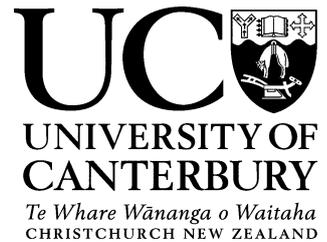


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***Albert Einstein: "If you want different results, do not do the same things."***

Kia Ora Dr Paterson,

I am a Professor of Clinical Psychology at the University of Canterbury and Director of the Mental Health and Nutrition Research Group. I write from this role. For the last decade I have been immersed in research looking at the impact of giving people with symptoms of mental illness vitamins and minerals (micronutrients) in pill form. I have ten years of data showing that many New Zealanders we have treated have benefitted from additional micronutrients - and some profoundly. Around the world, there are now dozens of clinical trials ranging from case series to randomised controlled trials to effectiveness trials, showing the benefits of micronutrients for reducing aggression in prisoners, slowing cognitive decline in the elderly, helping treat depression, stress, anxiety, and ADHD. And they do so with minimal side effects [references provided at end of document]. There is also a growing body of research showing that manipulating diet (either through elimination of triggers or through increasing fruit and vegetable intake and reducing processed food intake) can treat serious mental disorders such as depression and ADHD. In two well-documented cases, these nutritional approaches have been shown by health economists to cost less than 10% of conventional treatments, in addition to being more effective than standard treatment. These data are important and timely to assist the government to address the escalating costs associated with mental health care and escalating numbers of people suffering from mental illness who are not being adequately helped by our current medical model. I think you will be excited about the opportunities afforded by this approach.

- For a quick overview of my research, please watch a 17-minute TEDx talk I gave in Christchurch: <https://www.youtube.com/watch?v=3dqXHHc5IA> which has garnished almost 900,000 views.

### **Why should the select committee pay attention to a new approach?**

I am assuming it is unnecessary for me to tell the committee that the current treatment approaches for mental illness are not reaching enough people and even when they do, not enough are getting well and staying well. Indeed, I co-authored a paper with Prof Roger Mulder (psychiatrist) that documented that despite putting more resources into mental health, the rates of illnesses continue to go up, not down (see attached article). There would not be an inquiry if things were going reasonably well. I will let other submissions detail the extent of the problem, but pay attention to those who write about the harm of medications (it is far worse than has been acknowledged), the challenges associated with withdrawal from medications (they are very real and can be serious) and the need to carefully consider whether compulsory treatment is ethical and working to help people get better. There has been much written on these topics and I direct the committee to the writings

of Dr Joanna Moncrieff, Robert Whitaker, Prof Roger Mulder, Prof John Read and other writers who have raised repeated concerns about safety and efficacy of psychiatric medications in the long-term.

Clearly, fresh approaches need to be considered. I will focus on nutritional approaches as this is my area of expertise. However, there are other avenues beyond the current medical model that are also worthy of attention, including exercise, consideration of the role of toxins and pollutants in our environment that increase risk of mental disorders, addressing violence and abuse towards children, and raising the overall income and educational level of the population. I am sure there will be other submissions on worthwhile explorations to reduce the burden of mental illness. And I do want to emphasize that medications do have a place: they can help some people, especially in times of crisis for short-term relief, but we need to shift our reliance on them as the front-line form of treatment, especially in the long-term. Perhaps medications are best seen as an adjunct to other treatments when other approaches have not worked.

Nutritional interventions, used as both a preventative tool and as treatment, could save the government money. In two case studies (both published), this treatment cost less than 10% of prior (and unsuccessful) conventional care. Consider what this could do to redress the health care costs in New Zealand.

1. A young boy who had been plagued with hearing voices, seeing things, and obsessional thinking and delusions. He was treated on a mental health inpatient unit in Calgary for 6 months, to no avail. Subsequently, taking a broad-spectrum micronutrient formula made him well. Three years later he graduated from high school, extraordinary for a child with a history of severe psychosis. The cost of the micronutrients for 6 months was less than 2% of his unsuccessfully 6 month inpatient stay.
2. A woman who spent years in and out of mental health wards being treated for various symptoms, losing her career and her children, until she took matters into her own hands and began taking a micronutrient formula in 2001. She became well over time and has regained her life, with no need for further mental health care. The cost of her current treatment has been less than 10% of conventional care.

Nutritional interventions could assist with recovery from some significant current challenges facing our community. For example, we showed that the percent of New Zealanders meeting criteria for probable Posttraumatic Stress Disorder dropped from 65% to 19% following the 2011 earthquakes if they took a broad-spectrum nutrient formula for just 4 weeks. We then replicated these findings following a flood in June 2013 in Alberta, Canada. Could this research be applied to the ongoing anxiety being suffered by those communities affected by the Kaikoura earthquakes? *Could nutrition become included in the recovery process of natural disasters to alleviate the psychological symptoms associated with experiencing an environmental catastrophe? Could nutrients be included in the preparedness for future events?*

Nutritional interventions could address the treatment gap. It is estimated that one fifth of the population suffers from a mental illness in any one given year, which amounts to about 950,000 New Zealanders in need of help. Indeed, this is likely an underestimate as this figure does not include those who struggle with significant mental health issues but do not meet full criteria for a mental health disorder and yet are significantly impaired by psychological/psychiatric symptoms.

Let's look at the math: According to the NZ Psychologists Board, there are currently 3718 psychologists on the Register (of which 3008 hold a current Annual Practice Certificate). Many of those are working part-time, some do not work in the public sector (eg academics). Of those who do work in the public sector, most of these individuals work one to one with patients. On top of that, there are about 700 psychiatrists and a few thousand other allied health professionals who work in mental health (counsellors, social workers, nurses).

It would be a reasonable guess that we have about 5000 equivalent full-time mental health professionals practicing in New Zealand. This means that we have one health professional for every 190 people with a mental health disorder. A reasonable case load would be about 80 a year (if treating one to one), leaving a shortfall of about half a million New Zealanders not being reached. Our current treatment gap is therefore greater than the population of Christchurch.

Let's say we heed the advice of so many New Zealanders and health professionals demanding more investment in the workforce as the solution to this problem. *To completely eliminate the treatment gap, we would need to more than double the workforce.* And this figure does not take into account the growing population. *I assume the panel will recognize this is not possible.*

Our current training programmes graduate at most 100 new mental health professionals a year. As a member of a clinical psychology training programme (UC), we would struggle to even double our intake per year as it would require a serious overhaul of how we run the professional programmes as well as a major investment in DHB internships. And it would likely take decades to achieve this increased workforce. This means most people with a mental disorder will continue to not receive any treatment.

As such, we need to focus on prevention and simpler solutions in order to reach more people. Nutritional interventions could well be one of those solutions. Nutrient interventions do not require enormous resources to successfully implement. To illustrate the scope of potential albeit in a research context, we are currently running a study entirely on line, no face-to-face contact, in the community assisting individuals struggling with symptoms of depression and anxiety through just giving them micronutrients. There is no need to train more health professionals, the scope of reach is much larger, and it is considerably cheaper than 1:1 care.

