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File: ■ Depression

HC 061155-433

Date: September 30, 2011

RE: Tieraona Low Dog Discusses the Treatment of Depression

Low Dog T. Smart talk on supplements and botanicals: the complexities of treating depression. *Altern Complement Ther.* 2011;17(2):66-69.

Tieraona Low Dog, MD is the director and a clinical associate professor of the Fellowship in Integrative Medicine at the Arizona Center for Integrative Medicine, University of Arizona Health Sciences Center in Tucson, Arizona.

Dr. Low Dog states nearly 1 in 5 people will suffer from an episode of depression in their lifetime, and that depression seems to be on the rise. She says the reason for this escalation is multifactorial, citing environmental, societal, and individual reasons. She thinks poor nutrition plays a role, specifically highly processed foods without the full complement of micronutrients and with the food additives/chemicals. Also, medical conditions can adversely affect nutrition and lead to deficiencies. For example, celiac disease is considered a gastrointestinal disease, but it also has neurologic symptoms. Drugs can adversely impact vitamin absorption (e.g., proton-pump inhibitors or metformin can prevent vitamin B12 absorption). Hypothyroidism can make patients feel depressed. Environmental and societal factors, such as spending too much time indoors communicating mainly through social media, can preclude the nourishment of in-person relationships and adversely affect day/night cycles. Exposure to sunlight is important for circadian rhythms, melatonin production, and vitamin D production.

Dr. Low Dog believes that there is minimal benefit of antidepressant medications for treating mild-to-moderate depression. However, she states that antidepressants appear to be more effective for severe depression. She believes that physicians do not have time to teach or listen to patients with mild-to-moderate depression, so they simply write a prescription for antidepressants even though the data show that antidepressants are not always effective. She also believes that depression is a multi-faceted condition that cannot be understood by one simplifying mechanism, and therefore a multidisciplinary approach is needed.

One question posed is about research regarding conventional antidepressants versus dietary supplements for treating depression. Dr. Low Dog explains that St. John's wort (SJW; *Hypericum perforatum*) is as effective as other antidepressants for treating mild-to-moderate depression. Aside from SJW's herb-drug interactions, it has fewer adverse

side effects than conventional antidepressants. SJW is also less expensive. But since antidepressants have limited benefit in mild-to-moderate depression, perhaps other approaches can be examined. Dr. Low Dog says that S-adenosyl methionine (SAMe), L-methylfolate, and vitamins B6 and B12 may have beneficial effects, as well as riboflavin and thiamine. She also mentions the possible antidepressant and antianxiety activity of ginseng (*Panax spp.*), rhodiola (*Rhodiola spp.*), melatonin, milky oat (*Avena sativa*) seed, and Chinese skullcap (*Scutellaria baicalensis*). Not mentioned is skullcap (*S. lateriflora*), which has constituents and reported clinical efficacy similar to that of Chinese skullcap. Dr. Low Dog recommends listening to and treating the whole person rather than simply switching from a conventional pharmaceutical to a dietary supplement.

The article concludes with Dr. Low Dog saying that she does not treat depression but rather treats people with depressed moods. Exercise, good nutrition, and stress management can be beneficial. The ideal treatment approach begins with a quality interview of the patient which may take several visits.

—Heather S. Oliff, PhD

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