

I can remember how, when I was growing up, my siblings and I would carefully monitor our mother's mood. As soon as we saw her, we would try to read her and then adjust our behavior accordingly; either to have a wonderful time or to lay low and keep out of her way. My mother was intense, powerful and changeable—at times delightful and at other times very difficult.

Having to react to her may have been the beginning of my own focus on moods, but most of us hear about moods all our lives. So and so is in a bad mood or a good mood, a happy mood or a sad mood, a rosy, black or blue mood. In my opinion mood is the most consistent determinant of the quality of our lives. No matter what's going on, we can handle it if our mood is good. Some people seem blessed with a pretty consistent good mood. They remain buoyant and optimistic even in the face of seemingly insurmountable external odds. This explains how a limbless thalidomide baby can grow into an active, swimming, wheelchair-racing, "normal" teenager; or why a fifty-year-old woman fired from her job has been able to use the trouble as an opportunity to find a rewarding new career. People like these seem to have the

indwelling presence of an optimistic and positive mood.

Conversely, there are those who externally seem to have all that life can offer, yet are pessimistic and filled with worry most of the time. They endure a miserable life, so depressed, anxious and angry that they are blinded to the good in and around them. Such people use the trials of life not as learning experiences but as fuel to create even greater pain. They don't seem to have the wherewithal for emotional, physical and spiritual growth. It is my belief, and the thesis of this book, that what they lack are certain simple nutrients, substances I (and other physicians) have recommended for many years. They have been helpful to people who have severe depression, to those with occasional mood swings, and to those who are temporarily facing very difficult life situations.

In essence, what I hope this book will do is lead you to a safe, healthy method for promoting mood control and thus enriching and empowering your life.

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The Horror of Depression

Hello, Dr. Slagle."

The woman's voice on the telephone is tense, determined, resigned. "I'm tired of fighting. Tired of trying to make life work when it never does anyway. I'm in my apartment; all the windows are closed and the gas has been on for a while. I just wanted to say goodbye to you. I don't want you to be upset. Everyone has tried very hard to help me, but I'm too tired to care anymore."

This same woman had twice tried to kill herself before we ever met. She had once slashed her wrists severely, not feeling the slightest pain, and had almost bled to death on the lawn of the prestigious university where she was a straight "A" student.

She had only recently become my patient and still felt too hopeless and despairing to cooperate with the treatment program. Fortunately, I was able to contact her mother and the police on that potentially fatal night, and they rushed her to the hospital in time to save her. Still more fortunately, she became a willing patient over the next several months.

A year and a half after that phone call, this witty, beautiful young woman visited my office, beaming with pride. She had come to introduce me to her new

baby daughter. I can't express what that visit meant to me. I can tell you, though, that she is one of many patients who have been treated successfully with a nutritional approach for alleviating depression and low moods. This method has proven to be 70 to 80 percent effective during the nine years I've been prescribing it in my practice, both for patients in real trouble as this woman was and for those with temporary mood swings.

Luckily most people only experience brief mood swings that may be annoying but are not overwhelming. For such people this program can be almost 100 percent effective. It can also help on those crucial days we all face, when we want to perform optimally and not be at the mercy of a "down" period. A striking example of this situation is that of an attorney who came to my office with the complaint that she never knew how to arrange her court schedule because her performance was so influenced by her moods. She was not consistently down, but some mornings she woke up feeling "off," vague and slightly fuzzy-headed. On other days she was a dynamo charged with energy and focused intensity. On the good days she was a star performer, on the bad days she struck out. Once this lawyer was able to gain biochemical control of her moods by taking the proper nutrients, she was able to score consistently and to create an important position for herself.

Even though the majority of us only experience occasional blue days or low periods, it's important to understand how bad depression can be and to know how to avoid it. The sad fact is that, unfortunately, most of us will, at some time, have to deal with other depressed people even if we ourselves do not succumb.

When low feelings come and go, the periods of relief can bring a much needed respite, and allow the

person to continue functioning normally in society. But when depression is continuous and severe, it can squeeze every last drop of color and vitality out of life, pressing relentlessly down on its victim until despair alone survives. There is then no need to think or worry about punishment in the hereafter. The torture is here and now. John Milton must have known something about this state when he penned those famous lines in *Paradise Lost*:

The mind is its own place, and in itself
Can make a Heav'n of Hell, or a Hell of
Heav'n.

With severe depression, the world is colored black and blue. There are psychological, spiritual and physical bruises. The pervasive pain can seep into every compartment of life. No matter what the religious beliefs, faith and hope are lost, there is little or no ability to feel enjoyment, the ability to give and receive love fades or entirely disappears, and guilt and anguish set in. Only someone who has suffered from this illness can understand the utter devastation it can inflict.