Please do not misinterpret this suggestion as indicating that I think we should forgo current treatments. Not at all. I am raising the significant challenge that focusing on *only training more professionals for the workforce will not reduce the burden of mental illness in our community.* We need to continue to offer other evidence-based treatments (like psychotherapy); however, in order to effectively reduce the burden associated with mental illness, we must also invest in building new initiatives that have a wider reach, are cheaper, flexible, acceptable, and can address multiple problems at the same time. Indeed, the illusion that doing more of the usual or funding more of the usual is really helping, may actually delay moving to solutions that make a real difference.

Nutritional interventions do not appear to produce side effects or cause long-term harm when used to treat a mental health condition. We and others have documented an impressive safety record for this approach. As such, nutritional interventions, both dietary and through supplementation, should be considered before medication. The risks of nutritional interventions are much lower than the risks

associated with current psychiatric medications. There is a solid research base of studies documenting that psychiatric medications are not helping enough people and that they can lead to serious withdrawal problems when people do choose to come off of them. The side effects of medications can also be substantial and concerning. Why wouldn't we use a low risk intervention first, before reaching for the prescription pad? Further, nutritional interventions would help address other significant health problems as well, including reducing obesity and diabetes. Indeed, this approach screams out for us to consider mental health as part of *integrated care*. Separating mental health problems from other health issues simply increases the stigma associated with these problems. Through integrated care, mental health could be seen as part of overall health.

### **Why I want to meet in person with you**

I speak on behalf of all the people who have both been harmed by our current treatments and/or who have benefitted from nutrition research (see emails attached). These voices need to be heard.

My research has been widely publicized in NZ over the last 10 years but despite this publicity, the translation from research to practice is slow. Indeed, it can take 17 years for research results to make it into mainstream. We need to accelerate this translation. There need to be better channels between the researchers, the practitioners and the policy makers. My research is part of a world-wide emergence of science showing the role of nutrients for brain health. Bringing this field of science to the attention of policy makers has been a challenge because there is no large industry sponsorship to lobby for it. For example physicians tend to rely on Clinical Practice Guidelines, which are heavily influenced by pharmaceutical companies. What are the chances that those individuals would pay attention to research by independent scientists on nutrients?

### **What needs to happen?**

The challenge we have is that the current treatments cannot be easily delivered to those who need it. Our model of delivery is not working. One to one treatment is largely ineffective at reaching the large number of people in need. I believe that much of the intervention needs to happen within existing frameworks and consider where people go – schools, workplaces, restaurants, grocery stores, maraes, Plunket, midwives, GPs, casinos, and the internet. Engaging culturally appropriate methods will be crucial in reaching the disadvantaged and ethnic minorities.

Here are some ideas on integrating better nutrition into the fabric of our society. I have organized them from short-term to longer-term interventions.

#### Short-term/immediate action:

1. Set up a group of nutrition/dietician and psychology/psychiatry experts to devise ways to implement nutritional therapies into mainstream practice that are evidence-based.
2. For those on waiting lists for psychiatric treatment, *offer nutrients first*. For some, further psychiatric treatment will be unnecessary and they will drop off the waiting lists.
3. Public funds to research nutritional interventions would assist in wider dissemination. The previous suggestion, offering nutrients to those on waiting lists, should be evaluated properly.

4. Consider the menus in prisons. Poorly nourishing prisoners will reduce opportunities for them to benefit from rehabilitation efforts. Violence against prison officers has been shown to be reduced simply by ensuring prisoners are well nourished.
5. *Target pregnant women to optimize the health of future generations.* Psychiatric medications taken preconception and during pregnancy increase the risk of ADHD and ASD in offspring. Nutrients and good nutrition have been shown to improve mental and physical health of the offspring and reduce rates of ADHD. Consider alternative ways to address mental health of pregnant women outside conventional approaches. Interventions to reduce smoking and alcohol during pregnancy have been successful at changing behaviour. Consider adding processed food to that list as a starting point.
6. Work directly with companies on changing menus in restaurants to make healthier approaches more prominent. Research has shown this change in itself leads to healthier food choices. Check out Shape up Somerville (a child-targeted, community-based environmental change intervention <https://www.fsg.org/publications/shape-somerville>) or Blue Zone Projects <https://www.bluezonesproject.com/> where they engage communities to take charge of changing health outcomes.
7. Teach children how to cook in schools. Provide cooking lessons in universities.
8. Use social media to spread healthy eating messages.
9. Develop pamphlets on eating well on a budget.
10. Support the development of community gardens.
11. Engage with media to run stories on healthy eating and mental health.

Medium-term:

1. Ensure all physicians receive adequate education on the field of nutritional psychiatry. They are not currently provided sufficient information about the role of minerals and vitamins in brain metabolism, or in fostering optimal mitochondrial function.
2. Create a new branch to Pharmac that funds nonmedicinal evidence based treatments, like micronutrients, so that they are not in direct competition with the pharmaceuticals. A few Acts would also need to be modified in order for this to happen (eg if something has a therapeutic effect, it should not automatically have to be classified and regulated like a medicine –as it currently stands, no food can be sold as having medicinal properties despite research showing that food can treat illness; the same holds for micronutrients). When considering nutrients, accessibility is key. The legislation would need to be changed in order to ensure access is maintained as evidence accumulates. Do not restrict access to nutrients that have proven efficacy. Restricting access to medications has NOT worked to improve the lives of New Zealanders. There is no need to repeat that error with interventions that hold a much lower risk.
3. Tackling the excess sugar intake is essential for improving mental health. Consumption of sugary soft drinks is correlated with aggression and violence. What incentives are there for companies to move away from selling these harmful beverages?
4. Give people choices on how to use their tax dollars for health care. Right now they have no choice, they can only receive free care if they agree to follow the medical model. When people have choice, that improves self-esteem, motivation, and desire to change.

Long-term:

1. Give farmers incentives to ensure crops are grown in pesticide-free environments with appropriate nutrient replenishment of the soil.
2. Consider changing the length of the school year. When kids have long summer holidays, they become lethargic, their body mass index increases, and they lose academic gains. The long school holidays was a great model when most kids worked on farms, but it is no longer appropriate when parents only have at most 6 weeks holidays a year. You could shave a year off of the school system at the other end by making the terms longer. Why pay for schools to sit empty for 14 weeks of the year? Think of the cost savings if children left school one year earlier. Consider utilizing the schools that are empty during school holidays as centres for health, by providing educational programs on nutrition and exercise.

Some recent changes in laws implemented by the Labour party WILL help with some of these initiatives. Lengthening maternity leave will increase duration of breastfeeding, making tertiary education free will increase the literacy of the entire nation such that they learn about the importance of good nutrition for health and learn how to live a life that improves overall quality, increases to the minimum wage will give families more income to make better food choices, and addressing child poverty will ensure every child has access to nourishing food.

The exciting part of these ideas is that not only would the mental health improve, but we could also begin to tackle the obesity problem and other chronic health conditions such as diabetes.

The pandemic in mental illnesses affects us all now. If we don't do a serious overhaul of our current system alongside addressing the fundamental risk factors well known to increase the expression of mental illness, we will have little impact on the rising epidemic.

