

*ALTERNATIVE AND COMPLEMENTARY THERAPIES TO TREAT DEPRESSION*

Approved by Tom Lo Guidice

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by

Chandra Henderson  
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## Abstract

### *ALTERNATIVE AND COMPLEMENTARY THERAPIES TO TREAT DEPRESSION*

**Chandra Henderson**

Under the Supervision of Tom Lo Guidice, Ph.D.

There are so many other medical systems in the world to treat depression beyond the standard of the Western system. Current existing data indicates that there are some controversies as to whether the antidepressants really improve depression or intense violent suicidal preoccupation. In the early 1990, two Harvard Medical School psychiatrists reported in the American Journal of Psychiatry that Antidepressants could induce “intense, violent suicidal preoccupation (Olfson, 2009). How coincidental is it that majority of the most deadly school shootings in United States history, were orchestrated by students who were on some type of antidepressants. The more antidepressant are brought to the marketplace to treat depression, the number of people who are depressed continues to climb. Clearly, something is wrong with the way we treat depression. The purpose of this research is to provide information on Alternative and Complementary approaches as treatment options for depression. Options such as herbal therapy, change of diet, exercise, stress management therapy (mediation, relaxation, massage), psychotherapy and drug therapy has been proven by research as effective methods. In addition to preventing or curing illnesses, these therapies by and

large provide people the chance to be involved in their own care, to make vital decisions about their own health, to be touched emotionally, and to be changed psychologically in the process.

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## **CHAPTER 1 INTRODUCTION**

The modern physician is using pharmaceuticals as a prime tool. Unfortunately, this tool is much less efficient than might be expected. The belief in drugs as the solution to the health problems of humankind, overlooking important existing knowledge on quality of life, personal development, and holistic healing seems to be one good reason why approximately every second citizen of our modern society is chronically ill. (The Scientific World Journal, 2004).

Traditionally depression has been treated with Cognitive/Behavioral Therapy or other forms of psychotherapy, and if severe, antidepressant medication prescribed by a physician. Today more people are looking onto options for all their health, and emotional health is no exception.

Many medications can have a negative side effect of creating depression, even some antidepressants.

Alternative treatments for depression encompasses a vast number of treatment mainly Complimentary Medicine is quickly gaining respect in the medical world, however institutions are often far behind the curve regarding the acceptance of alternatives for depression, anxiety, and other psychiatric disorders.

The medical establishment and the Food and Drug Administration (FDA) often tend to suppress and disregard other alternatives. Their most common argument against Alternative and Complementary treatment for depression is that there is not enough research or hard evidence to demonstrate their efficacy.

Many of the required drug studies that are published are done by the same drug companies, an obvious conflict of interest, when you consider the billions of dollars at stake. One can barely watch television without a commercial advertisement of some anti-depressant drugs proclaiming to cure depression. Through research there are finally some major studies showing that anti-depressant is not as effective as widely believed and that for

Mild to moderate depression there are far more efficiency on psychotherapy (talk therapy) than anti-depressants.

Over the past 50 years, health care has grown more complex and specialized. Health-care institutions now are staffed with an array of specialist physicians, Social workers, psychologists, therapist, and nutritionists as well as general practitioners and nurses. The types of providers outside of the hospital are

even more numerous and diverse: physicians; nurses; nurse practitioners; chiropractors; counselors; acupuncturists; herbalists; spiritual healer; and purveyors of nutritional supplements, aromatherapy, crystals, and more. Intent on distinguishing their “products,” providers focuses on differences, polarizing into distinct camps such as “mainstream or traditional” versus “alternative or unconventional”.

Although these dichotomies are simple, they also can mislead. The definition of “alternative” is very dependent on the definition “mainstream”; acupuncture may be an alternative in one setting, but it clearly is traditional within Asian communities. Therapies that once were considered unconventional, such as hypnosis and meditation, have moved into many mainstream medical settings. (E. Sibinga, 2004).

