Chromium and Other Nutrients Relieve Depression

In the early 1990s, psychiatrist and psychoanalyst Malcolm Noell McLeod stumbled upon a simple cure for some people with atypical depression: chromium picolinate. Unlike other types of depression, atypical depression has well-defined symptoms: mood swings, carbohydrate cravings, weight gain, fatigue, lethargy, sensitivity to rejection, and a family history of diabetes. This common form of depression usually arises before age 30. Dr. McLeod’s book Lifting Depression: The Chromium Connection tells how he discovered – much to his astonishment – that chromium picolinate quickly resolves depression in most people with atypical depression (about 70%, according to a pilot study). Chromium is known for its effect on carbohydrate metabolism and insulin function. The usual dose is 4 micrograms per pound of body weight per day of a good-quality chromium picolinate supplement. Dr. McLeod says supplement quality affects results.

Chromium is not the only nutrient that relieves depression. Omega-3 fatty acids, B vitamins, minerals, and some amino acids reduce symptoms of depression and other mental disorders, according to a review article by Shaheen E. Lakhan and Karen F. Vieira. Supplements of 0.8 mg of folic acid/day or 0.4 mg of vitamin B12/day decrease depression symptoms in people who are deficient in these vitamins. Patients with major depression who were deficient in magnesium improved in less than a week when taking 25 to 300 mg of magnesium (as glycinate or taurinate) with each meal and at bedtime, according to case studies. Omega-3 fatty acid dietary supplements (1.5 to 2 g of EPA per day) can also relieve depression. Most of these nutrients have been tested in isolation, which may or may not be the most effective way to use them. In the case of amino acids, NeuroResearch Clinics relies on combinations of 5-HTP (a form of tryptophan), tyrosine, levodopa, and cysteine to relieve depression symptoms in 98% of their patients. For more information about NeuroResearch, go to www.NeuroAssist.com.

If only therapists would now recognize the link between biochemistry and thought and vice versa, we would have a truly holistic mental health therapy.


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Micronutrient Supplement for Bipolar Illness Draws Controversy

In 1997, Canadians Tony Stephan and David Hardy started Truehope Nutritional Support to make and sell a vitamin-mineral supplement called EMPowerplus. The ingredients are akin to many multivitamin supplements sold by wholistic practitioners and in health food stores. But the product’s claim to help people with mental disorders, particularly manic depression (bipolar illness), has generated a storm of controversy and attracted the ire of CAM skeptics and foes.

Stephan and Hardy developed the formula to help two of Stephan’s children, both of whom seemed to have inherited mood disorders from their mother. Stephan’s wife committed suicide after struggling with manic depression. Her father had killed himself years before. Hardy, a hog-feed manufacturer and former high school science teacher, knew that vitamin-mineral supplements were used to calm aggressive pigs. The two men decided to mix a human equivalent using supplements from local health-food stores. Stephan then gave the mixture to his 15-year-old son, who was prone to violent outbursts despite being on medication for manic depression. After 30 days of taking the test batch, “all symptoms of [Joseph’s] illness were gone.” Stephan also gave the supplement to his 22-year-old daughter Autumn after she was released from a psychiatric hospital. Her hallucinations ended within four days. “Nine years later, both Autumn and Joseph remain symptoms free, medication free, and devoted to taking what they call ‘the nutrients’ each day,” according to an article by S. Freinkel for Discover.

Before they started Truehope, Stephan and Hardy contacted scientists and asked them to study their mixture. Bonnie Kaplan, a research psychologist at the University of Calgary (Alberta, Canada), met with them and was convinced by their desire to help people with mental illness. She began giving the supplement to patients who were not responding to conventional treatments. After a few months of observing the supplement’s effect on these patients, Dr. Kaplan decided to run a six-month, clinical study with 11 bipolar patients who could not keep their symptoms under control with conventional treatment. At the end of the study, all 11 showed improvement. Most had reduced their conventional medications. Some had quit using drugs completely. Charles Popper, a Harvard University psychopharmacologist who studies bipolar disorder, also began giving EMPowerplus to bipolar patients who did not respond to psychotropic drugs. He observed improvements in about 80% of the patients. Those who improved did so very quickly. Dr. Popper and Dr. Kaplan published their observations independently in The Journal of Clinical Psychiatry during 2001. For their willingness to consider nutrient therapy for bipolar illness, both scientists have been attacked by HealthWatcher.net and others.

Research has stalled. A US-Canada double-blind, placebo-controlled clinical study of EMPowerplus was canceled in March 2009, because of an inability to recruit enough participants, according to clinicaltrials.gov. This was the only trial listed (as of September 27, 2009) that was investigating a multinutrient supplement.

Stephan and Hardy have had an ongoing fight with

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