Randomized controlled trials in the 1600s showed that putting limes aboard ships headed out for long voyages completely eliminated the 40% mortality rate for scurvy. However, it took 264 years for the British government to mandate that all ships must carry citrus for their sailors. *How long will it take our society to pay attention to the research that shows that suboptimal nutrition is contributing to the epidemic of mental illness amongst other chronic health problems?* New Zealand could easily lead the way to showing the world how a society can together address these serious problems.

I certainly hope you find these ideas helpful in the search for new solutions to a very challenging problem. I have pasted below a few emails I have received over the years highlighting that many people don't benefit from current treatments and also some stories of great benefit from nutrition. I thank the committee and the Labour party for being willing to tackle such an important problem.

Nga mihi,



Prof Julia Rucklidge

**Here is a sample of the thousands of emails that have been sent to me over the years from people not receiving enough relief from current conventional treatments (names changed to protect confidentiality and minor typos corrected to improve readability):**

Dear Julia,

I have just seen you on YouTube, and believe in micronutrient treatment. My experiences within the last 20 years on pharmaceutical pills against depression has shown small effects. Now I am 55 years old and have no job. I suffer and feel anxiety and depression all day long. I come to therapy in a local house with 6 patients having different diagnosis. They all believe in medicine and I have tried to explain the placebo effect of taking the pills. They do not doubt about the effect, but they have been suffering for 10 - 20 years and getting pension for mental illness. I have been struggling with work for 25 years as cleaner. My mental illness has been depressed by working hard and on Trilafon and Effezor in 20 years. Now I have to realize my situation. I am struggling with my legs for 6 years and my depression has overtaken my daily life. I write to you because you mentioned micronutrient treatment need to be controlled. You also said oneself cannot just buy nutrition pills by the local grocer for selftreatment.

How do you make the right doses for a person?

Best wishes,

James

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Hi Julia,

I just finished watching your Tedx Talk on Micro-nutrients and hoping you can help me. I was diagnosed with Depression and Anxiety at the age of 24 years old. Friends had always said I had anxiety but I did not believe them. I was an active walker/jogger and have always eaten extremely well. Never any processed foods except for the occasional pieces of Rye Bread. I believe I am in the group of people who desperately needs additional nutrients beyond having a healthy diet. At the age of 30 I was prescribed anti-depressants while completing my Bachelor's Degree in Bio-Medical Science. From the age of 30 I was on and off antidepressants. I believed that most of the time my depression was circumstantial (the death of a very close friend etc).

My health took a turn for the worst 3 years ago. I was married for a year when my husband started to abuse me. My doctor prescribed me with a Benzodiazepine called Lorazepam. Needless to say my husband continued to abuse me. I told him to leave but by that point I was now diagnosed with PTSD and was hospitalized because I was suicidal. After I left the hospital three months later they had me taking Clonazepam (aka Klonopin) three times a day. A very high dose. I hit tolerance about 6 months later. I didn't realize it at the time and relied on my doctor to know what was best for me. Huge mistake. My antidepressant was changed and he kept me on Clonazepam. A year and a half ago my body would no longer respond to antidepressants. My then doctor wanted to add another med to the mix but I refused as when he has in the past they made me suicidal as well. I then decided to stop my antidepressant not knowing I had to taper off. He did not advise me as to the incredible risks. 2 months later I then decided to taper off Clonazepam. Clonazepam (aka Klonopin) is one of the strongest and most debilitating Benzodiazepines. The symptoms of withdrawal have been too numerous to list and I apologize for such a long email. It has been six months since my last dose and my body is now intolerant to so many foods. My skin still continues to break out in hot burning rashes. I cannot be outside at all and the temperature in my house must be kept between

20-21 degrees Celsius, the list of physical and mental symptoms goes on and on. As of recently I am able to tolerate Omega 3 and am now taking a daily probiotic.

I was hoping you could please help me. I was wondering what nutrients I would need to start taking and what doses? I have lost my entire life. I live in constant pain and so desperately want my life back. I would be willing to join a study if needed. I apologize for the long email. I know that my GABA receptors as well as my brain has been damaged and that it will take time to heal but if I can take anything to help it on its way faster I would be beyond thankful to you.

Thank you so much for taking the time to read my email and I hope it finds you in a great place. I pray you can help me in my return to health.

God Bless,  
Rebecca

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Hello,

The last few years of my life have been a struggle. I am a woman with ADHD (diagnosed when I was 21 years old). I have a history of depression and just recently that diagnosis has been updated to bipolar. My family doctor is ill-equipped to deal with my issues and has relied on specialists to tell her what to prescribe me. An ADHD specialist prescribed me Vyvanse in 2014 and CAMH has prescribed me Seroquel in January this year. Seroquel has been a miserable experience, it took 6 months to get to a therapeutic dose but the side effects were so severe that I'm now slowly coming off of it (which comes with many withdrawal side-effects). Seroquel has made a mess of my body; I gain 30lbs, I have muscle rigidity in my legs which makes exercise really challenging, I'm always dehydrated, always sweating and the list goes on.

My manic episodes are minor but I am scared of my depression. I know that once I get off the Seroquel, my doctor will want to put me on a different mood stabilizer, but these types of medication seem to have the same list of horrible side-effects. I really want to find a better way to live than just more medication. Lately, I feel desperate and lost. I don't feel like I have anywhere to get help.

This week, I've started a meal plan with no processed foods, that eliminates refined sugar and alcohol from my diet. I also take a multivitamin and Omega 3 supplement.

Is there a micronutrient that you recommend? Is there a meal plan that you suggest to other people? I'm looking for any help I can get.

I thank you for your time and I look forward to your response.

Kind Regards,

Stacy

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Hi Julia,

We have read with interest your article on micro nutrients in ADHD and desperate to see if you can help Peter Our grandson. Peter is 8 years old and from the age of 2 it was noticed he was showing "different " behaviour to other children. He was quick to anger and would throw his toys across the

room when he got frustrated or his play was interrupted. He was sensitive to touch and noise or too many distractions at once. As a baby he was a poor sleeper.

He has been assessed by Child and Adolescent Mental health and no firm diagnosis has been given but it was thought he could be ADHD or ADD or anxiety disorder or behavioural disorder and so the list goes on. To be fair our daughter has lost faith in what appears to be a dysfunctional service that is difficult to access and with little if any follow up. He was trialed on Clonidine and became increasingly anxious and even violent. Our daughter had to call an ambulance as Peter was out of control and throwing furniture at the same time begging for someone to help him. His parents stopped the medication and he returned to "normal". He was trialed on Ritalin without any noticeable improvement so this medication was stopped by his parents.

Peter was born with transient Tachpnoea in newborn and was on high doses of antibiotics for the first 3 weeks of his life. He has been hospitalised with exzema and pneumonia which progressed to a collapsed lung- again more high doses of antibiotics. In the last few years he has kept good health. Peter is an intelligent boy who is well above his reading and maths level. He has a teacher aid at school for some of the time and if in the afternoon he becomes disruptive- not listening to the teacher or refusing to take part in classroom activities his Mum is usually phoned to take him home or he is given iPad time-the latter being used to keep him occupied [far too frequently by the teacher in my mind].

