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Depression Solutions: *A Natural Way to Treat* **DEPRESSION & OTHER MENTAL DISORDERS**

Discover

Improving brain
health through
nutrition

*Choosing the right
nutrients in the right
amounts*

Niacin deficiency

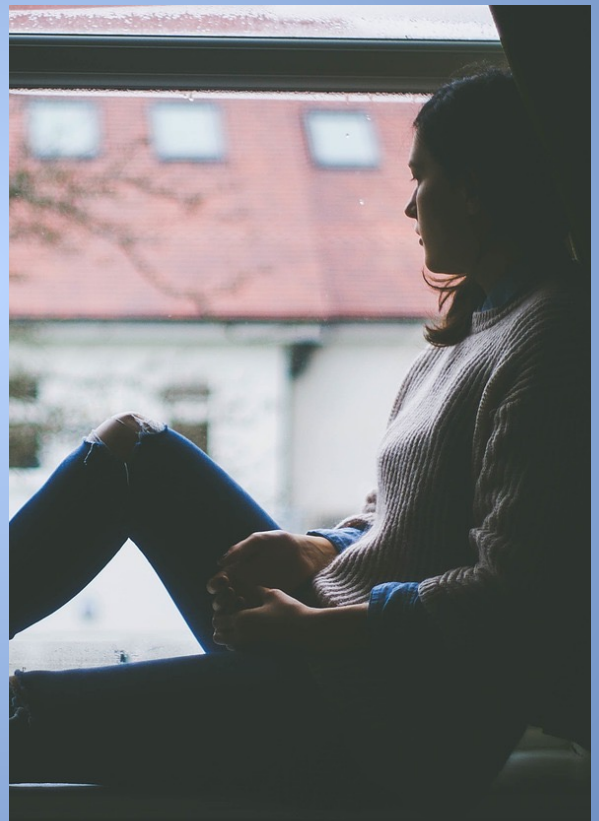
*The strong evidence
of its link to
depression and
mental health*

Impacting mood

*How vitamins affect
state of mind and
behavior*

Preventing and
treating mental
illness

*The therapeutic
effects of niacin*



NaturalHealth365 Talk Hour
Hosted By Jonathan Landsman

<http://NaturalHealth365.com>

TRANSCRIPT



Depression Solutions:

A Natural Way to Treat Depression & Other Mental Disorders

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Jonathan Landsman:

Welcome to the NaturalHealth365 Talk Hour. I'm your host, Jonathan Landsman. Our show today, "Niacin: The Depression Solution." Our guest taught nutrition, addiction recovery, health science and cell biology for nine years at the State University of New York, and clinical nutrition for the New York Chiropractic College. Currently, the founder of the free-access, peer-reviewed *Orthomolecular Medicine News Service*, he has served as editor-in-chief of over 140 issues.

In 2006, *Psychology Today* named our guest one of seven natural health pioneers. He has won the Citizens for Health Outstanding Health Freedom Activist Award, is an honorary director of the Gerson Institute, and is featured in the documentary, "Dying to Have Known: The Evidence Behind Natural Healing" and the very popular movie, "Food Matters."

Simply put, there is strong evidence to suggest many mental health issues like depression could be caused by a niacin deficiency. Could this relatively inexpensive vitamin solve many of our emotional problems? Please join me in welcoming Dr. Andrew Saul to our show. Dr. Saul, welcome!

Dr. Andrew Saul:

Oh, thank you very much. It's a pleasure to be with you and all your listeners today.

Jonathan:

This show is for educational purposes only. Always consult a trusted healthcare provider for medical issues that concern you and make an informed decision.

For more information about Dr. Andrew Saul, visit doctoryourself.com, plus you may be interested in picking up a copy of his book, *The Vitamin Cure for Depression*. Dr. Saul, for beginners out there, why don't we first start with a simple definition of niacin, and also, I would like you to add on, why has the medical profession delayed its endorsement of this vitamin for nearly 60 years?!

Dr. Saul:

Niacin is one of the B vitamins. It's vitamin B3. It's often known by other names. Originally, it was called nicotinic acid, and since that sounds a lot like nicotine and niacin is biochemically very different than nicotine, niacin is the name that has stuck.



Dr. Saul:

Vitamin B3 is still popular and there are other forms of niacin. Niacinamide, inositol hexanicotinate, and a few others. But niacin is basically a water-soluble B vitamin. We need it to live. If we don't have any, we get pellagra and die of it. The classic symptoms of pellagra are the three D's: diarrhea, dementia and dermatitis. Many doctors would add a fourth D, which is death. Deficiency with any vitamin causes death. Our problem is that we get too little. We have enough to not have actual pellagra, but we do not have enough to actually be healthy. Now think it through.

