The tragic events of Sept. 11, 2001 resulted in the largest collective increase in mild to moderate depression ever observed. In the weeks following this traumatic day, more than half the people interviewed across North America reported feeling depressed. While most depression lifted as they resumed normal routines, some have persistent symptoms that require intervention.

Mild to moderate depression is not incapacitating and usually improves after three to six weeks. It is also amenable to natural treatments. First, it’s crucial to understand that times of traumatic stress are not times to reward or comfort yourself with sweets, junk foods or alcohol. Stress increases our requirements for certain nutrients, especially vitamin C and the B vitamins. Vitamin $B_6$, for example, is required to make serotonin, our "feel good" hormone. After more than just a few days of stress, optimum serotonin and vitamin levels become depleted, possibly manifesting in reduced immunity and depression. Repeated stress can put you on a downward spiral for which there is no way up without supplements and a better diet. Drugs are not a permanent solution! Research has shown that high-dose vitamins are effective for mild depression. Start with a multivitamin containing 30 milligrams of vitamin B-complex one to two times per day and 500 to 1,000 mg of vitamin C three times per day.

These are not times to comfort yourself on the couch, either. Exercise has proven to be as or more helpful than psychoanalysis for combating depression. Patients with major (also called clinical) depression or nonclinical chronic "bad moods" respond with lifted spirits and elevated moods from as little as one bout of exercise.
Essential Fatty Acid Link

Brain cells are special in that their membranes contain a very high percentage of the long-chain polyunsaturated fatty acids (LC-PUFA). The most important LC-PUFAs are docosahexanoic acid (DHA) and arachidonic acid (AA). DHA in particular is strictly required to construct the retina and brain, which are complex tissues with very high rates of signal transfer and data processing. DHA and AA are not only building materials for the central nervous system, but they also control the normal behaviour of brain cells.

Regardless of current events, the lifetime risk of developing major depression has increased 100-fold in North America in the past 100 years. This coincides with the adoption of a diet based on refined, processed agricultural commodities and a dramatic reduction in dietary DHA. Five studies have found that major depression is associated with low blood levels of DHA.

Not only is low dietary DHA a problem, but prolonged psychological stress may actually deplete LC-PUFA from brain cells. In a 1995 European study, 494 elderly persons treated for six months with 90 mg per day of DHA contained in 300 mg of bovine phosphatidyl serine showed marked improvement in apathy and social withdrawal.

Interestingly, a greater risk of coronary artery disease is associated with low DHA. An overview of 83 studies found that coronary artery disease correlated more strongly with depression than any other personality trait. There is clear evidence that major depression occurring near the time of a heart attack increases the risk for a second (often deadly) heart attack in the first 24 hours and at six, 12 and 18 months after the initial attack. Researchers are accepting that depression associated with cardiovascular disease has part of its origin in nutrient deficiencies, including DHA and the B vitamins.

Herbal Alternatives

St John’s wort (Hypericum perforatum) is the most commonly used herb for treating depression and seasonal affective disorder (SAD), the clinical term for the “winter blues,” or depression brought on from short day length. A summary of 23 clinical trials including 1,757 outpatients found that St John’s wort was as effective as standard antidepressive medications for treatment of mild to moderate depression, and with fewer side-effects. The recommended dosage is 900 mg per day of a standardized product. Lower doses may not be effective, and St John’s wort has some contraindications, so you should discuss its use with a qualified practitioner if you have other medical conditions.

Depression invokes an image of someone crying, sleeping, moping around the house and avoiding social engagements. This is characteristic for many people, but it’s not the pattern for others. Major depression symptoms also include irritability, insomnia, belligerence and general lack of satisfaction with life, ie, a “chip on the shoulder.” Depressed people may also be aggressive or confrontational in social situations rather than apathetic. Low levels of the relaxation hormone serotonin are thought to play a role in this behaviour. Low serotonin is a common thread in depressive, anxiety, addictive and hostility disorders, and there are several natural ways to increase serotonin levels, including physical exercise and the use of certain dietary supplements.

The body uses the amino acid tryptophan to make serotonin. Tryptophan can’t be sold without a prescription; however, the intermediate compound, 5-hydroxy tryptophan (5-HP), is available as a supplement. Recommended dosages are 50 to 100 mg at bedtime, or 20 to 50 mg twice per day. Use higher doses for body weights over 75 kilograms. Doses of 50 mg and up and may cause drowsiness during the day.

5-HP can be combined with St John’s wort, kava kava, and/or passion flower. Kava kava and passion flower are anti-anxiety, anti-stress herbs. They induce calm, relaxation and drowsiness. Kava kava is much stronger than passion flower and is hallucinogenic in large doses. If you try a combination product, use no more than the manufacturer’s suggested amounts for at least a week before increasing if necessary.

Dr Broadhurst is an analytical geochemist and a US government research laboratory. She is the author of eight books and a well-known consultant, author and lecturer for the natural products industry.