



HOPE

for mental illness

a complementary approach

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I have evaluated and treated hundreds of patients struggling to overcome the challenges of mental illness. In the majority of cases, the addition of complementary treatments has improved their quality of life and treatment outcomes.

Despite advances made in the treatment of mental illness, the side effects from medications can create difficulties with treatment compliance and quality of life. When the standard medical approach is combined with specific complementary medicines, however, research shows that treatment outcomes can be improved.

Bipolar disorder

For patients with bipolar disorder (BPD) who are being treated with lithium medication, the addition of a

nutritional compound known as choline bitartrate can be quite helpful. It is especially indicated for those patients who rapidly cycle between depression and mania, and for patients who have frequent episodes of mania.

Choline is a precursor to phosphatidylcholine, a fatlike compound that is essential in maintaining the double fat layer (cell membrane) that surrounds most cells in the body.

BPD patients who rapidly cycle or who are manic benefit from additional choline (2,000 to 8,000 mg daily),

which helps them to metabolize fatlike compounds. It can also be given to patients who have responded poorly to lithium treatment.

Choline is not indicated for BPD patients who are depressed or who have a greater tendency toward depression. Patients should always check with a physician before taking anything that may affect their lithium blood levels.

Chelated multivitamins and minerals that have been formulated to support brain function offer another viable >



treatment for BPD. With some of these formulations, patients will need to take six to 24 capsules daily or an equivalent amount in powder form, to have noticeable therapeutic results. BPD patients have defects in their ability to produce cellular energy, a condition known as mitochondrial dysfunction. Vitamin and mineral formulations help because they contain a variety of nutrients that support mitochondrial health, such as vitamins B₂ and B₃.

These formulations can be safely combined with standard treatments. Several small studies have demonstrated their effectiveness in improving BPD symptoms, reducing medication need, sometimes allowing patients to discontinue their medications.

Essential fatty acids derived from fish oils—docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA)—may significantly benefit BPD patients. In one clinical trial, BPD patients who ingested seven capsules of fish oils twice daily (providing 6.2 g of EPA and 3.4 g of DHA) along with their standard treatments had notable improvements in depression and mania and had fewer relapses. In a more recent study involving depressed BPD patients, supplemental EPA (1.5 to 2.0 g daily) showed significant antidepressant effects.

Schizophrenia

When used with conventional treatments, EPA from fish oil was shown to improve quality of life in schizophrenic patients and to help with both the positive and negative symptoms (see sidebar) of schizophrenia. The therapeutic daily dose is somewhere between 1.5 and 4 g of EPA daily. Research has demonstrated that taking a daily combination of antioxidants (1,000 mg of vitamin C and 800 IU of vitamin E) enhances the therapeutic effects of EPA.

Schizophrenia symptoms are often described as either “positive” (the manifestations of psychosis) or “negative,” (the loss of normal abilities).

Positive symptoms

- hallucinations
- delusions
- bizarre behaviour (from inappropriate dress to aggression and/or agitation)
- hostility
- incoherence, illogicality

Negative symptoms

- diminished emotional responsiveness
- lack of ability to communicate
- apathy, social withdrawal
- impaired concentration

Source: Internet Mental Health: mentalhealth.com

A deficiency of the trace mineral selenium has been suggested as a possible cause of schizophrenia. In one study, low levels of a specific selenium-dependent enzyme (glutathione peroxidase) were as associated with brain damage in schizophrenic patients. Even patients taking the drug clozapine require additional selenium, since research has revealed a possible connection between low selenium blood levels and potentially serious drug-related side effects. The therapeutic dose of selenium is 200 to 400 mcg of daily.

In addition to selenium and EPA, the herb *Ginkgo biloba* appears to be a helpful adjunct. In one study, when an extract of ginkgo was combined with a standard schizophrenia medication

(olanzapine), there were reductions in the “positive symptoms” of schizophrenia (see sidebar for definition of “positive” and “negative” symptoms typical in schizophrenia). The typical therapeutic dose of ginkgo extract is 360 mg each day.

Patients who must take conventional medications may find the side effects reduced with the aid of complementary medicine. **a**

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