and sugar metabolism, as well as to address any **inflammation**, atony or stagnation, consider herbs such as gentian, dandelion, turmeric, anise hyssop, and mugwort.

Last, Healing Separation From the Land

While using specific herbs for mood regulation can be incredibly helpful, perhaps the most significant contribution that plants can make has less to do with selecting the right plants and more to do with choosing plants as allies in general. A final theory related to the development of psycho-spiritual-emotional distress in all its forms comes from a modern branch of psychology—ecopsychology—which is the study of the relationship between the human psyche and the natural environment. This concept will certainly not be new to anyone familiar with global traditional healing philosophies, but it is relatively new to mainstream psychology and

research. Theodore Roszak, credited with defining the field, asserts that the physical, mental, and spiritual disconnection of modern Westerners is at the root of numerous personal and cultural mental illnesses. He further suggests that reconnecting with the natural world can be powerfully therapeutic at both individual and societal levels.⁹ Gestalt therapist William Cahalan agrees, “There seems to be a deep, genetically based need in all people for...rootedness or sense of place, in which our very nervous system requires...face to face, balanced giving and taking, a self-corrective interchange within the human and nonhuman community.”¹⁰

Echoing what herbalists and traditional healers have long believed, Cahalan suggests that without direct intimacy with soil, changing weather, native plants, insects, ancient stones or the pleasure, curiosity and sense of engagement and belonging that such relationship brings, humans lose our context.¹⁰ Without ecological context, or groundedness, our full range of human response is truncated. To the extent that we deaden our awareness of and receptivity to the diversity of the world around us, we sacrifice our ability to deeply experience the myriad of possible emotions—joyful, as well as painful.

By using plants as medicine, regardless of their purpose or specific mechanisms of action, we counteract feelings of numbness, anxiety, loss, confusion and depression as we engage more fully with our environment. We allow our bodies and spirits to interact with our ecology in a way that acknowledges our vulnerability and interdependence. Instead of rendering us weak, that vulnerability opens us to the support and nourishment of a wider world. Through entering into healing partnerships with plants, we find ourselves in the safe and nurturing embrace of our ecology, more fully awake and inspired, and closer to home.

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