



Heal Anxiety, Depression, And Insomnia Through Optimal Wellness

(c) 2023 Dr Ed Bauman

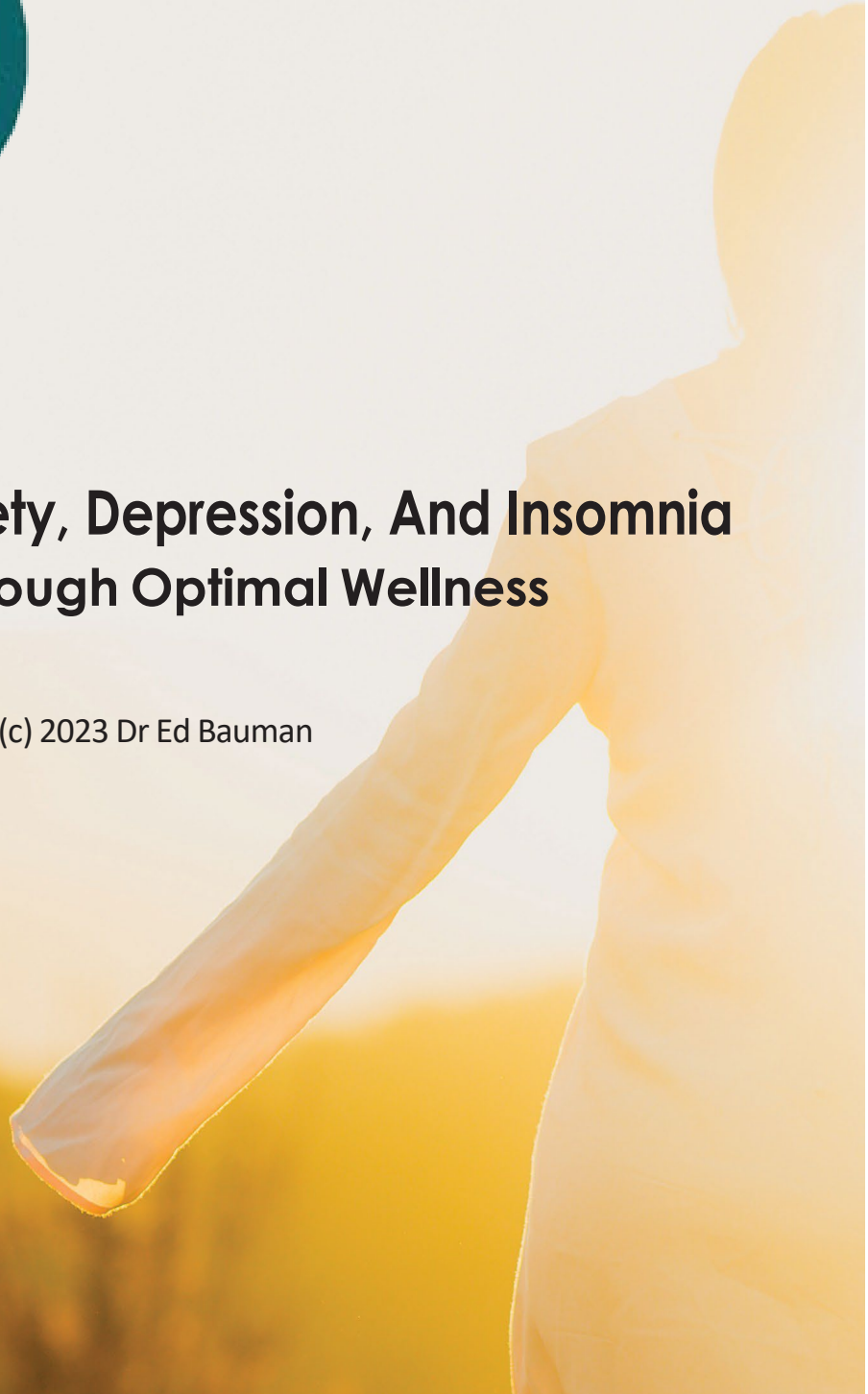


Table of Contents

Introduction	1
What is Depression	4
The Brain Amine Theory of Depression	5
Neurotransmitters	6
Endorphins	6
Contributors of Depression	7
Genetics	7
Blood Sugar Imbalances	7
Hypothyroidism	7
Chronic Stress	8
Unresolved Trauma	8
Adrenal Depletion	9
Nutrient Deficiencies and Imbalances	9
Micronutrient Imbalance	11
Environmental Toxins	12
The Path to Recovery	14
Nourishing Your Brain and Nerves	15
Eating for Health Model	16
Dietary Guide	17
Brighten Up Plate	18
Foods to Restrict	20
Supplements	21
Specific Nutrient Support	22
Herbs	23
Conclusion	27
Resources	28
References	29

Brighten Up

Manage Depression Through Nutrition and Self Care



Depression and anxiety are complex psychiatric disorders that affect 18-36% or more of the population (Anxiety and Depression Association, 2018). Insomnia, while not considered a psychiatric issue, is equally prevalent (30%), and a contributor to fatigue, mood disorder, and neuro-endocrine depletion. Recent findings suggest that these conditions are not merely a product of stress, and unpleasant past and current life experiences, but rather are a consequence of epigenetic and metabolic disturbances responsible for neurotransmitter dysfunction, altered receptor sensitivity, hyper immune activity, mental processing and coping deficiencies.

The current array of psychotropic drugs are only effective for 50-60% of the population and take 4-6 weeks to become fully active, have adverse side effects, and rarely bring a durable resolution, even with concomitant psychotherapy and/or cognitive behavioral therapy. (Proefrock, 2018) According to British psycho-pharmacologist Professor David Healy, 29 clinical trials of antidepressant use in young people found no benefits at all. These trials revealed that instead of relieving symptoms of anxiety and depression, antidepressants caused children and young people to feel suicidal. (Cavey, 2018)

Mental health watchdog group **Citizens Commission on Human Rights** is drawing attention to the alarming fact that more than a million kids younger than six in our nation are currently taking psychiatric drugs. While around half of these children are four to five years old, an incredible 274,804 of them are younger than a year old. That's right: babies are being given psychiatric drugs. The number rises for toddlers aged two to three, with 370,778 kids in this category taking psychiatric drugs overall. **Data from IMS Health** shows that the situation only gets worse as kids get older, with 4,130,340 kids aged 6 to 12 taking some type of psychiatric drug.

A depressing sequence that is all too common:

1. Medically diagnose a person with a mental health disorder. The symptoms could actually be as simple as youthful attention deficit disorder, or impulsivity.
2. Treat their symptoms pharmacologically without a deeper investigation of underlying causes.
 - a. Psychotherapy is often advised, but not sufficient to alter the depth of disturbance.
 - b. Insufficient involvement with family and significant others, not attention to environmental and metabolic factors.
3. Label them as being a difficult patient when they don't respond to therapy as expected.
 - a. Labeled as defiant of authority when they request integrative or natural health services.
4. Administer more powerful pharmaceuticals, and / or symptom suppressive treatments such as shock therapy.
5. Minimize or unsuccessfully investigate adverse drug effects, such as weight gain, metabolic disease, cognitive impairment, addiction, and self-destructive, anti-social behavior
6. Confer disability status that provides a modest stipend, and limited services.
 - a. Disability confers secondary gain: no longer does person have to work for a living or believe in recovery.
7. Enable low self-esteem, narcissism, cynicism, frustration, alienation, and aberrant behavior, such as violence.
8. Blame them, not the culture, media and care system for the cost of their disease and progressive decline.

