

Understanding Depression And Anti-Depressants¹



My [recent article on the dangers of psychiatric drugs](#) ignited a firestorm of controversy. Part of the outrage may have been caused by some general misunderstandings, which I hope to clear up here.

This is particularly important at this time as it is abundantly clear that [suicide rates rise as the economy worsens](#). The image of people jumping from windows after the [stock market crash of 1929](#) graphically illustrates this risk. Many may not agree, but I have been studying the economy for over 30 years now and it seems crystal clear to me that the economy has yet to hit bottom, and this will only serve to increase the risk of depression.

My Personal Experiences with Depression

First of all, I would like to set the record straight as many were confused about my personal experiences with depression. They believed I had none, and therefore there is no way I could understand this disease. Well let me tell you, nothing could be further from the truth.

Mental and emotional problems exact an extreme toll on family units and in some cases extended circles of friends. I've personally been a witness to the struggles of two people near and dear to me who suffered from deep chronic depression for a number of years that actually resulted in multiple suicide attempts. Suicide is a common complication of depression, and is one of the primary reasons why it must be taken seriously as it can become a terminal illness.

Many also might be unaware that I was a full-time practicing physician for over twenty years before I determined that I could help more people by committing myself full time to this newsletter and web site, than treating patients one on one. Before making that choice however, I treated tens of thousands of people for all sorts of problems, and I've seen my fair share of depressed patients.

I became acutely aware of the importance of managing depression in the early 80s. Unfortunately, at that time the only tools I had in my toolbox were drugs and exercise. So I became an expert in the first generation antidepressants and literally prescribed them for thousands of patients. I had as much experience in dosing patients with drugs as many psychiatrists.

¹ Article taken from <http://www.mercola.com/>

So please realize from both a personal and professional perspective I have had enormous experience in this area. It took me nearly 10 years to break out of the drug model and realize that the drugs never treated the cause and only served to palliate the symptoms. They simply were NOT the solution.

What is Depression?

If one is seeking to treat the cause rather than to merely alleviate symptoms, then it is important to understand what the cause is. I now view depression as something that can be the result of an unhealthy or unbalanced lifestyle, which results in a precise complex of well-defined symptoms (see table below). In some individuals, the effect is depression, while others may develop obesity, heart disease, diabetes, or cancer. Of course many develop more than one of these symptoms. But ultimately many of the same factors contribute to all of these diseases.

Diagnostic criteria for major depressive disorder:

A. The patient has depressed mood (e.g., sad or empty feeling) or loss of interest or pleasure most of the time for 2 or more weeks plus 4 or more of the following symptoms:

Sleep: Insomnia or hypersomnia nearly every day

Interest: Markedly diminished interest or pleasure in nearly all activities most of the time

Guilt: Excessive or inappropriate feelings of guilt or worthlessness most of the time

Energy: Loss of energy or fatigue most of the time

Concentration: Diminished ability to think or concentrate; indecisiveness most of the time

Appetite: Increase or decrease in appetite

Psychomotor: Observed psychomotor agitation/retardation

Suicide: Recurrent thoughts of death/suicidal ideation

B. The symptoms do not meet criteria for mixed episode (major depressive episode and manic episode)

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition

E. The symptoms are not better accounted for by bereavement

Is Depression really a "Chemical Imbalance"?

Most people have heard the "chemical imbalance" theory and believe it is true. It is important to realize that there is no scientific evidence for this theory. There is no credible scientific lab test showing the presence or absence of mental disease. There is simply no way you can measure this imbalance.

It sounds scientific, but the drug companies merely use the chemical imbalance theory as a useful metaphor that justifies their aggressive use of antidepressants to correct this alleged "imbalance."

If you carefully study the history of psychiatry you will find that a biological explanation had to be found to justify the failing image of psychiatrists as respected scientific professionals. About 60 years ago, the chemical imbalance theory was created and the actual phrase originated from the scientific study of brain chemistry in the 50s. The basic concept is that neurotransmitter imbalances within your brain are the main causes of psychiatric conditions, and that these conditions can be improved with medication that corrects these imbalances.

Everyone knows that you can see cancer under a microscope and a pathologist can easily identify its cell type. However, there is NO objective blood or urine test, No X-ray, MRI, PET scan, or biopsy that has ever validated the theory that something is biochemically wrong in a depressed patient.

Don't Believe Me? Then Read the Drug Package Inserts

The statement that depression is due to a "chemical imbalance in your brain," (which antidepressants are designed to correct) is NOT a scientific statement.

