

## Depression White Paper

According to the World Health Organization, 300 million people around the world and 16.2 million adults in the United States have depression. The CDC states that depression is associated with higher rates of chronic disease, increased health care utilization, and impaired functioning. Rates of treatment remain low, and the treatment received is often inadequate.

The primary treatment for depression in the United States is medication. However, many of the antidepressants include a risk of suicide, especially in teens and young adults. I am personally aware of many adults outside of that age range who committed suicide while taking antidepressants. While many would say, "They were depressed and would have killed themselves anyway", that is not my experience. The adults I personally know were not suicidal before taking the antidepressants. One was quoted as saying that if the doctors forced him to take the antidepressant again, he would, indeed, kill himself. They did and he did.

Major Depressive Disorder is described in the Diagnostic and Statistical Manual (DSM) as "at least 2 weeks of depressed mood or loss of interest accompanied by four additional symptoms of depression." (Weight loss or gain, not sleeping or sleeping too much, fatigue, agitation, feeling worthless or guilty, inability to concentrate, recurrent thoughts of death).

The DSM also states that "The symptoms are not due to the direct physiological effects of medication, drugs, or a general medical condition, such as Hypothyroidism." I find doctors rarely rule out the effects of medications or medical conditions. In fact, the current medical literature recommends trying to give patients a psychiatric diagnosis rather than trying to find the cause. The only reason I can think of for this to be recommended is to avoid the expense of doing labs and other tests that might discover the actual cause. Because all psychiatric diagnoses are subjective, there is no testing available. Therefore, no money needs to be spent on the diagnosis. It might be quick and easy to give a diagnosis of depression without any testing, but in my opinion, it is not good medicine.

A non-invasive, safe treatment for depression could help millions. This is a case study of the use of Clarity Chair in the case of depression. The name is changed to protect the identity.

John was a 59 year-old male with a history of depression. He was taking Zoloft for depression but was still depressed and taking Vyvance for focus. He was also taking a statin and fish oil for cholesterol, an ACE Inhibitor for blood pressure and Metformin for Type II Diabetes. He suffered from dizziness, Glaucoma, fatigue, bronchitis, muscle fatigue, pain and spasms. This is a contraindication for taking a statin. His cholesterol had never been high but the statin was prescribed anyway. Total cholesterol was 120 and LDL was 56, both of which are very low. He also had panic attacks, memory loss, learning problems, numbness and tingling and sleep apnea.

He had 27/46 symptoms of Hypothyroidism. He was able to very slowly wean off the statin and the Zoloft. He was given an eating plan for Type II diabetes but has difficulty following it as he does not cook. He has been unable to lower his blood glucose levels even with Metformin and insulin.

He still felt depressed when off the Zoloft and with his thyroid treated but he did not feel worse. He actually felt much better. Something else was needed to treat the depression since medications and treatment of other medical conditions did not completely resolve the depression.

He was placed on Clarity Chair for one hour twice per day for 5 days.

## **The Clarity Chair**

Clarity Chair is a patented, FDA cleared medical device that uses technology to deliver a non-invasive, effort free, 5-day sensory stimulation therapy. Clarity Chair therapy was designed to improve interaction between the brain and sensory system. Clarity Chair provides simultaneous input from 5 different senses (auditory, visual, tactile, proprioception and vestibular).

Clarity Chair has helped improve focus, listening, remembering, coordination, social interactions, behavior, organization, speaking and communication.

John was the first to try it for depression. Objective testing prior to undergoing Clarity Chair indicated non-right ear dominance. This is important for auditory processing. In 5 days, John became completely Right Ear Dominant.

Prior to Clarity Chair, John cried uncontrollably, felt suicidal but did not have a plan. He had panic attacks and confusion. He had been off Zoloft for 4 months.

After Clarity Chair, John reported that he did not remember feeling this good in his entire life. He reported that he was singing around his house and had never felt like singing before. His friends had been commenting that he was smiling all the time and they had never seen him smile. He reported that if he felt his emotional symptoms returning, he was able to recover on his own. He realized that if he had negative thoughts he could turn them into positive thoughts and feel good again.

He called when a friend had died and was afraid the depression was returning. I was able to explain to him that feeling sad for this loss was actually a normal reaction and was not depression. He had to learn what was normal and what was not. Over time, his emotional relapses became less and less. For two years he has felt no need to take medication for depression again.