



Brogan, K. (with Loberg, K.)

A Mind of Your Own.

The Truth about Depression and How Women Can Heal Their Bodies to Reclaim Their Lives

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One of the biggest medical myths at the turn of the millennium is silently breaking apart, and this book is one of the signs, and perhaps even engines, of the break-down: the myth of biological psychiatry and of the alleged science behind it. Let us remember: depression, psychosis, cyclothymic disorders, mania were 'mental diseases' that psychiatrists like Breuer, Flournoy, Freud, Jung, Janet, and others at the turn of the century and during the first half of the 20th century tried to understand as complex disorders where psychological, traumatic, dispositional, even spiritual, and nutritional factors interacted. They were suddenly declared 'nothing but' derangements of some transmitter system soon to be discovered. With the capability to target some of these transmitter systems pharmacologically, the idea arose – after the fact, mind you! – that, likely, psychiatric diseases were just such derangements of transmitter systems. Some neuroleptics that block the dopamine system also produced Parkinson's disease-like symptoms affecting the pyramidal system. Some Parkinson's disease patients also had mood distortions and hallucinatory symptoms. Therefore: Parkinson's disease and psychosis are biological diseases of the brain only, caused by a deficit in dopamine availability. Chapeau: theory development and proof rolled into one. And in came biological psychiatry, with a hefty handshake, well-greased with research dollars and personal benefits of all kinds of courtesies towards the pharmaceutical industry; the new myth of biological causes of mental diseases and their treatability by pharmaceuticals was born. Other rivaling ideas, for instance that psychiatric diseases might be symptoms of nutritional deficiencies, such as an imbalance in essential omega-3 fatty acids [1], were quickly shelved. Why? For one, it was bonanza time for pharmaceutical companies, making 2 digit profits from new blockbusters [2], and it seemed pretty straightforward to sell the idea of 'one disease, one receptor, one molecule' as a fix for any type of disease. Second, biological psychiatry fitted with the overall crypto-materialist mentality and background philosophy in medicine and biology. Third, the genetic promise to unlock the code of human disease was knocking at the door. Fourth, the demystification of mental illness was near perfect: mental illness was not a possession experience, had nothing to do with any god and supernatural power, was no result of past trauma, was not anything mysterious, it simply was, well, a biological disease of the brain, similar to diabetes, which is a lack of function of the pancreas. Even though a lot of the intricacies were unclear, the general road towards the light was sketched on the maps of scientific discoveries. Where old explorers had written 'here be dragons', the new-generation psychiatrists wrote 'here serotonin is missing'. Little inconsistencies could be brushed over, such as the fact that Prozac was developed – and failed – as a pain medication in the first place and that its revival as an antidepressant was just a very clever marketing trick [3]. A huge myth-making machinery of high profile science, together with very clever marketing, especially with the patient as a target, created what can probably be described as some of the least specifically active and yet universally believed in as specific drugs ever produced, selective serotonin inhibitors. Science galore has gone into debunking those myths as lacking in specificity and largely banking on the placebo effect [4], true effect sizes being much too small to warrant their universal acceptance [5, 6], in fact smaller than the threshold of $d = 0.5$ stipulated by NICE, the English Health Technology Assessment Agency advising the British Government, as the threshold of clinical efficacy. But the myth-creating machinery had already done its work: the pre-post effect sizes of antidepressants are $d = 2.5$, i.e., huge [7], even though the specific effect is very small. Why? Part of the mystery is that negative trials get shelved. And another part of it is that the expectancy of patients, doctors, and the general public has been so much boosted that everyone expects huge effects. And they get them, initially.

The myth worked until very recently, when very critical scientific papers and books appeared [8–11] that not only doubted but argued hard and strong: that the serotonin hypothesis of depression is a pure myth and not scientifically proven, that the seeming effect of SSRIs is built on the false perception of relief because the withdrawal from these drugs creates a huge withdrawal syndrome that masquerades itself as depression, and that they incur lethal side effects much more frequently than people think.