If the chemical imbalance theory was true and it was proven that antidepressants correct this imbalance, then why wouldn't the drug companies say that on their antidepressant package inserts?

Just look at any of them and you will see they clearly state that the mechanism of action is *unknown*. As an example, from the [package insert of Cymbalta](#): "Although the exact mechanisms of the antidepressant, central pain inhibitory and anxiolytic actions of duloxetine in humans are unknown, these actions are believed to be related to its potentiation of serotonergic and noradrenergic activity in the CNS."

An updated version of this theory was produced to justify the use of the SSRI drugs. It was called the low serotonin theory. However, as [explained by investigative health journalist Robert Whitaker](#), the National Institutes of Mental Health (NIMH) investigated whether or not depressed individuals had low serotonin and concluded, in 1983, that there is no evidence that there is anything wrong in the serotonergic system of depressed patients. More recent [research, published in 2009](#), confirms that this idea is incorrect.

The [findings, which were presented at the 2009 Neuroscience conference](#) in Chicago, Illinois, found strong indications that depression actually begins further up in the chain of events in the brain. Essentially, the medications have been focusing on the effect, not the cause, of depression.

What REALLY Causes Depression?

Let's use the simple metaphor of your car. If you threw maple syrup or water in your gas tank rather than a high quality gas, it would be no surprise if your car quit working. So why would it be any different when you provide your body with less than optimal fuel?

The most common source of calories in the U.S. is fructose. Combine that with the fact that 90 percent of the money Americans spend on food is for processed foods and you have a prescription for a health disaster mentally and physically.

Our food supply is loaded with toxins, such as MSG, aspartame, artificial dyes and colors, and the containers that hold the food are typically laced with other toxins like BPA, phthalates, aluminum, and fluoride.

It's also known that [many additives, preservatives and food colorants can cause behavioral changes](#), so they should be avoided as well.

The dietary answer for treating depression is to severely limit sugars, especially fructose, as well as grains, because these can lead to excessive insulin release that can lead to hypoglycemia. Hypoglycemia, in turn, causes your brain to secrete glutamate in levels that can cause agitation, depression, anger, anxiety, panic attacks and an increase in suicide risk.



There's a great book on this subject, [The Sugar Blues](#), written by William Dufty more than 30 years ago, that delves into this topic in great detail. The central argument Dufty makes in the book is that sugar is an extremely health-harming addictive drug, and that by simply making that *one* dietary change—eliminating as much sugar as possible—can have a profoundly beneficial impact on your mental health. He even advocated eliminating sugar from the diets of the mentally ill, stating it could be an effective treatment in and of itself for some people.

So radically [reducing your sugar intake, especially fructose](#), to less than 25 grams per day will be one of the most powerful interventions at "correcting this chemical imbalance". Consuming more than 25 grams of fructose a day will clearly push your brain biochemistry in the wrong direction.

You are a Fat Head, so Fats are Major Players in Your Brain Health

Even if you have a decent diet, nutritional deficiencies are pervasive and can easily contribute to depression. One of the most common deficiencies is high quality omega-3 fats. Many people don't realize that their brain is 60 percent fat, but not just any fat. It is DHA, which is an animal based omega-3 fat.

Dr. Stoll is a Harvard psychiatrist and was one of the early leaders in compiling the evidence supporting the use of animal based omega-3 fats for the treatment of depression. He wrote an excellent book that details his experience in this area called [The Omega-3 Connection](#). Another important deficiency is exercise.

There is simply a mountain of well-done scientific research pointing to the fact that [exercise is one of the most potent treatments we have for depression](#). Unlike drugs, it is FAR more consistently effective than placebo when done properly. Sleep is another critical issue.

You can have the best diet and exercise program possible but if you aren't sleeping well you can easily become depressed. Sleep and depression are so intimately linked that a sleep disorder is actually part of the definition of the symptom complex that gives the label depression.

I believe the root cause of mild to moderate depression is unrepaired emotional trauma resulting in a type of neuro-emotional short-circuiting. *Your body and life are out of balance*. This is so important to remember, because as soon as you start to view depression as an "illness," you think you need to take a drug to fix it. In reality, you first need to do whatever you can to return balance to your life, and one of the key ways to doing this is addressing negative emotions.

Vitamin Deficiencies Contribute to Depression

There are two important vitamin deficiencies that can contribute to depression. One is [vitamin B12](#), which [affects about one in four people](#). **Vitamin D** is also important. One [study](#) found that people with the lowest levels of vitamin D were 11 times more prone to be depressed than those who had normal levels.

