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ANTIANXIETY MEDS INCREASE ALZHEIMER'S DISEASE RISK & ARE ADDICTIVE

Drugs to combat anxiety can be addictive, and can increase your risk of Alzheimer's disease. An article appearing in Reuters (February 10, 2010), cited research that showed that benzodiazepines (drugs like Vallium and Atavan) work on the same neurological pathways as heroin. A number of studies have demonstrated that the drugs increased the risk for dementia or Alzheimer's disease. Two such studies have appeared in the *British Medical Journal* (2012;345:e6231) and (2014;349:g5205). One appeared in the *American Journal of Geriatric Psychiatry* (2009 Jul;17(7):614-20). In general, use of the drugs for more than three months increases the risk for dementia later in life.

HUPERZIA SERRATA

Huperzia serrata is a species of club moss containing a biologically active compound known as Huperzine A (HupA). HupA inhibits acetylcholinesterase (AchE), which breaks down the neurotransmitter achetylcholine. Acetylcholine is important for learning, memory and cognition. One possible cause of cognitive decline and memory impairment is reduction in acetylcholine. Since HupA effectively increases the availability of acetylcholine (by interfering with its breakdown), it may be useful for the treatment memory and cognition issues and for treatment of neurodegenerative diseases. One study appearing in *J Neural Transm* (2009, 116:457-465) enrolled over two hundred patients meeting the criteria for Alzheimer's Disease. The patients who were given HupA showed significant improvements in cognitive function, such as orientation, attention and memory. In addition, non-cognitive evaluations, such as mood and behavior, improved after both 6 and 12 weeks of administration.

ANTI-ANXIETY WITHOUT DRUGS

We tend to think that drugs are safer than they really are, and we tend to think that they are more effective than they really are. Heath Ledger had problems with anxiety and sleeping, for which he took drugs and we know how that worked out.

According to a report from MSNBC, based on NIH figures, between 2000 and 2004, the use of sleep medications doubled among adults aged 20-44. Use in children even increased by 85%.

Americans now spend around $5 billion each year on sleep medications. According to the October 23, 2007 issue of the *New York Times*, also reporting NIH figures, newer sleeping pills like Ambien, Lunesta, and Sonata reduced the average time to go to sleep by just under 13 minutes compared with fake pills. The sleeping pill Rozerem, gets you to sleep 7 to 16 minutes faster than a placebo, and increases total sleep time 11 to 19 minutes for the low, low price of $3.50 per pill.

The U.S. Centers for Disease Control and Prevention looked at 2.4 billion drugs prescribed in visits to doctors and hospitals in 2005. Of those, 118 million were for antidepressants. The *New England Journal of Medicine* published that the reporting of results of antidepressant trials exaggerates the effectiveness of the drugs. According to the published literature, nearly all studies conducted (94%) had positive treatment results, but FDA data showed that in fact only about half (51%) of the studies were positive. The author of the report, Erick Turner, M.D., assistant professor of psychiatry, physiology and pharmacology at Oregon Health & Science University and Medical Director of the Portland Veterans Affairs Medical Center's Mood Disorders Program states, “Selective publication can lead doctors and patients to believe drugs are more effective than they really are, which can influence prescribing decisions.”

Antidepressants are linked to violent behavior and to suicide in younger people. Sleep medication has been linked to bizarre things like sleep eating and traveler’s amnesia. A study published in the April 15, 1998 issue of the *Journal of the American Medical Association* found that more than 2 million Americans become seriously ill every year from reactions to drugs (this is a figure for all drugs—not sleep medication) that were correctly prescribed and taken; 106,000 Americans die annually from those side effects.

Anxiety, depression, insomnia—some natural approaches.

There are natural substances that can help with anxiety, depression and sleep disorders.

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Exercise: There are so many studies that show exercise to help people suffering from anxiety and depression, that there isn't room to list them here. Some studies even show exercise outperforming medication. In the *Journal of the American Medical Association* (January 28, 1983;249(4):459-460), 41 insomniacs were studied (23 women and 18 men). It was found that developing good sleep habits, doing regular relaxation exercises before bedtime, and reducing daytime stress helped in the reduction of medications within six weeks.

Diet: A pure diet—free of additives, hydrogenated oil, sugar and refined food does amazing things to improve mood and energy.

Magnesium is nature's muscle relaxer. It is well researched that it is involved in over 300 enzyme systems—including those involved with producing neurotransmitters. Magnesium is also necessary to ensure good sleep. Magnesium will be depleted in people taking diuretics and who eat a lot of sugar and processed foods.

B complex with thiamin: Thiamin will be depleted in people who eat processed food and it is also destroyed by some medications. People who are thiamin deficient tend to fall asleep for a short time and wake up, unable to go back to sleep. They are also prone to be obsessed with negative thoughts, often having feelings of impending doom.

