

Depression: New Ways to a New You

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What's The Problem?

- Depression is a common and costly disorder. Projected to be the 2nd leading cause of disability by 2020.
- About 10% of Americans currently suffer from depression.
- Antidepressant use has increased more than 400% since 1988. 1 in 10 healthplan members are on an antidepressant.
- Suicide rates have been increasing in middle-aged Americans – those most likely to be taking antidepressants.
- Suicide rates have been decreasing in the demographics receiving *less* treatment.
- “The high rate of inadequate treatment of the disorder remains a serious concern.” – Gregor Hasler, MD in *World Psychiatry*, 2010.

Define Depression

- Feeling helpless and hopeless.
- Loss of interest in daily activities.
- Appetite or weight changes.
- Sleep changes.
- Anger/irritability.
- Loss of energy.
- Self-loathing.
- Loss of concentration.
- Physical symptoms.
- MEN: depression triggers more likely to be related to work/competition stress and divorce.
- WOMEN: depression triggers more likely to be related to change in social circles, loss of friend, death of relative.

Pick a Drug, Any Drug

- Antidepressants among top 3 of most frequently prescribed drugs (\$\$\$).
- Even popular among the healthy: 8% of those above the age of 12 *without* symptoms are taking the drug.
- 75% of antidepressants used for off-label purposes (not FDA approved, but approval not necessary).
- Despite the pharmaceutical companies' claims, none of these drugs are safe.

Side Effects of Antidepressants

anhedonia, apathy, nausea/vomiting, drowsiness or somnolence, **headache**, bruxism, tinnitus, extremely vivid or strange dreams, **dizziness**, **fatigue**, mydriasis (pupil dilation), urinary retention, changes in appetite, **insomnia** and/or changes in sleep, **weight loss/gain** (measured by a change in bodyweight of 7 pounds), increased risk of **bone fractures** and injuries, changes in sexual behaviour, **increased feelings of depression and anxiety** (which may sometimes provoke **panic attacks**), tremors (and other symptoms of Parkinsonism in vulnerable elderly patients), autonomic dysfunction, including loss of control of blood pressure, increased or reduced sweating, akathisia, **kidney disease**, **suicide**, light blindness, loss of ability to feel your body.

Antidepressants Increase Death Risk

The death rate of depressed older men who take antidepressants is, on average, 1.6 times greater than those who don't take them. (Almeida OP, Alfonso H, Hankey GJ, Flicker L (2010) Depression, Antidepressant Use and Mortality in Later Life: The Health in Men Study.)

No man over the age of 68 should be taking antidepressants.

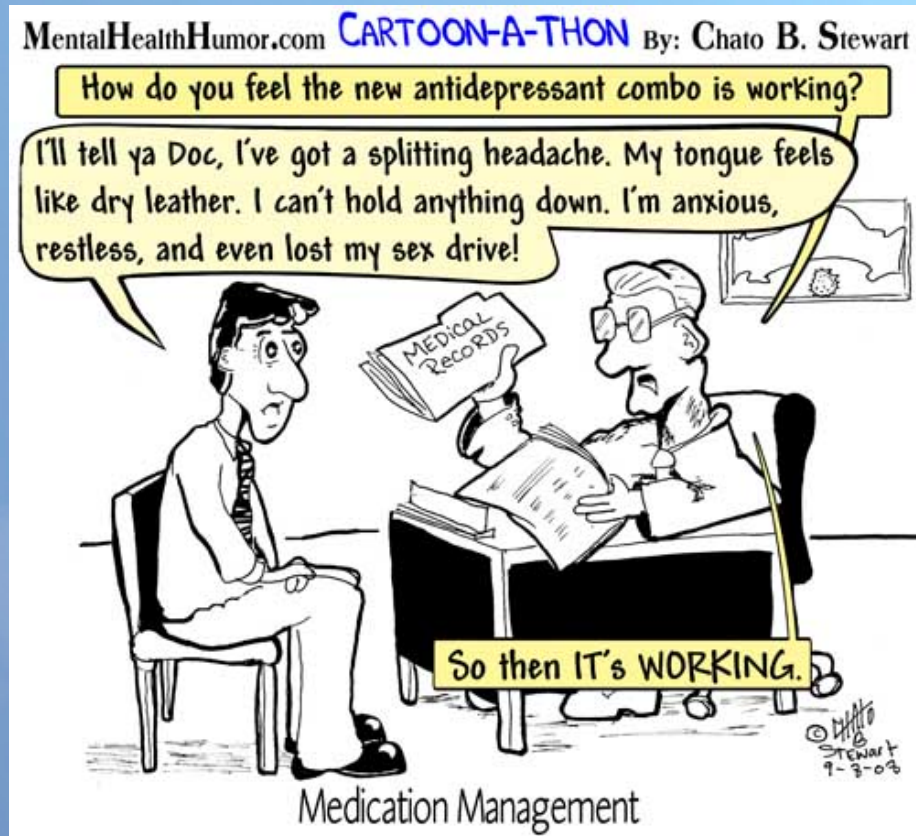
The use of antidepressants by women substantially increases their risk of death by sudden cardiac arrest. (Study included 63,000 women over 12 years. Whang W., Kubzansky L.D., Kawachi I.; et al. Depression and risk of sudden cardiac death and coronary heart disease in women: results from the Nurses' Health Study)