Research clearly indicates a link between spending extended time on social media and experiencing negative mental health outcomes. Whether it's distracted attention from using multiple social media outlets or the emotional consequences of a negative online experience, it's the quality— not so much the quantity—of social media engagement that may affect mood and well-being. The use of multiple social media platforms is more strongly associated with depression and anxiety among young adults than time spent online. (Computers in Human Behavior, 2016) The Journal of Adolescent Health (2016) reported a clear association between negative Facebook experience and depressive symptoms. The report stated future work should examine: (1) whether negative FB experiences cause incident depression or exacerbate preexisting depression; and (2) who is most prone to being upset by negative FB experiences. Recommendations for limiting or altering FB use among high-risk subpopulations could be useful in reducing depressive symptoms.

For many people, especially the young, the disaffected and the elderly, social media and television have replaced family, friends and outdoor activity as the core connection to love, life and spirituality.

Fear, sadness and loneliness are facts of life for all human beings, a natural reaction to circumstances that bring us pain or unexpected change. The stresses of 21st century life affect us all — wars, ecological disasters, economic downturns, illnesses, relationship dramas, and fast-paced living — and we naturally react to these situations with a mixture of emotions that includes anger, fear, and sadness. Acknowledging these painful feelings and allowing them expression is an important part of leading a life that has depth, meaning, and inner

peace. Yet who among us hasn't experienced at least mild depression before moving beyond the pain? For millions of people, however, deep sadness is a constant companion, resulting perhaps from abuse experienced in childhood, or from ongoing losses or stress, or occurring for no apparent reason at all. It may come and go seemingly with a will of its own or it may take up permanent residence, darkening every thought and experience. At this point sadness has become something more insidious — deep depression — and can result in changes in brain chemistry powerful enough to create a chronic sinkhole of hopelessness and despair.

A mentoring relationship can be a lifeline to pull a depressed and/or anxious person out of their dark and withdrawn place into the light of hope, commitment to recovery, and fulfillment of their life purpose.

This is the antidote to learned helplessness and suicidal ideation. A bonded, but not enmeshed healing relationship, plus nutrition, lifestyle, and mindfulness are the core ingredients to empower a person to 'Brighten Up'.

The purpose of this report is to highlight the many variables contribute to and need to be addressed to understand why a person is depressed, and how to resolve it. Diet, herbal and nutritional supplements, and lifestyle practices alleviate depressive symptoms, not by suppressing them but rather by feeding the neuroendocrine system to support the re-integration of the mind, body, heart and soul to experience life fully.

What is Depression

Mental illnesses, and the subset of mood disorders that includes all types of depression, are formally diagnosed according to criteria defined in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). An American handbook first published in 1952 and last revised in 2000, is used worldwide by clinicians, researchers, insurance, and drug companies, and others to standardize our definitions of mental and emotional suffering. Mortality, as well as incomplete or delayed recovery from illness or disability. Joan Mathews Larson (2006) has developed an excellent list of common signs of depression. This list can be especially useful for clients unaware of their depression, who prefer to call it something else, as people sometimes feel a social stigma attached to the word, “depression”, or be in complete denial.

Depression's Common Red Flags

- Withdrawal from activity; isolating oneself
- Continual fatigue, lethargy
- Indecisiveness
- Lack of motivation, boredom, and loss of interest in life
- Feeling helpless, immobilized
- Sleeping too much, using sleep to escape reality
- Insomnia, particularly early morning insomnia (waking very early and being unable to get back to sleep)
- Lack of responsiveness to good news
- Loss of appetite or binge eating
- Ongoing anxiety
- Silent and unresponsive around people
- An “I don’t care” attitude
- Easily upset or angered, lashing out at others
- Inability to concentrate
- Self-destructive behavior (including promiscuity)
- Lack of interest in sex
- Loss of interest in people and activities previously considered important
- Unusual impatience, hostility
- Suicidal thoughts or plans

When depression is situational, i.e., caused by external factors such as the death of a loved one or loss of a job or a relationship, we can expect symptoms to be self-limiting. When the situation improves, so too does the depression. But when depression is ongoing and can't be traced to any specific life event, or when the event has resolved but the mood hasn't lifted, this is a good sign that there is a physiological basis for the depression — that the chemistry of the mind-body has become unbalanced.

The Brain Amine Theory of Depression

Beginning in the 1940s, doctors began noticing that certain medications prescribed for various maladies also improved depression in their patients. Research ensued to discover the chemical basis of depression and what changes were occurring as a result of these treatments. They discovered that depressed people often have alterations of several chemicals in their blood, spinal fluid, and urine. Such alterations are now called "chemical markers" for depression, though there are currently no established criteria for determining depression from blood tests, and diagnosis is based on subjective criteria, guided by the DSM-IV.

ANTIDEPRESSANT	SIDE EFFECTS
Prozac (Fluoxetine)	Nausea; agitation & restlessness; insomnia ; daytime sedation; sexual dysfunction; weight gain ; can precipitate mania; increased side effects of other meds; suicidal behavior
Zoloft (Sertraline)	More GI side effects than other SSRIs (nausea, diarrhea, esophageal reflux); agitation ; sexual dysfunction; can precipitate mania ; decreased side effects with other meds; more constipating than other SSRIs
Paxil (Paroxetine)	Insomnia; sleepiness; nausea; fatigue; tremors; sexual dysfunction; secreted in milk; violence
Celexa (Citalopram)	Similar side effects profile as other SSRIs; fewer med-drug interactions
Luvox (Fluvoxamine)	More nausea, vomiting than other SSRIs; headache, insomnia, sedation, sexual dysfunction; (anti-anxiety meds can cause further side effects if taken with Luvox)
Effexor (Venlafaxine)	Anxiety or nervousness; side effects similar to SSRIs; sedation; dizziness; constipation; sweating; increased blood pressure ; nausea; fatigue; loss of appetite

Neurotransmitters

While research into depression progressed, other neurological scientists were discovering a group of substances in the brain that came to be known as the neurotransmitters, and it is in these that most professionals have felt the greatest promise lies for understanding and treating neuropsychiatric disorders. Neurotransmitters are chemical messengers, as are hormones. Every chemical reaction that takes place in a cell is based on information-loaded signals from these chemical messengers. Neurotransmitters are the key molecules effecting communication within the brain, though they are also found in many other areas of the body. Their job is to relay, amplify, and modulate electrical signals between two neurons to influence the behavior of other cells. They relay messages that tell the heart to beat, the lungs to breathe, and the GI tract to digest, for example. They also affect mood, sleep, concentration, and weight, and must be in good supply to carry out their functions. They must also be in balance for the body to be in good health. If there is an excess of one neurotransmitter, neuron synapses (the gaps between nerve cells) become flooded and signals do not travel well; if there is a deficiency, nerve signals lose the substance upon which they travel.