The public wants mental health treatment that is safe, effective, and personalized. Alternative and Complementary therapies are often viewed as more humanistic and less technological than Conventional methods.

Depression is one of the top five conditions for which people turn to complementary and alternative therapies, such as herbal treatment, exercises, and acupuncture. Of the complementary approaches that have been tested in scientific trails, some show better results than others (Harvard Health Publications, 2008).

### **Statement of the Problem**

The problem to be addressed is to what extent are Alternative and Complementary therapies safe and effective.

### **Definition of Terms**

**Alternative medicine-** is any healing practice "that does not fall within the realm of conventional ", or "that which has not been shown consistently to be effective."It is often opposed to evidence based medicine and encompasses therapies with a historical or cultural, rather than a scientific, basis. The American National Center for Complementary and Alternative Medicine (NCCAM) cites examples including naturopathy, chiropractic, herbalism, traditional Chinese medicine, Ayurveda, meditation, yoga, biofeedback, hypnosis, homeopathy, acupuncture, and nutritional-based therapies, in addition to a range of other practices.

### **Delimitations of Research**

The research will be conducted through the University of Wisconsin-Platteville and Karman libraries over a period of seventy-seven (77) days. Primary literature will be gathered from Alternative and Holistic Physical resources. Key search topics will include: complementary or alternative therapies or medicine, conventional therapies, depression, anti-depressant treatments or medicine.

### **Method of Approach**

A review of literature related to research, studies, and anecdotal evidence of the treatments for depression as it pertains to the use of complementary and alternative methods. The findings will be summarized and recommendations made.



## **CHAPTER 2**

### **REVIEW OF RELATED LITERATURE**

The food and Drug Administration (FDA) has just approved another antidepressant. The name of the drug does not matter; it joins the ranks of about one dozen others already on the market to treat depression. Presently, more than two dozen additional antidepressants are under development, according to the trade group Pharmaceutical Research and Manufacturers of America. Even at this moment, another antidepressant has been, is being, or soon will be released to the market, to be followed by others currently in research-and-development or trail phases. While the good intentions of those who work so diligently to find remedies for the millions of people who suffer with depression may be commendable, according to Schachter (2006) many people who are prescribed antidepressants stop taking them because the side effects are too debilitating.

If one listens to the pharmaceutical companies and the television and magazine ads, one would think there is no better time to be depressed in America. Feeling blue? There's a pill just for you. Have you lost interest in your family and friends? Just ask your doctor for the latest tablet (2006, Schachter).

Treatment of depression has gone the way of treatment of obesity in America: The more diet pills, diet plans, and diet books are made available to the public, the fatter we get. Similarly, as more and more antidepressants are brought to the marketplace, the number of people who are depressed continues to climb. Clearly, something is wrong with the way we treat depression (2006, Schacter).

## **Depression**

Clinical depression affects mood, mind, body and behavior. Research has shown that in the United States depression affects more than nineteen million Americans each year. Ten percent of young people are depressed. Major depression is the leading cause of disability in the United States. Depression costs an estimated \$40 billion each year in lost production, medical costs, and loss of life. In 2003, US doctors wrote 213 million prescriptions for antidepressants (Schachter, 2006). Everyone has felt sad at times. Depressed individuals tend to rationalize their depression and deny their illness as something normal. They feel that their feeling of sadness has some rational foundation.

Most people believe that if they are coping with a tragic event or difficult situation, they have a right to be depressed. They also think that their depression will be relieved as soon as the tragedy is alleviated. It is true that if your feeling of sadness is associated with a stressful event in your life, you could get out of it soon enough. However, if one's depression is ongoing for six months or more, then their brain chemistry may have changed as a result of the prolonged sadness. One could be clinically depressed.

Depression is one of the most common psychiatric disorders. Because it is so common, many people feel that if they ignore the depression, it will disappear. Prolonged depression can result in symptoms such as decreased or increased appetite, insomnia or hypersomnia, anhedonia (loss of pleasure), agitation or fatigue, poor concentration, increased self-criticism or excessive guilt.

