Life Habits and Exposures

Many of us regularly use substances that can add to chemical disequilibrium and therefore adversely affect our moods. These include caffeine, alcohol, cocaine, tobacco and some prescription medicines. They are prevalent in our culture, are part of our daily activities, and can undermine the effectiveness of the amino acid program described in this book.

Caffeine

Caffeine is the most widely used drug in the world, and is popular because it is mentally stimulating. It is found in coffee, tea, soft drinks and some over-the-counter pain pills, and in the energy producer “Guarana,” which is sold in health food stores. Very recently, colas replaced coffee as the number one source of caffeine intake in our country. This is especially worrisome because children, who consume so much of these beverages, are very susceptible to the adverse effects of caffeine.

Caffeine is a potent, addicting drug. Abrupt discontinuance may cause headaches and other withdrawal symptoms. Caffeine use affects your brain, nerves, heart, circulation, digestion, the release of adrenaline from your adrenal glands, and the degree of tension in your muscles.

It can adversely affect certain medical conditions and should be entirely avoided in the following circumstances: high blood pressure or heart irregularities; insomnia and anxiety; ulcers, gastritis, or other stomach problems, because it stimulates gastric acid secretion; pregnancy, because it has been associated with birth defects and abnormal pregnancies; hypoglycemia; fibrocystic breast disease; and pancreatic cancer.

Small doses of 65 to 130 mg enhance physical and mental performance and induce alertness, wakefulness, talkativeness and water elimination. Larger doses, over 150 to 250 mg, can produce toxic effects including insomnia, anxiety, panic attacks, restlessness, irritability, delirium, ringing in the ears, flashes of light, gastrointestinal disturbances, tense or trembling muscles, fast or irregular heart beat, low-grade fever, headaches, fatigue, dizziness, weakness, and mood fluctuations with depression.

Depending on your weight and associated health conditions, your daily intake should not exceed 150 to 200 mg. You can use the caffeine-free alternatives when you have reached your self-assigned quota.

Caffeine and the Brain Amines

Psychiatrists are seeing the toxic effects of caffeine enough to have included a diagnosis of caffeine intoxication, or “caffeinism,” in the diagnostic manual (DSM-III).
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CAFFEINE AND THE BRAIN AMINES

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AVERAGE CAFFEINE CONTENT OF BEVERAGES

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<thead>
<tr>
<th>Caffeine/Oz</th>
<th>8 Oz Cup</th>
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<tr>
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<td>Tea</td>
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<td>Over the counter stimulants:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mountain Dew</td>
<td>50 mg</td>
<td></td>
</tr>
<tr>
<td>Tab</td>
<td>41 mg</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
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</tr>
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</tr>
<tr>
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Caffeine stimulates the release of norepinephrine and other brain amines. This release takes place in the brain and body, and is the reason a small amount of caffeine may give a lift. Chronic use of larger amounts will result in depletion of the amines unless there are plenty of precursors for replacement. Under the conditions of depletion, a caffeine user will progress to feeling nervous and fatigued.

Caffeine also importantly affects mood by interfering with vitamin B₁ absorption and metabolism. Thus, chronic high intake could ultimately result in a vitamin B₁ deficiency.

One study also presented evidence that 300 mg of caffeine caused a 50 percent increase in the loss of magnesium (which is related to depression) and a 100 percent increase in the loss of calcium and sodium in the urine. Dietary magnesium and calcium intakes are often low anyway, so caffeine adds an additional mineral-exhausting stress to your system.

Aside from the problems of caffeine, coffee and tea significantly inhibit iron absorption when taken with a meal or up to one hour following a meal. Tea blocked iron intake by 87 percent in studies of the absorption of radioactive iron. Since low iron can contribute to depression, this is another mood altering hazard of these popular drinks.

I always ask my patients about their use of caffeine and the importance of doing this was underscored when a woman visiting the United States from her native Japan came to see me. Her complaints were depression, withdrawal, insomnia, fatigue, weakness, muscle tension, irritability and racing thoughts. When we talked, I learned she owned and operated a gourmet coffee shop and drank about fifteen cups of brewed coffee daily. The primary treatment I prescribed was that she discontinue the coffee and add B vitamins; all her symptoms cleared in several weeks.

FROM BOOZE TO BLUES

Alcohol affects our moods as well as our general well-being. Alcoholism is also our nation’s number-one health problem and third largest killer. We have about twelve million alcoholics and many more million heavy drinkers, meaning they consume more than fourteen drinks a week.

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Even though inner conflict and stress can precipitate heavy drinking, we now feel fairly certain that alcoholics fall prey to their illness because they metabolize alcohol differently from nonalcoholics. This is either secondary to a genetic predisposition or to the disruptive biochemical effects of heavy drinking.