The brain amine theory of depression holds, then, that imbalances in the monoamine (single amino acid) class of neurotransmitters (serotonin and the catecholamines) can produce depression. Deficiencies of two of these neurotransmitters — serotonin and norepinephrine — are most associated with depression. Psychiatric drugs for depression have been geared in recent decades towards keeping higher levels of these substances in the neuronal synaptic clefts. There has been little focus neither on other causes of depression nor on the body's requirements for healthy neurotransmitter production.

Endorphins

One of the best-known neurotransmitters is endorphin, which is associated with the relief of pain and can also produce a euphoria-like state. The endorphins are considered to be the cause of the elation that runners commonly experience. Endorphin reacts or binds to the brain's opiate receptor, which is also responsible for the effects of potent pain killers such as Demerol®, morphine, and heroin. Candace Pert, one of the researchers who first identified the opiate receptor, points out in her book, *The Molecules of Emotion* (1997, pp. 63–64), that all receptors exist because substances produced in the body bind to them. When drugs, foods, or other substances elicit an effect within us, it is because they are binding to sites that will also accept endogenously produced chemicals. This concept helps explain the tangle of interactions between foods, drugs, and emotional states we often see in people.

Contributors of Depression

Genetics

Depression often runs in families and is moderately heritable (Levinson, 2006). "First degree relatives (parents, siblings, and children) of patients with major depression have been found to have a two to three times higher prevalence of major depression than their normal counterparts" (www.depression.about.com).

- Recurrence and early age of onset characterize greatest familial risk
- As of 2007, six Major Depressive Disorder susceptibility genes had been discovered (López-León et al., 2008), but most research is finding greater than expected complexity in the search for genetic susceptibility, and results found in one study often are not reproduced in others.
- As with any condition, gene-environment interplay is important. Many current studies focus on locating genetic polymorphisms, including those that might affect neurotoxic/neuroprotective processes and hypothalamic-pituitary axis (Levinson, 2006). But as this implies, genes only confer susceptibility. Environmental factors provide the trigger.

Blood Sugar Imbalances

Look to rule out the entire range of dysfunction: hypoglycemia, insulin resistance, metabolic syndrome, or diabetes. Several studies have linked impaired glucose tolerance and insulin resistance, as well as overt diabetes, to increased levels of depression (Timonen et al., 2004; Lombard, 2007).

- Hypoglycemia kills neurons!
- Initially thought to do so by depriving the brain of its main fuel, glucose, but has actually been shown to cause release of the excitatory NT, aspartate, leading to a cascade of chemicals that causes neuronal necrosis (Auer, 2004)
- Glucose dysregulation can result from stress as well as from diet, so be sure to pay attention to both possibilities.

Hypothyroidism

Well-known cause of depression in both its clinical and subclinical manifestations. Because obtaining a diagnosis for subclinical hypothyroidism can be difficult, if hypothyroid symptoms are present, it is prudent to find a competent practitioner who is familiar with the condition. Testing can be done with serum or blood spot analysis (ZRT labs — clients order directly). (Note: NCs can't order serum testing; clients can order directly from Direct Labs or through Bauman Nutrition.) When depression is present, low thyroid function will reduce responsiveness to antidepressant medication (Cole et al.,

2002), so it should always be considered.

- Hypothyroidism is often seen in postpartum depression, especially in its autoimmune form, Hashimoto's thyroiditis.
- Most of the current antidepressants contain a fluoride compound — fluorophenyl — and can cause reduced thyroid function (Antidepressant Facts, 2003). This can lead to a vicious cycle of ever greater doses of antidepressants and thyroid hormone. (See the article, "The Downside of Up," for a full discussion of this topic.)

Chronic Stress

Childhood experience of physical abuse and neglect is linked to greater risk and earlier onset of MDD than in non-neglected and non-abused children (Widom, Dumont, & Czaja, 2007); can lead to lifelong depression.

- Cortisol elevations lead to increased uptake of serotonin (Tafet et al., 2001) and then eventual depletion.
- Cortisol interacts with norepinephrine and dopamine; long-term activation can lead to depletions of these NTs, affecting focus, emotional memory, and decision making (Erickson, Drevets, & Schulkin, 2003).
- Chronic stress leads to blood sugar dysregulation/insulin resistance.
- Can also lead to chronic inflammation
- Depressed people have been found to have elevated levels of pro-inflammatory and inflammatory chemicals (Raison, Capuron, & Miller, 2006).

Unresolved Trauma

Epidemiologic studies indicate that children exposed to early adverse experiences are at increased risk for the development of depression, anxiety disorders, or both. Persistent sensitization of central nervous system (CNS) circuits as a consequence of early life stress, which are integrally involved in the regulation of stress and emotion, may represent the underlying biological substrate of increased vulnerability to subsequent stress as well as the development of depression and anxiety. (Heim and Nemeroff, 2001)

Lipid Imbalances

Cholesterol levels <160 have been linked to depression, suicides, aggression, and amnesia (Sinatra & Roberts, 2007, p. 36).

- Levels this low are often indicative of statin drug use, which can cause memory problems and Alzheimer's-like symptoms.

- Elevated triglycerides can be the sole cause of depression, and the more they are lowered, the more depression is alleviated (Mathews Larson, 2006).

Adrenal Depletion

Adrenal hormones are intimately involved in cognitive function and mood. Stress and high cortisol have been linked to anxiety and depression. Conversely, low cortisol has been linked to brain fog, depression and impaired memory. Adrenal Fatigue sufferers report feeling more frustrated and less tolerance, with an inability to handle every day stress.

Nutrient Deficiencies and Imbalances

People with depression have imbalances in specific amino acids, fatty acids, vitamins, minerals, enzymes and intestinal flora. This is often worsened by the intake of psychotropic medication that causes nutrient depletion and an array of side effects.

It is strongly advised to work with a certified Nutrition Consultant or qualified Integrative Medical Doctor as there are so many nutrients to consider, and the interaction with each other is complex, which will vary from person to person, age and stage of depression and current and prior use of medication.

Essential Fatty Acids

- The brain contains approximately 60% fat, much of which is long-chain polyunsaturated fatty acids (LCPFA). Many of these LCPFAs are omega-3 fatty acids, which help regulate cell membrane fluidity and contribute to smooth neurotransmission.
- Omega-3 fatty acids help manage inflammation, which is considered to play a central role in the pathogenesis of depression (Raison et al., 2006).
- Balance between omega-3 and omega-6 fats is critical. Look for clues in diet journal.

