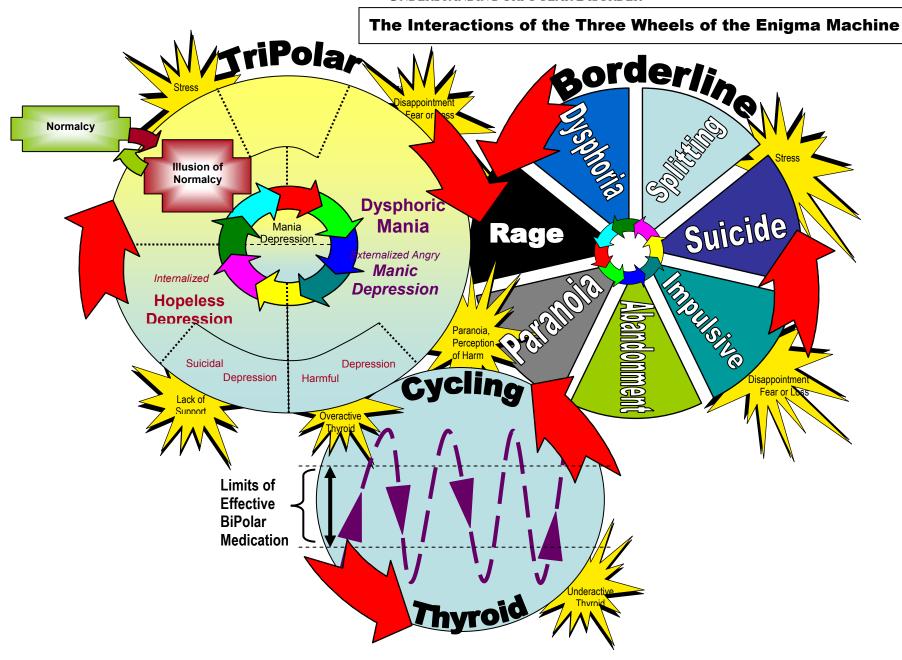
UNDERSTANDING TRI-POLAR DISORDER



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THE ENIGMA MACHINE

During the Second World War, the Germans invented a cryptographic device called the Enigma Machine. The first versions consisted of three interactive code wheels creating a myriad of ever-changing encrypted signals. This seemingly endless set of confounding permutations from the unique interaction of the three code wheels gave the English code breakers at Bletchley Park great consternation. Eventually the Allies got hold of a decoding machine from a sinking German submarine, and code-breakers were able to extrapolate the complex coding architecture.

In many ways, we've been faced with our own human version of the enigma machine. The first wheel of the human enigma machine is the Bi-Polar cycle. When it interacts with the second wheel - the Borderline Personality Disorder - a set of highly volatile complications emerge. My hypothesis is that Bi-Polar and BPD's interactions trigger and fuel each other. Bi-Polar is largely chemical, and BPD is mostly behavioral. Bi-Polar's chemical imbalance can trigger a set of Borderline behaviors, which become so intense that it disrupts the brain chemical balance even further. Similarly, a set of perceptual triggers that launch a Borderline episode change the brain chemical imbalance and set off a series of Bi-Polar responses. For this reason, the medicinal prescriptions have had only marginal effect. This also may explain why she is a "rapid cycler" having three or more Bi-Polar incidents per month (or perhaps what we thought were Bi-Polar incidents were, more correctly, interactive Bi-Polar-Borderline incidents).

The interaction of these two "wheels" is what might be called "Tri-Polar" disorder: Manic – Dysphoric – Depressive. (See set of visual pictures of this complexity on previous page) If this hypothesis is true, then any medications can only be effective if there is behavioral intervention as well to quell the BPD disruptions.

Now comes the third wheel of the Enigma Machine: Thyroid Disease. According to research, anywhere from 25% to 60% of all those with Bi-Polar Disease also have thyroid problems. As the body's second most important endocrinal gland, a malfunctioning thyroid can set into motion an endless stream of metabolic dysfunctions, including triggering imbalances in brain chemistry, thus igniting the Bi-Polar fuze.

One patient had just been diagnosed with Toxic Multi-Nodular Goiter, which seemed to run in *cycles* of hyper, then hypo active. This cyclical irregularity was probably triggering the Bi-Polar attacks, sending this woman's brain chemistry beyond the limits of what the medication was designed to regulate. Then the Bi-Polar attacks triggered a Borderline episode, resulting in a full blown suicidal incident. There is also a link between BPD and anti-thyroid antibodies which as yet to be fully explored.

Ten days before this person's last attempted suicide, she had been prescribed for medication to control a hyper-thyroid condition. The medication brought her thyroid activity down precipitously. Apparently (though not fully confirmed) she then went into a downward thyroid cycle towards hypo-thyroid, which then triggered a depressive bi-polar attack.

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TRIPLE JEOPARDY

Inheritance is one of the causes of the Tri-Polar problem. Coming from a Bi-Polar family creates its own vicious circle, because Bi-Polar parents can give their progeny double trouble: first, genetically inherited bipolar disorder and second, a dysfunctional and erratic family environment that induces Borderline Personality Disorder. Once set in motion, these two psychiatric maladies cascade down from one generation to the next.

Either of the disorders are difficult enough independently, but together they self-generate a raging storm that feeds on itself. While BPD is largely a maladaptive behavioral response to a very tenuous and uncertain life condition, Bi-Polar is largely a chemical condition. But the behavioral power of a BPD episode is so intense as to trigger endocrinal chemical shifts in serotonin and adrenal levels, and perhaps thyroid and adrenal levels as well.

No wonder suicide or self-damaging mutilation is the only way for some people to stop the storm. Jails are probably filled with sufferers or victims from this series of maladies. 30% of all psychiatric hospital admissions are from Borderline Personality Disorder. For those who are mates to BPD sufferers, domestic violence is frequent. But, to the consternation of the mate of a BPD sufferer, none of the typical anger management techniques works, and, tragically, most of those techniques actually produce the opposite effect, leading the non-BPD mate to feel totally hopeless, and perhaps crazy themselves.