

Your 10 steps out of depression

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Foreword

Around 10 per cent of the Western population suffers from depression. Conventional medicine seems to have remained stuck decades in the past when it comes to dealing with people suffering from depression, or is merely treading water, seeking to manage the condition rather than cure it.

I am neither a doctor nor a psychiatrist, so strictly speaking I am not allowed to make any recommendations or promises of recovery. But then, neither does any doctor. You may well have noticed that already. However, I have been researching the topics of the gut and microbiome, health and nutrition for several years now, and have built up my own database containing over 4,000 documents, which can be easily searched using keywords. I organise the most important insights I've gathered using a graphical mind-mapping tool. Among other things, Kuklinski's books have confirmed to me that there are far more opportunities for healing if one does not rely on medication and instead tries to view and resolve people's health problems holistically.

After learning that so many people in Europe suffer from depression and are taking medication for it, I decided to do my bit to help reduce this rate.

As I've already mentioned, I'm not a doctor, thankfully, so I don't have to adhere to medical standards – such as recommending antidepressants for depression. I'm convinced that, for the majority of people with depression, the causes can be identified and addressed.

There is no single 'magic pill' for depression, nor are there simply '10 steps' to cure it. However, by following 'these 10 steps', you'll be heading in the right direction. Success depends mainly on how much effort you put into each step. Of course, not everyone carries the same burden through life. That's why the actions involved in each step vary slightly. You'll need to learn for yourself to recognise which of the suggested changes help and where you still need to make further adjustments or improvements. You must try to wean yourself off medication. Medicines such as cortisone, high blood pressure medication (ACE inhibitors) or statins may be responsible for your depression and may also cause a whole host of other problems. Any medication that damages the mitochondria may also be indirectly responsible – for example, diabetes medication, anti-epileptic drugs, painkillers such as paracetamol, cancer medication, and so on.

However, I am firmly convinced that most people can help themselves in this way, and that this does not require expensive pharmaceutical drugs or even more expensive psychiatrists. Anyone who cannot manage without a psychiatrist should ask themselves honestly, 'Why?'. Of

course, it can be helpful to talk to someone about your problems. But is a psychiatrist really interested in you? Or are you more like a lab rat?

Let's be honest, for 150 euros an hour, I don't really feel any better after a counselling session where I spend most of the time just talking about myself. These days, I can also share my thoughts and get support anonymously and for free on forums. I was active on a forum like that myself for several years and tried to help people.

Unfortunately, it's not easy to explain complex issues in forums like this. That's why I'm now trying to do so in this way.

During my research, I have noticed that conventional medicine seems to have far too little understanding of many topics – for example, the microbiome, micronutrients, mitochondria, hormonal balance and so on – and that research appears to be trapped within its own double-blind studies, or rather that the system is structured in such a way that natural remedies – which have no side effects – are either not tested at all or are tested incorrectly.

Have you ever stopped to think about what the following sentence means:

'Read the package leaflet and ask a doctor or pharmacist.'

Translated, this means: 'The pharmaceutical company accepts no responsibility – nor do doctors or pharmacists.' And you don't understand enough of the small print. But it also means that, under certain circumstances, a consultation fee may be added on top of the expensive medicine. No wonder our healthcare costs are skyrocketing. The fact that the package leaflet is written in tiny print is merely worth mentioning in passing.

The sentence should actually read: "Before you rely on medicines, look for natural alternatives."

The now well-documented harmful effects of most medicines on our microbiome and our mitochondria are a scandal in themselves. One in four medicines damages our gut, and a large proportion of them also damage the mitochondria. The fact that conventional medicine and the pharmaceutical industry are still turning this into new business opportunities shows just how sick this system really is. What sounds like a conspiracy theory is, unfortunately, a bitter reality. Our health insurance costs are skyrocketing, partly because of this 'sick' system. How else can we explain that, in the US alone, more people die from medicines than from gun violence, and that dependence on medicines – much like drug addiction – is constantly on the rise (25).

Instead of recommending a healthy diet for cancer prevention – such as an adequate supply of enzymes, short-chain fatty acids, dark green leafy vegetables, phytonutrients and micronutrients like vitamins C, D3 and E, selenium, zinc, omega-3 and magnesium – people are persuaded to undergo 'potentially carcinogenic' screening tests (mammograms) (16).

The situation is similar with micronutrients. Many medicines 'deplete' the micronutrients we urgently need, leading to new problems. For example, a young woman is prescribed the contraceptive pill without being told that this leads to increased depletion of vitamins B2, folic acid, B12 and C, as well as magnesium, iron and zinc. And without even pointing out to her that these are artificial hormones which increase the risk of cancer and disrupt her hormonal balance.

Dr Barry Sears comments: "If you control your hormones, you control your life."

Evolutionarily speaking, our bodies are built on a foundation of balance. As our ancestors did not live in abundance, their bodies had to adapt to this. This was achieved by storing the most important micronutrients when they were in abundance, through an innate and an adaptive immune system, and through two different modes within the adaptive immune system: TH1 and TH2 modes. Depending on the problem and the level of micronutrient supply, either TH1 or TH2 is activated. Without sufficient glutathione, our body cannot and must not maintain TH1 mode; it therefore switches to TH2 mode.

There is also the acid-base balance (which includes our autonomic nervous system), the water-electrolyte balance (sodium-potassium, magnesium-calcium), our hormonal balance – most hormones have antagonists – and the redox balance – our body's ability to utilise oxygen or reduce chemical substances without sustaining damage.

Of course, micronutrients cannot bring back a lost loved one. There are certainly people who wish to remain in a state of mourning. However, the medicines currently in use do more harm than good. The right micronutrients generally help without causing side effects.

As to why conventional medicine clings to 'tried and tested' methods for so long?

Hypothesis 1: 'There's a lot of money to be made from it.'

Hypothesis 2: "They simply don't know any better."

Hypothesis 3: "They simply don't want to know any better."