If left untreated, depression may lead to suicidal ideation or attempt. Suicide is a real threat in depression. Elderly white males are in the highest risk category for suicide, although women are also susceptible.

According to DSM-IV, the diagnostic manual from American Psychiatric Association, criteria used by mental health professionals, one may have Major Depressive Disorder if there have had an episode of depression lasting at least two weeks with at least five symptoms listed in the DSM-IV( DSM-IV-TR, 2000).

Depression is one of the chronic conditions for which alternative therapies are most frequently used. There are many subtypes of depressive disorders, yet studies suggest that the major subtypes of depression, including major depressive disorder, dysthymia, recurrent brief depression, and minor depression, are actually quite fluid, with patients moving from one subtype to another throughout the clinical course (Schneider, Lovett, 2007)

### **Causes of Depression**

It has become evident in recent years that depression is a complex condition and that there are many contributing factors to consider. No one knows exactly what causes depression. From a Conventional point of view neuroscientists blame an imbalance of brain chemicals, so-called neurotransmitters, especially those that affect the brain's pleasure responses as the cause for depression. From the Alternative point of view according to the philosophy of holistic medicine, depression is caused by an imbalance of the mind, body and soul.

At its core, on a cellular level, depression is the result of a chemical imbalance in the brain, an imbalance that includes dozen of substances, each of which plays a role

on a continuum that ranges from minor to major, and most of them interacting in some way with the others. This simple definition alone illustrates why treating depression with a single medication or supplement alone is highly unlikely to provide relief. Among the substances that play a role in causing depression when they are out of balance are chemicals called neurotransmitters (Schachter, 2006).

Dr. Ivker, who specializes in holistic medicine from, The Abundant Life Wellness Center, located in Milwaukee, WI, “true holistic health can be achieved only when there is harmony and balance in body, mind, and spirit. Each of these three levels of health contains two components. Being healthy in body means not only being physically healthy, but also creating a healthy environment, both at home and where you work. Mental health comprises the quality of our thoughts and emotions, and also our attitudes and beliefs about us. Being healthy in spirit means being connected both spiritually and socially to the flow of life force energy. A weakness in any one of these areas will eventually lead to a decline in all areas, and ultimately result in disease”.

### **Complementary and Alternative Medicine**

The sections below focus on several types of mental healthcare practices previously considered outside the scope of Conventional Western medicine, many of which are now commonly incorporated into western treatment. In general, these approaches may be divided into two broad categories:

- Complementary or integrative approaches: Working along with traditional medicine.
- Alternative approaches: Working in place of traditional approaches.

Complementary and alternative approach advocates often see life experience and, an individual's coping mechanism as the source of difficulties. Their ideology is that it is not what has happened to a person that is the problem, but how the person perceives and deals with what happened. It is apparent that what one considers to be the source of problem (genetics, disease, internal energy imbalance, or life experience) will affect what treatment options are considered to manage or rectify the problem.

Many kinds of Eastern medicine have begun to find their way into Western culture. In addition, other non-traditional approaches have become more visible in addressing what may be viewed as both physical and mental disease. Many are being integrated into traditional mental health settings as their safety, effectiveness, and scientific validity is recognized (Manber, Allen, Morris, 2002).

Drug therapy is used in the treatment of depression in conventional medicine to moderate or correct neurochemical imbalances that affect moods. The most popular type of medication prescribed for depression is antidepressant. Antidepressants are medications that prevent or relieve depression. It helps the brains of people who are depressed to produce neurochemicals they may be missing. A different type of medication is prescribed for people with manic depression. There had been a substantial increase in the number of people taking antidepressants, since the introduction of Prozac. The drug treatment is enhanced by psychotherapy, which explores the inner conflicts that contribute to a person's condition, helps them to understand their moods, and teaches them ways in which they can alter their thinking and behavior to prevent episodes from recurring (Gorman, 2007).

