Feeling down and depressed? You're not alone.
By Deborah Ardolf, N.D.

Depression is something that most everyone experiences at one time or another during their life but are able to over come it without too much difficulty. About 5% of the population (15 million people) are depressed at any given time making depression as common as the winter cold! The incidence and severity of depression increases dramatically however during the holiday season and is often associated with family issues or being isolated during the holidays. About one in six people experience a significant depressive episode at some point in their lifetime. In addition, depression seems to occur twice as often in women than men as well as being a definite problem with the elderly. The age of the onset of depression is decreasing as depression is showing up more and more in adolescents. So how does one know if they are experiencing depression?

Melancholia

Hippocrates described what he called "melancholia" in the fifth century B.C. and it is still what most of us think of when we hear the word "depression". The classic picture is somebody doing well in life, who then becomes depressed for seemingly no reason. Their symptoms may include;

- loss of interest in doing things, normally enjoyed.
- loss of appetite.
- loss of weight without trying.
- loss of sleep.
- agitation.
- restlessness.
- reoccurring negative thoughts which are not responsive to reasoning.

Melancholic depression typically appears from 30 years of age and on. However, it is not uncommon to see the symptoms in 20 year olds and even younger.

Traditional treatment for people with severe melancholic depression include tricyclic antidepressants (TCA's). If severe and unresponsive to medications, electroconvulsive therapy is often prescribed. Response to anti-depressant medications are highly individualized. Some patients report a positive difference in their mood while others have a reverse reaction causing increased suicide risk. Adolescents seem to be especially vulnerable to this paradoxyl reaction. Others report receiving a temporary benefit from the medication initially but then it seemingly appears to stop working with a return of the previous symptoms. The physician often then either increases the dosage or adds another anti-depressive drug. In patients diagnosed with depression, response to drug therapy does not translate to uniform results as one drug does not fit all forms of depression.

Atypical Depression

This is the most common form of depression. Atypical depression tends to be early onset, chronic, non-episodic, and characterized by;

- overeating.
- oversleeping.
- extreme lethargy, termed leaden paralysis.
- over-reaction to life events, positive and negative and can tend to linger far beyond the event that seemingly started the down slide.
- a history of general problems in life prior to being diagnosed with atypical depression.

Traditionally, people with atypical depression are prescribed a class of drugs called Monoamine oxidase (MAO) inhibitors. But most doctors are reluctant to prescribe these drugs because they can cause serious, and possibly deadly side effects when combined with certain foods or medications. Serotonin reuptake inhibitors (SSRI's) or TCA's are more often prescribed instead.

What causes depression?

No one seems to know what causes depression but there are many theories, ranging from;

- **Poor nutrition:** Highly refined foods, excess sugar or fatty food consumption are all culprits of initially feeling sluggish, apathetic, then irritability and often depression follows.
- **Unfulfilled expectations**: which can range from disharmony in the family, inadequate funds to travel, buy gifts, or host an elaborate dinner party, to reflections on the end of another year and feeling as though little was accomplished or gained.
- **Shorter days:** with the change of the season many people wake up and drive to and from work in darkness, with little time in the sun compared to the summer and fall months. This is often termed Seasonal Affective Disorder.
- **Medications:** There is a long list ranging from commonly prescribed medications such as Beta blockers and Statins to Barbituates. Barbituates are prescribed for seizure and/or anxiety disorders and have become a popular street drug. Benzodiazapines followed a similar course, first used medically to treat depression and anxiety. They have now been found to be highly addictive and will further many individuals depression.
- **Hormone imbalances:** thyroid, adrenal, and parathyroid glands as well as ovarian function if not functioning properly can lead to depression if left untreated.

A recent research study published by Hansson et al, questioned 303 patients regarding the cause of their depression. **Work-related stress** was the most commonly mentioned cause, followed by personality and **current family situation**. Only 3.6% stated **biological reasons**.

Despite being one of the least causes of depression, a biological reason for depression is the basis of traditional treatments for depression. The theory is that a person with depression is deficient in one of the key neurotransmitters in the brain. This means that a person is depressed because of a biochemical imbalance of some sort. Neurotransmitters are chemicals that help different areas of the brain communicate with each other. If these chemicals are low then miscommunication can occur and depression may be the result. Hence, the creation of a multi-billion dollar industry of drug prescriptions for Monoamine Inhibitors, (MOAI's), Tricyclic Antidepressants(TCA's), and Serotonin Reuptake Inhibitors (SSRI's).