If one of the symptoms of niacin deficiency—really serious, total deficiency—is dementia, isn't it possible that giving some niacin would cure or prevent that dementia? But back in the early 1950s, a Canadian board-certified psychologist named Abram Hoffer started thinking, what would happen if you took people who were mentally ill and got the normal recommended daily amount of niacin from their white bread and perhaps eating a moderately good diet, but were mentally ill, were suffering schizophrenia, psychosis or depression or anxiety or what we now call bi-polar disorder or obsessive compulsive disorder or even ADHD—what would happen if these people were given extra niacin?

Well, he gave them extra niacin and found in many cases—in fact 80 percent, 4 out of 5 cases—they got better because he gave high doses of niacin. So, small doses of niacin can prevent mental illness in most people. But some people have mental illness already and they're already getting a small amount of niacin. The science kicks in now. Giving high doses of niacin actually has a therapeutic effect. And this idea, as you stated earlier, has been rejected by the American Psychiatric Association and just about every medical society you can quickly think of. The idea that a vitamin can cure disease is still a taboo thought in medical circles.

Perhaps this is because medical doctors go to medical schools and they study medicine, prescribe medicine and are called MDs for a reason. As I've said before, substitute the word "vitamin" in there and see what happens. I go to a vitamin doctor who went to a vitamin school and studied vitamins, and prescribes vitamins and treats with vitamins. That sounds pretty unusual. Well, the doctors who do that are called orthomolecular physicians or orthomolecular psychiatrists. My co-author for the book, *The Vitamin Cure for Depression*, is an orthomolecular psychiatrist from Stockholm. His name is Bo Jonsson. He is one of the brightest human beings I've ever met. He's been an orthomolecular psychiatrist for over 30 years. And he's been associated with the Karolinska Institute, that's where they select who gets the Nobel Prize, and he is head of psychiatry at a major Stockholm hospital. Dr. Jonsson and I are very energetic about this message. You can fix your brain with nutrition. But you have to use the right nutrients and you have to use enough. That is orthomolecular medicine and niacin is one of the most important nutrients.

Jonathan:

You know it never ceases to amaze me. I know, conventionally speaking, when people think about somebody suffering from mental disorders, emotional trouble, that we often hear, certainly in the United States, "Oh, why don't you get therapy? And what are they talking about? Paying \$100, \$150, sometimes more than that per hour to sit down and talk to some psychologist,



Jonathan (cont.):

psychiatrist about their problems? But what about the way that they eat? What about the nutrients? And, like you said, they don't even check it. It sounds crazy, but it's true.

Dr. Saul:

It's a belief set. We all think that talk therapy is a good idea. And it is. We all think that for some people that are seriously in trouble that they might need medication. Sometimes they do. But we also all know deep down inside, that if you really take a close look at the American diet, it's terrible.

People eat lots and lots of sugar. Let's start with that. If you take laboratory animals or kindergarten kids or anybody—prison inmate—and you give them a diet that's high in sugar, you can create depression. It's easy. We do it all the time. Our whole society is getting vast amounts of sugar if you allow for the amount of sugar that's in processed foods as well as table sugar and normal clear-cut, "I know I'm using sugar" sugar, the average American is eating somewhere in the neighborhood of 135 lbs. of sugar a year, which is at least a third of a pound a day. Now, that raises blood sugar and then the body kicks out insulin, which causes that extra sugar to be safely stowed away. Problem is, there's usually insulin left over and that causes a blood sugar crash. When your blood sugar goes down, your mood goes down.

Dr. Lendon Smith, the famous pediatrician—who won Emmy Awards and was on the Johnny Carson Show more than 55 times—Dr. Lendon Smith said when your kids are fussy, give them something to eat. Now he didn't mean, give them sugar. He meant give them real food that's digested slowly and causes this sustained, normal, adequate blood-sugar level. But what we do instead is we reach for the doughnut or the candy bar or something along those lines and then immediately our blood sugar goes up and we feel better. By the way, the instant cure for depression is sugar. If you're depressed and you have something sweet, you'll feel better within minutes and it will last for maybe 15 or 30 minutes

Jonathan:

Dr. Saul, this has been something. I'm so glad you're talking like this, because on our show, I've mentioned this many times before. I mean it's not just crankiness when we're hungry, we can become violent. So you know, there has to be some compassion in what we're talking about here, in appreciating and understanding that when someone is depressed—if they're violent, if they're angry or just plain cranky—that it's much better if medicine were to view it this way—our friends, our family, our neighbors—look at this as a nutritional issue and let's get in there and let's fix it.

