

Depression

**Drugs versus
nature to cure the
“incurable”**

Depression: the sad facts3

Message in a bottle3

The shocking impact of depression.....3

A fable for modern times6

Creating the problem to create the solution6

How could you support your fight with depression?7

Depression: the sad facts

It's normal to feel depressed occasionally—we all get the blues sometimes. But depression as an illness can be deadly. Its initial signs may be so subtle, you can easily overlook them. But if the disease progresses, symptoms can become more and more disturbing and dangerous. You want to give your love to family. You want to be efficient and successful at work. But instead, you feel empty and tired, sad and anxious. You wonder what's going on. You were such a happy person before, but not now. You can't function any more as a spouse, parent and professional. Then you realize that something is very wrong with you and you need help now.

Message in a bottle

You go to your primary care physician, whom you love and respect, and ask for help. And you get it in the form of a pill. You're told to take pills regularly and expect to get better in about 3 to 4 weeks. You start taking the pills, and you may feel a bit better. But you feel like you're not yourself anymore. You want your life back. You go back to your doctor, but you may be told that there is no guarantee for a cure if you don't keep taking the pills. You feel trapped.

The shocking impact of depression

You might think, that because depression rarely kills by itself, you have plenty of time to fix the problem. But you might be very wrong. Depression may strike suddenly in a way you could never imagine.

August 31, 1997. Around 12: 30 AM. The Imperial Suite of the Ritz Hotel in Paris. A gorgeous woman was sitting with a good-looking man. They looked romantically involved. They were chatting happily and holding hands. They appeared to have everything a human being can dream of: love, luck and plenty of money. What were they talking about? Future vacations? Plans to have children? Love? Where are they going to live together? Were they admiring the sparkling engagement ring the man bought a few days ago? We'll never know. In a few minutes both of them would be dead.

They decided to go to their apartment not far away from the hotel. But they needed to escape from the paparazzi waiting for them at the front of the hotel. So while a decoy car left from the main hotel entrance, they left the hotel from the rear entrance, in the back seat of a sleek black Mercedes Benz S280. The driver was an acting Chief of Security for the Ritz Hotel. The front seat passenger was a bodyguard. The couple knew that their car was going to move fast to lose the paparazzi. What they did not know was that they were about to die.

The car left the Ritz Hotel, passed the Place De La Concorde, Cours la Reine and Cours Albert and entered the underpass Place De l'Alma at about 12:33 AM. That was where things started going disastrously wrong. Suddenly, the car lost control and hit the 13th pillar of the underpass, started spinning, hit the wall and came to a shattering stop. Help arrived a few minutes later to find the man in the back seat and the driver dead, and the woman severely injured. She would later die in the hospital at 5:30 AM. The only survivor was the bodyguard in the front seat.

Of course, you know the story, and the names in it. The man in the back seat was Dodi Al Fayed, the son of the Egyptian millionaire Mohamed Al Fayed. The woman was Diana, the Princess of Wales.

Two investigations were done by French and English officials. The official cause of the accident was that the driver was under the influence of alcohol and, allegedly, antidepressants. And the victims were not wearing seat belts (1).

But multiple other explanations about Princess Diana's death, including conspiracy theories, began to surface. The question is why? Why did people create such alternative explanations? Weren't the official explanations the truth? Maybe. But perhaps they weren't the whole truth. Many questions were still unanswered.

- Why didn't Princess Diana (who allegedly was a devoted seatbelt user (2)), Dodi and the driver wear seat belts, especially at the speed the driver was traveling? Why didn't survival instincts make them buckle up?
- Why would they put their lives in the hands of a driver with an alcohol blood level 3 times above the legal limit? Where they blind?
- Why did the acting Chief of Security, Mr. Henry Paul -- the driver -- have a blood alcohol level so far over the legal limit? What kind of security could he provide?
- Why did the father of the victim, Mr. Mohamed Al Fayed, even hire Henry Paul as Chief of Security? Mr. Paul was allegedly taking the antidepressant Prozac and Tiapridal, a tranquilizer. Didn't they do a background check?

Could depression be the one reason for this tragic chain of events? Let's look deeper.

All of the passengers of the car were under stress (except the bodyguard, who survived). Could all their unreasonable choices that night -- not wearing seat belts while running from paparazzi and driving fast and recklessly while under the influence -- be explained by an inability to handle stress? Could the disaster have started a long time ago?

1996. Paris. Mr. Henry Paul came to see his physician and friend Dr. Melo. Even though allegedly there were no disturbing signs of depression, Dr. Melo prescribed Mr. Paul the antidepressant Prozac and the anti-alcoholism medication Aotal. Later, the doctor testified that she did not believe Mr. Paul was an alcoholic (3). Then why would she prescribe an anti-alcoholic medication? Postmortem analysis of his blood showed Prozac and the tranquilizer Tiapridal. Does this suggest that the driver of Princess Diana's car was suffering from depression?

November 1995. In an interview, Princess Diana admitted that she had suffered from postpartum depression and bulimia (4). She also appeared to be struggling with a desire to injure herself, probably due to the depression (5). Was she also on birth control pills (6) that might have aggravated depression?

What about Dodi Al Fayed? Smiling face. A handsome Egyptian film producer. Son of an Egyptian millionaire. According to the Notable Names Database (NNDB,) he also had a history of depression (7).