Additionally, a study published in the [September 9, 2010 issue of the Archives of General Psychiatry](#) found that maintaining proper levels of vitamin D in utero and during early infancy can even help prevent a much more serious mental disorder – schizophrenia. Newborn babies with low vitamin D levels were more likely to develop schizophrenia later in life – leading researchers to suggest that perhaps vitamin D supplements might be all you need to prevent this devastating illness.

The researchers also looked at other populations, such as dark-skinned ethnic groups living in cold countries, and residents of highly urban areas who aren't exposed to regular sunlight like those in rural areas, concluding that: *"It may be feasible to reduce the incidence of schizophrenia in this group by a staggering 87 percent"* by simply giving them vitamin D supplements!

The best way to get vitamin D is through exposure to SUNSHINE, not swallowing a tablet. Remember, SAD (Seasonal Affective Disorder) is a type of depression that we know is related to sunshine deficiency so it would make sense that the perfect way to get your vitamin D is through sun exposure, or a safe tanning bed if you can't have regular access to the sun.

Aside from the direct [benefit of vitamin D on depression](#), it is likely that sunlight has an independent benefit for mental health that is independent of generating vitamin D. This is one of the reasons why SAD is so pervasive in the winter and why depression is rampant in the Pacific Northwest in the winter. So essentially, sunlight deficiency is also a major risk factor.

How are Anti-depressants Approved?

Do you know how drugs are approved by the FDA? The film [Marketing of Madness](#) elaborates on this, explaining that pharmaceutical companies must submit a few studies that provide clear compelling evidence that the drug works. Seems reasonable, right? But what nearly no one knows is that a drug company can do 1,000 studies that show the drug failed miserably but due to some statistical aberration find two that worked and *those* could be cherry picked and submitted to get the drug approved!



Plus the drug companies pay for these studies. They are NOT funded by the NIH, FDA or some objective third party. So there is a massive conflict of interest.

Why Do These Drugs Seem to Work?

Though none of these drug therapies have ever cured anything, they do alter the neurochemical balance in your brain, so in that sense, they definitely have an effect. So how do you explain the fact that many seem to improve on them?

Let me make it crystal clear that these drugs are NOT placebos; they are very powerful drugs that clearly have an effect on behavior. There is NO QUESTION that they can influence the way people feel. But does that mean that they are actually solving the problem and treating the underlying conditions? A simple analogy is useful here. It is easy to understand that taking recreational drugs like alcohol, cocaine or amphetamines will clearly change your behavior. Does that mean that they are the solution to the reasons why many people take them?

If we examine the history of psychiatry we can find some useful historical antecedents. Sigmund Freud played a major role in the creation of cocaine industry. Freud wrote glowing articles about cocaine as a panacea for all sorts of disease with no evidence of addictive tendencies. What he failed to reveal was a MAJOR conflict of interest with two drug company giants, Merck and Park Davis who both handsomely paid him to endorse their cocaine extracts. Freud's strong endorsement helped create a cocaine epidemic in Europe about 100 years ago.

So another happy pill had to be found. Amphetamines were used but later also found to be highly toxic and addictive. Each drug followed the same pattern. First the drug would be hailed as a medical breakthrough for mental problems, then increasing reports of serious side effects would trickle in.

Finally after years of denial, when psychiatrists and drug companies could no longer deny the dangers of the drug, they would abandon it in favor of the next wonder drug, which I will discuss in the next section.

What are the Most Popular Antidepressants?

The drug industry has made a major advance in this area since I graduated medical school. At that time most of the drugs had really severe side effects. Anticholinergics and MAO inhibitors had to be carefully prescribed to achieve the fine balance of symptom relief.

Prozac was released in 1987 in the US and started an entire new area of antidepressant therapy class known as the selective serotonin reuptake inhibitors (**SSRIs**). The most popular drugs in this class include:

- Prozac (fluoxetine)
- Celexa (citalopram)
- Zoloft (sertraline)
- Paxil (paroxetine)
- Lexapro (escitalopram)

SSRIs work by preventing the reuptake (movement back into the nerve endings) of the neurotransmitter serotonin. So SSRIs make more serotonin available for use in your brain, which is thought to improve your mood.