Dr. Saul:

Right, and now here's the best part: I just said that sugar will cure depression for a while, for a few minutes. But the real cure is to not have any sugar at all and that way, you don't have the low because you never had the high, and the body doesn't have to overreact by kicking out all that extra insulin.



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Jonathan:

For beginners out there, Dr. Saul, please forgive me for interrupting, but let's be perfectly clear—and I'm sure most people listening get it—we're talking about white sugar, processed sugar. We're not talking about organic, fresh carrot, apple, lemon, ginger juice that you might make at home. You know, fresh vegetable juice. You know, seeing that as sugar...and that's not what we're talking about here.

Dr. Saul:

That's right. We're aware that certain foods are high-glycemic foods and some very sensitive people could have a problem with a lot of high-glycemic foods. But generally speaking, the big problem, 95 percent of the problem, is the processed, concentrated enormously large quantities of sugar that people take in. I actually taught college in two state prisons. Both in upstate New York. One was a men's medium, the other was a women's max.

Jonathan:

And you survived...

Dr. Saul:

Not only that, I had some very highly motivated students. In my class, I had the small number of people that actually knew that they were guilty and they saw an opportunity to go to school while they were in jail as a good idea. Now the majority of prisoners were not in that place. But I was fortunately working with those that wanted to make the most of their time, and believe me, time they had, and they saw education as the way out, which in all fairness, I think it is. Now, the bottom line here is that when I taught nutrition, and alcohol issues, drug issues, in prisons, I was asking the inmates about their diet. And they all told me the same thing: the diet was mostly processed food, a lot of starch, a lot of meat, a lot of fat, and a lot of sugar.

And I said to them, "Well, can you get salads?" And they kind of laughed and said, "Not really." And I said, "Can you get vitamins, that they could give you vitamins every day?" and again they laughed. Now a multi-vitamin just costs a couple of pennies, it wouldn't set the taxpayer back very much at all to provide multi-vitamins for prisoners, but not everybody is comfortable with that idea.

I remind people that when prisoners go to prisons, almost all of them will be coming out and coming back to your neighborhood. And do you want them better or worse? I would think that a few vitamins might be a good idea and I even told them that. I told them, "Look it, go down to the Px or the commissary and get yourself wheat germ. Wheat germ is very high in B vitamins, magnesium, and one of those B vitamins is niacin. Sprinkle wheat germ on everything you eat. Don't eat any more sugar. And get that cheap little multi-vitamin they have and take one each meal.

That was the idea. A multivitamin—a crummy multi-vitamin, a really inexpensive, synthetic, low-quality multivitamin—each meal and wheat germ on everything and no sugar. And by golly, the results were spectacular. There was this one inmate, he was huge. He was so tall, he had to duck when he came in the room. He was so wide, he had to turn sideways to get in the door. This guy was big. After class one day, he said to me, "Can I talk to you for a minute?"



Dr. Saul (cont.):

And I said, “Oh, yeah, sure...”

And he said, “I just want to tell you that ever since I’ve been doing this, taking the vitamin every meal and eating wheat germ on everything and no sugar, I wanted you to know...”

I said, “Yes?...”

He said, “I wanted you to know that I feel more clear.”

Jonathan:

Wow!

Dr. Saul:

Now, what would the long-term advantages to society be if dangerous people coming out of jail felt more clear? So, when we’re talking about using niacin and the B vitamins to improve mood, this is not just a chat. This is really important. There were studies done over in Britain with juvenile offenders—juvenile and young adult offenders. So these are teenaged to maybe aged 23 or 24. And they basically took the junk food out of the prison diet and violence in the prison went down by one-third.

Jonathan:

That’s incredible information, Dr. Saul, and this really does have to get out to a lot more people. Naturally, somebody listening to this program right now, they’re going to want to know, how much niacin should we take? And, you know, are there any concerns we should know about ahead of time?

Dr. Saul:

Those are excellent questions and let’s take them head on. First of all, the amount of niacin that you need depends on who you are and what you’re going through, and it varies. Dr. Abram Hoffer’s standard prescription for his patients was 3,000 mg of niacin a day divided into three 1,000 mg doses.

And to answer your second questions, what do you need to know about that, the first is that it is safe. “We don’t know,” said Dr. Hoffer, “how much niacin it takes to kill a person because it’s never happened.” Experiments were done with dogs and the lethal dose, the LD50 or the dose that will kill 50 percent of the test animals taking it for niacin, would amount to somewhere in the neighborhood of half a million or more milligrams a day for a human being.

