



INFLAMMATION AND DEPRESSION

The flaws in the way the medical community treats depression can be overcome

BY PAUL VARNAS, DC, DACBN

TIME TO READ: 7-9 MIN.

THE TAKEAWAY

Studies support that inflammation causes depression, a golden opportunity for chiropractors, while the pharmaceutical industry is manipulating data to inflate antidepressant medication results as it did with opioids.

MANY CHIROPRACTORS UNDERSTAND just how flawed the medical system is; understanding just how poorly it addresses chronically ill patients should spur us to become proficient at supplying “non-chiropractic” solutions to “medical” problems.

The opioid epidemic gave us an up-close look at just how flawed, unscientific and perhaps corrupt (thanks to the pharmaceutical industry) traditional medicine can be.

The pharmaceutical industry, opioids and antidepressants

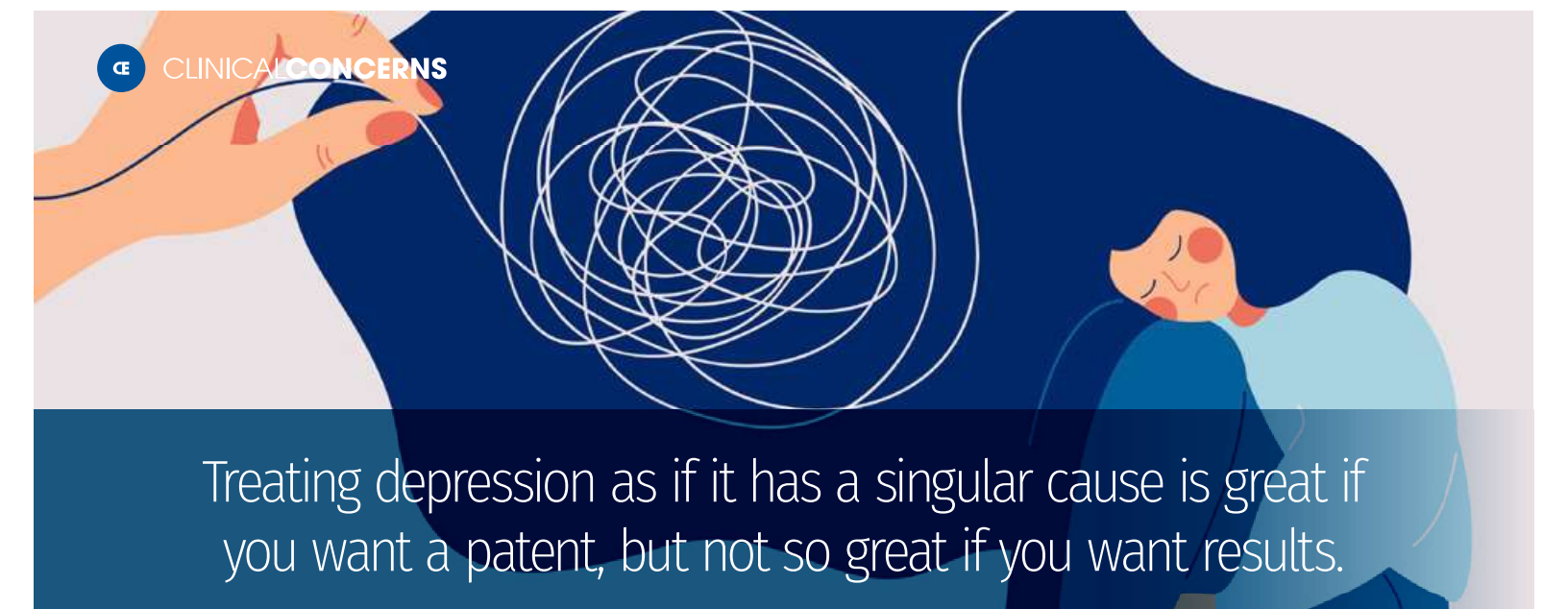
The estimated economic costs of the U.S. opioid epidemic topped \$1 trillion in 2017, according to a pair of CDC analyses. Nearly 500,000 people have died from opioid overdoses during

the past 20 years. This crisis is largely due to the pharmaceutical industry’s propensity to “fudge” the results of studies.

We may be experiencing a similar manipulation of data when it comes to antidepressants.

There are lots of studies concerning the effectiveness of antidepressants, nearly 80% of which are funded by the pharmaceutical industry. According to the British Medical Journal,¹ only about 40-60 out of 100 people who took an antidepressant noticed an improvement in their symptoms within 6-8 weeks.