Vitamins

- Both functional (underactivity of a nutrient or increased requirement) and absolute B vitamin deficiencies are associated with depression, especially B12, folic acid, B1, B2, B6, and biotin (Hedaya, 2008). B3 (niacin) and B5 (pantothenic acid) have also shown association (Pizzorno, Murray, & Joiner-Bey, 2008, p. 16).
- B1 and B2 help regulate neuron glucose control and aid in the manufacture of myelinprotective fatty acids. Along with B5 (pantothenic acid), they help make acetylcholine (Murray, 2000, p. 243).
- Niacin (B3) is critical if a deficiency exists because it will preferentially be converted from tryptophan, possibly depriving the brain of its needed serotonin precursor.
- Vitamin B6 helps in the manufacture of neurotransmitters, particularly serotonin and GABA

(McCarty, 2000), by shuttling amino acids into the brain. It is also a factor in producing the myelin sheath that protects nerve cells (Murray, 2000, p. 243).

- B vitamins depleted by birth control pills.
- Insufficiency of Folic acid (folate) and B12 have been implicated in depression in several studies, as well as in the general population, possibly because they are both involved in the production of SAME, which donates methyl groups crucial for neural function (Coppen & Bolander-Gouaille, 2005). Folic acid deficiency has been shown to lower brain levels of SAME and serotonin (Young & Ghadirian, 1989). Additionally, Tolmunen et al. (2004) have found that low folate levels confer poor responsiveness to antidepressant medications. Substantial evidence has accumulated linking low folate and B12 levels to elevated homocysteine levels, and all three to depression (Coppen & Bolander-Gouaille, 2005), while other studies indicate folate deficiencies contribute to impaired metabolism of serotonin, dopamine, and norepinephrine (Bottiglieri et al., 2000).
- There is a genetic methylation defect connected to some folate deficiencies, called the MTHFR C677T polymorphism, that causes faulty homocysteine metabolism and is found disproportionately in depressed subjects (Coppen & Bolander-Gouaille, 2005), making supplementation with different forms of folate a good idea. Other methylation nutrient cofactors: glycine, serine, selenium, cysteine, methionine.
- Pernicious anemia, an autoimmune disease that prevents absorption of B12, can cause deep depression. B12 deficiency possible in those over 50, due to low HCl.
- Inositol is often classified as a B vitamin. In the form of myo-inositol or phosphatidylinositol it exerts a calming effect by increasing levels of GABA. It has also been shown to regulate serotonin and has shown efficacy for panic and obsessive-compulsive disorders when used in high doses (Mathews Larson, 1999, p. 158).

Vitamin C

- Coenzyme in neurotransmitter production; depletion can lead to depression, lassitude, hypochondria, and hysteria (Pizzorno et al., 2008, p. 16–17)
- Depression is the first symptom seen when humans are deliberately deprived of C for study purposes (LEF, 2003, pp. 695, 698)

Vitamin D

- Has been shown to have profound effects on the brain, including the neurotransmitters, and a small body of research exists that links depression to low levels. But D's effect on depression remains to be clarified (Cannell, 2004). Cannell points to studies that have shown that summer sunlight, because it increases levels of D, increases brain serotonin levels to twice that of winter sunlight and that it may play a role in catecholamine synthesis.
- Levels often low in those with autoimmune diseases, many of which are highly associated with depression, including Hashimoto's thyroiditis.
- Levels considered deficient (<35 ng/mL) are highly associated with depression (Hedaya, 2010).

Minerals

Deficiencies of calcium, magnesium, potassium, manganese, iron, copper, and zinc are all associated with depression (Hedaya, 2008; Mathews Larson, 2006). Additionally, copper and zinc must be in balance to avoid functional deficiency and excess.

Calcium

- Nerve cells contain voltage-dependent calcium channels that allow for rapid changes in calcium levels — necessary to mediate nerve cell transmission.
- Depletion affects the central nervous system, causing nervousness, depression, irritability, and apprehension.

Magnesium

- Required for active transport of ions like potassium and calcium across cell membranes, which helps mediate conduction of nerve impulses.
- Can be a mood stabilizer because it helps regulate electrical stability of cell membranes, including neurons.
- Deficiencies caused by stress, excessive calcium intake, dietary insufficiency, hypothyroidism, or insulin resistance can cause depression
- 125–300 mg magnesium at each meal and at bedtime, in glycinate and taurinate form, shown to alleviate all depressive symptoms (Eby & Eby, 2006).
- Often very helpful for premenstrual emotional symptoms.

Potassium

- Works with sodium to effect action potential — sodium-potassium pump.
- Manganese
- Needed for proper use of the B-complex vitamins and Vitamin C, therefore for proper NT production.
- Also plays a role in amino acid formation, so low levels could lead to inadequate NT production (Mathews Larson, 2006).

Iron

- Depression is often a symptom of chronic iron deficiency. Look for other symptoms of deficiency including general weakness, listlessness, exhaustion, lack of appetite, and headaches.

Zinc

- Zinc has strong effect on brain function and can act at times as a neurotransmitter

- Deficiency occurs in pyroluria.
- Deficiency associated with post-partum depression (Wójcik et al., 2006)
- Deficiency symptoms include white spots on nails, poor wound healing and immune function, poor appetite, apathy, lethargy.
- Deficiency can lead to copper overload in brain. Use zinc sulfate liquid as taste test.

Mineral Balance

Excesses of calcium, magnesium, and vanadium are also associated with depression (Hedaya, 2008). Pay attention to supplemental doses in addition to food sources is very important. All minerals must be in balance; excessive supplementation with one or a few can lead to imbalances in others.

Environmental Toxins

The following have affinity for nervous tissue (Pizzorno et al., 2008, p. 14):

- Metals — lead, mercury, cadmium, arsenic, nickel, and aluminum
- Solvents such as cleaning chemicals, formaldehyde, toluene, benzene, etc.
- Pesticides and herbicides
- Organophosphates in pesticides reduce serotonin receptors
- Chemical sensitivities of all kinds are highly associated with depression (Simon, Daniell, Stockbridge, Claypoole, & Rosenstock, 1993).
- Steroid hormone imbalances are exacerbated by toxins or poor liver function.
- Food allergies / sensitivities can cause severe mood reactions (Mathews Larson, 2006).
- Sensitive brains can react to chemicals and to foods with an allergic response, just as the rest of the body reacts with inflammation leading to metabolic disturbances.

Depression is common symptom in Celiac disease (Bushara, 2005). Look for clues in the foods clients binge on; depression may be a factor in food addiction. It is difficult to pinpoint precise mechanism of action, but some depressed people whose food sensitivities lead to addiction to the food, do experience improved mood when the food is removed (Levine, 2004).

Candida infection

Mathews Larson finds that depression will not lift until Candida problems have been eliminated (1999, p. 206).

Mold

If the home is damp and mold is suspected, have a professional do an extensive check. Damp and moldy homes have been shown to have an independent association with depression (Shenassa, Daskalakis, Liebhaber, Braubach, & Brown, 2007).