Jonathan:

In other words, impossible.



Dr. Saul:

For all intents and purposes, it is impossible to do yourself in with niacin. But that does not mean there aren't some cautions and here they are. The first caution is this, when you take niacin, work with your doctor, do what you know you should do. Let your healthcare provider in on it. Talk to your doctor. Tell your doctor you want to use niacin and you want to do it right.

Now your doctor will know very little about niacin, with the possible exception...the doctor might be familiar with using niacin for lowering cholesterol. And if the doctor knows about niacin for lowering cholesterol, the doctor will understand that a dose of 3,000 mg is pretty common. Doctors use this all the time. But we're not talking about cholesterol today. We're talking about mental illness, particularly depression. So, you ask the doctor to work with you on the therapeutic trial and the therapeutic trial is something that doctors do all the time. Let's just try it out and tell me how you feel, let me know if there's a change. If you have any problems, we'll address them, if you feel better, tell me.

So, introducing niacin will almost certainly cause a flush. This is the side effect of taking niacin. Now, I live in upstate New York and fall is here, and so a niacin flush is quite comfortable as the nights get colder. The niacin flush lasts for a short time, usually before 20 minutes, almost never longer than an hour. The niacin flush is just a vessel dilation. That means your little blood vessels are all getting slightly larger, especially those at the surface of the skin. They just get a little wider, a little more blood, it's just like a hot flash, ladies, if you know what those are. And it's just like feeling like you've been at the beach for an extra couple of hours. It's a feeling like you have to talk in front of class and you're getting all hot because you're a little embarrassed or nervous.

The niacin flush is harmless, and Dr. Jonsson, who has treated many patients for decades using vitamins in Stockholm, would second that point very enthusiastically. When you take niacin, the flush is to be expected. The flush is really tolerable. I kind of like that warm feeling, but if it really bothers you a lot, you do have an alternative. You can take a no-flush niacin. No-flush niacin has a couple of drawbacks. Not many, but there are a couple.

The first is, it costs slightly more. That's a pretty small drawback. The second is, it doesn't work quite as well. That can be a drawback until you get the hang of it. Practice makes perfect. If 3,000 mg of regular niacin works, maybe you need 4,000 of no-flush niacin. That's an adjustment we can make. The other thing to keep in mind is that one form of no-flush niacin or niacinamide does not lower cholesterol. So, if your doctor wanted you to lower your cholesterol as well as get rid of your depression, you would not want to use niacinamide. You would want to use a niacin, which causes a flush, or inositol hexanicotinate, which does not cause the flush.

The second thing to remember is that people who take niacin will take widely and wildly different amounts. Some people will respond on just a quarter of a tablet three times a day. And by a tablet, I mean maybe a quarter of a 500 mg tablet. Some people will only need a few hundred mg of niacin and they will feel better right away. Other people, like a woman I worked with years



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Dr. Saul (cont.):

ago, was suicidal, depressed and wouldn't talk to her family and would not have meals with them at all, ever, and sat in the corner facing the wall every day. When she took niacin, she did not respond until she took thousands and thousands of milligrams. I think in her case, it was over 10,000 mg a day. Dr. Hoffer had a few patients that did not respond, and so they took close to 20,000 mg a day. This is extremely unusual and most people will not get near that. You'd be flushing like a red beacon long before you got to that amount. You take the amount of niacin that does the job. And some way to determine that is to start low and gradually work up. You take the amount of niacin that works. And how do you know it works? You feel better. If you don't feel better, you can try increasing the dose gradually until you do.

Paradoxically, the more niacin you take, the less you'll flush. Now, this sounds a little odd, but Dr. Hoffer preferred to give people the 3,000 mg of niacin right off, a thousand milligrams three times a day, right at the beginning, just accept the flush and in a couple of weeks, you won't flush anymore. Other people prefer what I just said, which is to gradually increase. Doesn't matter to me. Remember, if the flush is the obstacle, you're not looking into it fairly. Non-flush niacin is an alternative and it's a workable alternative. You just have to tweak it. You might need a little more. How much to take depends on the individual. We don't know how much a person will need.

I worked with one fellow who was unbelievably depressed. He was also schizophrenic and psychotic. He was kicked out of the state hospital because he was too violent. You got to just think about that for a minute. And he was sent home to live with his parents. He was about 20 years old. He would sleep one hour a night and wander the streets the other 7 or 8. He was dangerous. He would punch holes in his parents' living room wall, they were in terror of him, and on a good day, I don't know how it happened there was a good day and we all got together and we talked about niacin.