A report published in Psychotherapy and Psychosomatics states, “Meta-analyses of FDA trials suggest that



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antidepressants are only marginally efficacious compared to placebos and document profound publication bias that inflates their apparent efficacy. These meta-analyses also document a second form of bias in which researchers fail to report the negative results for the pre-specified primary outcome measure submitted to the FDA, while highlighting in published studies positive results from a secondary or even a new measure as though it was their primary measure of interest. The STAR*D analysis found that the effectiveness of antidepressant therapies was probably even lower than the modest one reported by the study authors with an apparent progressively increasing dropout rate across each study phase. Conclusions: The reviewed findings argue for a reappraisal of the current recommended standard of care of depression.”

\$1 MILLION
TRIALS ARE SO VALUABLE TO DRUG
COMPANIES THAT THEY WILL OFTEN SPEND
UPWARDS OF \$1 MILLION IN REPRINT
COSTS FOR POSITIVE PUBLISHED STUDIES



Magazine ad revenue vs. study results

Richard Smith, former editor of the BMJ, publicly criticized his former publication, saying that they were too dependent on advertising revenue to be considered impartial.

One-third of the studies published in the BMJ are funded by the pharmaceutical industry. Smith estimates that between two-thirds to three-quarters of the trials published in major journals — Annals of Internal Medicine, Journal of the American Medical Association, Lancet and New England Journal of Medicine — are also funded by the pharmaceutical industry.

Trials are so valuable to drug companies that they will often spend upwards of \$1 million in reprint costs (which are additional sources of major revenues for medical journals).

Consumers trust medical journals to be the impartial and “true” source of information, but money from big pharma influences both drug trials and medical journals. Medical science is to science what cherry Kool-Aid is to cherries. There is a vague scientific “flavor,” but it isn’t the same as real science.

The medical approach to depression

The medical approach to depression is based on the idea that it is caused by a lack of neurotransmitter, either norepinephrine or serotonin (GABA, if you are talking about sleep disturbance or anxiety). Really? This has not been proven. Results have been fudged, with a tendency to publish only favorable results. The medical approach to depression (and just about every other health problem) is built around getting a patent — not getting the patients better.

According to a report released by the National Center for Health Statistics (NCHS), the rate of antidepressant use in this country among teens and adults (people ages 12 and older) increased by almost 400% between 1988–94 and 2005–08. In 2008, 11% of the population took them. In 2017 it was 17% of the population. Treating depression as if it has a singular cause is great if you want a patent, but not so great if you want results. Maybe it is better to treat the patient who has depression rather than treating the depression.

Treating the patient, not the depression

Depression is a symptom, not its own disease. If you go through the literature, you will find it linked to problems with the thyroid, vitamin deficiency, the hypothalamic-pituitary-adrenal axis,² inflammation and even bowel ecology.^{3,4,5,6,7}

The problem with looking at these issues is that it is impossible to find a single, patentable treatment — so they are largely ignored.

The link between depression and inflammation is an interesting one. One study looked at CRP levels in patients with major depressive disorder (MDD).⁸ Researchers found that high CRP levels made patients less responsive to treatment. High levels were also associated with cognitive impairment (which

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We are the profession that treats the patient and not the disease; we need to expand our focus.

the antidepressant treatment did not affect). Another study⁹ found a strong correlation between high IL-6 and CRP levels with depression. Patients with depression had higher levels of these inflammatory markers than did healthy controls.

Inflammation and depression

Inflammation causes depression.

This tells us that diet matters, and studies support that.^{10,11,12} This is something that should be addressed in chiropractic offices because you can reduce inflammation with basic dietary advice. Chiropractors can be the answer to our nation's runaway medical costs (18% of the GDP and rising).

If we look at depression as a symptom with many possible causes, we can come up with strategies to help these patients. Vitamin B intake can improve depression.¹³ Low levels of vitamin D are linked to depression.¹⁴ Low levels of DHA in the frontal lobe are linked to depression.¹⁵ Exercise outperforms drug therapy.¹⁶

You get the idea; depression does not have a single cause. Fixing the body's infrastructure can work better than aggressively manipulating the body's biochemistry with a drug.

There are many more references than are listed here. Also, other nutrients are useful. Low-dose lithium and magnesium come to mind. We are the profession that treats the patient and not the disease; we need to expand our focus.

A holistic approach from inflammation specialists

Going beyond manipulation and adding basic nutritional therapy can increase the number of patients we can effectively treat.

Furthermore, we can be the answer to runaway medical costs (\$3 billion per year and rising). Inflammation is an issue that should be addressed in patients with depression. It is also a component in just about every disease. Inflammation can be effectively addressed with diet. Even if you are just treating kinks and strains, addressing inflammation with dietary advice will improve your results. **CE**

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References can be found online at chiroeco.com