

HOPE for Your Health **3**

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*God be merciful to us, and bless us, and cause His face to shine upon us.
That Your way may be known on earth, Your saving health among all nations. Psalms 67:1-2*

Depression

Depression strikes more than 10 million Americans each year. All ages, races, and sexes are affected, but a greater percentage of women report this disabling disorder. Depression costs the US economy an estimated \$44 billion a year in absenteeism and medical bills, but the emotional cost to its victims and their families cannot adequately be calculated. Symptoms of depression may vary considerably, depending on the age and other concurrent illnesses. They may include: problems with sleep, loss of energy and interest in life, feelings of worthlessness and guilt, recurring “dark thoughts,” psychomotor agitation or retardation, and difficulties with appetite.

What causes depression?

The causes of depression are so multiple and commonly interwoven to such an extent that our clinic believes that a truly wholistic approach is necessary before resolution is complete. It is too simplistic to approach depression as only a neurotransmitter imbalance requiring delicate pharmaceutical juggling. It is also over-simplistic to assume that multi-year psychotherapeutic interventions will resolve depression. Unfortunately, philosophical and clinical differences of opinion, financial interest biases, and political game playing has long created an environment of mutual dis-

trust and non-cooperation within the clinical community. Slowly, however, there is a small body of patient-oriented clinicians who have put aside such differences and are systematically exploring every relevant therapy. Evidence is fast accumulating that an integrated approach is the best route for healing.

In 1967 Dr. Sydney Walker wrote a psychiatric textbook, *Psychiatric Signs and Symptoms Due to Medical Problems*, which challenged the medical community to more carefully evaluate a patient for underlying medical problems before resorting to pharmaceutical therapies which can have serious side effects. Further research experience has demonstrated that depression in patients may be due to genetic disturbances of detoxification (over or under methylation), pyroluria, histamine, metallothionein imbalances, porphyrias, and malabsorption syndromes. Dr. Walker's work suggests that clinicians must not only consider genetic disease but also thoroughly evaluate and resolve more common disorders such as hypothyroidism, dysglycemia, reproductive hormone imbalance, food and/or environmental allergies, etc.

Other researchers such as Dr. Abram Hoffer and Dr. David Horrobin have contributed an enormous amount of clinical evidence of the effects of selected nutrients (i.e. Niacin, pyridoxine, omega-3 fats) in mental health and therapy. Because of this great

Today's Promise

We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead. He has delivered us from such a deadly peril, and he will deliver us. On Him we have set our hope that He will continue to deliver us, as you help us by your prayers. 2 Cor. 1:8-11

diversity of causes, we believe it imperative that specialists should work as a co-ordinated team to identify cause and then employ short-term pharmaceutical intervention (if necessary), dietary rehabilitation and nutrient restoration, exercise prescription, sunlight exposure, sleep hygiene, cognitive-behavioral therapy, spiritual counseling and intercessory prayer.

Exercise Prescription Research

Researchers selected 156 patients (50+ years old) with a major depressive disorder to undergo one of three treatments:

- Exercise three times per week for a total of 45 minutes
- Medication with sertraline (Zoloft)
- Both exercise and the medication.

After about 4 months of following one of these therapies, the scientists discovered that there was a significant drop in depressive symptoms in every group, with no significant

Herbals for Various Symptoms Associated with Depression

Insomnia	Hops tea, Valerian extract
Loss of appetite	Zinc (20 mg)
Fatigue	Ginseng
Loss of motivation	Ashwagandha

difference in the therapies. Initially about 60% of the patients were considered to have recovered. Then, after 6 months, 40% of the medication patients relapsed while only 10% of the exercise patients had depression relapses. *Psychosomatic Medicine* September/October 2000;62:633-638.

Principles for Healing

“I waited patiently for the Lord; he turned to me and heard my cry.

“He lifted me out of the slimy pit, out of the mud and mire; he set my feet on a rock and gave me a firm place to stand.

“He put a new song in my mouth, a hymn of praise to our God.

“Many will see and fear and put their trust in the Lord.

“Blessed is the man who makes the Lord his trust, who does not look to the proud, to those who turn aside to false gods.

“Many, O Lord my God, are the wonders you have done.

“The things you have planned for us no one can recount to you; were I to speak and tell of them, they would be too many to declare.”

Psalm 40:1-5.

Notice that exercise therapy was as effective Zoloft, but over time the exercisers had the greatest long-term success. An interesting note is that exercise increases a natural chemical called phenylethylamine which appears to boost the mood, energy and attention span. Like other recommendations in this article, the best approach to treating depression is one that is comprehensive and rooted in a healthier lifestyle.

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