He started taking vitamin C, 10,000 mg a day and niacin, 3,000 mg a day. The first night he slept 18 hours. After that, he slept around 7 hours a night, almost every night. The following Friday, his father reported, the young man came down from his bedroom to the breakfast table, came over to his parents, stood there and said, "Good morning." This is what niacin can do.

These illnesses—depression, ADHD, psychosis, schizophrenia—are real illnesses. They are organic, physical, biochemical diseases. Talk therapy is good, sometimes drug therapy is necessary. But these illnesses are not due to drug deficiency. They are due to vitamin dependency. I have more readers send me emails saying, "Oh, you wrote 'dependency' in your book. Didn't you mean vitamin deficiency?" No, I mean vitamin dependency. A vitamin dependency means you need more than most people. You're dependent on a higher level of



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Dr. Saul (cont.):

niacin. When people have mental illness, and depression is a form of mental illness, a very serious form and a very common form, their need for vitamins, not just niacin, but all the B vitamins, all the B vitamins are needed in higher quantities. It's a dependency. You have to take the amount that the individual responds to. Oddly enough, most medical doctors don't even give this a try. That's why we need to.

And the vitamin cure for depression, we walk you through this. We walk you through a lot of other things you can do as well to deal with depression...other vitamins, changing your diet, getting rid of the sugar, eating unprocessed whole foods and ways you can wean yourself off drugs. If you're on a medication, don't just stop taking it. That isn't logical. Work with your doctor. Say, "Look, doc, I want to gradually get off this medication—let's say it's Prozac—I want to get off this medication. Can you give a gradual declining dosage schedule? And I'll increase the vitamins while you have me decrease the drug. Yeah, that's fair.

Jonathan:

Dr. Saul, we've talked about niacin and you're mentioning a little bit about obsessive compulsive disorders and sleeping disorders, I want to get into that a little bit more. Talk a little bit about your experience in working with people that have OCD and how niacin had helped.

Dr. Saul:

Well, I've seen a lot of people over the last 38 years now. I'm not a physician, but I work on referrals from physicians from time to time, and obsessive compulsive disorder is remarkably amenable to niacin therapy. It works so well that you barely notice it's working. The problem just goes away. I don't know how to describe that any better, except to say that if someone has obsessive compulsive disorder, the remedy of choice is niacin. As far as other illnesses go, you mentioned an issue that so many Americans have—a lot of people take sleeping pills regularly in a mind-numbingly large amount.

Other people take them occasionally. Niacin does help you sleep. When I travel on the lecture circuit and I'm in an unfamiliar place away from my family in a hotel room, I find that taking some niacin right around supper time and a little more before bedtime really does help me to go to sleep and if you wake up in the middle of the night, you can take a little niacin and it will help you get back to sleep. Niacin is cheap, it's safe, it's not habit-forming and everyone can at least try this. In addition to this, I've worked with people who have pretty seriously ADHD.

One 13-year-old boy comes to mind. He was in trouble. He just was. He was violent at home and he was in trouble at school, he was on prescription medication. They were hunting around for one to use on him. He had a psychiatrist, a child psychiatrist. He worked with a counselor. His parents were trying to get a handle on this. Everybody was doing their level best, including the boy, but it just wasn't coming together. In fact, medication made him worse. He went from being ADHD to being psychotic. The first step the parents took was to get him off the medication. It was an emergency. But it's not enough to get him off drugs. You have to affirm something. You have to say 'yes' to something. They decided to try niacin. So, they figured, let's



Dr. Saul (cont.):

see, Dr. Huff used 3,000 mg for an adult, what is he, half an adult? Maybe a little more than half an adult? We'll try him on 1500 mg of niacin a day. They used niacinamide, which also does not cause a flush. They gave him 500 mg of niacinamide breakfast and dinner, and actually got the school nurse to give him the other 500 at lunch time. Well, there was a slight improvement. And when things are that bad, a slight improvement is huge. So they figured, hhhmmmm, I wonder, might his dependency require more?

So, they gave him more niacin. They raised his dose to 3,000, an adult dose. A 1000 in the morning, a 1000 at supper and the school nurse gave him 1000, with his doctor's prescription at the school. At 3000 mg, he was unbelievably better. His grades came up. His behavior at home became really good. His parents could take him anywhere, that was new. He was getting calls from the teachers to his home and this time, they were compliments. If you have children, you know what I'm talking about. When the phone rings and there is a teacher on the other end, you think, "Oh, what has she done this time?" And in this case, that was a warranted fear. But the teachers were noticing and calling the parents and saying he's doing so much better.

Well, this was great. 3,000 mg, his ADHD was pretty much gone. He was on no medication. He finished the year as an excellent student. The following year, they got a different school nurse. She refused to give him the niacin.

