

# Meds Design As A Very Philosophy

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It is a new thesis point I have, that meds are a philosophy of the physical and the mental. And that our very understanding of how mental and physical processes should work informs the very meds we design.

For example, if we see the mind as should be a very fixed, static, low-key place, then that's how we design the meds in our psychiatry. If we see the mind as mind, and a very supple, dynamic, reasonable, merit-based, and infused place, then we might even fault that, with this view, and design a med to counteract such!

Certainly if the individual exhibits outlier behavior, or novel views; and certainly instead of suggesting a different decision point (realistic; but the point of psych units is to enforce Western style psych meds on the individual in all cases, not to investigate the actual).

For example, if we have a mind that is caught up in emotional logic, and design a med to counteract that, if we have a certain philosophical basis in society that leads to anxiety, then we might design a med that reduces emotional impact, but introduces anxiety where there was none!

It is a fact that psych meds introduce artifacts: in software design, in solving one feature implementation, you don't want to introduce artifacts of bugs or feature mistakes in another part of the app. Yet this is precisely what all of these psych meds do – and we consider that 'expert'!

For example, risperidone and Depakote together ratchet down dynamic expression and change the type of some of the thoughts, yet they make one very sedated, introduce a sharp reduction in stamina and energy, cloud the mind, add weight gain, introduce abnormalities to digestion, and make the muscles extremely tense and rigid (not flexible at all). One would not want to do this in software – or in building the Space Shuttle!

I have this idea that Valerian Root might be an excellent mild anti-psychotic, and that it should be studied as such. It might have 5 or 15 compounds that unfold their effect in a fluid and interlocking manner, much the way that blood clotting does, in the human body, through say 20 steps, each sophisticated.[1] This would be contrasted with the single-molecule idea in our current Western psych meds approach (it is my understanding). With Valerian Root, consciousness simply rests naturally on itself, settling, in its mysterious way; and the psychotic points simply evaporate. In one standard 3-capsule dose. (Its effect was short-term, and lasted about a day, in my experiment.) This is from a singular experience of mine. I'd like to study it myself further, and again suggest it be taken up by researchers. There might be other herbal tonics that do similar or parallel things. But also, this may allow the individual enough time- and mental-space to work with perception, view, perspective, and understanding – and to factor out this or that about the external world or the social-relational. A week,

or a month, might be a lot of time to work – with long-lasting, sustainable beneficial results from what is newly realized or learned or found, in mind and mind-form-being-world-space.

### **Endnote – Further Comments On Specific Meds (Risperidone and Depakote)**

It is my observation from a careful scrutiny of the antipsychotic risperidone and the mood stabilizer Depakote, taken together in a standard dose, that they have the following effects, after 2 years of taking them:

- They dull the mind.
- Still, significant Buddhist realization can occur, and it is possible to walk through a knowledge- and logic- space, in mind.
- Awareness, awareness itself, as part of the expression of the mind, is sharply curtailed.
- Stamina and energy are sharply reduced – to about 15% routine and dynamic, or alternately routine and low-key.
- Attention span is sharply curtailed, from all day (or hours at a time) to segments of 20 minutes, of study, and then rest is required. I can involve myself in writing or other of-my-own-ideas activity for longer periods; but not study.
- Memory is reduced, especially short-term memory.
- The ability to visualize entire domains of thought and thought-space is sharply curtailed, almost non-existent. I am sensitive to this as a digital computer software developer. And now with Zen and philosophy.
- Truths can still be penetrated, but it is difficult to recall these or bring them to mind again, to make them fully present.
- The conscious mind becomes, many times, mush, and clouds. Sharp apprehension of noumenon and phenomenon is virtually nonexistent, on the conscious level (although there is some subconscious activity that I can access say by typing words, sentences, and paragraphs out... but it's impossible to visualize things).
- Muscles and so forth are extremely tense. They had been supremely supple and flexible before starting the meds routine.
- The meds significantly weaken the muscles.
- I wouldn't be surprised if the meds reduce brain mass, as one or more apparently careful studies have found.
- I can still do some measure of zazen, a refuge and relief; I could take it much deeper not on meds. Awareness and the subtle functioning of the mind, as well as the functioning of the conscious mind and the perceptual, are part of this, and are curtailed.
- It is possible to work, still, with logic, especially as I type, but not etched-unfolding in a noumenal way, in conscious mind. Writing solves this outlet, for now. I would be relatively unable to do logic trees in conscious mind, although I might be able to type them out or use software toward that purpose.
- It just occurred to me as I was out smoking a cigarette that these meds reduce the mind often to the tedium and low-energy states and desultory feel of a boring high school class – where I myself now have none of these features in my actual wake-state mental space and philosophical/Zen thoughts.