The mental pain of depression is sometimes so great it erases physical pain. I remember being called upon to treat a depressed woman who had slashed both wrists, both sides of her neck and both ankles, and had stabbed herself in the liver, and lived through it feeling no physical pain. The degree of desperation involved in such self-attack was difficult to comprehend. It was as if she had entered a "trance-like" or altered state of consciousness without the aid of drugs or alcohol to dull the feelings.

Incidents like this left their mark on me. I was in my psychiatry residency at the time. Young. Impressionable. Most doctors can tell you the training years at major university hospitals are the times when they

see the most exotic, extreme and various kinds of illnesses. They are confronted with the most difficult when they are the least experienced. My training was no exception. I was assigned a variety of fascinating but hard-to-treat patients, and I learned a lot—fast!

During this same intensely difficult first year of psychiatry residency, something else happened that stunned all of us with the profound suffering in depression. One of my co-residents was particularly brilliant, an exceedingly hard worker, who gave his patients considerable attention. The brightest of us paled in comparison to him in his thoroughness and attention to detail. He was handsome and, by all outward appearances, had his life together.

One Monday morning the director of the residency program called us for a special meeting. There was no way he could have prepared us for the news that this brilliant young man had been found dead in a motel room over the weekend. He had left a suicide note, and had died from an overdose of sleeping pills.

Many years have passed and though I still believe depression is hell, I now know it is not eternal and everlasting, as some feel.

On the contrary, *I know that depression is treatable and temporary.* I know it professionally, through my practice. And I know it personally.

MY OWN STORY

I suffered from intermittent but intense depression from the ages of fifteen to thirty-five. Though I always functioned, depression colored my attitude and thoughts, and caused me unnecessary suffering for nearly twenty years.

As a teenager, I came very close to taking an aspirin overdose. Usually, aspirin isn't fatal. Fortunately,

many suicide attempts made by the young are unsuccessful because young people lack the knowledge of what kills.

One part of the residency in psychiatry requires that the young doctor undergo a personal psychoanalysis, as well as sampling various other kinds of therapy. Five years of psychoanalysis three to five times a week, and seventeen thousand dollars later, I was still running into those same moments of intense depression. Also, I sampled many other forms of therapy: individual Gestalt, Reichian, Jungian, reality and behavior therapy as well as encounter, sensitivity and Tavistock group therapy. Through it all my insight, awareness and coping mechanisms increased, but the depression was still there. I was especially worried because depression surrounds my profession. The suicide rates of doctors and dentists are higher than any other profession, and those of female physicians are higher than of male physicians.

Just as psychoanalysis wasn't the answer for me, neither were drugs. My depression was not constant enough to make me want to experience the side effects of antidepressant medication. But the desperate times continued. I remember some of them very clearly. One time, I was sitting on the edge of a cliff at Sea Ranch, California, looking down a few hundred feet to where the blue light of the full moon shimmered and danced on the restless sea. It was so inviting and I wanted very much to jump, to end it all. And on another occasion, while sitting on the warm sand at twilight, watching the endless waves curl into the earth, I wanted to walk slowly out to sea, never to return.

There were no psychological precipitants for such feelings, so I began to wonder if my depression had more to do with the state of my body chemistry than with my mental attitude. I noticed that the time of day

had something to do with my moods. Whenever I awakened at three or four in the morning, I felt horrible, in complete despair. When I went back to sleep and awakened later in the morning, I would often feel fine.

Food seemed to be connected, too, as I would feel much worse after eating certain foods. I began to look for some kind of biochemical way to change my feelings and was rewarded in my search by learning about specific nutrient substances that could directly influence certain mood-elevating brain chemicals. From then on, I applied to myself the kind of nutritional treatment I'm now recommending in this book. Almost unbelievably, it worked, and the day came when I knew I would never again feel so much pain as to want to die. That was ten years ago and I have been depression-free since that time.

It rarely happens any more these days, but if I ever awaken in the morning feeling slightly low, I take several tyrosine capsules and put a few sublingual vitamin B₁₂'s under my tongue. Within an hour my mood and outlook will have completely improved. I don't have to waste unnecessary time and energy on an unwanted, unneeded state of being, and I experience no side effects whatsoever.

THE PROMISE

This book offers you the same proven, safe method of treating depression and temporary low moods that has worked so well with me and with many of my patients. It is a completely natural, scientifically based approach backed up by some impressive research. It makes sound, theoretical sense. An increasing number of doctors are using it, with dramatic results.

By reading this book, you can discover whether you are in fact depressed. If you are, you will discover some of the answers you've been seeking. You will learn what to do to free yourself from this burden—one that may very well be the result of a simple nutritional imbalance in the first place!

For the depressed person, the light at the end of the tunnel isn't an oncoming train: it is daylight, because there is hope. The right treatment for you exists. Medical science already has a variety of possible approaches and the revolutionary nutritional procedures described in this book may well prove to be the safest and most effective of them all.