Well, without that dose in the middle of the day, his performance went down. His classroom performance was not as good, his performance on tests wasn't as good and his performance at home was not as good. So, the parents worked around that and they found a way, I don't remember what it was exactly, but I think they just had the child take the niacin on this own, which you're not really supposed to do at school but you have to remember that the parents want what is best for their kid and they really didn't care about the school rules, they cared about their child. And once he started getting back up to a controlling amount of niacin. I want you to know that he graduated high school and he is currently in college.

Jonathan:

You know, I can't believe, Dr. Saul, that we have to do programs like this. Don't get me wrong. I'm happy that we're able to, and we're able to get the information out to people. But who would deny that loving yourself more, nourishing more, is a good thing? Everybody, especially doctors, would. Yet, like you said at the beginning of the program, there is such a huge disconnect between what our doctors are learning in medical schools about how to help people be well and what we know is really working, which is that nutrition, given the proper amount and being consistent enough, every single day, is a form of loving yourself and that's a good thing.

Dr. Saul:

It's a good thing, indeed, and it's just what you said. It's nutrition in the proper amounts and doing it regularly. If folks were to do all this, the pharmaceutical industry would tremble. You see, the money is in disease. Good health makes a lot of sense, but poor health makes a lot of dollars. The cash is in disease. The more people that need drugs, the more money the world's most profitable industry,



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Dr. Saul (cont.):

the pharmaceutical industry, can make. The more hospitals there are, the more physicians that are employed, the more special-ed teachers we need, the more policemen we need, the more jail and prison guards we need, the more doctors we need, the more lawyers we need, the whole system, unfortunately, thrives on failure. I suggest that we try something new. Why don't we have an epidemic of health? Why don't we get everybody doing what they know they should do? Eat right— eat good, natural unprocessed foods.

Stay away from sugars. Your grandmother told you that. Your dentist told you that. Your third grade teacher told you that. So, let's do it already. And how about vitamins. Please, before you believe everything you hear on televisions. Why don't we go and ask some doctors. My father told me at a really young age, when you want the real answer, Andrew, go to the organ grinder, not the monkey.

Read what actual practicing physicians have to say about vitamin therapy and you can start if you like with *The Vitamin Cure for Depression* by Dr. Bo Jonsson and myself. Remember, Dr. Jonsson is a practicing vitamin psychologist in Stockholm. A brilliant man, MD and PhD, and he has a whole lot of experience on nutrition to actually reverse psychiatric illness. And he's not the only one. As you read, and as you look into other books on depression and nutrition, you'll find that there's a number of doctors or orthomolecular psychiatrists who say you need education, not medication. And the education you need is to know that vitamins are safe and effective if you know how to take them, you take the right amount and you take them long enough.

Jonathan:

You know, Dr. Saul, I often say, too, we talk about this a little bit in the context of, "Oh, boy, part of the reason why this stuff doesn't change and more doctors aren't doing this, is that it really threatens their very existence, their livelihood, their ability to make money."

But I'm sorry, call me naive if you like, but I feel like if there is a psychiatrist out there and psychologist out there who are having sessions with people and sitting down and talking about their problems, helping people feel like someone cares about them, that's great. But then weave into the conversation about nourishing themselves better and hey, pick up the vitamin cure for depression, here's the book, why don't you try this supplement, I know this doctor that can work with you and the psychologists are networking with doctors out there who are fully awake...I mean, this is a whole new way of doing business and those people would attract so many more troubled people to say hey, I need your help. I mean, their business would boom. And also, on a conscious level, those physicians would probably feel so much happier at the end of the day when they went home, what good they are doing for humanity. Your thoughts, please.

Dr. Saul:

Well, that is exactly right. We need to change the face of medical care in the country, and in my opinion, there are two ways it can be done. The first way is to get control of medical education. That is going to be difficult because the drug industry has been in control of medical education for decades. The second way to educate doctors is to educate the patient. If everybody that is a



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Dr. Saul (cont.):

patient stops being a patient and starts being a person, and doctors stop being authorities and start listening to what is working and what some of their colleagues are doing, and read the research that they've published, everything's going to change. Doctors are busy. They care, but they're busy. They're indoctrinated again and gain and again with pharmaceutical medicine. This is the crux, the heart of it. We can't necessarily change the top end, but we can change the grassroots end.