Drug Interactions

Benzodiazepines, chemotherapy drugs, beta blockers, statins, and stimulants can all cause depression. Marijuana can, too, because it induces hypoglycemia. And inquire about alcohol and caffeine use or abuse. Any drug, and all street drugs, should be suspect.

Illness

Long-term illnesses, such as cancer, hepatitis, and heart disease, can be profoundly and chronically depressing. This involves more than simply the depressing thoughts of long-term debilitation or death; the very fact of being ill literally depresses many bodily functions.

- Chronic illness leads to depressed thyroid function, specifically low T3 (Sanesco, 2008).

High Histamine (Histadelia)

Histadelics tend to be compulsive, obsessive, driven, high-energy types, who often suffer from ongoing depression and are prone to suicide if the depression cannot be alleviated (Mathews Larson, 2006).

- Joan Mathews Larson's book, *Depression-Free, Naturally*, contains a questionnaire to determine if medical testing for high histamine levels might be in order (1999, pp. 219–220).

The Path to Recovery

The repair and maintenance of our brain chemicals and our moods goes far beyond merely taking in the proper foods and supplements or doing the “right” form of exercise or meditation. Only then can restoration, balance, and healing take place by introducing healing factors.

Health Hazards to Address

- ✓ Stress
- ✓ Toxins
- ✓ Infections
- ✓ Allergens
- ✓ Poor diet
- ✓ Poor sleep
- ✓ Social disconnection
- ✓ Hormonal imbalances
- ✓ Lack of physical activity

Health Habits to Develop

- ✓ Light
- ✓ Healthful food
- ✓ Rest and sleep
- ✓ Beneficial exercise
- ✓ Supplemental nutrients
- ✓ Good quality air and water
- ✓ Cognitive behavioral therapy
 - ✓ Love and gratitude
 - ✓ Community

References

- Abdou, A.M., Higashiguchi, S., Horie, K., Kima, M., Hatta, H., & Yokogoshi, H. (2006). Relaxation and immunity enhancement effects of gamma-aminobutyric acid (GABA) administration in humans [Abstract]. *BioFactors*, 26 (3):201–208. PMID:16971751
- Agren, H., Reibring, L., Hartvig, P., Tedroff, J., Bjurling, P., Hörnfeldt, K., ... Långström, B. (1991, Jun). Low brain uptake of L-[11c]5-hydroxytryptophan in major depression: A positron emission tomography study on patients and healthy volunteers [Abstract]. *Acta Psychiatr Scand*, 83 (6):449–55. PMID:1882697
- Alpert, J.E., Papakostas, G., Mischoulon, D., Worthington, J.J., Petersen, T., Mahal, Y., ... Fava, M. (2004, Dec). S-adenosyl-L-methionine (SAME) as an adjunct for resistant major depressive disorder: An open trial following partial or nonresponse to selective serotonin reuptake inhibitors or venlafaxine [Abstract]. *Journal of Clinical Psychopharmacology*, 24 (6):661–664. PMID:15538131
- Amen, D.G. (2006). Supplements to enhance the brain: A summary of ways to optimize brain function and break bad brain habits. *Brain Place*. Retrieved from <http://amclinics.com/bp/articles.php?articleID=10>
- Anonymous. (2005). Foods high in tyrosine. *Nutritional Supplements Health Guide*. Retrieved from <http://www.nutritional-supplements-health-guide.com/tyrosine-foods.html>
- Antidepressant Facts. (2003). Prozac and paxil. Retrieved from <http://www.antidepressantsfacts.com/2003-08-Prozac-Paxil-Fluorophenyl.htm>
- Arbor Nutrition. (2007, Feb). Essential fatty acids and depression [PDF]. *Arbor Clinical Nutrition Updates*, 273:1–3. ISSN 1446-54501.04.03.002.0Diff. Available to account holders only at <http://www.nutritionupdates.org>
- Auer, R.N. (2004, Dec 16). Hypoglycemic brain damage [Abstract]. *Forensic Science International*, 146 (2):105–110. doi:10.1016/j.forsciint.2004.08.001
- Barclay, L. (2007, Oct). Fighting depression and improving cognition with omega-3 fatty acids. *LE Magazine*, Retrieved from http://www.lef.org/magazine/mag2007/oct2007_report_depression_01.htm
- Bauman, E. (2007). Brighten Up. Lecture conducted at Bauman College, Penngrove, CA.
- Best, B. (n.d.). Brain neurotransmitters. *The World of Ben Best*. Retrieved from <http://www.benbest.com/science/anatmind/anatmd10.html#contents>
- Birdsall, T.C. (1998, Aug). 5-Hydroxytryptophan: A clinically-effective serotonin precursor [Abstract]. *Altern Med Rev*, 3 (4):271–80. PMID:9727088

- Dubuc, B. (n.d.). Neurotransmitters. The Brain from Top to Bottom. Canadian Institutes of Health Research: Institute of Neurosciences, Mental Health and Addiction. Retrieved from http://the-brain.mcgill.ca/flash/a/a_01/a_01_m/a_01_m_ana/a_01_m_ana.html#2
- Duckworth, K. (2006, Sept). About depression: Major depression. NAMI (National Alliance on Mental Illness). Retrieved from http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7725
- Durrant-Peatfield, B. (2003, Nov 19). Depression Explored, with Dr. Barry Durrant-Peatfield. About.com: Thyroid Disease. Retrieved from <http://thyroid.about.com/b/2003/11/19/depression-explored-withdr-barry-durrant-peatfield.htm>
- Eby, G.A. & Eby, K.L. (2006, Mar 17). Rapid recovery from major depression using magnesium treatment. *Medical Hypotheses*, 67 (2):362–370. doi:10.1016/j.mehy.2006.01.047
- Enig, M. (2004, Winter). Gamma-linolenic acid. Weston A. Price Foundation. Retrieved from <http://www.westonaprice.org/knowyourfats/gamma-linolenic.html>
- Erickson, K., Drevets, W., & Schulkin, J. (2003, May). Glucocorticoid regulation of diverse cognitive functions in normal and pathological emotional states [Abstract]. *Neuroscience and Biobehavioral Reviews*, 27 (3):233–246. PMID:12788335
- Glennullen, J. (2006). *The Antidepressant Solution*. New York, NY: Free Press.
- Hedaya, R. (2010, Nov 22). Nutrition and depression. Retrieved from <http://www.wholepsychiatry.com/blog/author/Dr.+Robert+Hedaya.aspx>
- Hedaya, R. (2008, Sep 16). Depression and nutritional deficiency: State of the science and treatment [PPT]. Institute of Functional Medicine Fall Webinar Series.
- Hinz, M. (2009). Depression [PDF]. I. Kohlstadt (Ed.). In *Food and Nutrients in Disease Management* (pp. 465–481). Boca Raton, FL: CRC Press. Available at [http://www.neuroassist.com/Hoffer, A. & Walker, M. \(1996\). Putting It All Together: The New Orthomolecular Nutrition. New Canaan, CT: Keats](http://www.neuroassist.com/Hoffer, A. & Walker, M. (1996). Putting It All Together: The New Orthomolecular Nutrition. New Canaan, CT: Keats)
- Hoggan, R. & Braly, J. (2003, Dec 8). Food Allergies and Depression. About.com:Depression. Retrieved from <http://depression.about.com/cs/diet/a/foodallergies.htm>
- Hübner, W-D. & Kirste, T. (2001). Experience with St John's Wort (*Hypericum perforatum*) in children under 12 years with symptoms of depression and psychovegetative disturbances [Abstract]. *Phytotherapy Research*, 15 (4):367–370. PMID:11406865
- Hyman, M.A. (2007a, Jul/Aug). The first mind-body medicine: Bringing shamanism into the 21st century [PDF]. *Alt Ther Hlth and Med*, 13 (4):10–11. Available at <http://www.ultrawellnesscenter.com/files/2010/05/First-Mind-Body-Medicine.pdf>
- Hyman, M.A. (2007b, Nov/Dec). Is the cure for brain disorders outside the brain? [PDF]. *Alt Ther Hlth*

