

NUTRIENTS AND DEPRESSION: FOOD FOR YOUR MOOD

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“My name is Shirley. I am 59 years old and have been depressed and anxious my whole life.

“As a young adult, I angered easily and had poor self-esteem. After I married and had children, things got worse. I was very depressed and would fly off the handle and yell at them. I was very depressed a lot of the time. This played havoc with our family life. I tried counseling and it helped some. As I approached menopause, resulting from the hormonal imbalance...I became more depressed and really felt hopeless.”

Does this sound like someone you know, or perhaps even you? Chances are, it does.

The Statistics of Depression

At any given time, 8% to 10% of the population suffers from some form of clinical depression; almost 70% of these individuals are women. A study done by the Harvard School of Public Health and the World Health Organization found that depression was already the world's fourth largest cause of disability, and was expected to be second in about 10 years. Serious depression may attack up to 22% of the entire population at some time in their lives.

Here in Du Page County, the story may even be more dramatic. In the Du Page Tapestry 2000, published by the Healthy Du Page organization, Dr. James Hagen, Deputy Executive Director of the Du Page County Health Department, writes, “With depression identified as [Du Page County's] number one health issue, with violence and suicide in our youth...we must not be lulled into a false sense of security concerning the strength of our tapestry.” In addition, 6% of the deaths in Du Page County from 1996 to 1998 were due to suicide, an act brought on by depression. This rate actually exceeded that of the state of Illinois, which was at 4%.

The cost of this insidious problem to society is enormous. Employees with symptoms of depression are twice as likely to miss work due to health reasons, and seven times more likely to experience decreased performance on the job. This results in higher health care costs and lower productivity, effectively lowering the quality of life for all.

In addition, researchers at Columbia University found that one-third of the mothers of children being treated for depression were themselves depressed, demonstrating the transmission of this devastating syndrome from parent to child. In fact, as depression has been rising in adults, there has also been a steep rise in child suicide attempts. Calls from suicidal children to ChildLine, a hot line for youth, doubled from 1992 to 2000.

Due to the stigma of depression, many sufferers do not seek help for fear of being discriminated against or singled out in the workplace or among family. Only one in every ten individuals with clinical depression receive adequate treatment either because they do not seek out help or the depression is not diagnosed correctly due to the patient concealing information. Even among pregnant women, one in five experience signs of depression, but only 14% of that 20% is receiving any kind of intervention. This is again due to misdiagnosis or inaccurate self-reporting. What is of even greater concern is the growing scientific evidence that the hormone imbalances associated with depression can affect the fetus, as well as put those women at higher risk of post-partum depression. Incidentally, post-partum depression is responsible for up to 8% of female mental hospital admissions.

Defining Depression: Separating Symptoms from Causes

What exactly is depression? Most mental health professionals would probably answer this question with a list of symptoms that define this syndrome:

- Feelings of worthlessness, helplessness or hopelessness
- Inability to experience pleasure
- Withdrawal from social relationships
- Changes in sleep and eating habits
- Irritability or quick to anger
- Slow or foggy thinking
- Inability to concentrate

But this is all that it is: a list of vague complaints that can have many, many root causes. Also, people of different ages, genders and cultures can express depression differently.

Whatever the causes, depression, as with everything we feel, think, do and say, is determined by the phenomena of our many biochemical processes. Anti-depressant medications, such as Prozac, are used to mimic or interfere with our natural biochemical processes, but there are problems with these. Individuals respond very differently to the exact same medication, so finding the right one is often by trial-and-error. Also, because they are synthetic as opposed to natural chemicals, these medications have a variety of side effects associated with them. Finally, over 75% of patients on these antidepressants experience incomplete control of symptoms, as reported in a study funded by GlaxoSmithKline, manufacturer of the popular antidepressants Welbutrin and Paxil.

Let's take a step back and try to understand these processes. In reality, the brain is basically a chemical factory that constantly produces dozens of neurotransmitters, such as serotonin and dopamine, which act as messengers to start, continue or stop biochemical processes. The raw materials or "building blocks" for these processes, the only ones, are vitamins, minerals, amino acids, fatty acids and other nutrients. If your brain is given the wrong mix of nutrients, due to a) genetically determined imbalances that create excessive

or insufficient levels of these nutrients in the brain, b) incomplete nutrition or c) both, the result will be the wrong mix of neurotransmitters.

Here are just a few of the nutrients and their impact:

Zinc –An essential constituent of more than 80 enzymes and many researchers believe it to be a brain neurotransmitter. Zinc deficiency can result in irritability, anger episodes, poor memory, impaired intellectual function, impaired immune function, and inability to deal with stress.

Copper – Important in converting dopamine to norepinephrine. Too much copper can cause overstimulation, depression, and can deplete the brain of other essential nutrients. Estrogen increases copper, which may very well be at the root of post-partum depression.

Vitamin B6 – Important in the formation of many neurotransmitters. B6 deficiency is associated with agitation, irritability, depression and impaired intellectual function.

Essential Fatty Acids (EFAs) – As the name implies, essential to the healthy formation of cell membranes and other structures. They are critical in brain development and nerve transmission. EFA deficiency can result in depression, bipolar disorder, aggression and overall intellectual function.