Other commonly used antidepressants include serotonin and norepinephrine reuptake inhibitors (**SNRIs**), which inhibit the reuptake of two neurotransmitters: norepinephrine and serotonin. Popular drugs in this class include Effexor and Cymbalta. Wellbutrin, another popular choice, acts on the neurotransmitter dopamine.



Newer Drugs for Depression

There's also a newer psychotropic medication given to people for depression: **Abilify** (aripiprazole). Abilify is licensed for the treatment of bipolar disorder, schizophrenia, autism—and major depression *when taken with antidepressants*. I.e. it is used to *augment* the effects of the antidepressants—because, of course, they work so poorly! Abilify is a perfect example of how polypharmacy is spreading and increasing.

[The word 'polypharmacy'](#) means "many drugs," and essentially refers to instances where an individual is taking too many drugs--either because more drugs are prescribed than clinically indicated, or when the sheer number of pills simply becomes a burden for the patient.

This situation used to be primarily a concern for the elderly, who generally take more medicines than younger folk. But over the past several years, even children as young as three are increasingly being prescribed four or more drugs!

This is a significant problem, as the more drugs you mix together, the greater the chances of serious side effects. People (of all ages) taking [psychiatric drugs appear to be particularly prone to polypharmacy](#), which is particularly disturbing since each and every one of these drugs are quite potent and potentially dangerous when taken all by itself ...

Abilify, for example, has [75 different side effects associated with it](#), including:

- Low thyroid (hypothyroidism) or high thyroid (hyperthyroidism)
- Gastroesophageal reflux disease (GERD)
- Irritable bowel syndrome (IBS)
- Gallstones and kidney stones
- Yeast infections
- Arthritis
- Carpal tunnel syndrome
- Impotence

Are These Drugs Better than a Placebo?

What do the studies show? They indicate that antidepressants are *marginally* effective over placebo. But when you factor in UNPUBLISHED trials they actually become LESS effective than placebo. And it's not just one study. Several studies have come to the same conclusion. For example, a 2002 meta-analysis of published clinical trials indicated that 75 percent of the response to antidepressants could be [duplicated by placebo](#).

Similarly, in 2008, a [meta-analysis published in PLoS Medicine](#) concluded that the difference between antidepressants and placebo pills is very small—and that both are ineffective for most depressed patients. Only the most *severely depressed* showed any response to antidepressants at all, and that response was quite minimal. This makes sense when you consider that these drugs don't address the cause, which has its beginnings in your emotions, and possibly in nutritional deficiencies.

Why Antidepressants Don't Work

There are many reasons why they don't work the way most people think they work, or want them to work. Two such reasons, [which I wrote about two years ago](#), are that:

1. Chronic stress does not cause the same molecular changes that depression does, but most antidepressants are based on the hypothesis that stress causes depression. The hypothesis appears to be incorrect, which means the drugs are virtually worthless.
2. An imbalance in neurotransmitters in your brain may not trigger depressive symptoms as has long been thought. Instead, the biochemical events that lead to depression appear to start in the development and functioning of neurons. This means antidepressants focus on the *effect* of depression, and completely miss the cause.

These findings were presented at the 2009 Neuroscience conference in Chicago, Illinois. [The press release announcing the findings reads:](#)

"More than half the people who take antidepressants for depression never get relief. Why? Because the cause of depression has been oversimplified and drugs designed to treat it aim at the wrong target, according to new research from the Northwestern University Feinberg School of Medicine. The medications are like arrows shot at the outer rings of a bull's eye instead of the center.

A study from the laboratory of long-time depression researcher Eva Redei... appears to topple two strongly held beliefs about depression. One is that stressful life events are a major cause of depression. The other is that an imbalance in neurotransmitters in the brain triggers depressive symptoms.

Both findings are significant because these beliefs were the basis for developing drugs currently used to treat depression.

Redei, the David Lawrence Stein Professor of Psychiatry at Northwestern's Feinberg School, found powerful molecular evidence that quashes the long-held dogma that stress is generally a major cause of depression. Her new research reveals that there is almost no overlap between stress-related genes and depression-related genes.

... [A]nother reason current antidepressants are often ineffective is that they aim to boost neurotransmitters based on the popular molecular explanation of depression, which is that it's the result of decreased levels of the neurotransmitters serotonin, norepinephrine and dopamine.

*But that's wrong, Redei said. In the second part of the study, Redei found strong indications that **depression actually begins further up in the chain of events in the brain.** The biochemical events that ultimately result in **depression actually start in the development and functioning of neurons.***

"The medications have been focusing on the effect, not the cause," she said. "That's why it takes so long for them to work and why they aren't effective for so many people."