and Med, 13 (6):10 -15. Available at <http://www.encognitive.com/files/IS%20THE%20CURE%20FOR%20BRAIN%20DISORDERS%20OUTSIDE%20THE%20BRAIN?.pdf>

- ISCID. (n.d.). Monoamine neurotransmitters. ISCID Encyclopedia of Science and Philosophy. Retrieved from http://www.iscid.org/encyclopedia/Monoamine_Neurotransmitters
- Jacka, F.N., Pasco, J.A., Mykletun, A., Williams, L.J., Hodge, A.M., O'Reilly, S.L., ... Berk, M. (2010, Mar). Association of western and traditional diets with depression and anxiety in women [PDF]. *Am J Psychiatry*, 167 (3):305–311. doi:10.1176/appi.ajp.2009.0906088
- King, M.W. (2011). Table of neurotransmitters. Retrieved from <http://themedicalbiochemistrypage.org/nerves.html>
- LEF. (2006, Jun 30). Depression. Life Extension Foundation. Retrieved from http://www.lef.org/protocols/emotional_health/depression_01.htm and http://www.lef.org/protocols/emotional_health/depression_02.htm
- LEF. (2003). Depression. In *Disease Prevention and Treatment* (pp. 679–698). Hollywood Fla: Life ExtensionMedia.
- Levine, J., Barak, Y., Gonzalves, M., Szor, H., Elizur, A., Kofman, O., & Belmaker, R.H. (1995, May). Double-blind, controlled trial of inositol treatment of depression [Abstract]. *Am J Psychiatry*, 152 (5):792–4. PMID:7726322
- Levine, J. (1997, May). Controlled trials of inositol in psychiatry [Abstract]. *Eur Neuropsychopharmacol*, 7 (2):147–55. PMID:9169302
- Levine, S. (2004). Food addiction, food allergy, and overweight. *The Nutrition Notebook*. Retrieved from http://www.springboard4health.com/notebook/health_food_addiction.html
- Levinson, D.F. (2006, Jul 15). The genetics of depression: A review [Abstract]. *Biological Psychiatry*, 60 (2):84–92. doi:10.1016/j.biopsych.2005.08.024
- Logan, A.C. (2004, Feb 14). New findings about omega-3 fatty acids and depression. *Mercola Newsletter*. Retrieved from http://www.mercola.com/2004/feb/14/omega_3_depression.htm
- Lombard, J. (2007, Sep/Oct). Exploring the brain-mind-body connection. Interview in *Alternative Therapies in Health and Medicine*, 13 (5):67–76. PMID:17900045
- López-León, S., Janssens, A.C., González-Zuloeta Ladd, A.M., Del-Favero, J., Claes, S.J., Oostra, B.A., & van Duijn, C.M. (2008, Aug). Meta-analyses of genetic studies on major depressive disorder [Abstract]. *Mol Psychiatry*, 13 (8):772–85. PMID:17938638
- Lucas, M., Mirzaei, F., O'Reilly, E.J., Pan, A., Willett, W.C., Kawachi, I., ... Ascherio, A. (2011, Jun). Dietary intake of n-3 and n-6 fatty acids and the risk of clinical depression in women: A 10-y prospective follow-up study [Abstract]. *Am J Clin Nutr*, 93 (6):1337–1343. doi:10.3945/ajcn.111.011817

- Mateljan, G. (2010). The World's Healthiest Foods. Retrieved from <http://www.whfoods.com/>
- Mathews Larson, J. (1999). *Depression Free, Naturally*. New York, NY: Ballantine Books.
- Mathews Larson, J. (2006). Dissolving biochemical depression. Health Recovery Center. Retrieved from http://www.healthrecovery.com/HRC_2006/Depression_06/D_sadness_inside_you.htm
- McCarty, M.F. (2000, May). High-dose pyridoxine as an 'anti-stress' strategy [Abstract]. *Med Hypotheses*, 54 (5):803–7. PMID:10859691
- Mechan, A.O., Fowler, A., Seifert, N., Hieger, H., Wöhrle, T., Etheve, S., ... Mohajeri, M.H. (2011, April). Monoamine reuptake inhibition and mood-enhancing potential of a specified oregano extract [Abstract]. *British Journal Nutrition*, 105 (8):1150–1163. doi:10.1017/S0007114510004940
- Merikangas, K.R., He, J.P., Burstein, M., Swanson, S.A., Avenevoli, S., Cui, L., ... Swendsen, J. (2010, Oct). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication — Adolescent Supplement (NCS-A) [Abstract]. *J Am Acad Child Adolesc Psychiatry*, 49 (10):975–6. PMID:20855043
- Messaoudi, M., Lalonde, R., Violle, N., Javelot, H., Desor, D., Nejdj, A., ... Cazaubiel, J-M. (2010, Oct 26). Assessment of psychotropic-like properties of a probiotic formulation (*Lactobacillus helveticus* R0052 and *Bifidobacterium longum* R0175) in rats and human subjects [Abstract]. *Br J Nutr*, 105 (5):755–64. doi:10.1017/S0007114510004319
- Muller, W.E. (2003, Feb), Current St. John's wort research from mode of action to clinical efficacy [Abstract]. *Pharmac Res*, 47 (2):101–9. PMID:12543057
- Murray, M. (2000). *Total Body Tune-Up*. New York, NY: Bantam Books.
- Nair, K.S., Rizza, R.A., O'Brien, P., Dhataria, K., Short, K.R., Nehra, A., ... Jensen, M.D. (2006, Oct 19). DHEA in elderly women and DHEA or testosterone in elderly men [Abstract]. *NEJM*, 355 (16):1647–1659. PMID:17050889
- Nielsen, F., Johnson, L.K., & Zeng, H. (2010, Dec). Magnesium supplementation improves indicators of low magnesium status and inflammatory stress in adults older than 51 years with poor quality sleep [Abstract]. *Magn Res*, 23 (4):158–68. PMID:21199787
- NIMH. (2010, Jul 29). The numbers count: Mental disorders in America. National Institute of Mental Health. Retrieved from <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Mood>
- NIMH. (2008). Bipolar disorder. National Institute of Mental Health. Retrieved from <http://nimh.nih.gov/health/publications/bipolar-disorder/complete-index.shtml>
- Norton, A. (2007, Sept 19). Exercise on par with drugs for aiding depression. Reuters Health, Retrieved from http://news.yahoo.com/s/nm/20070919/hl_nm/exercise_depression_Nutrition
- Data (ND). (2007). Nutrition Facts and Calorie Counter. Nutrition Data. Retrieved from <http://www.nutritiondata.com/foods-00007900000000000000-2w.html>