As grandparents we will do all we can to help with therapy costs if it comes down to that.

He is the oldest of 3 children.

His father is a university lecturer. His Mum[our daughter] is a stay at home Mum and tries so hard to help Peter in so many ways. She is at her wits end and I really fear for her wellbeing and for that matter Peter's future -not to mention his 2 sisters.

Is there anything you could do to help or anyone you would suggest could help?

Our daughter Jo is going away for this weekend for a much needed break but she intends to read your article whilst away.

We would be very grateful for your consideration and possible help.

Thank you

Alex

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Dear Dr. Rucklidge

My name is Tania and I am the older sister of Nathan who is 27 years old in November. We live in Thailand and he has bipolar and potentially schizophrenia. He is undergoing his 7th relapse since he was 17, with 7 times relapses. Each time he got recovery from Risperdol, he stopped taking the pills and got relapses each time he felt better. He got through his bachelor degree in hospitality during this period of time and was graduated since 2 years ago. Since last 2 years, he stopped taking medicine and he seems to withdraw from the society as well as spent time by himself and to the degree of speaking by himself. Then we decided to hide the Invega in his food, 6 mg. (The only medicine which cured him in the past 6 times relapses was Reperidol, which finish producing) he received Innvega since January. At the moment the dose is increased by the doctor to 12 ml. This time, I feel that he improves slowly. He has a behaviour of a child, with no responsibility and feels relax in the hospital.

I cannot communicate to him that we would like to take care of him naturally, as he would fall into the same position if not taking the medication after he is well. We want it to be sustainable.

As he is a big man, I cannot force him to take medicine, and I am looking for the clinic which can treat him with super nutrient food, and reduce the dose of the gradually until he is cure. My family and I have watched your Ted video "the surprisingly dramatic role of nutrition in mental health" and we are very interested in healing our brother through that way. Still, from what we have searched on the internet you do not have a clinic but are a professor at the University of Canterbury. Being in this field, could you please recommend any centers that treat patients the way you believe in for Nathan?

It would be very kind and I would like to thank you in advance for any recommendations you would have.

Thank you for your help and understanding

Some background regarding Nathan:

He is currently at a Thai public hospital for treatment. Drugs does not seem to be working and doctors are continually providing stronger doses until they see improvement. If they do not see improvement - they will try out new drugs. I am concerned as drugs has produced no positive results and on top of it the environment of the facility is terrible with little positive stimulation:

- The food he eats is very basic: floor based, lack of vitamin, lack of fresh fruits and vegetable
- No physical activity: most patient spend time sitting down or sleeping
- Bad environment: all patients are caged in a room and don't see anything that stimulate their brain
- Little exercise to rehabilitate patient how to live in society

Other facts:

- Nathan is currently in denial and does not think he is ill or needs to spend time at the hospital. He claims that if he gets out he will not take medication.
- He has been taking Risperidol over long period of time which according to Thai Doctors has caused frontal lobe damage in his brain.

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Hi Julia, our son Tom finally had his appointment with the psychiatrist yesterday. She diagnosed Tom with a severe social phobia (which is very much what we expected) and has recommended CBT therapy with citalopram as a backup if he needs it. After she'd gone through this with us I introduced the possibility of micronutrient therapy in conjunction with the CBT but I got a very negative response! She said there's "minimal" evidence of "slightly favourable" results with ADHD but there's nothing to show there's been any effect with any other form of mental illness. She then went to say that the placebo effect of being involved in the study even if the participant was taking EMPower would account for all the positive results from the trial. She asked Tom if he was eating well and when he said yes she said to him he'd be wasting his money using EMPower - he'd be better to take each supplement separately but really the only one worth taking was omega 3. By this time my mouth was almost hanging open with incredulity. :)

I expected some hesitation from her but must admit I was blown away by the extent to which she pooh-poohed it. And to use placebo effect as a reason for all positive results from a study basically

negates every clinical trial ever done - astounding!

From our perspective it's still very much on the radar as part of Tom's path to getting better. It's a shame the medical profession remain so closed to its potential for treating patients..... although it reinforces the old adage that a medical person treats medically. Thank goodness our GP has a more open-minded and holistic approach.

Good luck with your ongoing trials, I hope it brings you the recognition you deserve.

Regards

Wendy

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Dear Professor Julia,

I have a 13 year old son, Brian. Brian has been diagnosed with Aspergers, ADD, OCD, ODD, PTSD and suffers from high anxiety.

Current meds are Concerta 36mg, Melatonin, Citolapram and Phenergan. Brian is more or less stable (no self harming currently but still speaks of feeling suicidal as recently as last night.)

Brian was tried on Straterra and quickly went into liver failure (ALT enzymes 2,320) and it was 10 months before he had normal liver function. One doctor even put him on Respiridone and that was just awful for my boy.

Brian had been through stand downs and exclusions from multiple schools until a senior teacher, at a decile one school began working with him in y 6. He is being kept at intermediate another year as although incredibly clever he is well behind his peers socially and emotionally. Mary was able to secure ORS funding for Brian. Brian has a 25 year old brother, William, who recently graduated from Berkeley University on the Dean's Honour List. Currently William is doing his Masters at Victoria (scholarship, one of many). Brian is very bright and has academic potential. Our biggest obstacle is managing the OCD and anxiety. Drugs are not the answer here.

I just want for Brian to be the best he can be, but more importantly, right now, I want him to be happy, relaxed and not having major meltdowns several times a week (assaulting those around him and then feeling incredibly bad about himself). If Brian could be helped by a diet change or improved nutrition then please help us.

Brian is kind, generous, loving and has an affinity with animals... animals run to him, even ones who do not know him, even wild animals... somehow they sense they are safe with him.

Thanx for your time, Alexa.

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Hello Dr. Rucklidge,

We are the parents of a 19 year old son who was diagnosed with ADHD as a young boy. He has been on almost every stimulant and non-stimulant medication and has been under the care of various therapists and psychiatrists. His most recent psychiatrist feels (and we agree), that he also suffers from a concurrent anxiety disorder. He had not had significant help from any of the

pharmacologic or therapeutic treatments. Your various articles on the use of micronutrients for use in ADHD were intriguing. I was wondering if you have any suggestions for micronutrient supplement preparations commercially available that may be good for us to try with our son. Thanks for your time.

Suzy

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Hi Julia,

My name is Rebecca and I apologize in advance for this long email. I know you are probably incredibly busy so I understand if you can't reply but I am giving it a go anyway! After being diagnosed with depression at 18 and being on anti depressants for 16 years (first Prozac and then cipramil) I was then diagnosed with bipolar 2 and have been on even more meds, high dose of Effexor (375mg) and seroquel (25mg) for the past 2 years. I felt amazing for the first year and a half but recently had a rough patch, my psychiatrist lowered the Effexor over a few months, which was complete hell, till I got to around 180mg and then she added lamictal (50 mg), the plan was to increase lamictal to 100mg and eventually remove the Effexor. I gave it 2 months but hated it and felt worse. Now my Effexor has been slightly increased to 225mg and the lamictal removed, I still have a small dose of seroquel at night and along with a pretty good diet and exercise I am stable and well for now. For the last year I have worked for the schizophrenia fellowship of nsw and through my role there have had my "psychiatrist is always right" way of thinking challenged. I have begun to question how I seem to have gotten worse symptoms and be on more drugs than ever after years of doing what doctors have told me to do. Another thing that is making me really want to be sure is the fact my 12 year old son suffers from anxiety. He has regular psychologist treatment to help with that. He is not on medication and I have always said I wouldn't want him taking meds while his brain is developing. Now I would be very reluctant to put him on medication even as an adult until I had more info on long term affects.