Should any woman be taking antidepressants?

They May Be Bad for Me, But Are They Effective?

- The short answer: No.
- “Listening to Prozac” – 75% placebo effect.
- At best, 30%-40% rate of symptom decrease only.
- All FDA studies meta-analysis: largely ineffective.
- ADDICTION
- “Despite years of pharmaceutical development...evidence that there has been an improvement of medication over the past 20 years is highly debated.” – G. Ordway, MD.

Side Effects of Antidepressants



The Failed Monamine Model

- All drug strategies are built around a theory of depression that lacks support in the research.
- Monoamines: serotonin, dopamine, norepinephrine. One or more of these neurotransmitters is alleged to be deficient in depressed people.
- Not supported by the research.
- Any changes in neurotransmitters are likely to be *downstream* results of other, primary causes. Which is why SSRIs and other drugs that manipulate monoamines kinda sorta work.

Is This Any Way To Treat Your Mind?

- Depression is not due to a Prozac deficiency.
- Antidepressants based on faulty model of depression, which current research disproves.
- The creation of addictions can *never be good*.
- Reduce depression but increase risk of suicide? *Really?*
- All of this cost for little to no benefit.
- *There has to be a better way...*

So What Causes Depression?

- **Depression is not monocausal.**
- **Depression is, in many cases, a lifestyle disease.**
- **There is a genetic component to depression.**
- **Depression is often caused by non-neurological conditions.**

Blue Genes?

- **Genetic relationship is strong.**
 - **Family history of depression increases your risk of depression.**
 - **Influence of genetic factors about 30%-40%.**
 - **No single “depression gene.” Many, many genes all contribute small changes which result in depression.**

Depression and Chronic Disease

- **The Malaise theory of depression.**
 - **Sickness behavior:**
 - **fatigue, somnolence, psychomotor retardation, anhedonia (lack of ability to experience pleasures such as eating and sex) and impaired cognitive functioning.**
 - **Is adaptive for short-term acute illness because it conserves energy.**
 - **Body and mind behaves the same way during chronic illness. This is maladaptive.**

Depression and Chronic Disease, II

- **Cytokines: Message molecules involved in immune response.**
 - **Many are pro-inflammatory.**
 - **Increased cytokine levels found in depressed patients.**
 - **Acetylsalicyclic acid is an effective antidepressant in some people.**
 - **Depression is often found with people suffering from autoimmune disease.**

The What?

- **HPA Theory of Depression**
 - **hypothalamus pituitary adrenal system**
 - **Stress => hypothalamus**
 - **Hypothalamus activates pituitary**
 - **Pituitary activates adrenal**
 - **Adrenal produces cortisol**
 - **In people with depression, cortisol creates positive feedback loop creating more cortisol. There is no shutoff valve.**
 - **This effects 5-HTP levels, causing depression.**

Nutrient Imbalance Causes Depression

- **The following vitamin/mineral deficiencies all cause depression:**
 - **Vit. B**
 - **Vit. C**
 - **Calcium (high or low)**
 - **Vit. D**
 - **Magnesium**
 - **Selenium**
 - **Zinc**
 - **Essential Fatty Acids**

Do You Need Drugs To Manage Anxiety/Depression?

