

## Sense and Non-Sense

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I believe most physicians would agree that optimal treatment of any disease is to address the cause of the problem instead of merely attempting to manipulate the symptoms. Yet every time a prescription for a reuptake inhibitor is written the physician is manipulating the symptoms and doing nothing to address the cause of the problem (neurotransmitter levels that are not high enough to control disease symptoms).

The population of the U.S. is over 300 million people. NBC news recently reported that over 10% of the U.S. population is taking reuptake inhibitors. This represents 30+ million people in the USA alone. These drugs are not very effective in treating depression with only 7% to 13% of patients achieving results better than placebo.

What the reuptake inhibitors are good at doing is depleting neurotransmitters in the brain further, making the cause of the problem worse leading to habituation of 30+ million people to the reuptake inhibitors. With use of the reuptake inhibitors neurotransmitters become depleted and the patient feels worse when they try and quit them.

There is only one way to increase the total number of monoamine (serotonin, dopamine, norepinephrine, and epinephrine) neurotransmitter molecules in the brain. This is by administering proper levels of balanced amino acid precursors which cross the blood brain barrier then are synthesized into new neurotransmitters. This fact has been known for years, but the use of precursors in medicine has not caught on due to the fact that optimal use is more than simply administering some tryptophan or 5-HTP or tyrosine or L-dopa to obtain optimal group results. In fact, obtaining optimal group results in many applications (no all) are as complicated as the chemistry and physiology involved. For the average physician in clinic who is trained to simply grab a prescription pad when the diagnosis is made the degree of training to obtain optimal results with amino acid precursors is high.

Drugs that work with neurotransmitters do no work if there are not enough neurotransmitters in the system. When reuptake inhibitors quit work it is because they have just depleted the neurotransmitter levels below the point needed for the drugs to function. When the reuptake inhibitors quits working the standard approach in medicine of increasing the dose, adding a second reuptake inhibitor, or changing to a different reuptake inhibitor only facilitates further depletion of the neurotransmitters making the very cause of the disease worse.

Not every amino acid precursor application needs in depth training. When the reuptake inhibitors quit working leaving the drug in place and starting NeuroReplete 4 pills in the AM and 4 PM with CysReplete 2 pills 3 times a day (first dose at noon) will raise central nervous system neurotransmitter levels in 1 to 3 days high enough to restore the function of the reuptake inhibitors without further depletion of neurotransmitters. Seems like a better way to do things, address the cause of the problem instead of chasing the symptoms by manipulating the drugs leading to further neurotransmitter depletion.

Reuptake inhibitors are the only class of drugs in medicine that make the cause of the problem worse (low levels of neurotransmitters) while attempting to address the symptoms. Reuptake inhibitors do nothing to address the cause of the problem when the total number of neurotransmitter levels in the central nervous system being so low that symptoms of disease develop.