I watched your Ted talk tonight and I'm very interested to know how I can help him and myself? I quit sugar around 6 months ago and it's helped alot. I have always thought I would be on meds forever and was ok with that but now I worry I will end up having to increase and change them every few years and that scares me. If there is a way to be well without them that would be amazing. I have lowered my dose but still can't see a future med free. My son has a terrible diet and I have tried unsuccessfully to improve his nutrient intake. He is, as many kids are, a sugar addict and not a fan of vegetables!

I would love to receive some information from you on what we could do? You mention in your talk it is high doses of nutrients. Does this mean that over the counter vitamins wouldn't work?

If you have read this rambling email till here well done and thanks so much!

Kind Regards,  
Rebecca

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Hi Julia,

I have watched your speech about nutrition and how it effects our mental health on TED talks.

I'm 28 and have been suffering from severe depression for almost 2 years. It came all of the sudden as a result of too many stressful life events that happened to me in a short period of time. It was a shock to me that my body could react in this way.

I have tried three different types of medication but they didn't work on me.

I have been always into naturopathic medicine and decided to try a different approach to save my life.

I have been on an anti-candida diet for two months now , eating plenty of fresh vegetables and some gluten-free grains and small amounts of fruit .I am also taking high quality fish oils, vitamin C, Vitamin D , Vitamin B complex and multivitamin.

I have noticed a significant improvement in my mood.

I would like to do my treatment the best possible way to finally end this horrible chapter of my life.

I was wondering if you could provide me with a complete list of nutrients and their quantities ( vitamins and minerals) you talk about that are essential for treating mental illness.

Kind regards,

Andy

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Dear Professor Julia,

I am a 25 year old veterinarian surgeon who suffers from depression since I can remember.

I watched your TED talk about the efficiency of nutrients to treat depression and I thought that it might help me since anti-depressants and therapy haven't helped that much.

I can remember very vividly from as early as being 12 years old saying to my mum I wanted to die. Feeling an enormous pain that no teenager should ever feel. My mum is a physician and would laugh and say: don't be silly.

I had some bad things happening to me (like everyone has), I never had a normal structure family, I've been in bad relationships and even in college I was bullied a lot.

My mum had to pick me up from the bathroom floor (at the age of 15) when I even had delusions and cried for help to finally help me to get a psychotherapist. A few months she gave me the medical release. Because I was able to terminate the abusive relationship I was in.

I re-started going to consults (to another psychotherapist) on my third year of college. I was there and did antidepressants (first fluoxetine and later mirtazapine + venlafaxine) for 3 years. Got the medical release later after graduating.

And a few months ago (2 years after the release) I am back to the therapy and mirtazapine. I had a lot thoughts about dying. There are moments when I feel a pain in my chest and so much anguish that I just want to shut it down. My psychiatrist doesn't like to categorize depression but from what

I've read I feel like I have distimia. But I am no human doctor. I can still manage to accomplish all my career duties but I am always suffering and surviving not enjoying life. I am terrified I will have this reality for myself for the rest of my life. I don't want it. And for that reason I am here asking in the most humble and honest way for help.

If you have any study going on I will gladly join. If you can give me any helpful advice I'd be forever thankful.

I'm sorry for this testament. Thank you for your time. I hope I can hear from you soon.

Best wishes,

Louise

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Dear Dr. Rucklidge,

Two months ago my wife Sandra suffered a severe manic episode and had to be hospitalized. She spent two weeks at the hospital on lock down and when she was discharged, she was diagnosed with Severe Bipolar Disorder and Delusional Disorder. She was prescribed Depakote 500 mg. 3 times daily, TraZoDone 100 mg. as needed, OLANZapine 5 mg. in the morning and 10 mg. in the evening. Many tests were conducted and all they found was that she was a bit "anemic" so 250 mg. of vitamin B1 was also prescribed. I was told that the meds were for life else a relapse would occur also I should keep her calm and make sure she got plenty of rest else a relapse may occur.

Sandra lost 80lb. or so in a period of about 6 months and during the last 10 days or so before she just "lost it" she had a bad case of salmonella poisoning and could not keep anything down. I informed the health care providers all this but they wanted to know if there had been childhood trauma.

We did not know the first thing about polar disorder so we started to try to educate ourselves on the disease via GOOGLE searches and YOUTUBE and that's when we saw two of your presentations. Your conclusions make total sense to us.

Now we would like to get off the meds and try your approach but we do not know of anyone else doing that in Colorado where we live. Could you help us or recommend someone in our area?

Thank you for your time.

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Good morning

I have just watched your TED clip on micronutrients in the prevention and treatment of mental health.

My husband, Harry, suffers from anxiety, depression and PTSD. Harry tried to take his life twice just shy of a year ago and was seen by a team at Hillmorton Hospital and referred for psychotherapy. He had his medication completely changed, revised and changed again and suffered terribly throughout. He is resigned to taking medication for the rest of his life, and is still being seen by the Rural Mental Health team at Hillmorton, but still dreams of one day being medication free.

My apologies if I am going about this entirely the wrong way, as I have tried to guess your correct email in the first instance, however I am very very supportive of your micronutrient approach and would love to, if possible, try this on Michael.

I am looking forward to hearing from you.

Kindest regards

Barbara

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Dear Dr. Rucklidge,

I recently listened to your TEDx talk on micronutrients and treatment of mental illness. I hope it is okay that I share my story with you. I understand your time is valuable and I'm not even sure if you will get to read this, but I wanted to take the leap and write anyway. Thank you for your time.

So here it goes, I was diagnosed with bipolar I disorder at 18 after I had a severe manic episode with psychotic features. A few years later, after I had my psychiatrist's approval to see if I could come off of my medications safely with her guidance - I did, only to find out that 2 weeks after being "medication free" I was manic with psychotic features all over again. Ever since then I have never gone off of my medication again, and I have had numerous bouts of depression intermittently throughout my life. I am now 29 years old. I take my medications faithfully, and I do not deviate from my regimen – out of fear of going manic and psychotic again.

You see, unlike a lot of people that suffer from bipolar disorder, I am deathly afraid of mania. This is because I know I am not myself when off of my medication. But I have had a lot of side effects along the way. I used to be a healthy weight, now I have polycystic ovarian syndrome (presumably from taking Depakote) and am overweight. I am tired all of the time due to my nighttime medications, and over the years they have added other diagnoses to my list – which I won't list now, as I am trying to make this as brief as possible.

