From The Desk of
DR. ANDREW FARAH

The Future is Now - Genetic Depression Deserves a Genetic Cure

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"Chemical Imbalance" – the Truth Exposed

By Andrew Farah, MD DFAPA
Cone Behavioral Health

"I have a chemical imbalance..." A statement I have heard countless times throughout my career. No one can blame the patient for saying it: when they see a psychiatrist, even after a first visit, the patient usually leaves with a prescribed chemical, designed to cross the blood-brain barrier.

The brain is made up of billions of nerve cells called neurons, and these neurons communicate with each other by sending chemical messengers back and forth. Some of these messengers are well known terms: serotonin, norepinephrine, dopamine, and melatonin -

But what does it really mean to say they are "imbalanced?"

It means that certain illnesses are caused by a shortage of these messengers, while others have been associated with an excess of them. For example, too little dopamine in the basal ganglia sections of the brain will result in Parkinson's disease, while too much dopamine in the mesolimbic system will result in schizophrenia.

But why are certain messengers out of balance? As with many illnesses, it's a question of genetics.

Depression:

Many people know that depression is associated with a low serotonin level, possibly lower than normal amounts of norepinephrine and dopamine as well. For genetic reasons, some people simply cannot manufacture enough of these chemical messengers moment to moment, and throughout their lives. Sometimes this shortage is only noticeable during times of stress, when our brains most rely on the action of these chemicals.

Antidepressants are among the most commonly prescribed medications on the planet. They block the cell messengers that are in short supply from going back into the cell of origin, and thus force them to stay between the cells, and do their job for a more prolonged period of time. However, these medications do not enable the brain to make more of these messengers in short supply, in fact, over time, they may trick the brain into releasing less of them.

The key to treating depression is addressing the root cause: the brain's genetic inability to manufacture enough chemical messengers and correct the imbalance.

Fortunately, the most common genetic defect associated with depression is easily corrected. It involves the MTHFR gene, which is associated with how we metabolize and use folate in the brain.

Folate, in its metabolized form, is a principle component in making an optimal amount of the chemical messengers that are in short supply. At least 80% of depressed patients will test positive for one of the most severe forms of this genetic variant.

The Solution

Though we cannot change the patient's genetic structure, and make them metabolize folate effectively, we can provide the brain with optimal levels of already metabolized versions that are so critical to the manufacturing of chemical messengers.

EnLyte (ENL)/EnBrace HR, a gelcap, was designed to contain *all* the needed vitamins and nutrients the brain needs for optimal production of *all* necessary messenger.

When taken just once a day, EnLyte was proven in a large, double-blind, placebo-controlled trial, published in *The Journal of Clinical Psychiatry*, to cure depression at a rate of 42% at 8 weeks, while 75% of all patients showed significant improvement compared to placebo.

Rather than give the brain a chemical made in a laboratory, why not give the brain the natural nutrients it has been missing for a lifetime - and finally allow for adequate production of serotonin, norepinephrine, and dopamine?

This safe, natural therapy comes with no warning of increased suicidal thinking, and has no withdrawal symptoms. All side effects in its studies have been placebo rate or lower.

The Future is NOW- Genetic Depression Deserves a Genetic Cure

Andrew Farah, MD

Dr. Andrew Farah was named "Distinguished Fellow of the American Psychiatric Association" in 2015 for his teaching, research, and his original contributions to the field. He is widely regarded as an expert on the "homocysteine theory of depression". He was former Chief of Psychiatry at the High Point Division of the University of North Carolina and is currently Associate Program Director at Cone Behavioral Health in Greensboro, NC.

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