NO!

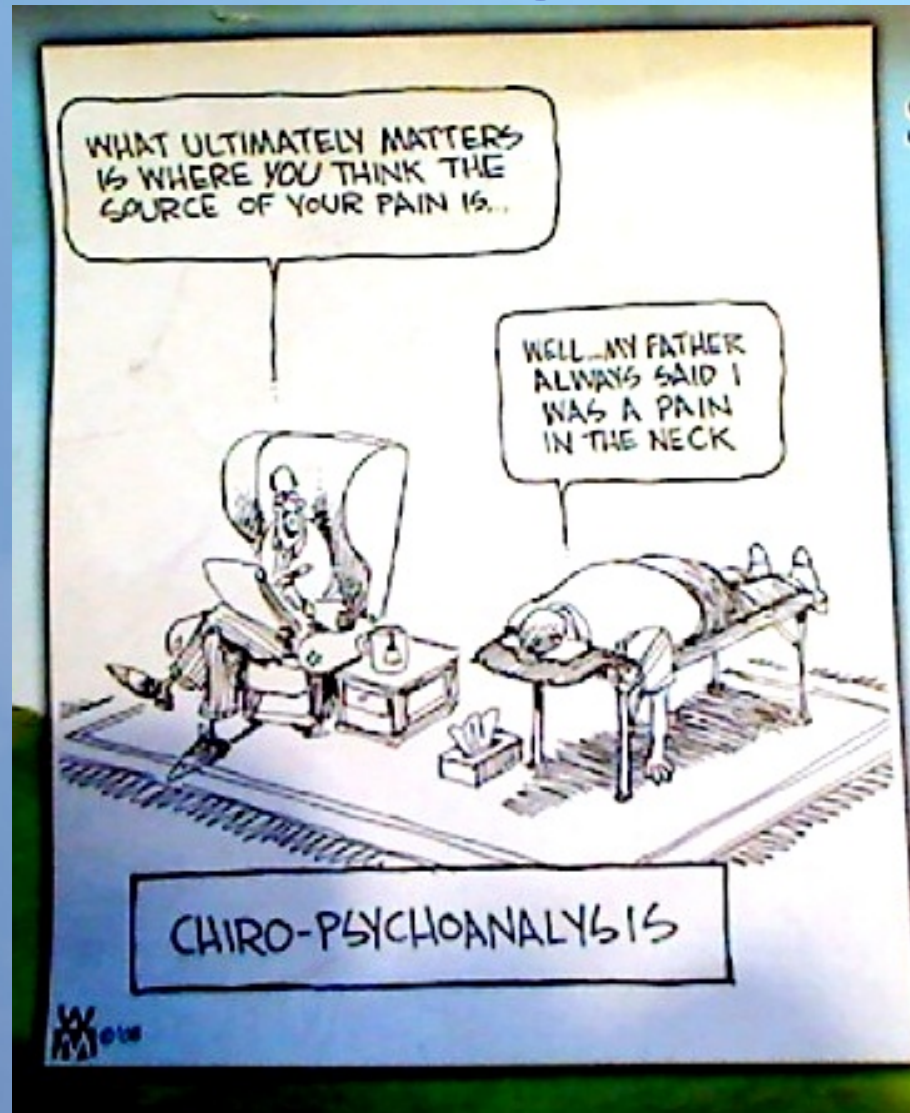
Alternative Management Strategies

- **Psychotherapy/Talk Therapy/EEG Neurofeedback**
- **Chiropractic**
- **Acupuncture/Eastern Herbs**
- **Western Herbs and Nutrition**
- **Massage**
- **Lifestyle/Self Management**

Laboratory Tests for Depression

- **Salivary waking cortisol**
- **Serum glutamate**
- **Antioxidant status**
- **C-reactive protein**
- **Nutrient status**

