

Possible Physical Contributors to "So Called" Mental Illnesses and Addictions

by Jo Ann Utley

Illnesses such as depression, bipolar disorder (formerly known as manic-depression), anxiety disorders, addictions, and various psychotic disorders such as schizophrenia affect a great many people of all ages. The effects can range from uncomfortable to life threatening. There is an issue that must be addressed in order to plan the appropriate course of action in dealing with the symptoms. This involves the essential question-"Is this a 'true' mental illness or a 'looks as if'"? A true illness is one that has been chosen to learn the lessons that it brings to the person. A "looks as if" has lessons for us also. If we are willing to look at ourselves and our behavior, we can heal much easier. Healing must involve the willingness to release the thoughtforms that are holding the person in distress. Breakdowns are highly underrated steps in enlightenment. A "looks as if" will carry the same symptoms but will not have the same cause and is much easier to address. We must evaluate the cause of the symptoms and address each accordingly.

In this article we will look at the physical level of our being and what may be contributing to symptoms on that level. Keep in mind it takes several factors coming together to manifest as a problem. The factors we will focus on here are physical neglect, parasites, chemical and metal toxicity and infections/viruses. Any physician "worth their salt" would agree, all "organic" factors must be ruled out before giving the diagnosis of a mental disorder. It is imperative to have a full workup done by a physician to rule out any illnesses or disorders that can mimic a mental illness or make it worse. However, there can be physical factors contributing to a depression that a physician will usually not find in a workup because s/he was not looking for it.

Physical neglect involves poor eating habits and food combinations, poor sleep habits, lack of sufficient exercise, sunlight, and clean air, lack of sufficient "clear" pure water intake, and mineral and vitamin deficiencies. A person can be deficient in vitamins and minerals and not abnormal bloodwork as physicians do not routinely check every one-even low levels can contribute to a problem. Two orthomolecular physicians, Richard Huemer, and psychiatrist Abram Hoffer, advocate using nutrition to treat illness--both physical and mental.

We all have parasites, ranging from large to microscopically small. Their presence has nothing to do with level of hygiene but rather the level of acidity vs. alkaline nature of one's body. They are present in the water, food, dirt, pets and air. We are unable to create a natural environment where they are not. We can, however, rid ourselves of the "bad" ones and make our systems non-welcoming. They and their discharges can, for example, cause agitation, anxiety, interfere with sleep/appetite and imitate several of the symptoms of mental illnesses, especially anxiety and depression.

Heavy metals and environmental poison build-up in the body can contribute to symptoms, particularly negativity and obsessive thinking and compulsive behavior. We take these in through food and objects in our environment that have been processed with or contain pesticides or heavy metals, from water and the air. Our bodies are so inundated with these today that often they can no longer clear them without help. Hannah Kroeger,

Ms.D., stated that two thirds of mental illnesses are kidney related as this is where most heavy metals and poisons are processed and lodge.

Another issue to be addressed is the influence of bacteria, viruses, fungi, and viroids in our bodies. For example, the bacteria, shigella, not only can cause intestinal distress but has been known to cause the emotional symptoms of irrational irritability and suicidal thoughts. Many other infections can cause emotional/mental distress in addition to physical. Candida albicans is a yeast (fungus) that is necessary in our digestive system if in balance, but if out of balance or in the bloodstream can be toxic. If it lodges in the liver, it can contribute to addictions. Hannah Kroeger, Ms.D, a much published educator and healer, stated that when candida leaked into the bloodstream, it became a powerful poison to the nervous system, attacked the hypothalamus, and became a toxic brain poison that contributed to several major mental illnesses including depression, bipolar disorder, and schizophrenia. William Crook, M.D., related in his book, *The Yeast Connection and the Woman*, reports from the following researchers the connection between mental illness and candida overgrowth. C. Truss, M.D. stated, "depression in some patients responds to anticandida therapy-often dramatically". J. Crayton, M.D. conducted a laboratory study in which he found that "higher levels of candida antibodies" in persons with depression than those who did not have depression. J. Schinfield, M.D. found "depression was often noted in women with severe PMS" and that women who received anticandida therapy demonstrated significant improvement physically and psychologically. Dr. Crook also found that among his own patients with candida related concerns, that depression and fatigue were among the most frequent symptoms and related stories of people diagnosed with bipolar disorder who showed significant results when their candida was addressed. He also noted that two psychiatrists, R. Sovner, and S. Fogelman, reported in the *Journal of Clinical Psychiatry*, May 1996, that antifungal medications might be useful on persons with atypical depressions who cannot tolerate the side effects of conventional antidepressants.

There are different ways to approach clearing the body and promoting health and wellness. Educating oneself is the most important thing that a person can do. There is also a growing community of holistic educators and energy/body workers who can be of great help.

It is very important to state that if one is on psychiatric medications and wishes to address the areas listed above, one should not just stop the medications. Also, if one is unable to function or is dangerous to oneself or others, it would be in the best interests of everyone to consider a trial of psychiatric medication while using the above approach. The two approaches can and will work together, although one must be knowledgeable of any negative interactions. It would be wise to continue on medication until such a time as both patient and physician agree it is safe to titrate downward or stop.