On this subject, Kuklinski adds:

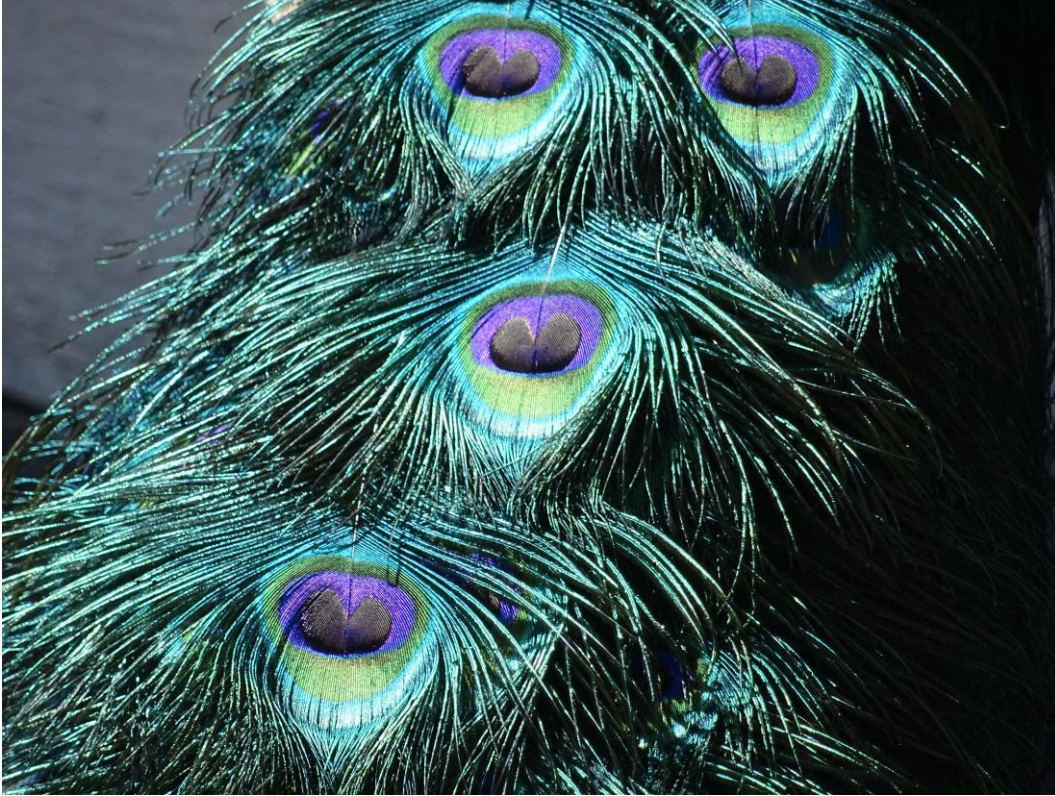
"And it is obvious that commercial considerations take precedence for these companies. Unfortunately, there is little money to be made from micronutrients such as vitamins, trace elements, amino acids and so on. Under these circumstances, the flow of information and the direction of all research are largely predetermined. It flows from the industry, through doctors, to the end customer (patients). Within the triangle of interests comprising the pharmaceutical industry, doctors and health insurance funds, not only are accounts settled amongst themselves, but they also alone determine which information is published."

To put it simply, it cannot be in the economic interests of the medical-industrial complex for people to one day no longer fall ill.” (6)

Here, I'll show you a possible way out of your depression in 10 steps. Put simply, our health and well-being consist of a healthy stomach and gut, an optimal supply of micro- and macronutrients (sufficient energy obtained from food), a sufficient number of functioning mitochondria, a balanced acid-base balance, sufficient 'healthy' fluids (e.g. water) and a balanced autonomic nervous system. Added to this are avoiding harmful substances, getting sufficient exercise and nurturing mental wellbeing.

However, I would like to point out to you that the greatest risks associated with these 10 steps are likely to arise from abruptly stopping prescribed medication – which is sad enough in itself. Nor can I guarantee that your depression will be successfully treated by following these 10 steps. Such success depends solely on you, the measures you have taken and your determination to see it through.

1. Understanding what goes on inside you



Causes

Stress, micronutrient deficiencies and, amongst other things, mitochondrial disorders are now considered to be causes or triggers of depression. Stress, in turn, can be caused by physical, psychological or emotional pressure, toxins, dietary habits and other factors.

Depressive episodes or depression are almost always accompanying symptoms of a secondary mitochondriopathy. In other words, the powerhouses of your brain cells are compromised. Your brain is running on low power. Your body is in a state of alarm due to an energy shortage. An imbalance between energy requirements and energy supply ultimately leads to depression. Anxiety and nightmares also point to a secondary mitochondriopathy. 'Secondary' means that the mitochondriopathy was not inherited. In primary mitochondriopathy, DNA damage affecting the mitochondria has been inherited (11).

If the brain receives too little glucose and/or oxygen, its vitality is reduced. It has to use its energy reserves sparingly.

Understanding what is happening inside you.

Depression and conventional medicine

Conventional medicine and, in particular, psychiatry define depression as multi-organ symptoms for which they cannot identify any organic cause. The measurement methods currently in use are not suitable for detecting biochemical imbalances. Existing analytical capabilities and the analytical data provided are ignored by psychiatry (3). So there is no desire to change anything in this lucrative market – and why should there be? If one considers the approach of psychiatry in the context of the Hippocratic Oath – 'always bear in mind two

things: to do good, or at least to do no harm' – there is no benefit whatsoever for the patient; on the contrary, in addition to financial harm, harm to health is to be feared and is likely to occur.

The antidepressants frequently prescribed are addictive, interfere with the body's Phase 1 detoxification process, can cause dizziness, disrupt cerebellar functions, and lead to heartburn and dementia. They are clearly recognised as substances that damage mitochondria. They also oxidise the redox substances vitamin E, B2, coenzyme Q10 and the sulphur-containing metabolites cysteine, glutathione and alpha-lipoic acid. The redox cascade refers to the ability of individual organs to convert oxygen into energy in a controlled manner using redox substances, without immediately consuming and excreting all mitochondrial substances. (9)

Warning! Stopping antidepressants can cause new problems and should not be done without 'precautions' or should be done gradually.

