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Short Communication

Finding Our Way to Mental Wellness, No Drugs Needed*

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The old way: You have a Prozac deficiency

One thing that has become crystal clear over the last several decades of research into brain chemistry is that we know almost nothing about curing mood disorders. We sort of know what depression and anxiety are, because of how people describe them, but even that is not completely accurate. And when we get into the area of major mental illnesses, such as bipolar spectrum disorder and schizophrenia, we know even less, and which is beyond the scope of this paper.

In the upcoming September 2019 volume of *Psychiatry Research*, an article titled „Heterogeneity in psychiatric diagnostic classification," speaks to this quite well. The authors list as some of the highlights the problem of diagnostic assessment, which they described as „contentious," „containing heterogeneous diagnostic categories," giving so much „clinical flexibility that it undermines the diagnostic mode," and that there is „limited causal role in the DSM-5 for the role of trauma, despite research to the contrary." Essentially modern medicine is treating mood as if it is a distinct and separate body part not connected to any other part of us nor influenced by past or present circumstances, genetics, or anything else.

We do know mood issues and mental illnesses affect a significant percentage of the population worldwide, and that those numbers are increasing every year. Because of how reporting happens, however, statistics are almost impossible to elucidate. For example, there is not a clear definition of what depression is. There is depression and major depressive disorder, but also postpartum depression, which is classified separately, seasonal affective disorder (SAD), and bipolar depression, also classified separately, as is depression with psychosis. And that's just the top-five commonly discussed depressions. Also, many countries are poorly equipped to deal with mental illness of any kind and have little-to-no capacity for record-keeping and monitoring.

Treatment (drugs) for most types of depression are designed to target imbalances in the major neurotransmitters, including serotonin, the catecholamines, dopamine, and GABA. And while there are indeed possible deficiencies, (or excesses!) of these neurotransmitters, this is far from the full story of why so many people suffer from anxiety and depression. And why so many people on antidepressant medications to treat these pathways still are, essentially, feeling untreated, even when on two, three, or even four antidepressant medications.

Treatment for all of these so-called neurotransmitter deficiencies slips into the „darker realm," for want of a better description, because for the top medications prescribed in 2018, of the listed selective serotonin reuptake inhibitors (SSRIs) and some benzodiazepines carry a black box warning [1]. Essentially, this warning is telling you that you might be trading in depression for suicidal thoughts and possibly actions.

*Having worked with the full spectrum of mood disorders (ADD/ADHD/OCD/depression, anxiety, bipolar spectrum, addiction, and eating disorders) I know that there are times when medication is needed, and indeed, I have recommended that some clients talk to their psychiatrists about this. But, except in acute circumstances, medication should be the last option, not the first.

Also, beyond the scope of this article are the plethora of drug-versus-placebo studies showing that most are shoddily done, drug-industry funded, and often arbitrarily interpreted. And try as the drug companies might, a typical outcome shows there is statistically little difference between antidepressants and placebo [2]. So, essentially the old paradigm is at best slippery when it comes to diagnosis, and potentially lethal when it comes to treatment.

The New: Junk Food = Junk Mood

Fortunately, there have been great gains in recent years into exploring and treating mood issues in a holistic, and frankly, more effective means.

One facet of this new paradigm is being led by Professor Felice Jacka, associate professor and principal research fellow at Deakin University in Australia. She is considered the worldwide expert regarding the association between diet quality and common mental disorders.

This up-and-coming field of psychiatry called Nutritional Psychiatry [3] is gaining ground worldwide. Increasing numbers of psychiatrists and other doctors have become increasing discouraged with not only the ineffectiveness of so many mood drugs, but in general are finally discovering what patients have known all along: coming off of these powerful, mind-altering medications can be difficult, painful, and for some people, it can destroy their lives [4].

In nutritional psychiatry, they are finally acknowledging the role the standard American (SAD) diet (junk food) is having on people's moods, not just their physical health. Professor Jacka in particular has been a major advocate for eating real food, particularly deep-water fish, pastured eggs, beef, chicken, and lamb and organic vegetables, and getting sugar-laden, heavily processed foods out of one's diet.

One of the big problems with processed food is every time something is done to a food, nutrients are removed. High heat damages and/or destroys vitamins for example, and other types of processing removes minerals and other nutrients, as well as fiber. The consumer is left with food-like substances that mimic food, but imparts little to no actual nutrition, and in some cases become anti-nutrients. That means they actually leave the body with a nutritional deficit after it has been eaten and metabolically processed.

One particular factor that almost everyone overlooks is that a person just can't be given a bottle of Prozac, or even a bottle of the amino acid tryptophan, and expect it to work if the diet cannot support it.