Identifying and Treating Nutrient-Based Imbalances That May Cause Depression

The good news is that many nutrient imbalances that underlie depression can be identified through a combination of lab testing and examination of symptoms. Better yet, research by many well-respected institutions, such as Harvard Medical School and University of California at Davis, has shown that the symptoms of depression can be alleviated through appropriate nutrient supplementation.

We at the Pfeiffer Treatment Center have observed that most victims of depression fall into one of five biochemical classes: (1) high histamine, (2) low histamine, (3) pyroluria, (4) high copper, and (5) toxic overload. The treatment for these biochemical disorders is highly individualized, with most patients reporting good treatment effectiveness.

High-histamine depressives overproduce and retain excessive levels of histamine, an important neurotransmitter that affects human behavior. They are under-methylated resulting in generalized low levels of important neurotransmitters such as serotonin. This syndrome often involves seasonal variations in depression, obsessive-compulsive behavior, inhalant allergies, and frequent headaches. Biochemical treatment revolves around antifolates, especially calcium and methionine. Three to six month of nutrient therapy are usually needed to correct this chemical imbalance. As in most biochemical therapies, the symptoms usually return if treatment is stopped.

Low-histamine depressives are usually nervous, anxious individuals who are prone to paranoia and despair. They are over-methylated which results in elevated dopamine and norepinephrine levels. Although free of seasonal allergies, they often report a multitude of food and chemical sensitivities. Many have a history of hyperactivity, learning disabilities, and underachievement. Treatment focuses on use of folic acid together with niacinamide and vitamin B-12, with about 2-4 months required for correction of the imbalance.

Pyroluria is a stress disorder characterized by pronounced mood swings, temper outbursts, and anxious depression. Many pyrolurics report an inability to eat breakfast, absence of dream recall, and frequent infections. Treatment centers on correcting a double deficiency of B-6 and zinc, which is believed to result from abnormal hemoglobin synthesis that depletes the body of these nutrients. A positive response often occurs within the first 7 days of treatment, with 1-2 months usually required for correction of the imbalance.

High-copper depressives usually have a history of hyperactivity, tinnitus, and skin sensitivity to metals. Females with this condition usually have significant PMS and are prone to heightened depression during hormonal events such as childbirth and menopause. They often report a worsening of depression after estrogen or multiple vitamins. Treatment focuses on release of excess copper from tissues, promotion of copper excretion, and stimulation of metallothionein (a metal-binding protein). Caution must be exercised due to the tendency of blood copper levels to rise during the first 10 days of treatment. Many patients report a mild worsening over the first 3 weeks, followed by steady improvement. A total of 60 to 90 days is usually required to correct this imbalance.

Toxic substances capable of producing depression include lead, cadmium, mercury, and a wide variety of organic and inorganic chemicals. This syndrome often involves a sudden, prolonged bout of depression without apparent reason and without a prior history of depression. Treatment varies with the type of toxic material involved, and care must be exercised to avoid flooding the kidneys with toxins during the early stages of treatment. Heavy metal overloads can be corrected quickly by in-hospital chelation or more slowly using biochemical treatment. Organic chemical overloads require liberal use of antioxidants along with avoidance of the offending substances.

Does Nutrient-Based Therapy Work for the Symptoms of Depression?

In addition to numerous studies that have shown successful treatment of depression using nutrients such as zinc, EFAs, vitamins B6 and B12, and folic acid, Pfeiffer Treatment Center performed an outcome study of 200 depressive patients being treated there. Of these patients, 92% reported improvement, with 60% reporting major improvement and 32% reporting partial improvement. Compared with the less than 25% reporting major improvement in the pharmaceutical company-funded study mentioned above. Also, approximately two-thirds of the Pfeiffer patients reported that their anti-depressant medications were no longer necessary after beginning nutrient therapy.

But for a real-life example, let's check in with Shirley:

“One day my husband told me a customer of his had recommended the nutritional therapy done Pfeiffer Treatment Center. Desperate for help, I went.

“The day I first came to the treatment center, it was like coming home. I felt they would help me and I was so grateful. The staff was very friendly and I felt that they cared about me. They spent a long time interviewing me and taking samples for lab tests.

“It turned out that I have a chemical imbalance that I was most likely born with and that I don't absorb nutrition from food very well. I was so glad that there was finally a diagnosis for what was wrong with me! I started on the treatment program and... I realized one day that I no longer had the depression or racing, repetitive thoughts that I had struggled with all my life. They were gone! Then my first grandchild was born and I found that I loved her... I was finally able to love.

“I continued with the counseling, stayed away from sugar and took the nutrient program from Pfeiffer. I became a new, much happier woman. I am much more confident socially now and I love all my family now, especially the grandchildren. I retest at Pfeiffer Treatment Center once a year and they continue to be supportive and answer any questions that I might have. I thank God for Pfeiffer Treatment Center and their program that helped change my life.”

Remember that someone you know? The next time you see her, tell her about Shirley...

The Pfeiffer Treatment Center is a non-profit medical treatment and research organization that specializes in nutrient therapy for biochemical imbalances. Pfeiffer's doctors recommend individualized biochemical treatment programs for children and adults with symptoms of depression, ADHD, autism and mental illnesses. Visit www.hriptc.org to learn more.

Pfeiffer offers free seminars the third Tuesday of every month in our offices. Please call us to reserve a space. We are located at 4575 Weaver Parkway, Warrenville IL 60559 and can be reached at 630-505-0300 or info@hriptc.org.