Alternative Management Strategies

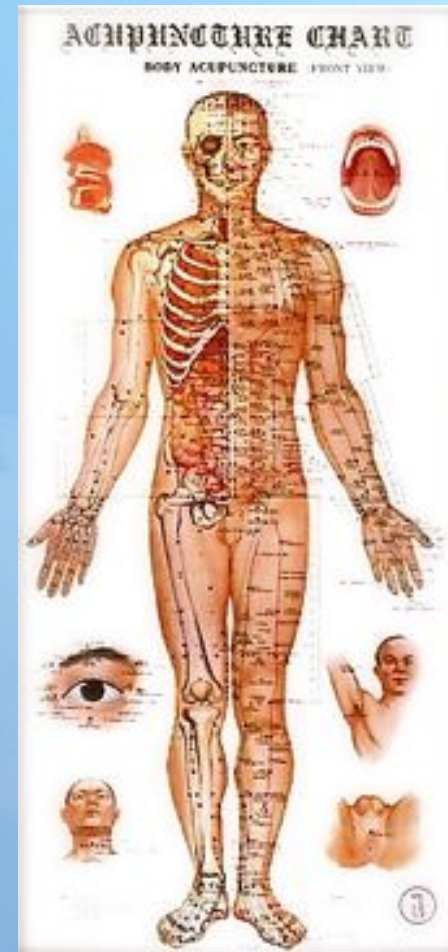


Spinal Manipulation: Is There Evidence?

- **Chiropractic manipulation modulates immune system and inflammation, therefore may effect depression.**
- **Manipulation also reduces the somatic symptoms associated with depression and anxiety.**
- **2009 study NET – Significant improvement of the majority of patients.**
- **1997 phobia study – phobic response reduced after chiropractic manipulation.**
- **Multiple studies showing improvement in depression after pain reduction via chiropractic adjustment.**

Traditional Chinese Medicine

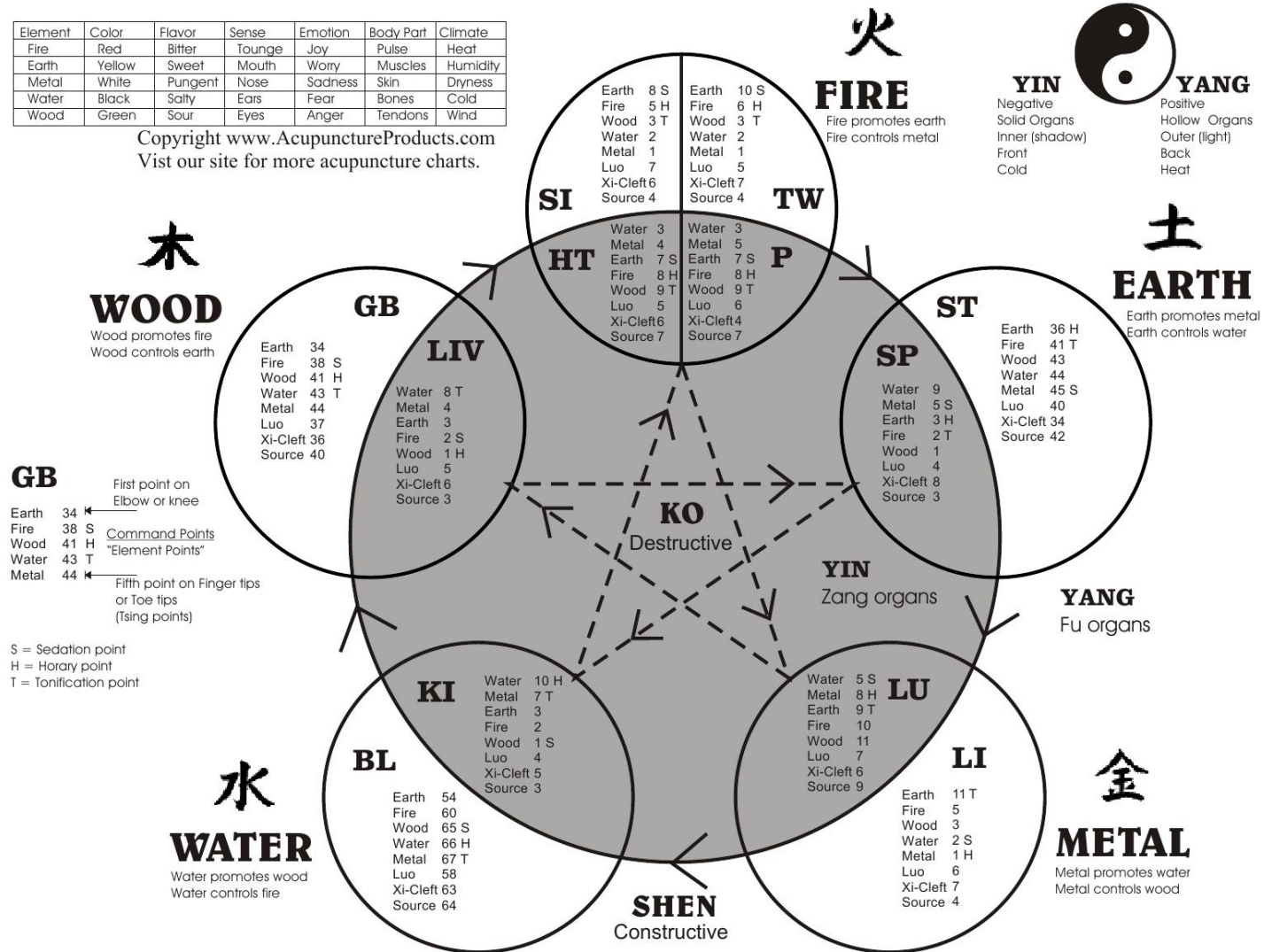
- **Diagnosis:**
 - History
 - Tongue
 - Pulse
- **Digital Meridian Imaging**
 - Real-time measurement and recording of Qi through 12 primary meridians.
 - Uses “Five Elements” diagnosis.