Now, this current book by Kelly Brogan might be considered the public and wide broadcasting of this news item: it is written for the general public, especially for women who suffer from depression, and its style is very accessible. Kelly Brogan is herself a medical doctor with a specialization in psychiatry and a PhD in neuroscience from the Massachusetts Institute of Technology. In plain text: she really knows what she is talking about. She has learned the clinics and the science of her topic from scratch, and this is palpable, unlike in so many other popular debunking or how-to-do-it-differently books. Her arguments are not only solid and factually reliable, they are also well-bolstered with 315 good and recent references, some of them to internet sites with many more resources. And she does not only speak from the science point of view but also from her experience, both as a patient and as a psychiatrist caring for depressed women and others. This mix of practical experience and scientific background information makes the book valuable for different types of readers. It can be helpful for patients who want to understand better how to have – or rather not to have – their condition treated, and it can be an eye opener for clinicians, practitioners, and researchers, especially from the holistic medical field. I am sure, most of the latter will have entertained similar thoughts without saying them out loud, in front of colleagues, friends, or patients. And here comes the daring odd one that does. She raises her voice and says: the whole serotonin hypothesis of depression that most of modern biological psychiatry is based upon, let alone the treatment, is scientifically flawed and a complete myth. She not only says so, she also cites the appropriate data which are strong indeed. Depression is a symptom of a systemic state of inflammation, in line with most recent research, most likely mediated by food or substances that enhance inflammation and habits that support it.

Brogan also says – in the same vein as Peter Gøtzsche [9] does – that antidepressants are in fact not alleviating depression; they are causing long-term depression because they interfere with the brain's own rebalancing. They are dangerous and ineffective and very difficult to get rid of. Also, she touches a few other sanctuaries of political correctness, both conventional and alternative, such as birth control pills, low-level radio-magnetic radiation from cell phones and other devices, veganism and vegetarianism. In the first part of the book – up to page 138 –, she outlines the science behind her approach. In the second part, the practical approach follows. It consists mainly of nutritional and lifestyle advice as well as evidence related to depression and other associated conditions, such as insomnia, and is a solid mix of scientific background information and practical advice. The nutritional advice she gives to patients mainly comprises the following elements to unwind the systemic inflammation: a 4-week exclusion diet to clear the system:

- avoiding gluten and all types of grains and directly digestible starches such as from potatoes, grains, beans, rice, sugars, and sugar-containing fruits and beverages;
- avoiding milk products and milk proteins;
- using a good mix of saturated and unsaturated fats from natural sources;
- avoiding all hydrogenated and denatured fats and products as well as most of the fashionable vegetable oils, using saturated fat, olive oil, linseed oil, coconut oil, ghee, and some other products instead;
- using plenty of natural products, such as vegetables, spices, organic free-range meat and fish, and plenty of fat and oil.

After this detox period of 4 weeks, patients are allowed back, by individual trial and error, on grains that do not contain gluten, potatoes, rice and complex carbohydrates from starch-containing vegetables, and some milk products. But sugar and low-fat food remains banned, as does gluten.

The benefit of this diet is that it has been tested, by herself and her patients, having produced remissions from depression, fatigue, and similar conditions. It is also refreshingly low in dogmatic tenets, which are currently fashionable, and thus allows both ample carbohydrates as well as animal fat and protein. The background is the insight that all natural Paleolithic societies were hunter-gatherers with a varied menu, all of them using some sort of animal food source and only carbohydrates that are complex to digest, and that the approximately 20.000 years since that period are too short in evolutionary terms to get the genome adapted to new foods at a very broad level. It might have been important to add that modern breeding and production techniques have introduced crops that are extremely high in gliadin, the protein in gluten, compared to our traditional ones meaning that perhaps not the gluten itself but the amounts pose the problem. However, this point needs further research. Whether it is correct, from an evolutionary point of view, to dismiss the Neolithic revolution that resulted both in dairy food and the domestication of grains, I cannot appraise without data. This is the only piece of argument where I find the author herself becoming prey to a modern myth. But the benefit of doubt is with her clinical experience. She claims that this diet helped herself and her patients, and I am more than willing to believe this. It might be worth mentioning that patients who get ill from certain foods in combination with behaviors leading to a systemic inflammation, symptoms of depression, and other diseases need to observe their diet more strictly than others. And in my opinion it is also easy to agree with the author's observation that all the food studies that use recall diaries or self-report, often measured only once, are fatally flawed and imprecise. Hence, the jury is still out on what the best approach to an anti-inflammatory diet would be. I would love to see some long-term observational or randomized study on this dietary approach in depression treatment and elsewhere. In addition to the detox and diet scheme, there is a set of supplements, such as B-vitamins, selenium, and zinc, that make good sense for patients, and likely also for some healthy people. It is refreshing that this is no one-size-fits-all approach but an individual one only to be used after appropriate testing. Further lifestyle advice completes the program: regular exercise, the importance of good and clean water, which means filtered (at least in the US, perhaps not in Germany), sufficient sleep and sleep hygiene, meditation, yoga and mindfulness exercises, as well as a critical distance towards the news and media inundation we all suffer from.