Selective serotonin reuptake inhibitors (SSRIs), which are prescribed by psychiatrists, can increase suicidal tendencies. Studies show that they double the incidence of anxiety and aggression – particularly in children and adolescents (4).

Known side effects of SSRIs include headaches, nausea, restlessness, sleep disturbances and digestive problems, irreversible sexual dysfunction, an increased risk of osteoporosis, amongst others (5).

Take care with 'too much' serotonin. If you are taking steps to increase your serotonin levels, you should not take serotonin reuptake inhibitors at the same time. An excess of serotonin (serotonin syndrome) can sometimes be accompanied by life-threatening symptoms. Symptoms such as twitching, sweating, shivering or restlessness may occur (10). You might want to discuss this with your doctor. However, a doctor will never advise you to do anything that is not approved by conventional medicine.

Vulnerability of mitochondria

Mitochondria can be damaged by harmful substances such as mercury, medicines (antibiotics, ibuprofen, etc.), micronutrient deficiencies, viruses and other factors.

Our mitochondria (Mt for short) require special protection. As a result of the processes in the respiratory chain, oxygen radicals (ROS) are naturally produced in the mitochondria, depending on the amount of energy generated. As the mitochondria are highly sensitive to such radicals, there is a well-functioning defence system against ROS comprising five enzymes.

The enzymes superoxide dismutase (SOD) 1, 2 and 3, catalase and glutathione peroxidase convert aggressive ROS into completely harmless water. In doing so, they protect the Mt and everything within them. If there are too many ROS, the Mt are damaged and energy production (ATP) decreases. A deficiency in zinc, copper, iron, selenium and/or manganese also leads to damage to the Mt and a lack of energy.

Many people have genetic limitations affecting SOD 2, which is important for the mitochondria; in these cases, the SOD 2 gene may be only partially present or may be completely absent. This is referred to as an enzyme polymorphism. In the case of homozygous polymorphism – particularly with a diet low in vitamins – the superoxide radical remains in the body for 14 hours instead of 50 ms, and can therefore cause much greater damage to the mitochondria. Around a quarter of the white population is likely to be affected by this. In the case of heterozygous polymorphism – affecting around half the population – one parent is missing the gene.

This enzyme polymorphism does not normally lead to disease. It is only when mitochondrial activity is increased and there is a lack of antioxidant countermeasures that the mitochondria produce increased levels of the oxygen radical superoxide (9). If nitrostress (nitric oxide radical (NO•)) is also present, peroxynitrite (ONOO•) can form, and the situation becomes catastrophic. As a reminder, excessive NO is produced by stress, various medicines, foods – those produced using nitrogen fertilisers – and cervical spine problems – which are not recognised by conventional medicine. This is known as nitrostress.

What does all this mean for you?

If you happen to be one of those people with the SOD-2 enzyme polymorphism and are deficient in certain micronutrients, then you are probably much more susceptible to muscle damage than others. High levels of physical exertion can cause you more harm than others, and stress also has a more detrimental effect on you.

Micronutrient deficiency

People with depression often have insufficient levels of the micronutrients potassium, magnesium, vitamin B12, folic acid and vitamin B6 (1). It is therefore important to pay attention to this as well.

We need around 2 g of potassium per day. Adequate amounts of potassium are found primarily in vegetables, fish and wholemeal products. Just 300 g of spinach or 150 g of beans would be enough – on a daily basis, mind you, not just once a week.

We need around 300–400 mg of magnesium per day. It's a bit trickier to meet this daily requirement. Pasta can be a good source of magnesium. However, the magnesium content can vary significantly between different types of pasta.

If you eat meat and/or fish regularly, your B12 requirements should be met. Unless, that is, your body produces too much NO, you are under a great deal of stress, or your body's immune activity is high, in which case more B12 is consumed. Your B12 absorption may also be impaired.

Reasons for impaired vitamin B12 absorption:

- low stomach acid
- inflammation of the stomach lining (gastritis) (regular intake of vitamin C helps here)
- harmful substances such as alcohol, medication, smoking, processed foods, toxins, etc.
- harmful bacteria such as *Helicobacter pylori* (regular intake of vitamin C helps here too)

Increased B12 consumption in the case of

- Pregnant women
- Breastfeeding women
- Illnesses
- Toxic exposure
- Exposure to free radicals, e.g. heavy metals
- Severe crises
- High levels of stress
- Intense immune activity, e.g. infections
- Hormone production
- Neurotransmitter production

So it's not at all easy to ensure you have sufficient B12. On top of that, the blood test results, which are supposedly indicative, don't actually tell us all that much. Kuklinski adds:

“The test should ideally be carried out as a measurement of methylmalonic acid in the urine; high levels are found when the vitamin B12 pool is depleted. The test is relatively expensive. However, serum B12 analyses are not reliable: in the blood, vitamin B12 is bound to carrier proteins – approximately 20 per cent to transcobalamin (holotranscobalamin = Holo-TC, biologically available) and 80 per cent to haptocorrin (not biologically available). In serum B12 analyses, both B12 protein complexes are measured, resulting in levels that appear too high. Only around 1/5 (= 20 per cent) of serum B12 is biologically available. Unfortunately, it is not as simple as it seems ...” (12)

Nor can one simply rely on blood tests for vitamin B6. A vitamin B6 deficiency cannot be detected in serum, but rather by measuring metabolic intermediates that rise when vitamin B6 requirements are not met, e.g. cystathionine (13).

Amino acids and neurotransmitters

The essential amino acid tryptophan forms the neurotransmitter (or hormone) serotonin, from which melatonin is in turn produced. The importance of micronutrients is also evident here. Vitamin B6 and magnesium are required for serotonin production, whilst acetyl-CoA, alpha-lipoic acid, vitamins B5, B6, B12 and folic acid, as well as betaine, are needed for melatonin. A deficiency in any of these micronutrients can lead to mental health issues and sleep problems. Vitamin D is required for the conversion of tryptophan into serotonin; however, vitamin D can only be activated by magnesium. According to Kuklinski, in winter 100

per cent of the population fail to reach the lower target level of 30 ng/ml (75 nmol/l) for vitamin D – with the exception of those who take vitamin D supplements. This is why depressive episodes often begin in winter.