Traditional Chinese Medicine

Element	Color	Flavor	Sense	Emotion	Body Part	Climate
Fire	Red	Bitter	Tongue	Joy	Pulse	Heat
Earth	Yellow	Sweet	Mouth	Worry	Muscles	Humidity
Metal	White	Pungent	Nose	Sadness	Skin	Dryness
Water	Black	Salty	Ears	Fear	Bones	Cold
Wood	Green	Sour	Eyes	Anger	Tendons	Wind

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TCM & Depression

- **Liver Qi depression**
- **Liver depression transforming fire**
- **Blood stagnation**
- **Phlegm Qi depression**
- **Heart-Spleen dual vacuity**

Western Herbs and Nutrition

- **Herbs/nutrients commonly used for depression:**
 - **Hypericum perforatum (St. John's Wort)**
 - **Avena sativa (oat)**
 - **Rhodiola rosea**
 - **Crocus sativus (saffron)**
 - **Echium amoenum (borage) – also OCD and anxiety**

Western Herbs and Nutrition (con't)

- **Phosphatidylserine**
- **Selenium**
- **Iron**
- **Thiamine**
- **L-Tryptophan**
- **Vitamin B**
- **Vitamin C**
- **L-Tyrosine**
- **SAMe**
- **Licorice – influences cortisol metabolism**
- **Essential Fatty Acids (EFA)**
- **Antioxidants**
- **Inositol**
- **Calcium**
- **Vitamin D**

Lifestyle Modification

- **self treatment – self monitoring**
- **Exercise, Exercise, Exercise**
- **Clean up your diet**
 - **Sugars**
 - **Caffeine**
 - **Alcohol**
 - **Processed foods**
 - **Fast foods**
 -
- **Eat organic/local**

Remember!

- **Depression is not the result of a Prozac deficiency. There are LOTS of proven alternatives to drugs.**
- **The causes of depression are usually multi-sourced.**
- **Depression usually has its origins outside of the brain, and are the combination of genes, life history and biochemistry.**
- **Mental health professional is always a good first step.**
- ***Take charge of your health.***