I am really trying hard to fight through all of this. I've had a rough childhood, and had to navigate all of what I wrote about earlier. In spite of everything I did finish my Bachelor of Arts degree in psychology; I even almost finished a Master of Arts in Counseling, but couldn't complete it because I got sick. I really want to be able to flourish and come out of all of this resilient.

But, I don't know how to find someone who would even prescribe micronutrients to me, or where to even begin. I know you said in your talk that taking a supplement over the counter would not work as it wouldn't have enough of the nutrients in them to be effective. I am working on changing my diet, and I am willing to do anything I need to do. I'd even consider being part of a test group. How would I go about figuring out if there is anything like this in my area? I am living in the United States in Illinois (near Chicago). I guess any help or direction you could give me would be greatly appreciated. I am hopeful. If you know of anybody or even anything as simple as something to read on the subject that would be great.

I am so thankful that you gave that talk and are doing the research you are doing.

Thank you for your work.

Sincerely,

Jess

**Here is a sample of emails from people telling me about how nutrition has helped their families:**

Hi, just want to let you know that the micro nutrients are helping me an incredible amount. I am nearly off ritalin - reduced by half.

I am in the UK at present preparing for a sailing attempt on the NW passage so I am needing all the help I am can get for a rather stressful trip.

Thanks for all the research and help.

Thanks.

Stan

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Dear Prof Rucklidge,

I enjoyed your TED talk about nutrition and mental health a lot.

We were very much surprised how the diet change of our son helped him with his dyslexia problems.

During elementary school he had severe dyslexia. In third grade we understood that he did not tolerate lactose and that he was allergic against milk proteins showing a secondary reaction (after some hours his mucus membranes were swollen and he suffered of chronic sinusites). We changed his diet and his dyslexia became much better. He still suffers of dysorthographic problems, but the turning around of letters and numbers completely stopped some weeks after the new, milk free diet.

Somehow it is logic that he was able to concentrate better, when his mucus membranes were not swollen anymore, but the concrete link to turning around the letters was very surprising to me. I just heard of one medical study about milk allergies where it is stated that among the test persons were surprisingly many with dyslexia.

So, just in case you are looking for new research areas - this might be one!

Kind regards,

Karyn

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Dear Dr Rucklidge,

I've just stumbled across your TED talk re added micronutrients being beneficial for mental health.

Over the last 5 - 6 years I've gone ketogenic pretty much with resulting weight loss and have gotten rid of my fatty liver. I wasn't all that fat but I think I've dropped 6 - kgs and my abdominal gut has gone.

More recently I've become aware that modern food lacks nutrition, even though the produce sold in the supermarket and shops looks large and colourful and thus superficially healthy.

The soils that the food is grown from is nutrient poor and thus the green produce is lacking in nutrients.

What I'm seeing go past me on the operating table is absolutely appalling.

Nearly everyone is obese, the diabetes rate is maybe 30% on any list, and there are illnesses that I'm seeing in abundance that I never saw so much of as a medical student all those years ago. Hypothyroidism is rife, as is Rheumatoid Arthritis, Atrial fibrillation, coronary heart disease and strokes. Cancer is abundant especially breast cancer in women which is nearing epidemic proportions. These sick people are often on antidepressants as well. Everyone seems to have a dementing parent. And the staff, both medical and nursing, are ill with similar disease patterns.

I know that my head changed after I stopped the carbs and boosted up the vegetable material and the fats.

I've been trying to encourage some of the patients to change their diets but its very very hard as its going upstream against everyone going the other way and I only have a limited time to talk to them before I anaesthetise them.

The processed foodstuffs are packed with sugar apart from the carbohydrate sourced foods such as the refined grains, and this stuff is plain addictive so that sufferers have a really hard time in weaning themselves off the sugars and carbohydrates.

Would it be possible to get some idea as to what you use for your micronutrients without giving away too many state secrets?

I've started to take vitamins and buy organic produce where possible and buy grass fed and grass finished beef.

I have a daughter and 2 grand-daughters and I'm trying valiantly to educate her about what to eat and what to feed her kids.

If you are able to provide me with any guidance I'd be most grateful.

Yours sincerely,

William

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Hi Julia,

Thank you very much. I really appreciate your input.

I came across your TedX talk in NZ, which is how I came to find you and your facebook page. I wish there were more medical professionals like you that see the importance of getting to the root cause rather than masking everything with anti depressants. It has been very sad the last 10 years of trying to get well with 10 doctors in 3 different countries all pushing AD's before even considering other issues. Especially with Graves Disease, I ended up diagnosing myself with Vitamin D deficiency when I first got sick and had to force doctors to run the test and I was a few points away from hospitalization. Given that Vit D is a big thing with Graves Disease I was astonished the lengths I had to go to just to be tested.

I ended up removing my ovaries due to PMDD and truly believe that if I had have known about B12 and the Hair Tissue Analysis earlier, I may not have had PMDD at all.

Keep up the good fight on this, I think it is only a matter of time before the medical establishment needs to seriously consider nutrient therapy.

Cheers

Diane

---

I saw a Ted talk video of you discussing the use of micronutrients to promote health -- and that trials indicate that some are way more effective than standard medical treatments available for mental health issues. This is very exciting news, and something I wanted to learn more about; I ended up on a facebook site affiliated with you and wrote asking for details; in response to my questions, you suggested I write to this address for more info.

Basically my main question was if there are any recommendations you can make based on your research, on what micronutrients to use, how much, and where I might be able to acquire and try some out. I realize that you're probably not in a position to give medical advice for all sorts of legal reasons, but this is amazing news -- and it's very frustrating knowing that there could be inexpensive and significant avenues of treatment out there, but not have any way to access or even try them out for lack of info. I do remember that in the video you mentioned that taking regular multivitamins would not suffice, as the concentration of the nutrients are too small. Do you have a list of the micronutrients that were significant? what sort of dosage made a difference? Any info at all would be appreciated. As I said, I do realize that for legal and other myriad reasons that you probably cannot or will not give anything that looks like medical advice, but I thought I'd ask anyway. I assume that there must be published studies out there that you have authored that give the details of what was used...if you could direct me to where I might find them, I have no problem studying them and trying to figure it out based on what is in those studies myself, if that's possible. As I said, this is amazing information, and I'd like to find out everything I can about it.

In any case, whether you can point me to any further info or not, I do have to say that this field of study and your ted talk is awesome stuff, keep up the great work! Best, Greg.

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I watched your presentation at TEDx on YouTube and was very impressed with your findings. I would truthfully like to share with you my recent personal experience with my diet change. First let me tell you a little about my situation. I am an American (please don't hold that against me & no I didn't vote for him), 72 years old and a mother. For close to thirty years I have suffered from nasal allergies with various symptoms. Over the years, I have experienced difficulty breathing and numerous incidents of sinus and respiratory infections. I have been to professional allergy physicians and received testing and treatment. Until about two months ago I was taking allergy medications regularly to control many symptoms.

I will try to keep this short.

So, approximately eight weeks ago I started a gluten-free diet. Seriously, after five days all my allergy symptoms ceased. I can breath normally and my problems with nasal congestion have ended. Also, I lost a little weight I needed to lose. I don't have Celiac Disease, nor am I allergic to wheat. Weeks have passed with no recurring symptoms and I am not taking any medication. It feels almost like a

miracle.