ALCOHOL AND NUTRITION

If we look at the destructive effects of regular drinking from a purely nutritional point of view, we see that, like sugar, alcohol gives you “empty” calories, with no vitamins, minerals or amino acids. It induces malabsorption of many nutrients and creates a greater need for them. Alcoholics have deficiencies of all the B complex vitamins, of amino acids and of some minerals. In fact, even small amounts of alcohol taken regularly will create vitamin B complex problems because alcohol decreases the absorption of vitamins $B_1$, $B_2$ and folic acid. Vitamins $B_6$ and $C$ are destroyed by acetaldehyde, a breakdown product of alcohol produced by the liver. Alcohol also increases urinary excretion of zinc, magnesium, calcium, and vitamin $B_12$, and thus leads to depletion of those substances as well.

As we have seen, almost all these substances can be related to mood, and many of them help form the brain amines. Recent studies of brain amine metabolism have shown alcohol reduces the synthesis of neurotransmitters from tyrosine. And, it should be noted, a significant number of alcoholics have an associated depression.

If you are not alcoholic but do have daily drinks, you need supplementation to offset the drain on your body’s nutritional status. Occasional social drinking should not pose this kind of nutritional threat and does not require the same replacement efforts.

The nutritional approach to treating depression works well in drinkers because it is totally safe to mix nutrients with alcohol and because the alcoholic needs the nutrients anyway. On the other hand, the mixture of traditional antidepressant drugs with alcohol can be very dangerous, making orthodox treatment risky. Even when counseled to avoid alcohol, there is no guarantee a person will do so, and a number of suicides have eventuated from the combination of alcohol with antidepressant medication or tranquilizers.

Many drinkers, especially those involved in AA (Alcoholics Anonymous) programs, are advised by their support groups to avoid psychiatric medication of any kind. This can create problems for those who need biochemical help to eliminate depression. The nutrient program poses no such dilemma.

After treatment with specific diets and nutrients, many alcoholics naturally lose the craving and compulsion to drink. Therefore, the self-discipline required is in taking the supplements, more than in avoiding the alcohol.

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much greater alarm. The villain is "crack," a cheap, smokable, readily available form of cocaine that is highly addictive and is considered to be far more dangerous than the usual powdered, snorted variety used by the older crowd.

A 1985 University of Michigan survey indicated that 17 percent of high school students had used cocaine. What will happen to this number now, when cheaper, more addictive forms of cocaine spread across our land? And what will happen to the moods and psychology of our teenagers, who are already on biochemically induced emotional roller-coasters from sugar, alcohol, tobacco, caffeine and other drugs?

The following set of symptoms is common among cocaine users: blurred vision, panic attacks, hyperactivity, severe headaches, weight loss, nasal problems, paranoia, convulsions, depression and precipitation of manic states.

Because of its high or euphoric effect, many people use the drug to counteract drops in mood and energy or, ironically, to treat their own depression. In fact chronic cocaine usage creates depression. Cocaine causes our brain cells to release the stored neurotransmitters norepinephrine and dopamine into the space between nerve cells (synapse) where they chemically interact with the next cell to produce stimulatory effects. Cocaine not only causes increased release of these neurotransmitters but also decreases the reuptake of norepinephrine, dopamine and serotonin back into their storage cells. Cocaine also temporarily inhibits the enzyme that breaks down the neurotransmitters. The net effect is to keep this system of nervous pathways excited and "on" in an unnatural way. But when the neurotransmitters are finally metabolized, not only is there an end to the high, there is also a deficiency until the body produces more, or until another cocaine dose stimulates release of the gradually depleting "stores" of neurotransmitters. When cocaine use is repeated a sufficient number of times without adequate nutrient replacement of the neurotransmitter precursors, a final depressed, depleted, exhausted state can occur.

Several studies have reported successful treatment of cocaine addiction using the amino acids L-tyrosine, L-tryptophan, L-glutamine, and L-phenylalanine, plus vitamins and minerals. These nutrients replace the depleted neurotransmitters and relieve the underlying mood disorder that may often lead to the addiction in the first place.

**Tobacco**

Smoking depletes your body of vitamins A, B₁, B₅, B₉, C and E, and of the amino acid cysteine. Smokers tend to have vitamin C levels about half that of non-smokers; they also have lower vitamin B₉ levels. These deficiencies are importantly connected with depression. Tobacco may contribute to mood fluctuations from an allergic standpoint as well.

For these reasons, among other important medical considerations, it's important to stop smoking. However, those who do smoke particularly need to replace their depleted vitamins and amino acids with a supplemental nutrient program.