Since the practical advice in the second part, up to recipes, is concrete enough, this book might even help patients in trying something out themselves. Information on biochemical tests and reference values are given that nowadays can be ordered privately to help people or doctors decide what to do. What I find especially interesting is the emphasis the author places on the methyl-tetra-hydrofolate-reductase (MTHFR) dimorphism, a genetic variant that seems to be more widespread than one thinks. This genetic variant hampers the organism's capacity to recycle homocysteine and impedes methylation. It is known to be associated with a lot of chronic conditions and can actually be treated very simply by active folate. Dr. Brogan recommends everyone suffering from a severe disease to get this test done.

The book, together with a knowledgeable and compassionate practitioner, might be a true door out of the depression trap for patients and a good guide for holistic practitioners who do not feel so at home in the field of psychiatry, or for psychiatrists who have long been uneasy with what they do.

The book is a valuable addition to the holistic practitioner's or doctor's library, a good companion that can be recommended to patients, family, and friends. It should sit on the shelves of university and public libraries, and I hope we will see a German translation soon.

Harald Walach, Frankfurt/O.

A German version of this book review can be found on harald-walach.de.

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Aboulenein, F.

**Die Pharma Falle.
Wie uns die Pillen-Konzerne
manipulieren**

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Der Autor dieses Werks ist ein junger Neurologe, Privatdozent, Spezialist für Multiple Sklerose und Leiter einer entsprechenden Ambulanz in einem Wiener Krankenhaus. Sucht man ihn in MEDLINE, stößt man auf 8 neue wissenschaftliche Arbeiten zum Thema, alle in reputablen Zeitschriften publiziert. Aboulenein ist also Fachwissenschaftler und nicht, wie oft bei solchen Büchern, ein Journalist oder Sachbuchautor, der sich sein Wissen angelesen hat. Das macht den Text auch brisant. Aboulenein erzählt dem Fachmann wenig Neues. Das Gleiche ist in entsprechenden Büchern nachzulesen [1–5], und sogar in die populäre Krimiwelt hat es das Thema schon geschafft [6] (Schorlaus Buch ist übrigens hinsichtlich des Informationsgehalts hervorragend recherchiert und spannend zu lesen). Wenn man dem Autor oder dem Verlag einen Vorwurf machen kann, dann den, dass der Text sein Narrativ ohne Rückbezüge und Verweise (bis auf 2) entwickelt.

Dieses Narrativ ist im Prinzip rasch wiedergegeben. Der Autor beschreibt anhand vieler, persönlich erlebter Anekdoten, wie Pharmahersteller die Ärzteschaft manipulieren. Der Vorteil dieses Buchs ist, dass der Autor wirklich aus dem Krankenhausalltag berichtet, aus dem Geschäft mit der Ärztefortbildung auf Kongressen, von der Manipulation der Information und der Multiplikatoren bei sogenannten Expertenrunden. Und vor allem berichtet er sehr anschaulich von den alltäglichen Manipulationsversuchen der Pharmareferenten. Die Hauptakteure des Buchs gehören zu dieser schwer greifbaren Gruppe von Werbe- und Verkaufsfachleuten. Man folgt ihnen durch die Gänge des Krankenhauses, zu Kongressbars, an Kongressstände. Man hört, dass sie doppelt so viel verdienen wie Ärzte und dass sie über das Verschreibungsverhalten ihrer Ärzte genau Bescheid wissen, aus Quellen, die vage bleiben. Und man erfährt, dass jede Firma ihre eigenen Referenten schickt, manchmal mehrere pro Tag, die sich die Klinke in die Hand drücken; dass sie mit einer Betreuungsrelation von 1 zu 20 arbeiten, ein Verhältnis, mit dem sich jede öffentliche Universität glücklich schätzen könnte – dort beträgt die Relation etwa 1:60 – und die nur von guten englischen Universitäten erreicht wird. Die treffsichere, pointierte Darstellung dieser konkreten Scharniere der Manipulation in ihrer erschreckenden Banalität ist das eigentlich Neue an diesem Buch.