Well-Documented Side Effects

The interactions of antidepressants with your brain, liver, digestive system and other systems are still not fully understood, but we do know that the side effects are numerous. Besides the standard laundry list of nausea, dry mouth and loss of libido, more serious side effects of commonly prescribed antidepressants include:

- **[Suicidal thoughts and feelings](#) and [violent behavior](#)**: The main and primary one that you should be concerned about is that they could actually INCREASE your risk of suicide. Your risk for suicide may be twice as high if you take SSRIs. Seven out of 12 school shootings were also perpetrated by children who were either on antidepressants or withdrawing from them.
- **[Diabetes](#)**: Your risk for type 2 diabetes is two to three times higher if you take antidepressants, according to one study. All types of antidepressants, including tricyclic and SSRIs, increase type 2 diabetes risk.
- **Problems with your [immune system](#)**: SSRIs cause serotonin to remain in your nerve junctions longer, interfering with immune cell signaling and T cell growth.
- **[Stillbirths](#)**: A Canadian study of almost 5,000 mothers found that women on SSRIs were twice as likely to have a stillbirth, and almost twice as likely to have a premature or low birth weight baby; another study showed a 40 percent increased risk for birth defects, such as cleft palate.
- **[Brittle bones](#)**: One study showed women on antidepressants have a 30 percent higher risk of spinal fracture and a 20 percent high risk for all other fractures. This is because serotonin is also involved in the physiology of bone. If you alter serotonin levels with a drug, it can result in low bone density, boosting fracture risk.
- **[Stroke](#)**: Your risk for stroke may be 45 percent higher if you are on antidepressants, possibly related to how the drugs affect blood clotting
- **Heart disease and Sudden cardiac death**: Brand new research reported at a New Orleans meeting of the American College of Cardiology found that [antidepressants increase your risk of heart disease](#) by causing your artery walls to thicken. The exact biological mechanism is still unknown. A literature review of studies from 2000-2007, [published in Expert Opinion on Drug Safety in 2008](#), found that "Antipsychotics can increase cardiac risk even at low doses, whereas antidepressants do it generally at high doses or in the setting of drug combinations." Another study published in [January 2009 in the New England Journal of Medicine](#) also found that antipsychotic drugs doubled the risk of sudden cardiac death. Mortality was found to be dose-dependent, so those taking higher doses were at increased risk of a lethal cardiac event.
- **[Death](#)**: Overall death rates have been found to be 32 percent higher in women on antidepressants.

When you're talking about antipsychotics, which are meant for more severe mental illness such as schizophrenia, the risks can be even more severe, depending on the drug. For example, a [recent study published in JAMA](#) discovered that contrary to what we've previously thought, schizophrenia itself does not alter your brain mass. What was previously believed to be evidence of the disease causing brain shrinkage was actually the effect of the antipsychotic drugs prescribed to schizophrenics ...

Keeping that fact in mind, is it wise to prescribe antipsychotics to anyone who does not suffer from schizophrenia or bi-polar disorder? Well, whether it's sensible or not, the fact is they are being prescribed to a whole lot of people who are neither bi-polar nor schizophrenic, and the side effects are just as bad either way.

And as another example of the dangerous mis-use and off-label prescribing that is so rampant today, a [2009 article in Medscape Today](#) reveals that **60 percent** of the US military veterans who received antipsychotic medication in 2007 were **not diagnosed with any of the mental illnesses for which these drugs were approved**. So that year, more than 162,440 military veterans—the MAJORITY; 60 percent—were prescribed *brain-damaging drugs without a diagnosis warranting their use!*

And that's just one group of people. You also have hundreds of thousands of civilians being prescribed antipsychotic for off-label uses every year. Again, drugs that cause BRAIN SHRINKAGE are being given to people without proper diagnosis of mental illness! How is this NOT an outrage?

How could I possibly keep quiet about something as harmful as this? If you're given a prescription for an antipsychotic, and you're *not actually schizophrenic*, wouldn't you want to *know* about this potentially devastating side effect?

Do I Feel the Use of these Drugs is Ever Appropriate?

Please understand that I am not seeking to diminish the impact of mental illness. It is massively pervasive and responsible for tens of thousands of deaths every year and needless suffering in millions of others.

My clinical experience leads me to believe that the only appropriate use of these dangerous medications is as a last ditch effort when the patient is at a serious risk to themselves or others. The drugs should be continued until the condition is under control and they are out of harm's way.

