



## ... Depression :(



### **Roseroot herb shows promise as potential depression treatment option**

**SUMMARY:** *Rhodiola rosea (R. rosea), or roseroot, may be a beneficial treatment option for major depressive disorder (MDD), according to results of a study. Depression is one of the most common and debilitating psychiatric conditions, afflicting more than 19 million Americans each year, 70 percent of whom do not fully respond to initial therapy. Costs of conventional antidepressants and their sometimes substantial side effects often result in a patient discontinuing use prematurely. Others opt to try natural products or supplements instead.*

### Drugs For Depression is a Dangerous Game

This week the news has been tragic. A German pilot suffering from depression and taking psychotropic medications flew a plane into a mountain killing himself and 150 passengers.

The standard way of viewing this situation is to label the pilot a homicidal maniac and not look deeper.

It has come out in the news that he was taking anti-depressant medications. A little publicized fact about these meds is that can cause suicidal ideation.

In fact the FDA on certain medications (such as Cantix) has placed black box warnings regarding the dangers this class of drugs poses.

**Black Box Warnings**

**Neuropsychiatric Symptoms and Suicidality**

monitor for serious neuropsychiatric events (incl. behavior change, hostility, agitation, depression, and suicidality) as well as worsening of preexisting psychiatric illness which have occurred in pts taking varenicline and after discontinuation; some cases possibly complicated by nicotine withdrawal sx, but also reported in pts who continue to smoke while taking varenicline; weigh varenicline risks vs. benefits of smoking cessation

click icon for FDA press release

The good news in all of this is that in the same news cycle a research paper was published on *Rhodiola Rosea*, an herb with a very good safety record and a great phyto-nutrient profile.

Given the nasty side effects of these medications and the long term effects they have on brain function (fMRI studies have shown areas of the brain that manage impulse control 'light up' when psychotropic drugs are taken) it makes sense to use safer alternatives.

This research on *Rhodiola* combined with other research on St. John's Wort and inositol provide excellent natural options for patients wanting the support CNS function.

Along side herbal therapy other nutrients that show beneficial effects on the brain are Omega 3 Fatty Acids and the whole food B-vitamin concentrates.

Live well, stay up and keep in touch,

Dr. Olejak



Buy Two *Rhodiola* Complex and get the third for half off through April.



***Rhodiola rosea* (R. rosea), or roseroot, may be a beneficial treatment option for major depressive disorder (MDD),** according to results of a study in the journal *Phytomedicine* led by Jun J. Mao, MD, MSCE, associate professor of Family Medicine, Community Health and Epidemiology and colleagues at the Perelman School of Medicine of University of Pennsylvania.

The proof of concept trial study is the first randomized, double-blind, placebo-controlled, comparison trial of oral *R. rosea* extract versus the conventional antidepressant therapy sertraline for mild to moderate major depressive disorder.

Depression is one of the most common and debilitating psychiatric conditions, afflicting more than 19 million Americans each year, 70 percent of whom do not fully respond to initial therapy. Costs of conventional antidepressants and their sometimes substantial side effects often result in a patient discontinuing use prematurely. Others opt to try natural products or supplements instead.

All of the study's 57 adult participants, enrolled from December 2010 and April 2013, had a DSM IV Axis 1 diagnosis of MDD, meaning they exhibited two or more major depressive episodes, depressed mood and/or loss of interest or pleasure in life activities for at least 2 weeks, as well as symptoms including



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significant unintentional weight loss or gain, insomnia or sleeping too much, fatigue, and diminished ability to think or concentrate, and recurrent thoughts of death.

The participants received 12 weeks of standardized R. rosea extract, sertraline, or placebo. Changes over time in Hamilton Depression Rating (HAM-D), Beck Depression Inventory (BDI), and Clinical Global Impression (CGI) change scores were measured among groups.

Patients who took sertraline were somewhat more likely – as measured by Ham-D scores – to report improvement in their symptoms by week 12 of treatment than those who took R. rosea, although these differences were not found to be statistically significant. **Patients taking R. rosea had 1.4 times the odds of improvement, and patients on sertraline had 1.9 times the odds of improvement versus those on a placebo. However, patients on sertraline experienced twice the side effects – most commonly nausea and sexual dysfunction --** than those on R. rosea: 63 percent versus 30 percent, respectively, reported side effects. These findings suggest that R. rosea may possess a more favorable risk to benefit ratio for individuals with mild to moderate major depressive disorder.

“These results are a bit preliminary but suggest that herbal therapy may have the potential to help patients with depression who cannot tolerate conventional antidepressants due to side effects,” Mao said. “Larger studies will be needed to fully evaluate the benefit and harm of R. rosea as compared to conventional antidepressants.”

Journal Reference: Jay D. Amsterdam et al. *Rhodiola rosea versus sertraline for major depressive disorder: A randomized placebo-controlled trial.* *Phytomedicine*, March 2015

Source: <http://www.sciencedaily.com/releases/2015/03/150326112336.htm>



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