The Rainbow’s End - New Hope for Depression Sufferers.

Good News
Anyone who has ever suffered from clinical depression knows what a terrible sickness it is. It’s a devastating illness that leaves you floored, unable to enjoy life.

That is the bad news...

But it is also the good news! Clinical depression is only an illness - not a permanent state. Like measles or the flu, it has a beginning and an end. If treated properly it can be cured. When it has passed, healthy living can and will resume.

The Big Lie
When clinical depression hits you, it seems as if your whole world has changed. This is the Big Lie. Circumstances in your life may have pushed you over the edge – a bereavement, stress at work, debt... But once the illness sets in, it’s as if you have been cursed with the Midas Touch in reverse. Everything turns to ashes. There seems to be no comfort, nowhere to escape from the grinding, grey misery of daily life - and by night your bed becomes a battlefield for a wearying fight with insomnia, confusion and panic. Worst of all, it all seems permanent. You feel your life can never be the same again.

This is all so bewildering and scary you may think you are losing your sanity.

You are not Mad
At a deep level, something has changed...

You have changed.

But not permanently. The delicate, complex chemistry in your brain has been upset. That’s all! You can and will recover.

Because depression targets our thoughts and feelings, it’s hard to get and to keep this perspective. So it’s perhaps useful to look at the common causes of the illness. The more we know about depression, the more we can get some distance and be objective about it. This is the first step in our cure.

External or Internal?
Some books distinguish between depression caused by external factors (such as a bereavement) and the “endogenous” kind, caused by an internal imbalance in a person’s biochemistry.

This is not a helpful distinction.

Real clinical depression is always an internal problem - even if an external catalyst has triggered it.

In the dance of life, we may occasionally stumble and fall. But usually we get up and get on with it, perhaps nursing a bruise or two. But if something makes you trip and you break a leg, that’s a different story! The external, traumatic pressure in that case has caused an internal problem – one that needs careful treatment. The body has its own amazing inner powers of self-healing, but to
support them you will need a cast, rest, crutches and possibly therapy. Normal life is seriously disrupted for weeks after the initial incident.

Clinical depression is like that broken leg.

**Fearfully and Wonderfully Made**

As human beings, we are highly complex bio-systems. Myriads of subtle chemical interactions drive, and result from, our daily interaction with our physical environment at the level of actions, thoughts and feelings. It only takes one part of the chain to break down and the whole system can come crashing to a halt – at least temporarily.

**So What has Pushed you Over the Edge?**

1. **STRESS.** The right amount of stress is the spice of life. But this varies from person to person. No one should accept excessive stress as a way of life. A cup will float for a while when you start filling it up with water - but then it reaches a critical point where just a few drops more will make it go under. For “52 Brilliant Ideas” to take control of your stress factors, check out Elizabeth Wilson’s practical guide: *Stress Proof Your Life*, ISBN 978 -1 904902-60-7.

2. **TRAUMA.** Bad news can be devastating, but time usually heals, and life can go on. It’s not so easy when it has led to clinical depression. You can pile books on top of a shelf and it will withstand the pressure – but drop a heavy rock on it and it will crack. If this has happened to you and you feel damaged, you need help. If there is good counselling support in your church, use it. If not, ask your GP to refer you to the local counselling support service as soon as possible. Online blogs may also provide support.

3. **TRAMMELS OF THE PAST – WORRY ABOUT THE FUTURE.** One symptom of depression is an unrelenting sense of guilt or nostalgia for the past. Dr Martin Lloyd Jones’s classic book, *Spiritual Depression* gives a liberating, Christian perspective on this problem and helps us live confidently and contentedly in the present. His chapter on worry also helps us remember Jesus’ key teaching about the future: “Today’s problems are enough for you to think about today”. We have enough grace for today. When tomorrow comes, we will have enough then too.

4. **NUTRITIONAL PROBLEMS.** Anti-depressant SSRI’s (Selective Serotonin Re-uptake Inhibitors) aim to maintain the flow of serotonin in the brain. But what if your body is not producing enough serotonin in the first place? Vital in this process is something as simple as vitamin B. If someone has been drinking a lot of alcohol consistently for a long time, there may be a deficiency in this regard.

Many people have found the natural food-supplement **5-HTP** extremely effective in treating depression. It is a substance which your body makes from tryptophan and then converts into serotonin. Holland and Barrett sell this in tablet form made up with magnesium and a high dose of B6. Other suppliers sell it unmixed. If you are not taking SSRI’s you could experiment by taking the Holland and Barrett tablet in the morning and a simple 5-HTP tablet in the evening.

Your body converts serotonin into melatonin, the hormone that triggers sleep. As well as improved moods during the day, you should soon notice improved sleep.
5. THE WRONG DRUGS? Serotonin is not the only neurotransmitter which affects our moods. Norepinephrine (noradrenalin) and dopamine are also important. Yet SSRI’s are almost the only treatment that drug companies have researched and marketed during the past 30 years - despite their very poor track record of success. (They make a real difference in barely 30-40% of cases, according to Patient.co.uk.) Researchers are calling for a more informed response to treating depression, rather than a one-tablet-fits-all approach. Newer drugs like agomelatine (Valdoxan), for example, aim to work on a number of fronts.

Broadly speaking, if you have anxiety problems, sleep disturbances and persistent sadness, you probably need to target serotonin in the brain. If the depression is marked by extreme listlessness, a lack of motivation and indecisiveness (“atypical depression”) you may need to target norepinephrine (noradrenalin) specifically. If your main symptom is a profound lack of enjoyment (anhedonia), your focus should probably be on dopamine.

Many people have found that SAM-e (S-Adenosylmethionine) is highly effective in treating depression, when taken carefully in low doses along with high amounts of B6, B 12 and Folate. (SAM-e is not advisable for sufferers from bipolar disorders.) Some researchers believe that this natural supplement supports the effectiveness of all three neurotransmitters - serotonin, norepinephrine and dopamine. N-acetyl-Tyrosine is another supplement which seems to promote effective production and functioning of all-important neurotransmitters that regulate our moods.

6. BODY CLOCK - CIRCADIAN RHYTHMS. If anxiety is pumping your blood stream during the night with the stress hormone cortisol while the sleep hormone melatonin is trying to get you to wind down and rest, you will feel wretched... One sufferer described it as “pure torture”. Your upset body clock may then also make you withdraw more during the day, precisely when you should be more active and motivated. Melancholy feelings linger. This can be exacerbated in winter when the lack of natural daylight can seem to confuse our melatonin sleep-trigger even more – though a daily walk will help in this respect.

In helping restore circadian rhythms, many people find that small amounts of pure melatonin in tablet form can help. You may need something else to deal with the anxiety though. And of course, not all dyssomnia is related to depression. But melatonin is worth considering.

In all cases, supplements and medications should be seen as a temporary support, until such times as our natural systems are ready to take over. Take as small a dose as you find effective (e.g. a half or quarter tablet) and try breaking up the rhythms with days when you don’t take anything.

Be Patient

If your nervous system has crashed, it will take time to rebuild it, so be very patient with yourself. When a house is being built, the foundations can be laid very quickly. But these need to settle before the walls and the roof can go on. There will be long weeks when there seems to be no progress. But as you stand and look at the messy building site, just remember that in a few months, it will be a beautifully decorated, furnished home, one that is a joy to live in.
Your Story

The above pointers are intended for those dealing with unipolar depression (not bipolar) and are meant to encourage us all to take better informed control of our own healing. Research the issues yourself if you can and talk to medical experts.

Bill Brodie