What you can learn in *The Way Up From Down* will allow you to take control of your own moods by making sure your brain has enough of its essential amino acid nutrients. If you try to confront life's problems while your chemistry is off, you are already at a disadvantage because you will perceive everything as harder and more complicated than it is.

Once you achieve the proper chemical balance in your brain, your whole outlook will change. You will no longer feel stuck, you will be better able to cope with your problems, and you will perhaps have the strength to work with and resolve seemingly impossible situations. You will also have more physical and psychological energy and endurance.

Even if you are not actually depressed, this book will help you deal with your psychological processes and mood swings as you react to different life events. All of us are especially stressed when faced with disappointments, loss and grief. This program will fortify you by promoting "optimum" brain chemistry and decreasing the negative impact of stress reactions.

THE GUILT HOOK

Who wants to deal with depression if he can avoid it? If you haven't experienced it, it's very hard to understand what it's like to feel out of control of one's mood and thoughts and persistently able to perceive only the darker side of life. Such pessimism, gloom and immobility seem a perverse quirk that can easily be corrected, if one "really" tried to rise above it. A great impatience develops in the "up" ones who don't want to be bothered by this aspect of life—unless someone near becomes afflicted. When this happens, it is usually experienced as *self-inflicted* by both the sufferer and observers alike.

In my experience depressed people and their families have great difficulty accepting the biochemical origins of low moods. They doubt mood disorders can be successfully treated with nutrition or medications. They think depression is only a state of mind, and therefore must have a purely psychological cause for which a psychological remedy must be found.

Depressed people feel acute sensations of guilt and remorse. These symptoms—for they should be considered symptoms—actually encourage the victims to blame themselves for their condition. Somehow, the idea that depression might have a biochemical cause looks as if it's going to let the patient off some kind of hook—the guilt hook, the hook of despair and self-accusation. A depressed person is not at all sure that she should be allowed to get off that hook.

The family of the depressive, too, is liable, inadvertently, to encourage the patient in this way of thinking. Family members often tell their depressed relatives they'd feel better if they "only took a more positive attitude," or "looked on the bright side," or "would only stop thinking about themselves and quit complaining." "Just look at all you have to be grateful

for." The depressed person cannot comprehend this. "How can I feel thankful and grateful when everything is wrong?"

When you pressure a depressed person to think positively, it's almost as if you're insisting he speak to you in Latin, and he becomes even more guilt-ridden and helpless. "I can't think any of the positive thoughts other people are talking about. Something terrible is wrong with me. I am bad. I am hopeless." And the cycle continues.

Who wants to be around someone like this? Since family members cannot very well avoid contact, relationships can deteriorate from the strain. Impatience, anger and alienation may set in. Marriages may be ruined. Parent-child relationships are disrupted. Friendships are dropped. And the guilt hook digs deeper.

All of us need to understand the true nature and causes of depression in order to minimize or even to eliminate the suffering it can produce. It's all well and good to say depression does have a psychological side, that it is related to attitude and will. Certainly, attitude and will have their parts to play, as we shall see in the chapters on the psychological aspects of depression and the power of expectations. But, believe me, I'm a psychiatrist, and I'm telling you that psychology is only part of the question—and it's the *second* part!

What we are discovering is that depression is caused by biochemical imbalances which in turn create both psychological and physical symptoms.

YOUR MIND IN THE HEALING OF DEPRESSION

What part does your mind have to play in all of this? After all, depression does have a major effect on

the way you think and feel about life. And your thoughts and feelings seem to have some very important connection with your becoming depressed in the first place.

Even if depression does contain a biochemical component, what about thoughts and feelings? Do they play a part in creating depression? Have they any part to play in healing?

When you are thinking pleasant thoughts, even when you are daydreaming, the chemistry of your brain is likely to be in balance, and nothing needs to be done about it. But there are other patterns of thought that we all sometimes slip into, which directly tie in with depression. We need to be aware of them, in order to do something about them.

All of us occasionally have thoughts we don't like or want. For some of us, these thoughts occupy our minds much of the time. It's simply no fun to be worrying about questions like, "Do I have cancer?" "Will my home be robbed while I'm away on vacation?" or "Will we have enough money to pay the bills?"

Thoughts like these become more than mere concerns when they repeat themselves over and over to the point of being worrisome or becoming obsessions.

When there is constructive action you can take, take it. If you are worried you might have cancer, for instance, you need to ask yourself whether you've noticed any change in your health, and if so, go to your doctor to have the appropriate checkup. There are a number of routine exams for cancer, chest X rays, rectal exams, PAP smears, breast exams and so on. Do what needs to be done, and if you still can't release the thought, face up to it as a possible sign of depression.