## **Effectiveness and Side effects of Antidepressant vs. Herbal Medicine**

Antidepressant use in the United States doubled from 1996 to 2005, according to a report in the August July, 2002 issue of Archives of General Psychiatry. During that decade the last period in which data were available, the percentage of Americans using antidepressants surged from less than 6% to more than 10%, or more than 27 million people. The study, which surveyed nearly 50,000 people above the age of six, reveals that antidepressants, the most commonly prescribed class of medicine in the U.S. are being used to treat not just depression and anxiety but disorders ranging from back pain to sleeplessness. The authors also underline the degree to which pharmacology often supplants psychotherapy as the primary treatment for mental ailments. “Antidepressant treatment has gained acceptance in the United States. Problems that were once solved partly through hours of introspection on a shrink’s couch are now considered curable with a simple pill. It’s up to us to determine whether this represents a step forward or back” (National Patterns in Antidepressant medication Treatment, Archives of General Psychiatry, 2009p. 628-640).

In the early 1990, two Harvard Medical School psychiatrists, Dr. Martin Teicher and Dr. Jonathan Cole, reported in the American journal of Psychiatry that Antidepressants could induce “intense, violent suicidal preoccupation” (Olfson, 2009). The two psychopharmacologists at McLean Hospital described a number of patients who became severely anxious, agitated, and obsessed with violence within two to seven weeks of starting Prozac. Occurring in people who were not seriously suicidal

when they started the drug, the reactions were sudden and dramatic: One patient reported feeling like “jumping out of her skin”. Another described “nearly constant suicidal preoccupation, violent self-destructive fantasies” (Glenmullen, 2000).

Information that was gathered on a documentary entitled “School Shootings”, directed by Michael Moore in 2008, talked about how the majority of school shootings were orchestrated by students who were on some type of antidepressant. Harris and Klebold, both shooters at the Columbine High School, were on antidepressants. Columbine High School massacre occurred on April of 1999, in Columbine Colorado. It was the fourth deadliest school massacre in the United States history. Twelve students and one teacher were killed. The two seniors, Harris and Klebold were prescribed antidepressants, Zoloft and Luxov. It has been claimed that side-effects of these drugs include increased aggression, loss of remorse, depersonalization and mania. There is also evident that the Virginia Tech Massacre shooter, Hui-Cho, was also on antidepressants. Virginia Tech Massacre took place on April of 2007 on the college campus of Virginia Technical University. It was the deadliest shooting incidents in the United States history by a single shooter, on or off campus. Thirty-two people killed and many others were wounded before Hui-Cho committed suicide. How is a drug approved by the FDA to cure the effects of depression having so many deadly side-effects?

According to Dr. Glenmullen, one in every ten Americans has taken Prozac, Zoloft, or Paxil or a similar antidepressant, yet very few patients are aware of the dangers of these drugs, nor are they aware that better, safer alternative exists. Dr. Glenmullen documents in his book the ominous long-term side effects associated with

these medications. These side effects include neurological disorders, such as disfiguring facial and whole-body tics that can indicate brain damages; sexual dysfunction in up to 60 percent of users; debilitating withdrawal symptoms, including visual hallucinations, electric shock like sensations in the brain, dizziness, nausea, and anxiety; and a decrease of antidepressant effectiveness in about 35 percent of long-term users. In addition, Dr. Glenmullen's research and riveting case studies shed shocking new light on the direct link between these drugs and suicide and violence (Glenmullen, 2000).

Psychopharmacology is the branch of medicine that specializes in the use of medication to correct psychiatric illness. A skilled psychiatrist must know a great deal about a wide variety of drugs. Because all of these drugs have different side effects, the psychiatrist must also understand a great deal of general clinical medicine. Much of this knowledge is highly technical and complex. There is a great deal of science underlying the drugs used to treat psychiatric patients (Gorman, M.D., 2007)

Psychiatrists make these decisions based largely on a combination of clinical lore, experience, and intuition. In only a few instances do we have scientifically indisputable facts on which to rely. Hence, the patient and his or her family must be involved in every step of the decision-making process. A correct decision can produce substantial, even dramatic, benefit; a mistake can lead to prolongation of suffering, adverse physical side effects, and sometimes avoid drug treatment of psychiatric



disorders or even insist that drugs are universally bad and dangerous” (Gorman M.D., 2007p. 230).