Tryptophan breakdown can be increased by stress, inflammation and/or nitrostress. If you often find yourself craving cocoa or peanuts, it's possible that you're lacking in tryptophan. Anyone who eats little meat or fish is highly likely to have a tryptophan deficiency. Soya beans, peanuts, cocoa, almonds and rice are also good sources of tryptophan, but beyond that it becomes difficult to meet your requirements. The requirement for essential amino acids increases with body weight, and so does the requirement for tryptophan.

Magnesium requirements depend heavily on the level of stress experienced and high levels of physical activity, and can be more than double the daily requirement of approximately 300 mg. Various medicines, such as laxatives, antibiotics, chemotherapy, diuretics (water pills), the contraceptive pill, acid blockers (antacids) and others, also increase magnesium consumption. Pregnant and breastfeeding women also have an increased requirement. A diet very high in protein can also have a negative impact on magnesium levels. (8)

So you really should make sure you're getting enough magnesium.

Other causes of depression

Other causes of depression include EBV (Epstein-Barr virus), Borrelia and Chlamydia bacteria. However, the other symptoms associated with these are very numerous and debilitating. An infectious disease caused by fungi of the genus Candida may also be a possible cause of your depression.

Adrenal fatigue, histamine intolerance, KPU and nitrostress can also play a role. As well as various B vitamins, people with depression should ensure they are getting sufficient iodine, selenium, zinc, magnesium and vitamin C. These are all micronutrients that can be involved in depression or even trigger it.

Acceptance and Letting Go

People suffering from depression with psychological causes probably need a gentler and more compassionate approach. However, this is often not what they receive, or they may not yet be ready to let go of their grief. In such cases, my recommendation would be to try the 10 steps anyway. Grieving is easier when you have the necessary micronutrients.

If you've lost a loved one, cherish their memory, but don't overdo the 'remembering'. He or she probably wouldn't have wanted that and would certainly have wanted you to carry on being happy in life. So try to imagine what your loved one would have done in your place if they'd lost you. Would you want them to sink into grief too? Probably not. Get back to 'normal' life.

If your relationship has broken down, perhaps it was for the best. People who leave you without a second thought don't really deserve you. There are plenty of loving people out there; change yourself, get out and about, and you'll meet someone else who is kind and loving. Only a new relationship can replace one that's ended.

Important! If you want to improve something in your life, you must first make a change. In most cases, very little happens on its own. Medication doesn't bring about any positive change – quite the opposite. In any case, I wish you every success with this.

2. Wanting to make a difference



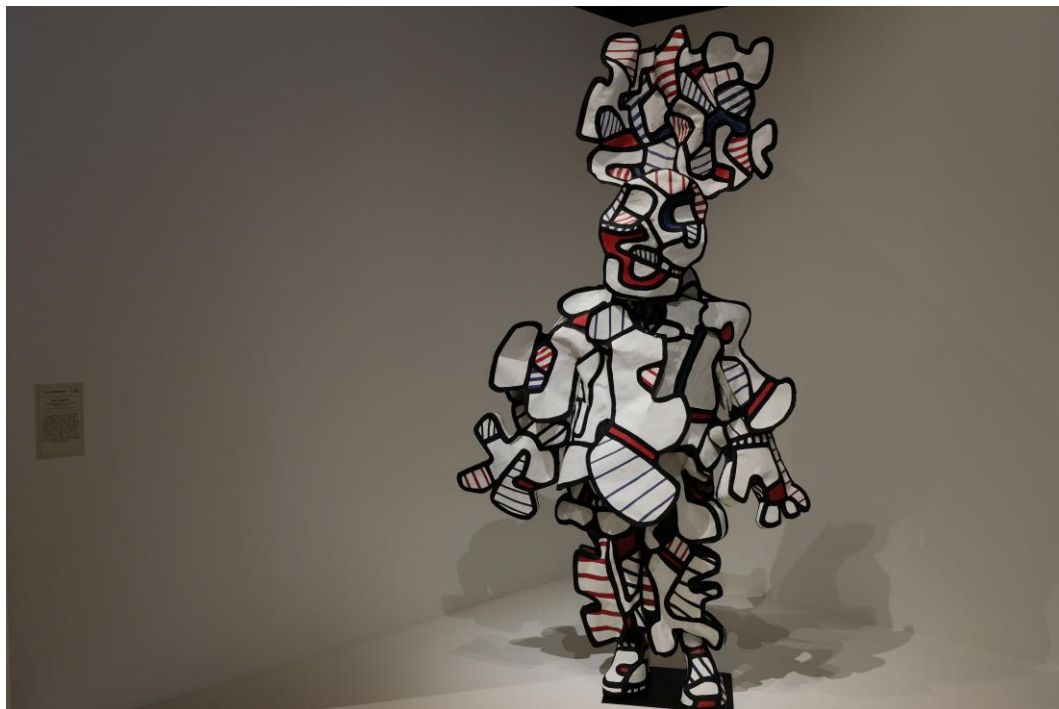
It all starts with a thought. Books or articles can only inspire you; you have to make the changes yourself. Nothing will change without taking the initiative yourself. Unfortunately, it's not that easy to want to change things when you're on medication, lacking micronutrients and dealing with stressful events. But it's definitely worth moving forward step by step, so you can laugh and feel happy again, and feel at ease. Don't forget to remember what life was like before the depression. Leave those dark times behind you. Write down everything you want to change.

e.g.

- I want to be able to laugh again
- I don't want to take medication any more
- I want to get my body back into 'normal' mode
- etc.

Look for photos of yourself when you were happy and put up a few of your best ones. Accept your condition for what it is: a handicap. Don't expect miracles or an instant cure. Give yourself time and take your time.

3. Taking charge of your own health



If you're not yet in a position to take charge of your own health, find someone close to you who can help you put these steps into practice. I've heard people say 'I'll discuss that with my doctor' quite a few times in response to my recommendations. If your doctor could and would help you, you wouldn't need to be reading this booklet right now. Or to put it another way. Doctors have their prescribed standards. Anything not listed there is not recommended and is not used – ever. And those standards state: 'For depression: antidepressants and serotonin reuptake inhibitors' or something similar.

