

Depression

Contributed by Administrator
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This is a very common complaint, although true clinical depression is far less common than is often thought.

Grief, Moodiness, sadness etc., are all normal emotional experiences that we encounter daily. Depression is the ingrained behaviour patterns that disrupt normal everyday living and social relationships. One in four people will express some kind of depressive problem at some time in their lives, with women more at risk than men. Cultural social ; class or race does not seem to have a bearing on the incidence of depression.

Certain criteria are used to establish the presence of clinical depression, with 5 out of the following 7 criteria for at least one month being necessary to constitute clinical depression.

- Physical inactivity or hyperactivity.
- Insomnia or hypersomnia
- Poor appetite with weight loss or increased appetite with weight gain.
- Loss of energy and experiencing great fatigue.
- Feelings of worthlessness, self reproach or inappropriate guilt.
- Diminished ability to think clearly or concentrate.
- Recurrent thoughts of death or suicide.

Depression is most likely a multi-factorial condition. Essentially it can be psychological and biochemical. Psychological explanations include several models, and these are best referred to a skilled counsellor/psychotherapist who have the tools to explore the subconscious mind. Biochemical explanations are a different story and many nutritional and lifestyle adjustments can make many differences.

Diet.

Food and environmental allergens may cause or set off depressive states. Allergy testing may be used if the person is not too depressed to follow instructions followed by elimination and challenge diets which can be used to determine specific food allergies. See Allergy/Hypersensitivity.

Nutritional deficiency.

Folic acid and Vitamin B12 stimulate the synthesis of tetrahydrobiopterin which is an essential co-enzyme in the formation of several neurotransmitters. Many depressive patients show a deficiency of BH4 which can be corrected by administration of B12 and folate. Many depressive patients are often deficient in Folic acid and supplementation may help many. B12 deficiency should also be corrected and can help.

Niacin deficiency leads to decreased energy metabolism in the brain resulting in apathy, anxiety feelings of loss and sadness, irritability, memory loss and emotional lability. Niacin is made from tryptophan and Niacin deficiency is often a deficiency of tryptophan. Tryptophan deficiency leads to reduced serotonin synthesis, the neurotransmitter that is involved in mood regulation, relaxation and sleep. Low tryptophan will also reduce melatonin synthesis the hormone involved with regulation of reproductive cycles and biological clocks. Depressed patients appear to have low uptake of tryptophan into the brain. This uptake of tryptophan is shared with other neutral amino acids such as isoleucine, leucine,

phenylalanine, tyrosine and valine. These are abundant in animal proteins and less abundant in vegetable proteins. Thus a meat and dairy based meal may trigger depression in sensitive people whereas a meal based on unrefined carbohydrate/protein foods (beans and cereals) should not cause a problem.

Phenylalanine is converted in the body into phenylethylamine (PEA) which is an endogenous stimulant and anti-depressive substance. In depressive patients, low levels of PEA are often found, and this may be why these people crave chocolate, which is notably high in phenylalanine.

Methionine deficiency is associated with a deficiency of S-adenosylmethionine which also acts as an endogenous anti-depressant.

Pyridoxine (Vitamin B6) is involved in the synthesis of many monoamine neurotransmitters (serotonin, adrenaline & dopamine) and is frequently deficient in people with depression.

Tyrosine deficiency is seen in some depressive people and may be associated with low thyroid function, reduced monoamine synthesis and reduced tyramine and PEA levels.

Further factors To Consider. Caffeine is known to cause clinical symptoms similar to those of anxiety states when taken in large doses, or even in small doses by sensitive individuals. Never cut caffeine out in one step, reduce the number of cups of coffee or glasses of cola slowly, replacing one or two with something else and do this slowly adding one extra cup or glass every 7-10 days, until you have reduced down to either a small amount or none daily. Symptoms of caffeine intake can be anxiety, irritability, moodiness, palpitations, headache and muscle twitching.

Smoking impairs blood flow to the head because of its vasoconstrictive action and displaces CO₂ in the erythrocytes (red blood cells). It also uses up Vitamin B6 and Vitamin C. Excessive release of adrenalin is also caused by nicotine stimulating the adrenal glands which may also contribute to anxiety states. Thus excessive cortisol will also be produced which inhibits the uptake of tryptophan by the brain.

Endocrine causes of depression may include Hypothyroidism, hyperparathyroidism, Cushing's Syndrome and Addison's Disease.

Neurological causes of depression may include Multiple Sclerosis, Parkinson's, Cerebral Tumours, Seizures, head trauma and early dementia.

Pharmacological causes of depression may include amphetamine withdrawal, cimetidine, indomethacin, mercury, phenothiazine, reserpine, vincristine and vinblastine.

Infectious cause of depression may include infectious mononucleosis, influenza, tertiary syphilis, Tuberculosis, Viral hepatitis and viral pneumonia.

Collagen diseases can also cause depression and include fibromyalgia, rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE)

Lack of sunlight can lead to a particular type of depression, known as seasonally affected disorder which is well recognised in Northern countries with long dark winters but is now becoming more recognised by many. It is treated by exposure to full spectrum lighting and there are many 'light boxes' now on the market. Anyone who suffers with this type of depression should be advised to go outside as much as possible.

Holistic Treatment Of Depression.

All the above dietary and psychological factors need to be considered when treating depression. Whatever biochemical

alterations you decide on, the depressed patient usually needs some form of counselling and psychotherapeutic approach as well. Relaxation therapy and visualisation is also a good place to start.

Supplements For Depression.

- Vitamin B complex 100mg x 3 times daily.
- Vitamin C 1000 - 2000mg daily (or to bowel tolerance)
- Folic acid 400mcg./day
- Vitamin B12 100mcg./day (Often offered by GP as an injection)
- Magnesium 500mg/day
- Calcium 1 gram a day (Remember if you are taking a calcium supplement you need it to contain magnesium and Vit. D for absorption to be adequate)
- Amino acids - As determined by blood test of serum levels.

Herbal Remedies For Depression.

Relaxants.

- *Avena sativa* (Oats)
- *Chamomile recutita* (Chamomile)
- *Humulus lupulus* (Hops)
- *Lactuca virosa* (Wild lettuce)
- *Lavandula officinalis* (Lavender)
- *Melissa officinalis* (Lemon Balm)
- *Passiflora incarnata* (Passionflower)
- *Scutallaria lateriflora*(Skullcap)
- *Stachys betonica* (Wood betony)
- *Tilia europea* (Lime Flowers)
- *Valeriana officinalis* (Valerian)
- *Verbena officinalis* (Vervain)
- *Viburnum opulus* (Cramp bark)

Stimulants.

- *Cola vera* (Kola)
- *Ginkgo biloba* (Ginkgo)

- Panax ginseng (Korean Ginseng)
- Rosmarinus officinalis (Rosemary)
- Turnera diffusa (Damiana)
- Zingiberis officinalis (Ginger)

Tonics.

- Avena sativa (Oats)
- Equisetum arvense (Horsetail)
- Hypericum perforatum (St. John's Wort)
- Stachys betonica (Wood betony)
- Turnera diffusa (Damiana)

It is often a good idea to prescribe two different medicines for bipolar depression. One to take when feeling 'down' and when to take when feeling 'hyper'.

Please contact me.