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## Virtual Dark Therapy using Amber Lenses: The Future of Treatment for Clients with High Functioning Bipolar I Disorder

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### ABOUT THE STUDY

There have been no outpatient studies with Bipolar Disorder and virtual dark therapy. This is a ground breaking study. This case study demonstrates the plausible effectiveness of outpatient virtual dark therapy self-treatment for Bipolar I disorder. Patient desired side effect free, nonallopathic outpatient treatment for Bipolar I Disorder [1]. The patient was diagnosed Bipolar I, mild, recently manic. Unsuccessful interventions included medication, routine, exercise, and early symptom recognition. In this study, Virtual Dark Therapy (VDT) was added using Amber Lenses (AL). The outcome of this study was a reduction in symptoms and termination of medication.

Virtual dark therapy has been demonstrated as a helpful adjunctive treatment to medication for bipolar patients in residential settings [2]. Early research focused on stable settings, where dark therapy is easiest to control. While valuable, this information does not address the effectiveness and importance of VDT in the outpatient setting, where most individuals receive care [3].

Nearly a dozen studies have been encountered regarding the efficacy of dark therapy, VDT (or) darkness to treat Bipolar Disorder and Circadian Rhythm Disorders (CRD) [4]. Inpatient studies, offering more environmental and statistical controls than outpatient ones, have demonstrated preliminary effectiveness of AL therapy as a treatment for Bipolar Disorder. Initial research was done in a sleep lab with a single patient, with rapid cycling Bipolar II Disorder [5]. It was significant because the subject's symptoms dramatically reduced in just six weeks while his mood stabilized over 6 months of treatment. He remained stable through the one-year mark of the study with no medication. Thus, despite this being a single case, it is relevant to explore dark therapy in outpatient settings [6].

In reviewing the research thus far, it seems clear that research needs to be moved out of controlled settings. Research over the last decade shows promising results for AL (or) VDT when results are observed in controlled settings [7].

The current study followed a single professional for 3.5 years. Diagnosed Bipolar I, she struggled with traditional medical treatments for Bipolar Disorder, while a practicing therapist in private practice. During the first year, the subject tracked her symptoms using a symptom tracker with 17 items scored 0-3 with a maximum score of 51. The following years the subject continued to track symptoms, while using AL in addition to medication as usual. Prior to the study, she managed three manic episodes each year, a short episode in late January, early April, and a longer episode in August, September [8].

During these times, she required increases in her medication to manage the episodes. During the second year of the study while using AL, medication increases were unnecessary, except after the tragic death of her eldest son. For one week following his death, she needed a 1/8 mg increase in her Lorazepam. After this, medications were reduced due to side effects until the one-year mark of AL use when she was titrated off medications [9]. Medications were briefly reintroduced in August after the second year, and July after the third year of the study. During these periods, the subject took medication for 6 weeks and 4 weeks respectively.

Despite the current subject having a diagnosis of Bipolar I Disorder and being treated outpatient, she reports a positive benefit from AL. At study termination, her doctor allowed complete termination of medication with sufficient sleep time continuing [10]. Notably, current follow up with the patient in May of 2020 finds her emotionally stable and off medication for two years and ten months.

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