- Panossian, A.G. (2003, Dec). Adaptogens: Tonic herbs for fatigue and stress [Full Text]. *Alternative & Complementary Therapies*, 9 (6):327–331. doi:10.1089/107628003322658610 Papakostas, G.I., Alpert, J.E., & Fava, M. (2003). S-adenosyl-methionine in depression: A comprehensive review of the literature [Abstract]. *Current Psychiatry Reports*, 5 (6):460–466. doi:10.1007/s11920-003-0085-2
- Patočka, J., Jakl, J., & Strunecká, A. (2006). Expectations of biologically active compounds of the genus *Magnolia* in biomedicine [Summary]. *Journal of Applied Biomedicine*. 4 (4):171–178. ISSN 1214-0287. Available at http://www.zsf.jcu.cz/jab/4_4/patocka.htm
- Patten-Hitt, E. (2000, Dec 29). Childhood Abuse Changes the Developing Brain. *Cerebrum*, 50–67. Yahoo! News. Retrieved from <http://www.nospank.net/teicher.htm>
- Pert, C. (1997). *Molecules of Emotion*. New York, NY: Scribner.
- Pfeiffer, C.C., Sohler, A., Jenney, C.H., & Iliev, V. (1974). Treatment of pyroluric schizophrenia (malvaria) with large doses of pyridoxine and a dietary supplement of zinc [PDF]. *Orthomolecular Library*, 3 (4):292–300. Available at <http://www.orthomolecular.org/library/jom/1974/pdf/1974-v03n04-p292.pdf>
- Pigott, H.E., Leventhal, A.M., Alter, G.S., & Boren, J.J. (2010). Efficacy and effectiveness of antidepressants: Current status of research [PDF]. *Psychother Psychosom*, 79 (5):267–279. doi:10.1159/000318293
- Pizzorno, J.E., Murray, M.T., & Joiner-Bey, H. (2008). Affective disorders. In *The Clinician's Handbook of Natural Medicine* (2nd ed.) (pp. 8–25). St. Louis, MO: Elsevier.
- Posternak, M.A. & Zimmerman, M. (2001, Nov 1). Symptoms of atypical depression [Abstract]. *Psychiatry Res*, 104 (2):175–81. PMID:11711170
- Pratt, L.A. & Brody, D.J. (2008, Sep). Depression in the United States household population, 2005–2006 [PDF]. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Available at <http://www.docstoc.com/docs/1926814/Depression-Statistics-in-US-Households>
- Putnam, J. & Allshouse, J. (2003, Jun). Trends in U.S. per capita consumption of dairy products, 1909 to 2001. *Amber Waves*. Retrieved from [http://www.ers.usda.gov/Amberwaves/June03/DataFeature/Raison, C.L., Capuron, L., & Miller, A.H. \(2006, Jan\). Cytokines sing the blues: Inflammation and the pathogenesis of depression \[Abstract\]. Trends in Immunology, 27 \(1\):24–31. doi:10.1016/j.it.2005.11.006](http://www.ers.usda.gov/Amberwaves/June03/DataFeature/Raison, C.L., Capuron, L., & Miller, A.H. (2006, Jan). Cytokines sing the blues: Inflammation and the pathogenesis of depression [Abstract]. Trends in Immunology, 27 (1):24–31. doi:10.1016/j.it.2005.11.006)
- Richard, R. (2007). Targeted nutritional therapy for depression [Teleconference]. Sanesco International. Available to account holders only at <http://www.sanesco.net>
- Ross, J. (2002). *The Mood Cure*. New York, NY: Penguin.

- Rybczyk, L.A., Bashaw, M.J., Pathak, D.R., Moody, S.M., Gilders, R.M., & Holzschu, D.L. (2005, Dec 20). An overlooked connection: Serotonergic mediation of estrogen-related physiology and pathology [PDF]. *BMC Women's Health*, 5:12. doi:10.1186/1472-6874-5-12
- Sahelian, R. (2007a). 5-HTP honest information. Raysahelian.com. Retrieved from <http://www.raysahelian.com/5-htp.html>
- Sahelian, R. (2007b). Pregnenolone side effects. Raysahelian.com. Retrieved from <http://www.raysahelian.com/pregnenolone.html>
- Sahelian, R. (2007c). DHEA supplement. Raysahelian.com. Retrieved from <http://www.raysahelian.com/dhea.html>
- Sahelian, R. (2007d). Phenylalanine-DLPA. Raysahelian.com. Retrieved from <http://www.raysahelian.com/phenylalanine.html>
- Sahelian, R. (2007e). Benefit of L-tyrosine — L-tyrosine side effects. Raysahelian.com. Retrieved from <http://www.raysahelian.com/tyrosine.html>
- Sahelian, R. (2007f). From L-tryptophan to melatonin — L-tryptophan side effects. Raysahelian.com. Retrieved from <http://www.raysahelian.com/tryptophan.html>
- Sahelian, R. (2007g). Schisandra. Raysahelian.com. Retrieved from <http://www.raysahelian.com/schisandra.html>
- Sahelian, R. (2007h). Ashwagandha root. Raysahelian.com. Retrieved from <http://www.raysahelian.com/ashwagandha.html>
- Sanesco. (2008). The HPT axis – the thyroid gland [Electronic version]. Available to account holders only at <http://www.sanesco.net>
- Schulz, M.L. (2005). *The New Feminine Brain*. New York, NY: Free Press.
- Shapiro, D., Cook, I.A., Davydov, D.M., Ottaviani, C., Leuchter, A.F., & Abrams, M. (2007, Dec). Yoga as a complementary treatment of depression: Effects of traits and moods on treatment outcome [Abstract]. *Evid Based Complement Alternat Med*, 4 (4):493–502. PMID:18227917
- Shaw, K., Turner, J., & Del Mar, C. (2002). Tryptophan and 5-hydroxytryptophan for depression [Abstract]. *Cochrane Database Syst Rev*, (1):CD003198. PMID:11869656
- Shenassa, E.D., Daskalakis, C., Liebhaber, A., Braubach, M., & Brown, M. (2007, Oct). Dampness and mold in the home and depression: An examination of mold-related illness and perceived control of one's home as possible depression pathways [Full text]. *Am J Public Health*, 97 (10):1893–9. doi:10.2105/AJPH.2006.093773
- Shukla, G.S. & Singhal, R.L. (1984, Aug). The present status of biological effects of toxic metals in the environment: Lead, cadmium, and manganese [Abstract]. *Can J Physiol Pharmacol*, 62

