

Asociace terapeutů
a detoxikačních
poradců

KINOSVĚT

With Dr Josef Jonas: About the Health

Episode 23:

DEPRESSION

Today's topic will not be much optimistic because we decided to deal with depression. If we were to use proper jargon of medicine we would not even use the word depression as depressions bear various complex names. But I think a "depression" is a perfectly understandable word for everyone. Depression may be partly overlapping in meaning with sadness, but mere sadness is not a depression. Sadness can be caused by some unfavourable life event, after some external stimulus, whereas depressions, the one I want to talk of, were earlier called *endogenous depressions*. The word "endogenous" means that they are of internal origin and that origin is unknown.

People generally know terms like serotonin, nicknamed the hormone of luck, but norepinephrine, dopamine and other so-called neurotransmitters are definitely less known. These substances should play a decisive role in the development of depression. But there is a catch in it. Only about 25% of depressions show a deficiency in the area of these neurotransmitters, and the rest is subject of various theories suggest that serotonin is of poor quality or that the receptors are insensitive etc. But it's probably a bit different.

A depression is manifested by bad mood and many other phenomena, like inability of any activity, especially a loss of joy, a loss of pleasure in life or things we generally consider happy and pleasant. There are also various changes in the body. One may feel tired, but at the same time there is usually insomnia, constipation and various other problems, known in aggregate as the so-called *somatised depression*. This is a depression that does not manifest itself in particular in the patient's mood rather as various pains and dysfunctions of the organism. These are mostly atypical in nature and cannot be classified into any diagnostic group.

There are also "masked depressions" where the somatic symptoms disguise the underlying depression. These are "cocooned" depression where not even an interview with the patient

would reveal that the person is depressed but we feel they are somehow seriously ill. One can also lose weight. In short, depression carries a variety of problems. However, I do not think it is a problem that everyone can quite well diagnose with themselves. With light depressions and depressive moods - before we can even admit it to ourselves - we sometimes try to blame people around us, different situations and politics, etc., but it actually is in us, it is our depression. It is similar to when someone says that we cannot look for the source of happiness around us but rather inside because things around us are passing and never will last long or even forever.

However, a completely different disorder may imitate depression. There is an organ in the brain that is called *neurohypophysis*, which excretes hormone *oxytocin* that also affects a person's mood. The brain further produces substances called *endorphins* – a sharp reader will certainly notice the word morphine, which together means inner morphine. Our bodies produce these substances constantly to survive in a relatively good mood and optimism. If someone is lacking those substances, they might tend to make it up with alcohol or drugs. It is a sort of self-treatment. Excretion of endorphins may also be supported by physical exercise, in a gym, during a stay in the mountains etc.

But it is not true for the classic endogenous depression. In such case we cannot simply say "go out and have fun, meet people and rejoice" because none of this can actually treat such depression. This problem arises in the part of the brain called *diencephalon* which belongs to the *limbic system*. This is where these mood disorders accompanied by a number of physical problems occur.

It is also recommended that people improve their mood and resist depression by eating certain foods. It is logical as the precursor, i.e. the substance from which serotonin is produced, is an amino acid *tryptophan*. It is found in a wide range of foods so we should eat bananas, blueberries, cabbage, spinach and mainly chocolate. Many people feel that chocolate brings euphoria. Serotonin levels may be also increased by alcohol, marijuana, and other drugs, but it is a genuine highway to hell because the steep increase in production of this hormone is followed by a similarly steep drop in its level, and we are forced to seek a new dose to get back into that pleasant state.

Chronic stress also plays a very important role. We often talk about it but it is very difficult because it is nothing that we could simply describe, measure or record. It is a highly changeable and individual matter and something that is stressful for one person may not be stressful at all for other persons. The gravity of the problem is very individual and we thus speak of a vague sense of threat that everyone perceives differently. Let's also mention again that depression is a cyclic disease, which means that if it once develops it is highly probable it will be cyclically repeated. And stress is a very important trigger. Stress itself would not trigger depression but it will weaken the brain centres that control it.

Just yesterday I came across articles from a prestigious American magazines, and they show something we've been already discussing for twenty years. The centres that are responsible for depression often bear hidden infections or microbial deposits. These get there when the structures are weakened by stress. This couple, i.e. stress accompanied with hidden infection may then damage functions of the respective part of the brain. And if something there does not work ideally it is then of course an ideal place for storing other types of toxins such as metabolic toxins, today's popular gluten, metals, vaccines, antibiotics and other stuff. And obviously the situation in our guts and the toxins released there also

significantly contribute to the development of depression. There is a whole bunch of toxins that may cause damage to the above mentioned part of the brain.

That's why prevention cannot be the only solution. Prevention is obviously great and our preparations that actually represent certain programs are capable of changing stress situations and consequences of stress in our brain. After several months of use, they can change the sense of danger, the stress, and one suddenly sees things differently. Systematic brain detoxification associated with treatment of the intestinal microflora is the absolutely ideal approach to prevention of depression. But, if we have already neglected it and we need to put out the fire, when we dig a well only after we found out we are thirsty, there is not much to do but use preparations **Streson**, **Activ-Col** and **Activ-Acid** together with **Depren**, which has the ability to remove microbial deposits from that part of the brain called *diencephalon*. This is the basis for elimination of depression, and I can tell you that it is very good for lighter depression. In case of heavier depressions we naturally need to look for further connections, e.g. with intestinal nerves. Today it is quite well known that large amounts of serotonin are produced in the intestinal nerves but the functioning of these nerves is also often disturbed –diarrhoeas and constipations can prove it.

Therefore, we need to investigate other sources of serotonin in the body – let us mention the lungs, on behalf of all. The traditional Chinese medicine, for example, clearly and conclusively states that the lungs, the intestines and the part of the brain responsible for depression form one functional energy unit. So, if we are going to take care of this whole unit and detoxify it then we will not definitely find ourselves in the same situation as in the United States today, where antidepressants are the second most prescribed drug. I would not want to follow their footsteps.

Source: www.youtube.com/watch?v=AquhsUV7eS4

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