I have spoken with a few people about this and surprisingly, several have told me stories about the positive effect of a gluten-free diet.

I just wanted to share part of my story with you in case this information could be of assistance to others. I hope you and others zealously pursue research and efforts to educate the public about improving their health.

Thank you again.

Eleanor

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Hello Julia,

I wanted to thank you for your highly encouraging and enlightening TedTalk on nutrition and mental health. It is something that has greatly affected me personally, and something that I have experienced first hand when I went from life in the States to living in Spain. I discovered the value of what you are saying and I wish others could too.

However, I realize that the government, for example, and organizations such as the pharmacies, the cancer society, the diabetes association for example, would not like people to get well as this would cause them to lose a great deal of fortune. Instead, they enjoy how people eat poorly and they even encourage it by sponsoring the same companies that produce these very damaging foods.

Well, I am not entirely sure what I wanted to get out of this email, but I wish that I had gone into the nutrition field but instead I studied Public Relations and Advertising. But I'm only 22 so we will see. Anyways, thank you again for your research and your passion. The world needs it!

Simone

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Dear Professor,

I watch your TedEx <https://www.youtube.com/watch?v=3dqXHHcc5IA>

I thought I will die 5 years ago, I have so many problems:

- could not sleep
- could not eat
- going deaf
- no energy to go out from flat
- read book page and forget what i read
- forget words
- nervous
- depressed
- don't see well
- diarrhea

etc. list is long, no dr help me, just gluten free diet - full of grains and process food  
it was worse and worse

after few years struggle ,one girl ( she is diet/med freelancer in Poland) give me vitamins, minerals, extracts( mushroom), change diet, lot of greens, veg/fruits. I never eat vegetables in the past!

everything has changed!!!! I almost back to normal ( almost cause i have autoimmune issue now)

Since that time I did so many protocols on my own (educate myself), i still eat a lot organic veg and fruits! I eat superfoods! I never forget about juicing!

Now after 5 years I am full of life! I speak english, speak with people ( in the past i was too tired), work, back to my life!!!!!!!!!!!! I can go for bike! I am happy! Never sad!!!!!! I can do this and that...like 100% healthy person!

Please don't stop talking about food and all this important things / supplements!!!

What you said is true!!!! We need nutrition to be healthy.

Society need people like you ! There is huge problem all over the world! Most of my friends have autoimmune, can't have baby...and we are so young people. But when i see what people eat now i am shocked ( how can I ate this way in the past!?) no one told me this is wrong. Please don't stop. Share your knowledge in the internet - you will save people life! Doctors have no idea about this and in hospitals is real drama

With regards,

Alexandra

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Hi Julia

Just to say one of my Year 7 students has been taking micronutrients following me talking to his mother about your research. He was saying today what a difference taking them has made to his life.

So thank you for the work you and your team do.

Best wishes.

Jane

---

Hi Julia

As a mental health patient, and a New Zealander living in Hong Kong, I wanted to ask your advice about something.

Having had a miraculous improvement from micronutrient treatment after 40 years of suffering from depression, anxiety and social phobia, I'm obviously asking myself, why didn't any of the psychologists or psychiatrists I saw over the decades realize or believe that, as a first step, they should check my metabolism and assess the scientific evidence from eg. blood and urine tests?

I can understand back in the 80s, they maybe wouldn't have known, and maybe wouldn't have had the resources on tap. But, today, is it really credible for a psychologist or a psychiatrist who claims to be in touch with advances in his or her profession and to care about his or her clients to not know

about this stuff?

To me, it's a public health emergency, in the sense that many millions of people are suffering, enduring incremental or zero gains in their mental health, basically often being trained to accept and learn to live with the awfulness of their condition -- when actually they could be getting well, and life would be totally different.

When I quickly got better, over a period of a couple of months, I talked to my psychologist about why she wasn't routinely recommending metabolic screening for her clients who had long term issues with eg. depression and anxiety. She didn't recommend it for me -- I requested it from a psychiatrist after informing myself via a mental health podcast that featured Lisa Pan from the University of Pittsburgh. My psychologist was a little offended at my questioning her practice and cited her many years of experience and said that different things worked for different people. She was glad this had worked for me, but... etc.

I feel it may be morally wrong to support psychologists who have clients locked into eg. endless talk therapy and eg. sessions of EMDR without highlighting that it may be absolutely crucial to address micronutrients and metabolism. It feels that, in fact, therapists are sometimes \*comfortable\* with clients who make marginal gains and return, week after week, month after month, year after year. The client feels an emotional connection with the therapist and gratitude for the support and for even the tiniest gains while, meanwhile, the person's whole brain function could be radically improved if only someone would apply the correct science.

My question is this: As a general principle, leaving aside the specifics of my case, do you think it's reasonable for a client/patient to ditch a psychologist or psychiatrist who has some awareness of the incredible gains to be had from addressing nutritional/metabolic issues and yet fails to make it a routine, frontline tool? And for the client or patient to make it clear to the practitioner that this is the specific reason for no longer using the practitioner's services?

I wonder if there are any patient advocacy groups devoted to highlighting this issue and pressing the ``experts'' to do better -- it seems we're not supposed to offend these trained specialists with all their years of expertise, and yet they're leaving millions to needless and horrible suffering, while still collecting their fees.

Best

Peter

---

Hello Dr Rucklidge,

I just watch you speak about micro nutrients on TEDx, you are a breath of fresh air. I have spent many decades avoiding Doctors and their debilitating medications. I've lived with depression and other undiagnosed conditions of my mental health. Living a very stressful younger life filled with a lot of death from my immediate family and alcoholic violence it has haunted me for decades.

I stood strong for many decades until I lost my 19 year old daughter, then the crap hit the fan with my mental health.

Every Dr I saw could only prescribe medication not once did anyone speak to me about my diet, realizing that the medical system does not consider healthy nutrition as a cure or a compliment to our health I stopped asking for their help as I knew all I would receive would be chemicals to change the way I think.

My depression was getting out of control. My diet was pretty good but I wasn't a fanatic about what I ate however I was becoming very aware of the triggers in my diet which were mainly caffeine and sugar. I believe sugar should be classed as a poison.

My apology for rambling. I want to share my success. I was introduced to a product called EMP not sure if you have access in the USA. Absolutely wonderful product that makes me feel normal again, it's all high doses of vitamins and minerals.

I no longer experience the overwhelming negative thoughts of suicide and the terror of violent flashes I experienced every day prior to my introduction of EMP.

Unfortunately my voice is not loud or convincing enough. When I speak of nutrition replacing pharmaceuticals people look at me as though I belong on medication.

Thank you for addressing this very important issue unfortunately you're on the other side of the fence from the pharmaceutical companies who will continue to create sheep out of our society.

Never give up.

Martha

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Dear Dr. Rucklidge,

I hope you and your family are all well.

I just wanted to thank you and your research team. My daughter was able to decide to wean off of her psychiatric medications and has been doing much better with her current regimen which includes walking, essential oils, fresh cut flowers, and TrueHope micronutrients as well as adequate rest and therapy sessions. She has no suicidal ideation or hallucinations. We were told this was not POSSIBLE. One psychiatrist even wrote a letter to her PCP to state that my daughter was refusing medication and seeking other alternatives.