Aber auch neu sind der Mut und die Aufrichtigkeit, die sich hier äußern. Normalerweise schreiben solche Bücher Leute wie Marcia Angell, die am Ende ihrer Laufbahn als Editor des «New England Journal of Medicine» ausgepackt hat, als ihr wirklich die Galle übergelaufen ist, oder Peter C. Gøtzsche, der nach einer langen, hochehrreichen Wissenschaftlerkarriere die Untugenden der Pharmabranche brandmarkt, oder John Virapen, der als abgehalfterter Verkaufschef von Elly Lilli als Whistleblower vom Leder zieht. Aber junge Leute, die noch nicht mal Professor sind – und es vermutlich nicht werden, weil sie eben genau jenes Schmieröl meiden, das die Beweglichkeit nach oben im akademischen System garantiert –, gerade mal den Privatdozentenstatus erreicht haben und als Oberärzte in einer Klinikambulanz arbeiten? Das ist mir bis jetzt so noch nicht untergekommen. Vielleicht zeigt sich hier wirklich etwas ganz Neues: dass jemand aufbegehrt ohne Rücksicht auf seine Laufbahn, dass jemand plaudert, noch bevor er den Schutz eines starken Amtes oder einer hohen Position im Rücken hat. Ich habe in meinen etwa 25 Jahren in der akademischen Welt den Eindruck bekommen, dass das Gewissen etwas ist, das in den Schützengräben des 2. Weltkriegs zerschossen wurde und im Hamsterrad der Karrierewege komplett ausgefranst ist. Dieses Buch hat mich, und das ist mein persönlicher Gewinn, eines Besseren belehrt. Diese Aufrichtigkeit und Ehrlichkeit, die tatsächlich der Sache verpflichtet sind, sind extrem seltene Tugenden. Daher ist dieses Buch wichtig. Denn dem Autor geht es darum, eine Systemänderung einzufordern. Er schließt seine Beschreibung mit Forderungen, die schon oft erhoben wurden, aber nach seiner Erzählung komplett einleuchtend sind: dass Pharmareferenten in Krankenhäusern und Arztpraxen Hausverbot haben sollten, die Finanzierung von ärztlicher Weiterbildung durch Konzerne zu unterbinden ist, klinische Forschung nicht mehr proprietär von Firmen finanziert werden sollte, sondern über einen öffentlich zu verwaltenden Topf, und dass die Registrierung von Interessenskonflikten in einem einsehbaren Register geschehen müsste, um nur die wichtigsten zu nennen.

Man kann nur hoffen, dass diese Wünsche im Zuge der aktuellen Debatte um ärztliche Bestechlichkeit und ein entsprechendes Gesetz aufgegriffen werden. Und darum wünsche ich dem Autor Erfolg in seiner Laufbahn und mit seinem Anliegen. Ich bin allerdings in der Sache skeptisch. Dem Kind, das alle darauf hinweist, dass der Kaiser nackt ist, wird nicht gedankt. Man hängt dem Kaiser in der Regel einen schönen Mantel um und schilt das Kind wegen seiner Dreistigkeit. Aber vielleicht ist es ja diesmal anders. Der direkte, aus dem Leben gegriffene Ton, der das Buch auch zu einer Blitzlektüre macht, könnte es sogar schaffen.

Einen blinden Fleck hat aber auch dieser Autor, wie alle, die ich bislang zu diesem Thema gelesen habe: Kaum einer sieht, dass das Maschinenparadigma, unter dem die Medizin operiert, geradezu solche Praktiken erfordert. Denn solange wir Menschen als zu reparierende Automaten sehen, kann letztlich nur das von außen kommende Medikament, die chirurgische oder sonstige Intervention das Heil bringen. Und solange wir so denken, wird der Haupttreiber der wissenschaftlichen Entwicklung die Suche nach Patenten im pharmakologischen Bereich sein. Und solange das so ist, wird die Hauptenergie des Forschens und Publizierens in diese Richtung gehen. Und solange alle da mitmachen, wird das Gesundheitswesen ökonomisch vor allem durch pharmazeutische Firmen bestimmt sein. Und diese werden, wie jeder Organismus, der einmal zum Leben erwacht ist, versuchen, weiterzuleben und zu wachsen.

Zu hoffen bleibt, dass ein Buch wie das vorliegende wiederum andere zum Denken anregt, die Politik dazu bewegt, entsprechende Grenzen zu ziehen, und vor allem den medizinischen Sektor zur Selbstreflexion ermuntert. Darum sollten das Buch viele, vor allem viele Verantwortliche, lesen.

Harald Walach, Frankfurt/O.

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