There is some controversy as to whether the antidepressants really work or their work is because of the placebo effect or the mind-body effect. Research conducted using active placebos (placebos that mimic the side effects of the antidepressant like dry mouth, insomnia, etc) showed that they work as effectively as the expensive antidepressants. Researchers investigating bibliotherapy (reading self-help books) found that it can be as effective as antidepressants and at the same time, can work faster (M.Schachter, 2006).

According to the PDR Family Guide to Natural Medicines, An estimated 7.5 million Americans are currently taking St. John’s wort, which has been dubbed “natural Prozac”(Sifton, 1999). Although its effectiveness for other ailments has not been proven, St. John’s Wort is believed to combat depression by boosting the levels of certain chemical messengers in the brain. It works on two fronts. Like the prescription antidepressant Prozac, it seems to increase the amount of serotonin available to the nervous system. And like the “monoamine oxidase inhibitor” Nardil, it is thought to promote higher levels of dopamine and certain other chemical messengers.

This plant has been used medicinally for over 2,000 years. Ancient Greeks believed that its odor repelled evil spirits. Early Christians named the plant in honor of St. John the Baptist because they believed it released its blood-red oil on the 29<sup>th</sup> of August, the day the saint was beheaded.

In recent decades, St. Johns' Wort has become a popular antidepressant in Europe. Indeed, it is the most commonly used antidepressant in Germany (Glenmullen, 2000).

According to Dr. Glenmullen, St. John's wort is available in a number of preparations, including liquid extracts, tinctures, capsules, tablets, and teas. Patients who are health food aficionados say liquid extracts and tinctures are the most natural and therefore the healthiest forms of St. John's Wort to use.

A meta-analysis of the efficacy of St. John's Wort for depression found that across studies judged to be methodologically acceptable, almost all of which were conducted in Germany, St. John's Wort was superior to placebo controls and comparable to standard tricyclic antidepressants (.Manber, Allen, .Morris, 2002).

St. John's Wort is the most popular herbal treatment for depression. However, it may be useful only when a person's depression is not too severe. An analysis of several trials on St. John's Wort and depression published in the *Annals of Internal Medicine* in 2002 concluded that the herb seems effective for mild to moderate depression, working as well as the older tricyclic antidepressants such as imipramine. A three-year trial sponsored by the National Institutes of Health (NIH) and published in the *Journal of the American Medical Association* in 2002 found that St. John's wort was not helpful for more serious depression. And results from studies that compare it with mainstream antidepressant medications vary widely (Harvard Health Publications July, 2009).

In terms of cost, St. John's Wort is substantially less expensive than traditional antidepressant medication. Based on prices found at a large national drug store chain, a daily dose of 900 mg of St. John's Wort extract (standardized to 0.3% hypericin) is

about half the cost of a 100mg daily dose of imipramine and about one tenth the cost of a 20mg daily dose of Prozac (fluoxetine). A comprehensive and systematic evaluation of side effects of St. John's Wort is required and has yet to be conducted. St. John's Wort has been used safely for large numbers of people in Germany, and the published clinical trials have uncovered no serious dangers from St. John's Wort per se. In particular, there appear to be no significant adverse effects on cardiac conduction. Side effects of St. John's Wort may include photo dermatitis, gastrointestinal tract upset, dizziness, dry mouth, sedation, restlessness, constipation, and headache, but the number of premature treatment terminations because of adverse side effects is lower than for tricyclic antidepressants. St. John's Wort has no harmful known effects for depressed women who are pregnant (Manber, Allen, Morris, 2002).