Jonathan:

No, and that's what I say all the time, Dr. Saul. If we had enough people going into each and every medical practice, and we're not talking about 50, 70, 80 percent of the patient base of each of these physicians, but if you're talking about a physician's 10 percent of their patient base, changing and starting to talk quite a bit more—boy are they going to have an incentive to change how they practice medicine or else, you know, lose 10, 20 percent of your income. That's a pretty big hit and I think that's really where all of this is getting exciting. Putting shows like this out there, getting people online, having them share with someone who is emotionally troubled with depression, obsessive compulsive disorder—just have them listen to this, empower them with this information, boy are we going to make more and more changes as we move forward in time.

Dr. Saul:

It's true and here's the soundbite for everybody: If you are on a selective serotonin reuptake inhibitor, an SSRI drug, such as say, Prozac, you might be interested in knowing instead of blocking the reabsorption of serotonin to keep more of it in your system, you can just make more serotonin by consuming tryptophan, which is found in many protein foods, most spectacularly so in cashew nuts. Now, people say, "Oh, cashews, they're so fattening." Oh, come on.

Jonathan:

Yeah, that's what's making Americans so fat in the United States, Dr. Saul. I think people are eating organic cashews.

Dr. Saul:

Well, if that's the case, I will be the first to back down, but until it's proven, I want to tell you that the tryptophan content in two handfuls of cashews is so high that you make enough serotonin to equal a prescription to Prozac.

Jonathan:

No wonder I love cashews. Maybe that's why I'm so happy doing this interview with you!

Dr. Saul:

Well, that's it. And it sounds silly. This is where people think, "Oh, my gosh, Myrtle, are you listening to that program again?" Simple nutrition tells us that certain foods are high in protein, certain proteins are high in tryptophan, tryptophan in the body is made into serotonin and serotonin is a neurotransmitter. If you want to feel better, then eat cashews. Now, get the ones without the salt, get the ones that are minimally processed, hopefully unprocessed, have a



Dr. Saul (cont.):

couple handfuls of cashews a day and you're going to feel better. Another thing, if you don't like cashews, just eat dark meat of chicken or turkey. The dark meat of turkey, which is cheap, and the dark meat of chicken—chicken thighs, we are always the cheapest part of the chicken, is high in tryptophan.

So, even if you're poor, even if money is tight and you can't afford cashews—and they are pricey—have more thighs and thigh quarters of chicken. If you're a vegetarian, you're back to the cashews, you have a choice. You're going to feel better if you take more vitamin C. You make more epinephrine. This is true. You make more of the neurotransmitter that helps you be active and lively and able to get up and operate. If people take more lecithin, they will be consuming more choline. Your body takes lecithin, digests it, takes the choline, the choline crosses right into the brain and your body makes acetylcholine out of it, another neurotransmitter. Now you can do this and we tell you about this in *The Vitamin Cure for Depression* book. Foods like lecithin, vitamin C, niacin, and cashews will improve your mood and people are thinking, "That can't be right!" Well, how do you know if you haven't tried it?

Jonathan:

Let's talk about something that's very important. Those people that are out there, and you've mentioned some drugs already during this program, but let's make it very clear. If they're taking prescription drugs, will niacin supplementation cause any problem at all, in your opinion?

Dr. Saul:

It's always a good idea to read the complete FDA data on a drug, to look for nutrient/drug interactions. It is very rare for a vitamin to interfere with a drug. It is very common for a drug to interfere with a vitamin. A lot of drugs cause vitamin washout. There are some cases where a person is on medication, where they take a lot of vitamins, there may be some interference. But this is very uncommon. Nonetheless, you should check. Don't read the dumbed-down insert that you got from the pharmacy saying, "Call your doctor if..." What you want to do is go to the Physician's Desk Reference or go online to the drug company, or ask your doctor's office assistant for the full FDA disclosure. It's going to be like nine pages long, fine print, and it's going to tell you just how dangerous that drug you're taking really is.

Now if you go online or if you go to the library or if you go to a nutritionist and if you ask for the same detailed information on a vitamin and its side effects, it will be like three or four sentences. Vitamins are safer than drugs, by far. There's not one death per year from vitamins over the last 29 years that deaths have been traced by the American Association of Poison Control centers. Nobody dies from vitamins. Every year, even the American Medical Association admits that over 100,000 people die from taking drugs as directed. 100,000 a year using drugs properly will die. So, vitamins are safe. This is an important thing. I keep coming back to it because people think, there's got to be a catch to it somewhere, if I'm taking all that niacin and vitamin C and all those cashews, I don't know. Well, common sense has to kick in here. Look into it, see for yourself. Generally speaking, the best way to do it, is the way I said earlier. Ask your doctor to participate, give you a declining dosage schedule for your prescription drug while you increase your daily dosage of vitamins.