With the advancement in genotyping, many researchers have begun to further explore the validity of a genetic or biological reason for depression. Altamura et al, recently published a study on the MCP-1 gene (SCYA2) and the relationship to mood disorders in 96 outpatients with DSM-IV-TR diagnosis of major depressive disorder, bipolar disorder I or II and 161 matched healthy controls. The results revealed no genotypic or allelic association for the A-2518G polymorphism of SCYA2. However, correlations were observed when patients were divided into diagnostic subgroups. A significantly higher frequency of the AA genotype and of the A allele was observed in subjects with Bipolar Disorder. In addition, independently from diagnosis, a higher number of lifetime suicide attempts were found in subjects with the AA genotype of the A-2518G polymorphism of the MCP-1 gene. These results are considered preliminary due to the relatively small sample, although suggestive of a possible role of the SCYA2 in conferring susceptibility to Bi-Polar Disorder and, if confirmed, may represent a biological discriminative influence between mood disorder subtypes.

A second genotypic study, by Coventry et al; explored the polymorphism (5HTTLPR) in the serotonin transporter gene (SLC6A4) and its possible relationship to stressful life events on depression and suicide attempts over a 10 year period using both ordinal regressions and a mailed questionnaire. The results revealed no correlation between the serotonin transporter gene and depression or suicide.

While conventional medical treatments focus on the assumed biochemical imbalance of depression, naturopathic treatments are based upon the totality of the presentation and can include a number of different aspects depending upon patient needs. Some of the therapies your physician may suggest are:

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Counseling
Maybe highly effective if the depression stems from a tragic or traumatic episode.

Diet

1) Avoid refined sugars and processed saturated fats
2) Consume Omega 3 oil (nuts, seeds, cold water fish),
3) Consume foods rich in Vitamins and minerals.
4) Consume foods high in tryptophan; nuts, eggs, meat, fish, dairy
5) Consume liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root.

Supplements

1) Vitamin B complex,
2) Vitamin C,
3) Amino Acids *type and amount would depend on the health history

Homeopathy

1. **Anacardium**: impaired memory, depression, very easily offended, with out-of-character urge to swear; nervous stomach, made better temporarily with eating.
2. **Aurum metallicum**: disgust with life, hopeless, despondent with desire to commit suicide. Symptoms worse in winter in cold weather and upon getting cold. Feels better when talking of thoughts of suicide.
3. **Calcarea carbonica**: depression with fears of various kinds; elderly who become weary of life; mental tiredness; inability to apply self; thinks he's going insane; dwells on little things
4. **Ignatia**: from ill effects of grief, sobbing, feeling of lump in throat, sinking in stomach, feel better by taking a deep breath.
5. **Lycopodium**: Melancholy, apprehensive, afraid to be alone, with digestive disturbance, worse from 4-8 PM, better with movement.
6. **Natrum muriaticum:** irritable with weakness and weariness, aggravated by consolation, cries when alone.
7. **Nux vomica**: depression alternating with bad temper; fault finding, never content; aggravated by noises, smells, lights. Often result of over work, mental strains, and sedentary lifestyle.
8. **Pulsatilla:** too timid to fight against circumstances, weeps openly, changeable mood, better with consolation.
9. **Staphysagria**: easily upset by mere trifles and resentful; repressed anger; bad effects of sexual excess.
10. **Sulphur**: depressed to the point of being despondent, religious and philosophical, averse to work; forgetful, disposition improves with dry, warm weather.

If you or someone you know suffers from depression, there are extremely effective natural treatment approaches which maybe of great help to overcoming these episodes. The effectiveness is highly dependent on the close monitoring of your progress, so your physician can make adjustments to the potency, frequency, or type of treatment prescribed. Due to the seriousness of this ailment, this is not a disorder to try to treat by ones-self. You can contact the clinic at (480) 767-7119 to schedule a free 15-minute consultation or initial evaluation today with Dr Ardolf. We are here to help.