Once a thought becomes obsessive, once the mind starts running away, it becomes more and more dif-

difficult to control. The thoughts are like a rudderless ship in a storm, tossed about with no pattern or direction, creating feelings of helplessness, panic or worse. When you lose your ability to focus and concentrate, any kind of self-directed thinking is almost absent, or even impossible.

We need to be able to control our thoughts. I don't mean that we should avoid ever entertaining a passing worry, nor that we should be so controlled that we never daydream or allow our thoughts to wander. But it is important to be able to dismiss worries from our minds when there is nothing we can do about them, before they destroy our peace, our mood and even our lives.

It's difficult to appreciate that unbalanced *brain chemistry* may be making it far harder for you to direct your own thoughts. When your brain chemistry is right, your thoughts will automatically be more positive and balanced, and easier to direct. If you are going through a hard time, or have been around others who are pessimistic, you still may need to work to steer your thoughts in a positive, creative, stress-free direction. But when you make this effort, you will be able to think more positively. In time, you can literally retrain your thought patterns.

So the mind does have an important part to play in all of this. Yet, if you are already depressed, getting your brain chemistry back in balance is the first step. Steering your thoughts in a positive creative direction will become much more manageable once that first task has been accomplished.

THE NUTRITIONAL APPROACH

What does the nutritional approach to depression really mean? What is it all about? Let's look at the

idea briefly, before going into more depth in the coming chapters.

Medical science now understands a great deal about the specific chemicals that exist in our brains. In particular, certain chemicals known as the brain amines seem to be directly connected with the way we feel about life. We have discovered that people who suffer from depression often have an insufficient amount of these amines in their brains.

The nutritional approach to depression proposes that if the brain's balance of these chemicals can be restored, the depression itself is likely to lift. If you are not enjoying life, a simple chemical imbalance may be largely responsible for causing your suffering.

Fortunately, the brain chemicals in question can be created by increasing the amount of certain nutrients—vitamins, minerals and amino acids—in your diet. These nutrients, readily available in any good health food store or pharmacy, really can lift depression.

This book will teach you about the nutritional approach and give you enough information either to try it for yourself or, if you have severe depression, to work on this approach in conjunction with your own doctor.

The comprehensive chemistry and psychology of depression is beyond the scope of this book. What we are presenting is the basic biochemical theory of depression, which in turn underlies this new and effective alternative therapeutic program.

AN IMPORTANT WARNING

The nutritional approach discussed in this book is *not* a replacement for consulting with your own personal physician, nor is it intended to replace any

psychotherapy you may currently be engaged in. If you are severely depressed, or are seriously considering suicide, you should certainly be under the care of a psychiatrist, and perhaps should even be hospitalized.

Regardless of whether your depression is mild and occasional or persistent and severe, however, you can try this nutritional approach. It is so new that your doctor may not be familiar with this type of treatment and therefore may not even encourage it at first.

If you are under a doctor's care, I would suggest you show your physician the paragraphs that follow, and indicate that you would like to try this approach.

A WORD TO MY COLLEAGUES

The nutritional approach to the treatment of depression that I am recommending in this book has been used safely and successfully by myself and by many other physicians for several years with predominantly favorable results. An explanation of the brain amine theory on which this treatment modality is based is found in Chapter 3, and my recommendations regarding which depressions qualify for this modality are to be found in Chapters Four and Six.

Just as some depressions will not respond to such orthodox psychiatric treatments as the use of antidepressants, psychotherapy or electroshock treatment, some depressions may not respond to this approach. The range of causes involved in the initiation and continuation of depression is extensive; depressions may exist that in no way relate to the biochemical imbalances mentioned in this book. In cases where the nutritional supplements suggested

have little or no impact within a month, I recommend a more intensive examination of such contributing factors as thyroid disease, sugar, caffeine and alcohol abuse, possible allergies, etc.

I myself have been surprised and gratified to observe the effectiveness of this approach with patients who have been unsuccessfully treated with other therapeutic modalities. I would urge my medical colleagues to try this approach initially with a sufficient number of patients to provide a first-order impression of its potential. Besides clinical impressions, you may want to substantiate and monitor the effectiveness of the therapy through amino acid analysis (ion exchange chromatography). My own and my colleagues' findings suggest that above 70 percent of patients respond favorably to this therapy, and can therefore in most cases be spared the potential side effects of antidepressants.

As Michael Oliver suggested recently in *The New England Journal of Medicine*, "The risks involved in correcting risk must be compared with the risk of the disease in question." Non-invasive, nutritional approaches are, I suggest, to be preferred to equivalent pharmacological approaches where possible.

I trust that this book will be of service in introducing this treatment possibility to my fellow physicians and to the wider lay public that is now beginning to recognize the importance of the patient's role in recovery. For your convenience, I have included at the end of the book an extensive bibliography of relevant publications.