

~ INTRODUCTION ~

*M*y grandmother died at the age of sixty-one of complications from postpartum depression. I know it sounds crazy. She had postpartum depression back in the 1940s and 1950s, before the condition had a name. She was institutionalized twice after “nervous breakdowns,” was given what my granddad called her “I-don’t-give-a-shit pills,” and had shock therapy when those pills were not sufficient.

The shock therapy helped her return to her family and function at a basic level, perhaps because it raised her brain levels of zinc. She normally displayed signs of zinc deficiencies—her very small frame in a family of larger people is one indicator, and as she proceeded through life she developed other diseases in addition to depression, that are associated with low zinc, magnesium, B vitamins, and Omega-3 fatty acids. She developed type 1 diabetes at the age of fifty and she died at the age of sixty-one “with the heart of an eighty-year-old,” according to her cardiologist.

When I’ve spoken with women and tell them about my grandmother’s death from postpartum depression at sixty-one, they don’t think I’m crazy at all. Their eyes widen and they say, “My problems started after I had my children.” Diabetes, thyroid disease, chronic fatigue syndrome, rheumatoid arthritis, fibromyalgia, and cardiac problems top the list of diseases that these women in my life report to me.

As women experience degenerative diseases that appear rooted in their postpartum days or in another very difficult period in their lives, researchers are finding that some diseases are not only correlated with each other, but that they share common nutritional deficiencies. Depression, heart disease, and diabetes are good examples. If you have one of these diseases you are likely to have another or to develop another in the future. There is growing

research that increasing Omega-3 fatty acids in the diet or taking a supplement can alleviate all three.

It seems no coincidence to me that my grandmother, who produced three children, each of whom needed her Omega-3 fatty acids for their developing brain, developed diseases related to Omega-3 fatty acid deficiency. She had no idea that her diet was not sufficient to grow three children without health consequences for herself.

In this context, my grandmother gave up a great deal for her children. Her husband of all those years is still alive, in his late eighties, and he has only given up his golf game in the last few months. He was able to keep his nutrient stores to himself all those years. For my grandmother's part, we have celebrated the twenty-fifth anniversary of her death by publishing this book.

The World Health Organization (WHO) has a term for these "lost years" of my grandmother's life—disability adjusted life years, or DALYs. These are the years of life lost due to early death or disability. I argue that my grandmother's years lost to early death may be twenty-five, though it is surely hard to know how long she would have lived had she been healthy. Her sisters lived high-quality lives past the age of ninety.

But on top of her early death, she lost many more years due to disability caused by depression. From all reports, many of her years between her early twenties and her death at sixty-one were lost due to disability from depression and its complications. She may have lost closer to sixty-five years of life from both early death and from health-related disabilities.

Among women in industrialized countries, depression is now the number one cause of DALYs according to the WHO. I have lost at least three years myself and I am fairly young and have not been plagued by lifelong depression. I am lucky in this regard.

However, the outlook for babies born now is not good. When my son, Frederick, is twenty-eight years old in 2030, the WHO projects that depression will be the second-greatest cause of lost years of life due to early death or disability, *for men and women across the globe*. All those years of depressive hell or a life cut short by suicide will add up. And for the population on this

planet, those years lost due to depression will be second only to those lost due to HIV/AIDS.

Years lost due to other diseases will decline and our struggles with depression will continue unchecked. Our children will be affected by debilitating depression and suicide if the WHO forecast is correct. And our generation, too, will continue to be plagued by the disease if trends continue as they have.

TOOLS TO CHANGE THE TRENDS

In this day, none of us should suffer from a lack of nutrients, and yet studies show that providing patients with vitamin B-12 or folic acid alleviates depression. Surveys of the food intake of American women show that many of us do not eat adequate quantities of folate, magnesium, zinc, B-6, and Omega-3 fatty acids. All these nutrients (and many others) can cause or aggravate depression if we do not consume enough of them.

How do we know which nutrients will help us fight depression?

I started the research for this book because I wanted to rebuild from depression myself. I felt as if I was in a continuous game of “pin the tail on the donkey.” I was blindfolded, searching for that paper donkey on the wall, and hoping to pin the tail on the donkey’s hind end. One more supplement would do it. One more diet change would work. The proverbial tail would end up in the right place and I would feel well again.

I played “pin the tail on the donkey” until my thyroid became sluggish and I gained fifty pounds. Like the many diseases my grandmother faced postpartum, I now had a thyroid problem—and no pants that fit. I headed to the library and collected the information in this book.

How do we know if we need to eat more of a particular nutrient? What is the best test for deficiency? How can we add it to our bodies with nutritional supplements? What is the best kind of supplement? How much is too much? How do we increase our food intake of nutrients or our body’s absorption of them? This book answers these questions.

The answers to these questions will cut the time you spend playing “pin the tail on the donkey” and you, too, will rebuild from depression. As we rebuild, we will change the current depression trends.

If we do nothing, our children are likely to suffer from depression and we will continue to suffer over the remaining decades of our lives. Whatever are the underlying causes of each of our unique cases of depression, our children are likely to share some of those same characteristics. It is a matter of basic biology that along with our eye color and hair color, we also give our babies our nutritional status. After creating them, they share food with us at the dinner table for many years.

Those same deficiencies that are wreaking havoc in our bodies now are likely to do so in our children and in their children until the cycle is broken. If we can break the cycle, we will have a better quality of life. We can help our children with theirs, and we can affect the trend lines in depression forecasts.

The second part of this book on nutrients and food offers strategies to maximize the nutrition in your diet. These strategies, implemented over time on days that you feel well, will help you shore up your body. You can gain some inspiration from knowing that not only will your quality of life improve, but you will be giving your children important tools to improve their quality of life. They are not destined to be depressed and your destiny is not fixed either.

We will rebuild from depression. The tools are waiting for us. Use them at a pace you can manage, but begin to implement them. Help your family members and friends implement them. In 2030, rather than lament the global rise in depression, we will celebrate the impact we have made on our own lives and on the lives of those around us.