This is a very similar strategy to the way you would employ by going to the ER and orthopedic surgeon for a cast when you are in an accident and fracture a major bone. You don't use that cast the rest of your life. You use it until your bone is healed.

The REAL tragedy is that most of the drug companies do NOT view antidepressants this way. There are enormous marketing efforts to classify normal behavior as aberrant or diseased, which then requires lifelong therapy with their drug solution.

Antidepressants are NOT the Solution for High Blood Pressure

In recent years it has become more or less standard practice to prescribe an antidepressant along with a drug to lower blood pressure—regardless of whether you walk into your doctor's office suffering from a major depressive episode or not. They prescribe antidepressants to those with high blood pressure as a "prophylactic," because the thinking is that high blood pressure is related to stress—which it usually is. However, an antidepressant is NOT the answer to address this type of stress.

Most blood pressure elevations are related to insulin resistance and when you lower consumption of grains and sugars and start an appropriate exercise program, your blood pressure tends to rapidly normalize because you are treating the cause and not using a drug band aid to treat the symptoms.

This is yet another mis-use of antidepressants that must be curbed! At the very least, if you're going to take a dangerous drug, the benefits should outweigh the risks, and here that's most likely not the case ...

Who Wants You to Believe You Have Some Type of Mental Illness?

Modern psychiatry has expanded its reach to the point that even the most normal of emotions and mental states now fall under one labeled "disorder" or another. They have been able to cleverly define mental illness themselves with the Diagnostic Statistical Mental disorders. This book is created by members of the American Psychiatric Association.

You would think that diseases are put in this book by carefully done scientific trials, but nothing could be further from the truth. Additions and changes to this manual are determined by votes by its members. This categorization is NOT based on science at all.

It is well documented that psychiatric drugs in general and antidepressants specifically, are VASTLY mis-prescribed across the board. The over-use and mis-use of these drugs exact a very steep price—your health.

If you fall into the category of having been *mis-prescribed* a psychiatric drug—which today is more the norm than the exception—please understand that there are far better, safer options.

And for those of you who are taking a properly prescribed drug, based on appropriate diagnosis of a mental illness, just *be aware* of what the potential side effects are, so that you can *avoid more serious illness*. By making key lifestyle changes you may be able to counteract some of the most devastating side effects, allowing you to maintain better health...

A perfect example would be the recent findings that antidepressants raise your risk of heart disease by thickening your artery walls, as [reported by the Los Angeles Times](#).

If you're on a drug that increases your risk of heart disease, and you absolutely NEED that drug, wouldn't it at least be helpful to understand how you can ameliorate that risk through diet and other lifestyle interventions?

So What are the Safe and Effective Alternatives?

I would strongly suggest looking at the causes of depression that I mentioned at the beginning of this article. You can use [my free comprehensive plan](#) to work your way up to the advanced program. Remember depression can be a terminal illness as it can lead to suicide so one needs to be very careful. This is why I recommend only using a highly trained therapist to help you resolve depression.

There are times where hospital admission may be necessary to prevent a suicide attempt and untrained therapists will not be able to discern this danger. If the first therapist can't help you, I recommend seeking out another. Getting a second opinion is pretty standard when it comes to medicine, and this is no different. The connection between you and your doctor or therapist can have a great influence on the success of your treatment or therapy.

Important Concluding Thoughts ...

I want to make something abundantly clear before I leave you. I know firsthand that depression is devastating. It takes a toll on the healthiest of families and can destroy lifelong friendships. Few things are harder in life than watching someone you love lose their sense of joy, hope, and purpose in life, and wonder if they will ever find it again. And to not have anything within your power that can change things for them. You wonder if you will ever have your loved one "back" again.

It's impossible to impart the will to live to somebody who no longer possesses it. No amount of logic, reasoning, or reminders about all they have to live for will put a smile back on the face of a loved one masked by the black cloud of depression.

Oftentimes you cannot change your circumstances. You can, however, change your response to them. I encourage you to be balanced in your life. Don't ignore your body's warning signs that something needs to change. Sometimes people are so busy taking care of everybody else that they lose sight of themselves.

There are times when a prescription drug may help restore balance to your body. But it's unclear whether it is the drug providing benefits, or the unbelievable power of your mind that is convinced it is going to work.

If you have been personally affected by depression, my heart goes out to you. A broken body can be easier to fix than a broken mind. Depression *is real*. It is my hope that you don't feel judged here, but that you are encouraged and inspired by those who have been there.