(8):1015–31. PMID:6149004

Simon, G.E., Daniell, W., Stockbridge, H., Claypoole, K., & Rosenstock, L. (1993, Jul 15). Immunologic, psychological, and neuropsychological factors in multiple chemical sensitivity: A controlled study [Abstract]. *Annals of Internal Medicine*, 119 (2):97–103. PMID:8129805

Sinatra, S. & Roberts, J.C. (2007). *Reverse Heart Disease NOW*. Hoboken, NJ: John Wiley & Sons.
Slotkin, T.A., Ryde, I.T., Levin, E.D., & Seidler, F.J. (2008, Mar 28). Developmental neurotoxicity of low dose diazinon exposure of neonatal rats: Effects on serotonin systems in adolescence and adulthood [Abstract]. *Brain Research Bulletin*, 75 (5):640–647. doi:10.1016/j.brainresbull.2007.10.008

Sontrop, J. & Campbell, M.K. (2006, Jan). w-3 polyunsaturated fatty acids and depression: A review of the evidence and a methodological critique [Abstract]. *Preventive Medicine*, 42 (1):4–13. doi:10.1016/j.ypmed.2005.11.005

Stahl, S.M. (2007). Novel therapeutics for depression: L-methylfolate as a trimonoamine modulator and antidepressant-augmenting agent [Full text]. *CNS Spectr*, 12 (10):739–744. Retrieved from <http://www.cnspectrums.com/asp/articleDetail.aspx?articleid=1267>

Tafet, G.E., Idoyaga-Vargas, V.P., Abulafia, D.P., Calandria, J.M., Roffman, S.A., Chiovetta, A., & Shinitzky, M. (2001, Dec). Correlation between cortisol level and serotonin uptake in patients with chronic stress and depression [Abstract]. *Cognitive, Affective, & Behavioral Neuroscience*, 1 (4):388–393. PMID:12467090

Tajalizadekhoob, Y., Sharifi, F., Fakhrzadeh, H., Mirarefin, M., Ghaderpanahi, M., Badamchizade, Z., & Azimipour, S. (2011, Dec). The effect of low-dose omega 3 fatty acids on the treatment of mild to moderate depression in the elderly: A double-blind, randomized, placebo-controlled study [Abstract]. *European Archives of Psychiatry and Clinical Neuroscience*, 261 (8):539–549. doi:10.1007/s00406-011-0191-9

Taylor, M.T., Carney, S.M., Goodwin, G.M., & Geddes, J.R. (2004, Jun). Folate for depressive disorders: Systematic review and meta-analysis of randomized controlled trials [Abstract]. *J Psychopharmacol*, 18 (2):251–256. PMID:15260915

Timonen, M., Laakso, M., Jokelainen, J., Rajala, U., Meyer-Rochow, V.B., & Kiukaanniemi, S.K. (2004, Dec 30). Insulin resistance and depression: Cross sectional study [Abstract]. *BMJ*, 330:17–18. doi:10.1136/bmj.38313.513310.F71

Tolmunen, T., Hintikka, J., Voutilainen, S., Ruusunen, A., Alfthan, G., Nyssönen, K., ... Salonen, J.T. (2004, Dec). Association between depressive symptoms and serum concentrations of homocysteine in men: A population study [Abstract]. *Am J Clin Nutr*, 80 (6):1574–1578. PMID:15585771

Weatherby, D. & Ferguson, S. (2002). *Blood Chemistry and CBC Analysis*. Ashland, OR: Bear Mountain Publishing.

- Wells, A.S., Read, N.W., Laugharne, J.D.E., & Ahluwalia, N.S. (1998). Alterations in mood after changing to a low-fat diet [Abstract]. *Br J Nutr*, 79 (1):23–30. doi:10.1079/BJN19980005
- Weetman, A.P. (1997, April 19). Hypothyroidism: Screening and subclinical disease [PDF]. *British Medical Journal*, 314:1175–1178. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2126522/pdf/9146393.pdf>
- Widom, C.S., Dumont, K., & Czaja, S.J. (2007, Jan). A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up [Abstract]. *Arch Gen Psychiatry*, 64 (1):49–56. PMID:17199054
- Wikipedia. (2012, Aug 12 revised). Diagnostic and statistical manual of mental disorders. Retrieved from http://en.wikipedia.org/wiki/Diagnostic_and_Statistical_Manual_of_Mental_Disorders
- Wikipedia. (2007). Neurotransmitter. Retrieved from <http://en.wikipedia.org/wiki/Neurotransmitter>
- Willner, C. (2002). Natural support for neurologic health: A multiple pathway approach. *Advanced Nutrition Publications*. Retrieved from http://www.meta-ehealth.com/site/office/conditions/cond_body_print.jsp?path=conditions/conditions/depression&article=2810
- Wilson, J.L. (2001.) *Adrenal Fatigue*. Petaluma, CA: Smart Publications.
- Winston, D. (2002). Eclectic and botanical therapeutics for mental health (Abridged version). *Journal American Herbalist Guild*, 3:2. Retrieved from [http://www.herbaltherapeutics.net/Eclectic&Botanical TherapeuticsforMentalHealth.pdf](http://www.herbaltherapeutics.net/Eclectic&Botanical%20TherapeuticsforMentalHealth.pdf)
- Wójcik, J., Dudek, D., Schlegel-Zawadzka, M., Grabowska, M., Marcinek, A., Florek, E., ... Nowak, G. (2006, Jul-Aug). Antepartum/postpartum depressive symptoms and serum zinc and magnesium levels [Abstract]. *Pharmacol Rep*, 58 (4):571–576. PMID:16963806
- Xu, Q., Yi, L-T., Pan, Y., Wang, X., Li, Y-C., Li, J-M., ... Kong, L-D. (2008, Apr). Antidepressant-like effects of the mixture of honokiol and magnolol from the barks of *Magnolia officinalis* in stressed rodents [Abstract]. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 32 (3):715–725. doi:10.1016/j.pnpbp.2007.11.020
- Yau, S-Y., Lau, B.W-M., & So, K-F. (2011). Adult hippocampal neurogenesis: A possible way how physical exercise counteracts stress [Electronic version]. *Cell Transplantation*, 20 (1):99–111. doi:10.3727/096368910X532846
- Young S.N. & Ghadirian A.M. (1989). Folic acid and psychopathology [Abstract]. *Prog Neuropsychopharmacol Biol Psychiatry*, 13 (6):841–63. PMID:2682787
- Zieve, D. & Eltz, D.R. (Eds.). (2010, Jul 15). Tyrosine. University of Maryland Medical Center. Retrieved from <http://www.umm.edu/altmed/articles/tyrosine-000329.htm>



Bauman Integrative Wellness **practices ♦ arts ♦ community**

For more information on the Brighten Up course

and to register please visit

<https://www.baumanwellness.co/spaces/4179752/about>