### **Why Consider Complementary or Alternative treatments for Depression**

In recent years, there has been an increased interest in approaches from other parts of the world, or from other perspectives. Eastern medicine often relies on concepts that are outside Western understanding. For example, most Eastern approaches view disease or disorders (including mental conditions) as indication of blocked energy in the body, while Western medicine more likely to want "scientific proof" that this energy even exists (Ventegodt, Merrick, 2003).

According to Holistic Medicine: Scientific Challenges, some reasons people consider complementary or alternative treatments are as follows:

Feeling that Western medicine is too mechanical, dogmatic, or compartmentalized.

A perspective that the cause of problem may lie in life experiences, rather than in genetic defects or diseases.

Concern about the safety of medications, particularly those used to treat mental or emotional problems.

Objections to what they see as “instant fix-it” or “pill-popping” attitudes.

Being “turned off” to traditional treatments, because of a lack of trust in doctors, or bad experiences with the medical world.

Religious beliefs that preclude drugs or surgery.

Desire for a sense of spirit or human depth that seems missing in Western approaches.

Desire for engaging more of the “whole” person in treatment.

Interest in exploring practices that have been in use for thousands of years in other parts of the world. (Zhi Gang Sha, 2006).

### **Types of Complementary or Alternative approaches to treat Depression**

There are many other medical systems in the world, beyond the standard Western system. Cultures throughout the world have a variety of healers or shamen. These systems are well-developed, with a 5,000 year old track record for healing, and many are gaining wide acceptance as alternative or complementary approaches in the

West. Each of these systems addresses human suffering in different ways, but generally they seek to re-establish a balance or harmony within the body and in the lifestyle of the person being treated (Journal of Clinical Psychiatry, July, 2002).

### **Stress Management Therapies: Meditation, Relaxation, and Massage**

Meditation is a systematic method of regulating your attention, often through focusing on your breathing, a phrase, or an image. It may include calmly dismissing distracting thoughts and feelings while sitting in a relaxed position with your eyes closed.

According to Dr. Zhi Gang Sha author of *Soul Mind Body Medicine: A Complete Soul Healing System for Optimum Health and Vitality*, meditation is used to relieve stress and elicit the relaxation response, a state of profound rest and release. Some experts believe that by regularly practicing techniques that evoke the relaxation response, such as meditation, you can help your body erase the cumulative effects of stress, which has been linked to health problems such as high blood pressure, heart disease, a weakened immune system, and asthma. As noted earlier, there appears to be a link between stress and depression.

Studies have found (see “Hormones and the HPA axis”) that meditation can help prevent relapse in people who have had three or more episode of depression. For example, in one study, while 78% of depressed people given normal treatment for depression relapsed in the following year, only 36% of those people who got meditation training in addition to regular treatment did. For people with fewer than three episodes of depression, meditation has not been found to be as effective. There is evidence that meditation has distinct effects on the brain. In one study (see Harvard health

publications, 2008) researchers measured brain electrical activity before, immediately after, and four months after a two month course in mindfulness meditation. They found persistent increased activity on the left side of the prefrontal cortex, which associated with joyful and serene emotions. Another goal of meditation is to facilitate personal change, such as the goal of psychotherapy. Some therapists, particularly those in cognitive behavioral field, have incorporated meditation techniques into therapy, either as part of the session or as homework for patients to do on their own (Harvard health publications, April, 2008).

A recent randomized study compared 4 weeks of daily practice of Sudarshan Kriya Yoga (45 minutes each session) with electroconvulsive therapy (ECT) and with imipramine in a sample of 45 hospitalized patients who met DSM criteria for melancholic depression and had Hamilton Rating Scale for Depression (HAM-D) scores of 17 or more. This study demonstrated equivalent remission rates for yoga practice (67%) and imipramine (73%), both of which were lower than the rate of remission in response to ECT (93%) (Journal of Clinical Psychiatry, July 2002)

## **Exercise**

Another study, published in the Archives of Internal Medicine in 1999, divided 156 men and women with depression into three groups. One group took part in an aerobic exercise program, another took the SSRI sertraline (Zoloft), and a third did both. At the 16 week mark, depression had eased in all three groups. About 60%-70% of the people in all three groups could no longer be classed as having major depression. In fact, group scores on two rating scales of depression were essentially the same. This

suggests that for those who need or wish to avoid drugs, exercise might be an acceptable substitute for antidepressants.