I liken the analogy of „happy brain chemistry" to making a cake. If I gave you just a two-kilogram bag of flour and asked you to make a chocolate cake, you could not. You don't have all the ingredients! In addition to flour, you need sugar, eggs, butter, vanilla, salt, cocoa. Happy neurotransmitter brain chemistry is the same. You need other ingredients, also known as co-factors. These co-factors act at various places along the different pathways to ensure that the „end product" goes from good food to good mood.

The co-factors zinc, iron, and magnesium in particular are crucial for happy brain chemistry, as are vitamin D and the methylated B vitamins in various amounts, and certain essential fatty acids. Of course, virtually all nutrients are needed but these are of special importance. And most are processed out in the making of fast food.

Unfortunately, we are now into our third generation of children who have grown up eating essentially a junk food diet. Their parents ate it when they were pregnant and their parents before them. This goes back to around the late 1960s and early 1970s. And as the United States exports its nutrient-devoid junk food around the world, depression and anxiety follow those diets into other populations as well.

The other association that needs to be made here is that most components of the SAD are pro-inflammatory. Tortured fats (oils heated to very high temperatures over and over as occurs with deep-fried foods, and which also includes the intentional production of trans fats), sugar and sugar substitutes, commercially raised protein, highly refined and processed grain, soda, and genetically modified organisms all play their part as well in disintegrating brain health.

We now know that a significant amount of anxiety and depression stems from inflammation in the brain, what I refer to as "the brain on fire." Researchers have linked the excess production of this "family" of specific markers called cytokines to anxiety and depression [5]. They are finally understanding that the standard American diet is definitely pro-inflammatory and can lead to an increase in various inflammatory agents, which can trigger the entire range of mood disorders, from minor to major [6]. The challenge is finding what each person's specific nutritional triggers might be that are causing the excess production of these markers, because each of us responds slightly differently to positive and negative changes in our diets.

The newest factor [7] that a significant amount of research is being directed toward is the effect of our microbiome (the good and bad bacterial balance in our guts), with how our brain functions [8]. Here again, diet is everything. Fresh vegetables especially, and plenty of what are called resistant starches and prebiotics (for example, raw asparagus, jicama, raw garlic and onion, beets, cabbage, green banana flour, ground flax, chia, and cold brown rice and legumes) all provide the banquet that our good bugs need to thrive on. It's not enough to take probiotics. If you take probiotics and have a diet devoid of prebiotics, it's a little like having 50 of your closest friends over for dinner but having only two plates of canapes to share amongst all 50. Eventually people get hungry and cranky. The same thing happens in our guts. We get gas, bloat, and discomfort and think it's the problem with the probiotic rather than our deficient diet.

Excess sugar, heavily processed foods, and a diet lacking in fiber and vegetables in particular are known to feed the bad bacteria. Bad bug overgrowth leads to a bad mood. Scientists are slowly starting to figure out which are the good and which are the bad bugs, but it's going to take many years to map this, because we have thousands of strains in our intestines and we don't know which do what at this point, except for a very few. So, in the meantime, we need to feed the good bugs with what we know works.

There are many other crucial modalities for helping people back to complete mental wellness. To name just a few: different types of talk therapy, being outside and getting exercise, exposure to unfiltered morning sunshine, and in particular, being around greenery (parks and trees) are known to help dramatically with anxiety and depression. Getting out of our heads and doing volunteer work or being around animals will also have positive effects on our mental well-being as well. Mental health is not just taking a pill. It is a holistic, whole person approach to wellness, physical and mental.

The really new: Epigenetics, tying it all together

As a nutritionist working in the mental health field for more than 15 years, I've been gratified to see the slow march toward a whole-person approach to overall health, and especially to see enlightened holistic care for mood and mental illness. And to that end, we have the new field called epigenetics.

Essentially, epigenetics is our sum total of what makes us, us. Our thoughts and our moods are the collective of everything that has happened to us from our (vaginal or C-section) birth through the present moment [9].

We are each given „a collection" of genes. Everything that happens to us, the good things, the traumatic things, all our food, the environment, illnesses, nurturing, and our relationships, all can make a significant difference in our health and happiness. It's so huge and so complicated that right now, for the most part it's being broken into tiny components and studied. It will only be of truest value when they are able to bring the various parts back together into a whole. The tricky part is that it is different for every single person on the planet. So, in the meantime, do what we know helps: eat real, whole, locally grown (and organic if possible) food.

Our journey is to learn and explore the ways to turn on the positive genes and silence the negative ones. For most of us, it is a lifelong journey.

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