Jonathan:

Now Dr. Saul, you've talked about so many things already in your book, *The Vitamin Cure for Depression*, but tell us something else that maybe most people don't know at all. Talk about your book a little bit before we close out the program.

Dr. Saul:

Well, it's always a pleasure for an author to be asked to talk about his book. In *The Vitamin Cure for Depression*, Dr. Jonsson and I tell you what depression is and why you feel the way you do. We talk about conventional treatments, we review them, we take a look at why doctors are not using nutrition and then we go into what to do about it. We want to emphasize that it isn't enough to just go out and get a bottle of niacin. That's a good idea, but that's not enough. There's more to raising than making sure a child has its meals. A good start, but it's not enough. So, to really do the job right, you have to understand there's no mono-therapy, for depression, there is no magic bullet. If there was one thing to do, our book would be a little pamphlet. Well, it isn't, It's a book.

I would also like to mention that I have no financial connection with the health products industry. I don't make a dime selling vitamins and I don't sell for anybody else in this area either. So, we're recommending vitamins not because we sell them, but because they work. I used to tell my students, personally, I wasn't all that interested in the biochemistry of vitamins when I was going to school, but I am really interested in helping people to get over an illness and vitamins are the best way to do this.

In *The Vitamin Cure for Depression*, we talk about bipolar disorder. That's something we've been asked to include and we did. And we also go into non-vitamin cures for depression, ways that people can un-stress and un-depress their lives. So, the book is more than just nutrients for depression. It is, I think, a well-balanced compassionate presentation by my co-author Dr. Jonsson, and it's just like sitting down with him in his office. You're going to get the idea, reading *The Vitamin Cure for Depression*, that there is a way out and this way out doesn't involve expensive, long-term therapy, and it does not involve taking drugs, which are known for their side effects.

You know, one of the problems with drugs for depression is that they work for a while. Typically, if somebody's depressed and you put them on Prozac or you put them on one of the other SSRI drugs, they will feel better for a while. But as the weeks go by, as the months go by, and definitely as the years go by, incidences of suicide or satisfaction with the drugs goes down, side effects go up and the prescription goes up. Gradually the person is taking more of the drug for the same, or even a reduced, benefit and the more drugs you take, the more side effects you have. Dr. Hoffer put it really well and this is the theme for *The Vitamin Cure for Depression*: drugs make a well person sick, why would they make a sick person well?



Depression Solutions: A Natural Way to Treat Depression & Other Mental Disorders

Jonathan:

It's really that simply, Dr. Saul, and it is really a message I would love to close out with. I know you have a lot to say on this as well. It's a message that we have on this program, all the time. We often think that we need some sort of expert, like you were referring to before, someone who "knows more" than we do about what we need to do so that we feel better. But, my main point here is that if something feels so complicated and you're so stressed out in trying to figure out the answer to a problem that you're having, certainly when it comes to mental and emotional issues, if what you're doing just doesn't feel right, that should be a really big red flag to run the other way and go towards something that really feels good, it makes you smile, you get excited about doing it. And let's face it, the bottom line is, you are getting results, you are feeling better and are getting closer and closer to what you are looking for. I am sure you will agree, that is the whole point of getting this information out to people and having them take better care of themselves.

Dr. Saul:

You're exactly right. The nice thing about this, is that you can test it and see for yourself. I would recommend that a person that is feeling that their depression issues are not being well-addressed by medication—or they have other issues in terms of anger management or anxiety, or hyperactivity disorder or obsessive compulsive disorder or bipolar disorder or whatever it may be—I would suggest that they try taking some niacin. I think you're going to find that right about the time you start flushing, you're going to stop having the symptoms of the disorder. I know people that have literally felt better within the hour that they have taken niacin.

Remember the fellow who was kicked out of the state hospital for the insane because he was too violent? He felt better in a day. If someone that has been in a state institution can feel better in a day, just by taking niacin and vitamin C, there's hope for all of us. This is doable. But only you can do it. One of the few free choices we make everyday is what we will or will not put in our mouth. If you're eating a lot of sugar and you're not taking your vitamins, if you're finding excuses to not eat cashews, it's time to start thinking differently. There is a way out. Give it a try.

Jonathan (cont.):

Dr. Saul, I want to thank you so much for your time and I want to thank our listeners for joining us today. Again, for more information about Dr. Andrew Saul, please visit doctoryourself.com plus you may be interested in picking up a copy of his book, and I would strongly recommend it, *The Vitamin Cure for Depression*. I'm your host, Jonathan Landsman. I hope you enjoyed this program. Thank you for your support. Talk to you soon. Take care.



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