- At times the mind is vacuous of all thought and perception, making for a very uncomfortable feeling. The Buddhist mind counteracts this, to a significant degree; still, the effect is persistent and noticeable.
  - The meds cause disruption to digestion: defecation is gloopy where without meds it is firm and clean; and urination is haphazard and sometimes the stream bifurcates.
  - The meds cause a bit of weight gain: whereas without meds I have the slim build of some long-distance runners, I now have a small obesity-style belly, and I'm say 10-15 pounds overweight.
  - The meds, maybe particularly risperidone, correct for some residual perceptual error, then over-correct by a significant amount, dulling perception and the perceptual, and (perhaps with the Depakote) making the conscious mind feel very closed-in on itself, separate from the external world. Perceptual correction can be useful, perhaps in the short term; and Valerian Root also seemed to work with this, quickly, and in a very natural way, in the account above.
  - The meds, maybe particularly risperidone, contradicts slightly psychotic thought (ethical though it may be – the risperidone does not contradict that), but deadens the mind.
  - The risperidone may have a mathematical modeling effect on the mind, which may be beneficial; this may help yield a useful space for the individual to re-assess thought and its logic, and energy states, and action, particularly in the short term, depending on the individual, the alert and informed recommendation of a participant psychiatrist, and the individual's informed wishes.
  - The meds, together, result in a low-key state of action. In my instance, a simple appeal to communication and my ability to switch on or off particular action-states would have been sufficient, and a recognition of the merit of my logic, sans meds; but otherwise, if the system is not going to offer that, but rather seek behavior modification by coercion and chemistry, it has done that. Still, the psychiatrist gets, from his or her perspective, the desired outcome, without much awareness of the specifics of the effects or their functional implications: a conformation or reduction of behavior to the median. But also important is the ongoing function of Zen Buddhist expression and dynamic, working reality, in my life.
  - I was productive at work efforts before the coerced treatment; I still am, but cannot sustain nearly a full day (12 hours plus more effort, effortless effort-putting) – rather 4 hours, with significant rest and relaxation and acquiescence to a sort of mental drifting (daydreaming in thought) required.
  - On the meds, I feel neither alert nor restful.
  - This is after 2 years on the meds, after a 5 month period off of meds, necessary to regain full mental capacity, and to work with Zen. Then, ensuing adventures in logic, the family, the psych unit, and the state – and my 'MVO: 2019 Thesis', along with significant Zen Buddhist activity and contemplation, and attention to various influences.
- I would not be able to have the same high-key expression that I had, in the spring of 2017! The medium-key, low-key, studied, contemplative, and meditative were present. (Some of this balance had to do with design, theory, praxis, and some had to do with the residual effect of the meds as they 'rebound', and some had to do with latent karmic tendencies, and some had to do with the natural development of my life.) Instead, I'd have to eliminate the high-key dynamic, and be alternately medium-key dynamic, low-key, studied, contemplative, and meditative; etc.

The above list is meant to be informative, of my own (and each individual will have his or her own experiences, positive, neutral, and negative), and is meant to outline some of the implications in the next section (Endnote) – directly related to meds design as a very philosophy.

### **Endnote – Meds As A Design Philosophy, An Interpretation**

It occurred to me that what these meds are is a certain interpretation of how physical things function. They may not be taking into account the actual inorganic and organic processes that make up for a dynamic, healthy, vibrant, reflective, cyclical, interconnected physical body, and mind-breath-body. That is, this is a result of Western approaches to medicine and physiology, in the medical sense, that is not the real picture. It is a false interpretation. This philosophy may be reflected in how one addresses one's own body in mind, and may influence physiological processes. This philosophy may be reflected in how we design our medicines, and then the various effects of those medicines. In other words, meds are interpretational, and this interpretation is subject to the givens and conclusions of the science that yields them.

There may be other avenues, such as the herbal tonic remedies approach, or the nutritionist's approach, or the gym trainer or martial artist. Eastern ideas may be relevant, as may ideas about the breath and mind-breath-body. Ideas about the importance of the cyclical and interdependencies may be important.

Medicines may be very important, but they need to be re-designed, with new working premises and conclusions.

For example, we sometimes make high school classes dry and tedious, boring, desultory, non-participant, inactive – and if that is the expected norm, a philosophical basis of meds science would yield the results, in part, above, for those meds scientists who consider this high school experience the norm.

### **Footnotes**

1. See “Darwin's Black Box” by Behe.