B_{12} with folic acid: A study appearing in the journal *Sleep* (1990;13(1):15-23) cited a couple of case studies where B_{12} supplementation helped with sleep disturbance.

Beta-Phenyl-gamma-aminobutyric acid, a derivative of GABA. GABA is an inhibitory neurotransmitter (it is the substance that many anti-anxiety medications work to increase). Phenibut has been shown to have a calming effect and assist in instances of stress, anxiety and even the improvement of impaired sleep. Should not be taken with alcohol, sedatives or monoamine oxidase (MAO) inhibitors.

There are other, well researched approaches to improving sleep and reducing anxiety and depression. The beauty of natural health care is the lack of side-effects. It really is about seeking balance and health.

MUCUNA PRURIENS

Cowhage (*Mucuna pruriens*) seeds have been used in traditional Ayurvedic medicine to treat Parkinson's disease. Laboratory analysis that shows cowhage contains levodopa, the same chemical used in several Parkinson's disease (PD) drugs. In a few clinical trials in Parkinson's disease patients, cowhage treatments yielded positive results.

Research appearing in *J Neurol Neurosurg Psychiatry* (2004 Dec;75 (12):1672-7) looked at both the clinical effects, and levodopa (L-dopa) pharmacokinetics following two different doses of *Mucuna pruriens* preparations. This was compared to standard L-dopa/ carbidopa (LD/CD). Eight PD patients with a short duration L-dopa response and on period dyskinesias completed a randomised, controlled, double blind crossover trial. Patients were challenged with single doses of 200/50 mg LD/CD, and 15 and 30 g of mucuna preparation in randomised order at weekly intervals. L-dopa pharmacokinetics were determined, and Unified Parkinson's Disease Rating Scale and tapping speed were obtained at baseline and repeatedly during the 4 h following drug ingestion. Dyskinesias were assessed using modified AIMS and Goetz scales.

Compared with standard LD/CD, the 30 g mucuna preparation led to a considerably faster onset of effect (34.6 v 68.5 min; p = 0.021), reflected in shorter latencies to peak L-dopa plasma concentrations. Mean on time was 21.9% (37 min) longer with 30 g mucuna than with LD/CD (p = 0.021); peak L-dopa plasma concentrations were 110% higher and the area under the plasma concentration v time curve (area under curve) was 165.3% larger (p = 0.012). No significant differences in dyskinesias or tolerability occurred.

The mucuna seed powder formulation had a more rapid onset of action and an increased amount of time without concomitant increase in dyskinesias, which suggests that this natural source of L-dopa might possess advantages over conventional L-dopa preparations in the long term management of PD.

L-Dopa from the *Mucuna pruriens* plant has been used therapeutically. L-Dopa is converted to dopamine. Dopamine is largely responsible for regulating physical movement, emotion and the pleasure and motivation centers of the brain. It plays a neurocognitive role, particularly with memory, problem solving, motivation, learning and the ability to focus. Additionally, dopamine acts on the sympathetic nervous system, thus it impacts physiological functions such as heart rate and blood pressure. Mucuna may have a positive effect on mood and neurological function. Several studies show *Mucuna pruriens* ability to increase libido, sperm quality and male fertility. Macuna has shown metal chelating activity and practitioners commonly report that fibromyalgia patients respond very well to it.

There are moments when all anxiety and stated toil are becalmed in the infinite leisure and repose of nature.

Henry David Thoreau

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DRUGS MAY NOT BE THE BEST ANSWER FOR DEPRESSED PATIENTS

Antidepressants are among the most commonly prescribed drugs in America; about 10% of the population take them. The number jumps to 25% for women between the ages of 50 and 64. When compared to placebo, they are not very effective in controlling depression. A study published in *PLOS* (February 26, 2008) concluded, "Drug–placebo differences in antidepressant efficacy increase as a function of baseline severity, but are relatively small even for severely depressed patients."

Considering the side effects of these drugs, it may be wise to come up with a natural approach. The side effects of antidepressants are many and varied. *The British Medical Journal* (2015 Dec 14;5 (12)) recently published research that found that taking the drugs can lead to bipolar disorder. To quote the authors' conclusion, "In people with unipolar depression, antidepressant treatment is associated with an increased risk of subsequent mania/bipolar disorder."

These drugs are especially dangerous to a developing fetus. Pregnant women taking the drugs have an increased risk of giving birth to a child with autism spectrum disorder (ASD). Research published in *JAMA Pediatrics* (2016 Feb 1;170 (2):117-24) concluded "Use of antidepressants, specifically selective serotonin reuptake inhibitors, during the second and/or third trimester increases the risk of ASD in children, even after considering maternal depression." Another study, appearing in *Molecular Psychiatry* (2015 Jun;20(6):727-34), found a link between ADHD and maternal use of antidepressants.