A follow-up to that study (see effects of exercise with major depression) found that exercise's effects lasted longer than those of antidepressants. Researcher checked in with 133 of the original patients six months after the first study ended. They found that the people who exercised regularly after completing the study, regardless of which treatment they were on originally, were less likely to relapse into depression.

How does exercise relieve depression? For many years, experts have known that exercise enhances the action of endorphins, chemicals that circulate throughout the body. But it turns out the advantages go beyond the endorphin effect. According to the Harvard study, exercise helps your brain function better. Nerve cells are more robust and they make better connections with one another. Recently, scientists have observed similar changes in the brain related to exercise as observed in the brains of people taking an antidepressant.

## **Acupuncture**

Acupuncture derives from Chinese medicine. Although depression is not a disease category per se in Chinese medicine, a highly similar condition, neurasthenia, is present in almost 50% of psychiatric outpatients in China, and many of these neurasthenic patients would be diagnosed with MDD according to the DSM. Chinese medicine characterizes conditions in terms of energetic imbalances and views major depression as the result of one or more patterns of imbalance, depending on the precise constellation of symptoms (Zhi gang Sha, 2006).

According to Dr. Zhi Gang Sha, illnesses, whether of the physical, emotional, mental, or spiritual body, are caused by one or more of blockages from the energy, matter and spiritual blockage. This very simple characterization of the causes of illness is a key reason why soul mind body medicine can offer practical tools for healing any condition.

### **CHAPTER 3**

#### **CONCLUSIONS AND RECOMMENDATIONS**

The more antidepressants are brought to the marketplace to treat depression, the number of people who are depressed continues to climb. Clearly, something is wrong with the way we treat depression.

Depression is a complex condition and that there are many contributing factors to consider. No one knows exactly what causes depression. From the conventional point of view, neuroscientists blame an imbalance of brain chemicals called neurotransmitters. From the Alternative point of view, depression is caused by an imbalance of the mind, body and soul. The problem with Alternative solutions from a conventional standpoint is that it cannot be proven “scientifically”. The problem with Conventional solutions from an Alternative standpoint is that it neglects treating the person as a “whole”.



During my research on anti-depressants, there are some controversies as to whether the antidepressants really improve depression or intense violent suicidal preoccupation. How coincidental is it that majority of the most deadly school shootings in United States history, were orchestrated by students who were on some type of antidepressants.

The Food and Drug Administration (FDA) has disclosed that antidepressants can cause suicide and aggressive behavior, and they continue to be a common denominator in these mass murders and suicides, however nothing is being done about it.

There are so many other medical systems in the world to treat depression beyond the standard of the Western system. Unfortunately Americans have experienced these deadly side-effects of antidepressants during two of the most deadly school shootings.

There has been an increased interest in approaches from other parts of the world or from other perspectives (Ventegodt, merrick, 2003).

Alternative and Complementary approach treatment of depression gives Americans more options such as drug therapy, herbal therapy, change of diet, exercise, stress management therapy (mediation, relaxation, massage),and Psychotherapy. In addition to preventing or curing illnesses, these therapies by and large provide people the chance to be involved in their own care, to make vital decisions about their own health, to be touched emotionally, and to be changed psychologically in the process. Many Americans today believe their doctor or medical system is too technical, impersonal, remote, and uncaring. The mind-body approach is a potential solution to this tendency, a reminder of the importance of human connection that opens up the power of human

beings acting on their own behalf. Most importantly these approaches are inexpensive alternatives with the least amount of negative side-effects.

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