Don't leave your health in the hands of doctors. Here are two quotes from Kuklinski and Voltaire:

'There are two things one should not entrust too readily to others: one's own money and one's own health.'

'Doctors treat, with medicines they understand little about, illnesses they understand nothing about, and people they understand nothing about at all.'

According to Kuklinski, secondary mitochondriopathy is treated with mitochondrial therapy. The 10 steps described here include five of the most important sub-steps of mitochondrial therapy. You can also find further information on this online (24)

If you don't feel capable of taking the initiative at the moment and there's no one around to help, then start by taking small steps. I'd suggest beginning by taking a daily dose of B-complex and magnesium. Walks in the woods are also very helpful. You should stick with this for a few weeks. A few months would probably be even better. As soon as you feel a bit better, try to take further steps or make further improvements. I'd also recommend taking an omega-3 supplement. A wide range of dosages have been shown to be effective for depression. With a

reasonably balanced diet, even lower doses of omega-3 have a positive effect, e.g. 1 to 2 g daily (14).

Among other things, omega-3 helps with sleep disorders, prevents dementia, lowers blood pressure, reduces blood sugar levels, protects the heart and is important for cellular metabolism.

Omega-3 is essential. This means it is vital for life, but cannot be produced by the body itself. Without sufficient omega-3, the body can no longer transport certain micronutrients into the cells.

4. Imagine a worthwhile goal.



The savings on health insurance, psychiatrist's fees, doctors' fees and medication costs are a worthwhile goal in themselves. But even more so is 'being able to laugh and find joy again'. And coming off your medication should also be one of your next goals. Set yourself a goal like this first. A bit more self-motivation can't do any harm.

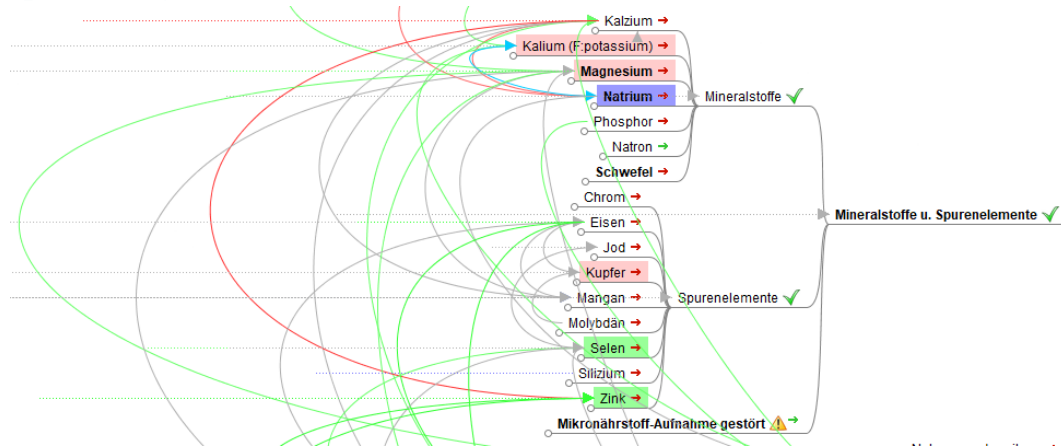
Every day you spend struggling with your depression is a day wasted. So start making a change right away. You can do it.

Possible goals include:

- Meeting friends 1–2 times a week
- Watching entertaining films regularly
- Stopping all medication within the next 3 months
- Optimising my micronutrient intake
- Optimising my diet
- Improving my gastrointestinal health
- Going for a walk every day

etc.

5. Optimising micro- and macronutrient intake



Optimising micronutrients

When it comes to your stomach and gut, you should pay particular attention to your intake of vitamin B12, vitamin C and fibre (at least 30 g per day). Getting enough of these is a particular problem for many people who think they are eating a 'healthy' diet. **If you are suffering from depression, taking supplements containing magnesium, vitamin D3 and B-complex is essential.** Kuklinski recommends taking the following micronutrients as supplements for depression (7):

- Vitamin C (2 x 200 mg)
- Potassium (initially 2 x 600 mg, later 2 x 300 mg)
- Magnesium (initially 2 x 600 mg, later 2 x 300 mg)
- Omega-3 fatty acids (1 g per day)

To be on the safe side, you should also take a B-complex supplement. Kuklinski also recommends taking coenzyme Q10. Q10 must reach a threshold level of 2.5 mg/L in the blood. You should be aware that there are different forms of Q10. Use ubiquinol (100 mg or 150 mg tablets).

Other supplements

Taurine may also be helpful in some circumstances.

Taurin ist eine Aminosulfonsäure und besteht als ein Abbauprodukt aus den Aminosäuren Methionin und Cystein. Der menschliche Körper stellt Taurin selbst her, sodass der organische Stoff nicht unbedingt über die Nahrung aufgenommen werden muss. Eine Ergänzung kann aber trotzdem helfen. Falls z.B. ein Mangel an Aminosäuren Methionin und Cystein vorhanden ist.

Oligoscan

Any other proven micronutrient deficiencies should also be addressed. These days, it is possible to have an Oligoscan test carried out. This is a simple, straightforward and quick method for detecting intracellular micronutrient deficiencies as well as heavy metal exposure.

There is bound to be a provider near you (23). The costs involved are not very high either. A handshake from your doctor is considerably more expensive.

How Micronutrients Work

Important! Micronutrients do not work as quickly as pills. So a little patience is also required. Unlike medications, the micronutrients mentioned above should not cause any side effects. Some micronutrients also interact with one another. Micronutrients are categorized into minerals, trace elements, and vitamins. Minerals are primarily responsible for regulating our body's water balance, while trace elements play a role in metabolism. B vitamins and vitamin C are water-soluble. The other vitamins require a small amount of fat or oil to be absorbed by the body. The required amounts also play a major role. Our bodies do not store micronutrients in equal amounts in the same locations. For example, the body can store up to 25 g of magnesium—about 60% in the bones, roughly 30% in the muscles, and the rest in soft tissues. When needed or in the event of a deficiency, the body retrieves the micronutrient from these stores, which can, however, have other consequences.