But I could not find any depression history for the fourth passenger in that car – the bodyguard Trevor Rees-Jones, who survived. According to the press, but contrary to the British official investigation, he was the only one in the car who was wearing a seatbelt, and that's why he survived (8). Could it be that the real reason why he survived was that he was not depressed or under stress, while the rest of the car passengers were?

Which makes you wonder...how are stress and depression linked? If depression is related to stress, we need to look at the role of the stress hormone called Cortisol.

The idea that there is a relationship between Depression and Cortisol isn't new. Research showed that depressed people have increased levels of the stress hormone Cortisol (9) due to increased stimulation from the pituitary gland. This is very important, because if the increased Cortisol level is the reason for Depression, then all you need to do to cure Depression is to find the reason why Cortisol level is elevated, bring it down and that's it! Depression is cured. Sounds easy.

Except for one thing. According to mainstream medicine, depression has nothing to do with Cortisol. Current theory says depression is mainly the result of not having enough of the brain neurotransmitter Serotonin (and possibly other neurotransmitters like Norepinephrine and Dopamine). That's how most antidepressants work -- by increasing Serotonin levels. Prozac, Paxil, Zoloft, Lexapro. The list is long.

Antidepressants are a jewel in the crown of Big Pharma. For example, the annual sales of Zoloft in 2005 were 3.3 billion dollars. Not bad. And they continue to come up with newer ones. Patients must be happy, right? Nobody would pay such an astronomical sum for drugs that do not work.

But there was a problem: after learning that mainstream medicine believes that low Serotonin is the problem, I tried to find proof of that in the current medical literature. I tried, tried, tried...

I could not find any. In fact, it was the opposite: studies did not find anything wrong with Serotonin in the brains of depressed patients (10). Even according to the National Institute of Mental Health in 1983, "There is no evidence that there is anything wrong in the serotonergic system of depressed patients." (11)

So how did it happen that billions of US dollars are paid for these drugs—and nobody knows how they work? But if they cannot fix anything why are they approved and used for depression treatment? Could it be that they fooled the whole world? If yes, how?

A fable for modern times

When I was a kid, one of my favorite stories was about a poor man who lived many years ago...

He was so poor, he lived with his big family in a tiny one-room hut. Because it was too small for his big family, the poor man went to a priest and asked for advice. The smart priest knew that he couldn't help this poor man to make his hut bigger. So he said, "Do you have a cow?" "Yes," said the man. "Bring it into your hut," said the priest. "Ok," said the man.

A few days later the same man came to the priest again. "It's not getting better," he said, "What else can I do?" "Do you have a pig?" "Yes." "Bring it into your hut," said the priest.

Again the man came to the priest. "It is so bad now, I cannot take it anymore. I'd rather die than live like that. What should I do now?"

"Now take your cow and pig out," said the priest.

The next day the poor man came to the priest again. "It is so good! My hut is big enough for my family! Thank you very much!" said the poor man.

When I was a kid, I laughed.

Now I don't. Because I see that Big Pharma might be using the same smart trick—*creating* a problem and then solving it. Here's how...

I've read many times that antidepressant drugs actually create the neurotransmitter imbalance and then solve it. At first, I didn't believe it because I knew that patients on antidepressants do report feeling better. Until now.

An elderly patient of mine for many years once came to see me. While examining her I found that her condition was not getting better. So I thought that she was not taking her medicine and not following her diet. "No," she said, "I am taking my medications regularly and I'm very strict with my diet. I think my medications are not working anymore because I took them too much." So I decided to check.

What I found was shocking.

Creating the problem to create the solution

If a drug increases the concentration of neurotransmitter in the space between two neurons called synapse, the body feels that something is wrong, sensing it has too much neurotransmitter. To protect itself, the body responds by decreasing the number of receptors that respond to this abnormally high level of neurotransmitter. It is called down regulation. This is how the drug creates the problem.

So when no drug is taken, even though your neurotransmitter level is okay, the brain now has fewer receptors—so you might feel you're lacking this neurotransmitter. In the case of Serotonin,

you might feel more depressed. To feel better you need to take the drug. In other words, the drug is solving the problem *it created*.

This could explain why antidepressants don't work right away. It takes them about a month to become "effective." No wonder: they indeed might need time create an imbalance to be solved. That is why you might need to take the drug again and again and again. But if you want to stop the drug, you cannot do it right away because if you do, you might become so depressed that you become suicidal. This problem is so well recognized, that even big publications like CNN and the Wall Street Journal published articles about anti-depressants' inefficiency (12).

What about medical journals? According to probably the most respected medical journal in the United States – the New England Journal of medicine -- there is a bias in publishing study results about the effectiveness of anti-depressants: they tend to publish favorable results and hide unfavorable (13). What about studies about efficiency? According to independent scientific studies, the effectiveness of antidepressants is at least doubtful (14). What it means is that your chances to get real help from drugs might be slim.

How could you support your fight with depression?

1. Get as much sunlight as possible, provided that it's safe.
2. Take enough omega 3 fatty acids, like medical grade Fish oil and flaxseed oil.
3. Exercise regularly. Make it as natural as possible: walk, do your chores, etc.
4. Reduce your stress level by meditation, yoga, EMFs, etc.
5. Stick with a Paleolithic diet if your digestive system is healthy enough.
6. Never, ever try to fight depression on your own. Never stop antidepressants on your own.

Get your doctor's approval for any of your health decisions.
Good luck!

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