**Drugs That May Cause Depression**

The following substances may cause depression. (The generic name is listed first and the trade names are in parentheses.)
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The following substances may cause depression. (The generic name is listed first and the trade names are in parentheses.)
**Antibiotics**
(When you take antibiotics, be sure to take vitamin B complex daily also.)
- Cycloserine (Seromycin)
- Gram negative antibiotics
- Sulfonamides (Bactrim, Azo Gantanol, Cotrim, Septra, Sulfatrim, Sulfamethoxazole)
- Neomycin
- Tetracyclines
- Metronidazole (Flagyl)

**Antimalarials**
- Sulfadoxine
- Pyrimethamine (Daraprim, Fansidar)

**Arthritis or Pain Medicines**
- Phenylbutazone (Azolid, Butazolidin)
- Indomethacin (Indocin)
- Piroxicam (Feldene)
- Sulfasalazine (Azulfidine)
- Aspirin (including Bufferin, Anacin, Ascriptin)
- Phenacetin (A.P.C. with Codeine, Propoxyphene Compound, Soma Compound)

**Birth Control Pills and Other Hormones**
- Estrogens
- Progesterone
- Steroids (may also cause euphoria or even mania)

**Chemotherapy**
- Vinblastine sulfate (Velban)
- Methotrexate
- Procarbazine hydrochloride (Matulane)

**Diet Pills**
- Amphetamines (Obetrol, Dexedrine, Desoxyn)
- Benzphetamine (Didrex)

**The Way Up From Down**
- Diethylpropion hydrochloride (Tenuate, Teplanil)
- Phenmetrazine hydrochloride (Preludin)
- Mazindol (Sanorex, Mazanor)
- Fenfluramine hydrochloride (Pondimin)
- Phendimetrazine tartrate (Plegine, Melfiat, Bontril)
- Phentermine (Ionamin, Fastin, Adipex-P)

**Diuretics**
- Furosemide
- Triamterene (Dyazide, Dyrenium)

**Heart Medicines**
- Digitalis (Digoxin, Lanoxin, Cedilanid, Crystodigin)
- Procainamide (Pronestyl, Procan SR)

**High Blood Pressure Medicines**
- Hydralazine (Apresazide Apresoline)
- Methyldopa (Aldomet, Aldoclor, Aldoril)
- Clonidine hydrochloride (Catapres, Combipres)
- Guanethidine (Ismelin, Esimil)
- Propanolol hydrochloride (Inderal, Inderide)
- Bethanidine

**Medication for Parkinson's Disease**
- Amantadine hydrochloride (Symmetrel)
- Levodopa (Larodopa, Sinemet) (may also cause mania)

**Drugs for Psychosis**
- Phenothiazines, (Compazine, Phenergan, Sparine, Stelazine, Temaril, Thorazine)
- Haloperidol (Haldol)
- Thioxanthene (Navane)
Antibiotics
(When you take antibiotics, be sure to take vitamin B complex daily also.)
Cycloserine (Seromycin)
Gram negative antibiotics
Sulfonamides (Bactrim, Azo Gantanol, Cotrim, Septra, Sulfatrim, Sulfamethoxazole)
Neomycin
Tetracyclines
Metronidazole (Flagyl)

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Sulfadoxine
Pyrimethamine (Daraprim, Fansidar)

Arthritis or Pain Medicines
Phenylbutazone (Azolid, Butazolidin)
Indomethacin (Indocin)
Piroxicam (Feldene)
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Aspirin (including Bufferin, Anacin, Ascriptin)
Phenacetin (A.P.C. with Codeine, Propoxyphene Compound, Soma Compound)

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Guanethidine (Ismelin, Esimil)
Propanolol hydrochloride (Inderal, Inderide)
Bethanidine

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Amantadine hydrochloride (Symmetrel)
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Phenothiazines, (Compazine, Phenergan, Sparine, Stelazine, Temaril, Thorazine)
Haloperidol (Haldol)
Thioxanthene (Navane)
Seizure Medicines
  Succinimide derivatives (Celontin, Zarontin, Milontin)
  Carbamazepine (Tegretol)
  Mephenytoin (Mesantoin)

Tranquilizers and Sleeping Medicines
  Librium, Valium, barbiturates, other sleeping pills

Miscellaneous
  Disulfiram (Antabuse)
  Physostigmine (Antilirium)
  Tagamet (ulcer treatment; creates various nutritional deficiencies if taken for a long time)
  Choline (a nutrient supplement good for memory, but large doses can cause or exaggerate low moods. Consequently, it is helpful to give this to a manic person to help lower the mood to normal)
  Lecithin (this is a nutrient combination of choline and inositol)
  Penicillamine
  Cholestyramine

  Do not stop any of these medications without consulting your doctor.