Here are some interdependencies you should be aware of:

Micronutrients	Required	Note
Amino acids	B-Complex, Zinc	For the breakdown and metabolism of BCAAs
B12	B6	
Coenzym Q10	B6	Use ubiquinol; vitamin E-sparing effect
Potassium	Magnesium	The interaction is not fully understood.
Magnesium	B1, B6	May also require selenium and zinc
Omega 3	Vitamin E	Note the ratio to omega-6 (1 to 3 or 4)
Selenium	(Vitamin E)	Vitamin E protects omega fatty acids from oxidation
Vitamin C	Magnesium	Mood-enhancing effect; an important building block for brain neurotransmitters—e.g., serotonin. Selenium and vitamin E can substitute for each other in their effects.
Vitamin D3	Magnesium, Zinc	
Vitamin E	(Selenium)	
Zinc	(B6)	Regenerates vitamin E. Selenium and vitamin E can substitute for each other in their effects.

Magnesium

There are nine different magnesium compounds in the supplements.

Magnesiumform	Beschreibung
Magnesiumcitrat	gebunden an Citrat, dem Salz der Zitronensäure
Magnesiumcarbonat	gebunden an Carbonat, dem Salz der Kohlensäure
Magnesiumchlorid	Magnesium gebunden an Chlorid, dem Salz der Salzsäure
<u>Magnesiumglycinat</u>	gebunden an die Aminosäure Glycin
<u>Magnesiumorotat</u>	gebunden an <u>Orotat</u> , dem Salz der <u>Orotsäure</u>
Magnesiumsulfat	gebunden an Sulfat, dem Salz der Schwefelsäure
Magnesiumoxid	gebunden an Oxid, entsteht bei der Verbrennung des Magnesiums
<u>Magnesiummalat</u>	gebunden an <u>Malat</u> , dem Salz der <u>Äpfelsäure</u>

You might want to start by trying magnesium citrate or magnesium malate. These are generally well tolerated.

6. Optimize Your Diet



First, you should try to eat a healthy diet. A “healthy” diet means eating a balanced diet—that is, consuming as many micronutrients, proteins (all essential amino acids), fats, carbohydrates, and fiber as possible on a regular (daily) basis and drinking enough fluids.

Our need for essential amino acids is proportional to our body weight. In other words, the heavier you are, the greater your need. Meat and fish are considered very good sources of amino acids. Studies have shown that an imbalance of amino acids can lead to a reduction in protein synthesis and, as a result, to fatigue, a depressed mood, difficulty concentrating, and a weakened immune system (19).

Kuklinski recommends the low-carbohydrate LOGI diet for depression. This means that instead of 50% carbohydrates, only 20 to 30% complex carbohydrates are consumed, with the remainder consisting of healthy fats. Simple carbohydrates, such as sugar, white flour products, sweets, sugary soda, sugary fruit juices, and fast food, should generally be avoided.

LOGI Diet Total Calorie Intake:

40 to 50% fat

20 to 30% complex carbohydrates

- Oatmeal, whole-grain products, whole-grain bread
- Potatoes, whole-grain pasta, brown rice
- Nuts & various legumes (e.g., lentils)
- Some types of fruit
- Vegetables

20 to 30% protein

In addition to the LOGI diet, he recommends taking micronutrient supplements—see Step 5. Any other identified micronutrient deficiencies should also be addressed—see Oligoscan.

It's important that you eat a balanced diet regularly, take your time while eating, chew your food thoroughly, and avoid thinking about work or problems while you eat.

You should also make sure to regularly consume phytochemicals—found in various vegetables and fruits. These include currants, plums, oranges, blueberries, pears, grapefruits, apples, tomatoes, potatoes, and others. The flavonoids they contain increase the effectiveness of other vitamins by 30 to 50 times.

7. Eliminate Sources of Pollutants and Problem Areas



Eliminate Sources of Pollutants

Possible sources of toxins that must be eliminated or significantly reduced include amalgam dental fillings, mold in the home, heavy metals in the body, food contaminated with toxins, cleaning products, medications, vaccinations (which are toxic), alcohol, aluminum, chlorine baths, fluoride, certain cosmetic products, plastics, nanoparticles (e.g., in shoe polish, sunscreen, etc.), artificial phosphates, smoking, sugar, and others.

It is very important that you eliminate or at least reduce the impact of such sources of toxins on your body.

Detoxification Phases in the Body

Our bodies have to work incredibly hard to neutralize these substances—assuming that detoxification phases 1 and 2 and the intestines are still functioning properly in your body. Even for these detoxification phases to function properly, sufficient micronutrients are necessary.

For Phase 1, your body needs:

- Antioxidants
- Bioavailable proteins and amino acids (BCAAs)
- Vitamins A, D3, and K2
- Calcium
- Phytonutrients
- B vitamins B2, B3, B6, B12, and folic acid
- Enzymes
- The antioxidant glutathione
- Flavonoids
- Phospholipids

Phase 2 (conjugation) requires:

- The antioxidant glutathione
- Choline (found in eggs)
- Bioavailable proteins and amino acids (BCAAs)
- The B vitamins B2, B5, B12, and folic acid
- Magnesium
- Zinc
- Selenium
- Vitamin C

If some of these micronutrients are missing, the detoxification phase stalls and the toxins remain in the body.

Important! If you want to detoxify your body, it's very important that both detoxification phases function properly. Make sure to educate yourself thoroughly on the subject. Here's a Chinese proverb: "If you want to chase the tiger out of the house, open the windows and doors first before you step on its tail."

Relieve Stress

It's just as important to reduce your stress levels. Stress is the subjective feeling that your own resources aren't enough to cope with a situation. Micronutrients like magnesium, vitamin C, and the B-complex will help you rebuild your resources. Vitamin C, in particular, is considered an anti-stress vitamin. You should also know that the body can only store vitamin C for about three hours and that it requires magnesium to be activated.

Autogenic training and yoga can help you reduce levels of the stress hormone adrenaline. Adrenaline is produced in the adrenal glands and simultaneously inhibits the production of other hormones. You should pay attention to what stresses you out and take steps to address

it. If you're experiencing work-related stress, better preparation or a conversation with your boss might help.

You should also determine whether, in terms of your autonomic nervous system, you tend to be a sympathicotonic, vagotonic, or mixed type.

The Autonomic Nervous System and Stress

When it comes to the autonomic nervous system, a distinction is made between the main types: sympathicotonic, vagotonic, and the mixed type, which is the most common.

Sympathicotonic individuals often suffer from restlessness, nervousness, sweaty palms, difficulty concentrating, trouble falling asleep due to overactivity, and cardiovascular problems. In acute stress situations, they often react impulsively and aggressively.

Vagotonic individuals often appear notably calm and composed. They express their "internal" conflicts through parasympathetic reactions, such as gastrointestinal disturbances. This type may also react to acute situations with headaches (due to a drop in blood pressure or a lack of blood flow to the head). Due to insufficient blood supply to the brain, concentration problems are also frequently observed. The vagotonic individual then tends to react with dizziness, lightheadedness, fatigue, or fainting. A typical vagotonic individual should definitely prioritize stimulating activities in their free time, such as active vacations, intensive gardening, sports, and the like. If they engage in too many relaxation techniques, they may become even more lethargic or even depressed.

A vagotonic person reacts passively, introvertedly, and depressively, with passive muscle reflexes. They unconsciously tense their neck, shoulders, and arm and leg muscles, and tend to go through life with a stooped posture.

The mixed type also reacts differently depending on the level of stress.

You should tailor your approach to dealing with stress and pressure to the type that best suits you. I suspect that people with depression tend to be vagotonics.

In addition to more physical activity (including sports), there are other methods for vagotonics to reduce stress, such as biofeedback training, breathing exercises, active vacations, and more.

Gut Health

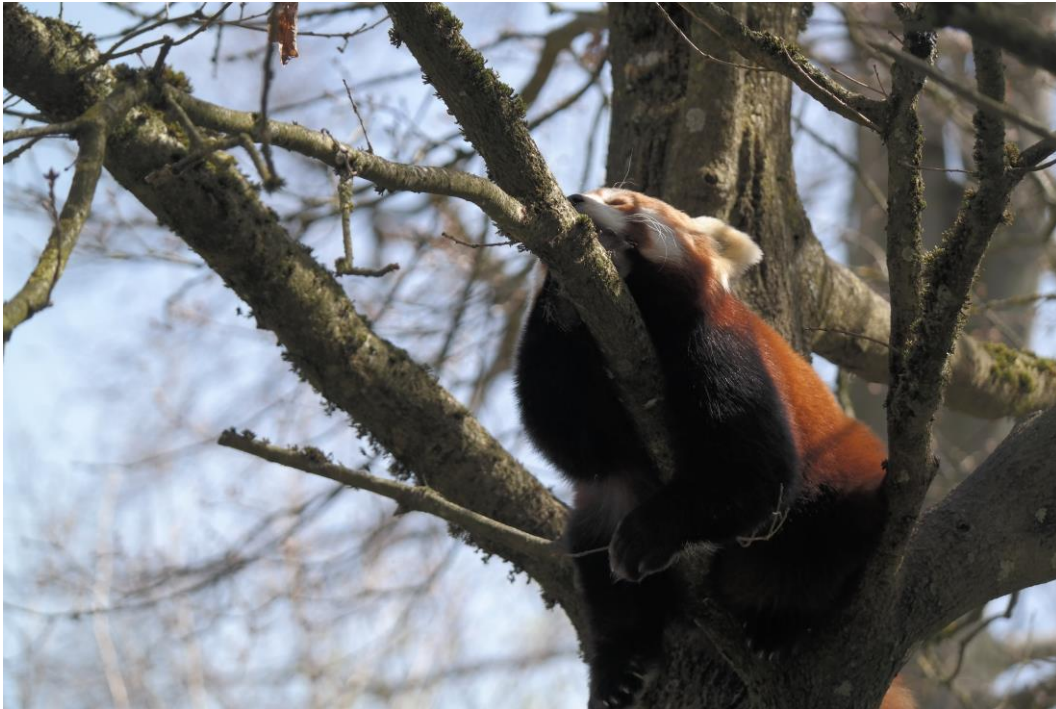
Another area you should focus on is your gut. The microbes in your gut play a role in determining whether you feel happy and balanced or whether you suffer from anxiety and are prone to depression (20). Regular consumption of fermented foods or beverages—such as a little red wine—can lower the risk of depression due to their content of bacteria-produced polyphenols (21). You might also want to have your gut microbiome tested. An affordable analysis is available for very little money (22). Studies have shown that certain types of bacteria were significantly reduced in people with depression. Important! Regardless of

whether you decide to take probiotics (live bacteria that are compatible with our bodies), you should make sure to consume fiber regularly—at least 30 grams per day.

The following are harmful to our gut flora (the largest part of our microbiome):

Alcohol, chlorine in tap water, colonoscopies, an unbalanced diet, emulsifiers, fluoride, (industrial) fructose, a grain-heavy diet, glyphosate, food additives, medications (birth control pills, hormone preparations, antibiotics, or roughly one in four medications), pesticide residues, cleaning agents, mold, stress, acidosis, sugar, and fat, among others

8. Improve Sleep Quality



As long as the relationship between these three (tryptophan, serotonin, and melatonin) is disrupted, even healthy nighttime sleep won't function properly. However, you can still improve your sleep hygiene.

- Have your last meal early in the evening
- Avoid alcohol and coffee
- Get enough exercise during the day
- Establish a consistent, relaxing evening routine
- Set a consistent bedtime
- Go to bed with warm feet (warm them up first)
- Avoid using electronic devices for the last half hour before going to bed
- Dim the lights

9. More physical activity



Regular walks in the woods are very healthy and help reduce stress. Movement is life. Our bodies are so complex precisely because they are designed to allow us to move. Moderate and regular walks help maintain good health. But don't overexert your body in the process. If we're lacking micronutrients and our mitochondria are compromised, our bodies may not be able to perform at their peak. An untrained or poorly nourished body has a hard time handling high levels of oxygen radicals. In such cases, pushing yourself to the limit does more harm than good.

The key to exercise is that you should still feel good afterward.

10. Perseverance



Ultimately, the success of this therapy depends on your perseverance. Depression isn't an illness; it's a temporary setback. Setbacks can always happen—they're a part of life. Best of luck on this journey. Hang in there and keep fighting. It's worth it.

Success starts in your mind. Here are a few tips to help you build your perseverance:

- Practice more self-reflection
- Act on your own initiative
- Break large tasks down into smaller ones
- Set specific goals
- Cultivate more confidence
- Ignore doubters or be more optimistic yourself ("I can do this")
- Find people who support you
- Reward yourself for partial successes

Some “Misconceptions” in Conventional Medicine

“You have to fight bacteria with antibiotics.”

That’s not true—there are more bacteria living in and on us than we have cells. Most antibiotics actually cause people to become seriously ill in the long run. Very few doctors seem to be up to date on the latest research regarding the microbiome. There are natural alternatives and the right approach for everything. It was only recently discovered that even our blood pressure is influenced by our oral flora (15). And that’s just one example. Until recently, the “useless” appendix was considered a superfluous appendage, a redundant relic of evolution. It is now regarded as an important reservoir of bacteria—a place from which, for example, the gut is repopulated with bacteria after an episode of diarrhea (17). So don’t let anyone talk you into having a colonoscopy if your appendix has already been removed. Instead, try to eat more fiber and vitamin C and make sure you’re getting enough micronutrients. That should help keep your gut healthy.

“Medications help when you're sick.”

Wrong, In my opinion, 95% of medications do more harm than good. To my knowledge, no one has ever been truly cured by medication—only treated—though there are always exceptions. If a medication’s name starts with “anti-,” you should be especially cautious—e.g., analgesics, anticholinergics, antidepressants, antidiabetics, antiepileptics, antihistamines, antirheumatic drugs, and others. Some of the harmful side effects range from mitochondrial and intestinal damage, dementia, and nitrostress to birth defects. I recommend that anyone who has ever taken antibiotics or had intestinal problems familiarize themselves with the topic of the microbiome—for example, through books by Dr. Anne Katharina Zschocke.

“We get all the micronutrients we need each day from the food we eat.”

That’s completely wrong; perhaps that was the case before the advent of industrial agriculture. Due to overfertilized soils, herbicides like glyphosate, heavy metals in the soil, selective breeding (e.g., game, salmon, etc.), and food preparation, our food is losing more and more micronutrients—or, rather, we are poisoning ourselves more and more. This whole situation is further exacerbated by diets, genetically modified foods, unbalanced nutrition, medications, and other toxins. Everyone should read the books by Dr. Bodo Kuklinski, M.D.:

- Kuklinski, Dr. Bodo, M.D. Healthier with Micronutrients: Cell Protection with Antioxidants
- Kuklinski, Dr. sc. med. Bodo. Mitochondrial Therapy—The Alternative: Conventional Medicine? Healing Out of the Question!

Kuklinski adds: “Put simply, harmful substances are counterbalanced by vitamins, trace elements, amino acids, etc. It is therefore obvious that as the level of harmful substances increases, so does the need for micronutrients.”

Medications are also considered harmful substances for our bodies.

“Multisystem disorders have their roots in the psyche.”

This is completely wrong; as Kuklinski has pointed out on several occasions, the root causes usually lie in the mitochondria and a deficiency in micronutrients. Triggering events, such as the loss of a loved one, are not the cause. They merely exacerbate mitochondrial weakness. A massive network of doctors and psychiatrists is making a fortune at the expense of people suffering from depression and anxiety without actually helping them. In cases of anxiety, for example, B-complex vitamins, magnesium, zinc, and omega-3 fatty acids can provide relatively quick relief..

“Cancer is treated with radiation and chemotherapy.”

Wrong. During every cell division process, the cell switches to “cancer mode”—that is, from aerobic energy production to glucose-based energy production and back again—as a means of protecting its DNA. **NO (nitric oxide)** is used for this purpose. And humans have nothing better to do than to eat food contaminated with nitrogen fertilizers, take NO-producing medications, and subject themselves to constant stress, which also produces NO in the body. At the same time, our food is losing more and more micronutrients, and the consumption of fast food and other harmful foods is on the rise. It wasn’t until the late 1970s that scientists realized our bodies produce and utilize NO; the great importance of NO for the blood supply to organs and its role as a signaling molecule in the body has only become somewhat clearer since the late 1990s (in 1998, Americans Robert Furchgott, Ferid Murad, and Louis J. Ignarro were awarded the Nobel Prize in Physiology or Medicine).

Occasionally, this cellular “shutdown” mechanism fails; in such cases, micronutrients are lacking, there are too many toxins or too much NO present, or our immune system is out of balance or inadequately equipped. Our adaptive immune system, operating in TH1 mode, would be fully capable of eliminating cancer cells and viruses using micronutrients and glutathione.

However, heavy metals, medications, micronutrient deficiencies, stress, and other factors can sometimes prevent this, allowing cancer cells to multiply. In TH2 mode, our immune system produces antibodies that help “regulate” bacteria. According to Kuklinski, TH2 dominance is prevalent in most people. This means that the adaptive immune system is out of balance and cannot effectively fight cancer. Most medications and toxins ensure that this remains the case.

Almost every vitamin supports apoptosis (programmed cell death), which is involved in the elimination of cancer cells. Cancer cells are rapidly dividing cells without a protective function and are therefore more sensitive to radiation and chemotherapy. Other sensitive cells, such as blood and hair cells, also die in large numbers during radiation and chemotherapy. Mitochondria are damaged, etc. Radiation and chemotherapy are themselves considered

carcinogenic. Chemotherapy also depletes extremely large amounts of micronutrients, which can potentially lead to various secondary problems.

Without addressing heavy metal exposure, previously deficient micronutrients, and stress reduction, even a “successful” cancer treatment will not be able to halt the cancer in the long term.

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