I am so grateful for speaking so powerfully and presenting an alternative perspective. I am eternally in your debt.

With peace,  
Sarah

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Dear Julia Rucklidge,

I just wanted to update you on my daughter's progress in respect of the use of DEN.

I started giving DEN to Cassie in November 2016. She has been taking the full dose consistently for 14 months until the **19th Jan 2018**. Also, I changed psychiatrist for Cassie in mid 2016 to one who paid close attention to the medications being prescribed and now we have a very different more closely monitored regime.

However, I was running out of DEN on the **19th January 2018** and reduced her dose to only 6 capsules a day and 5 days ago I ran out. I had ordered some DEN but it has not arrived yet. Cassie's mental state is deteriorating rapidly and I have had to increase one of her prescribed medications by 20% in the meantime. with its side effects. She is still deteriorating and now has two very distressing voices in her head which she didn't have 2 weeks ago. I am pushing for my DEN order which is currently held up in customs.

I am convinced from my experience over the last 14 days that DEN is essential to my daughter's treatment.

The reason I had not ordered the DEN earlier was financial. It is expensive to buy here because there are additional 30% import taxes which also added to the freight charge. It could be made cheaper if DEN is classed here as a medication which is unavailable in Colombia then it can be imported free of tax. I was wondering how I might get an official letter stating that DEN is a recognised treatment for the treatment of say PTSD. I could then get Cassie's psychiatrist to attach it to a petition. I don't want to state that my daughter is severely mentally ill as I may want to move to the USA in the future.

Thanks for your attention. I follow all your research with great interest.

Kind regards,

Donald

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Dear Julia,

I just saw your terrific new video on Facebook.

Well done!

I wanted to thank you for inspiring me late last year and warmly and informatively responding to my email.

I understand you couldn't personally advise individuals.

My story:

In November when I decided to take control of my mental health I couldn't find the brands you're researching readily so bought high quality multivitamins and Tresos B. Taking those twice a day every day, stuffing myself with high quality fruit and veges (like lots of fresh berries), and cutting coffee (almost entirely) and alcohol entirely and significantly reducing sugar, + increasing exercise and being away from some stresses put me on a path to wellbeing. I had been suicidal.

I then went on an 11 day Maori Spiritual Healing programme (Tatau Pounamu) where I was experienced Romi Romi.

Some significant changes have occurred metabolically and emotionally since that I now feel confident are a permanent shift. I now only take the supplements a couple of times per week and do all the rest still. I have lost 8kgs and find my desire for coffee and alcohol is purely a choice rather than craving. I also handle stress far better and my historic base levels of anxiety are completely gone. Some massive shifts have occurred.

It is bewildering that the mental health world doesn't regard nutrition as fundamental! I did a bachelors of ecology, including enough human physiology and cell biology at uni to understand what happens in cells. The work of Candace Pert, Norman Doidge, Bruce Lipton and even Deepak Chopra all reinforce the importance of the chemistry in neurology = mental health. And duh....the chemistry comes from what we do with our bodies, including what we put in our mouths!

I am also sleeping 8hrs per night undisturbed, every night! At 46!

Thank you! If there is any way I can help you or support your work, please do not hesitate to ask.

New Zealand is lucky to have you!

Kind regards

Tracy

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Dr. Rucklidge,

I just watched your Ted Talk on the role of micronutrients in mental health and was so inspired that I had to reach out to you! This is a very unusual thing for me to do, and I apologize for my awkwardly worded email.

First and foremost thank you so much for dedicating your life to this amazing cause. I have suffered with mental illness my entire life, taking pharmaceuticals with no positive consequences. I'm now 53 and discovering exactly what you are talking about.

I've shared your video with my brother. His 14 year old son, a brilliant mind, was just put on several drugs for anxiety and depression. I pray he listens to your message with an open heart and an open mind.

Your research goes hand-in-hand with someone whose work I've recently discovered. His name is Dr Joel Wallach, and he is founder of the company Youngevity. He travels the United States speaking to anyone who will listen and shares your same passion and sentiment. He has created a product called 90 For Life. His product and message are based on the premise that we need 90 essential vitamins and minerals to function our best. He also claims these supplements reverse many different illnesses we needlessly suffer. In addition, he talks about the importance of diet and that we are what we absorb. He is shunned from the mainstream medical profession because of his ideas and the Food and Drug Administration (FDA) discredit his claims as well. Sounds like the two of you have a lot in common!

I encourage you look him up if you've never heard of him. I believe your causes are exactly the same, and would love to see you team up to spread this important message.

Why do I care so much? I've watched my friend, who suffered from systemic lupus and given 18 months to live, rid her body of this disease by using Dr Wallach's product. Her blood work supports the findings and her doctor is astounded, attributing it to a miracle - not nutrition! I've talked to my Physicians about getting off my pharmaceuticals using minerals and vitamins and they just laugh at me. The joke is on them because it is working!!

Thank you for taking the time to read this. Please keep doing what you are doing. You are saving lives and I thank you for it.

Sincerely,

Natalie

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Dear Julia

I am an enthusiastic follower of your posts on Facebook and have seen your Ted talk.

I realise you are very busy, but I would like to tell you a bit of my story about an amazing turnaround in my life.

I came from a family with a lot of alcohol abuse and violence, on the part of my troubled father. When my associated psychological symptoms started manifesting, my father decided I could not live with the family anymore and my mother arranged for me to live with my maternal grandparents for a few months. I was nearly 13 years old.

When I arrived at my grandparents' I was obese, had acne, severe depression (undiagnosed) and had been close to suicide on several occasions. I also had weeping eczema and dermatitis, which medications and creams only mildly alleviated, severe allergies and constant stomach upsets. My Nana at that time (1960s) was a "health nut" for want of a better description. Without education or the benefits of the internet, she had studied books, consulted with naturopaths and put into practice what she had learned.

We ate meat, fruit, vegetables, whole grains, natural yoghurt from the milkman, brewers yeast, wheat germ, many concoctions she made herself. She cooked up all skins, seeds from vegetables and fruit and made what she called potassium broth. This was added to any soups, stews etc. She also used supplements, though I don't know where she sourced them.

Within a few weeks all my physical symptoms disappeared and most of my mental health problems. My own mother was vigilant to give us good healthy food, but she did not have the same knowledge as my grandmother. Of course, being in a safe, stable environment also had an effect, but I know the difference my new diet made to my whole health.

My eldest daughter (nearly 50) is a victim of the mental health system in New Zealand, but that is another story. I have also worked as an administrator in public hospitals, including several years in acute mental health. I have heard and seen from both sides the rigidly unmoving adherence to the

biological models of mental unwellness and the disparagement of ideas about nutrition based therapies. Something I did notice about most of the acute patients, was that they all looked physically unwell, and many had psoriasis type lesions on their skin. I don't know if that is relevant, but I kind of think it is.

I hope I haven't wasted your time, but I really wanted to share my experience of how food and nutrients changed my health and I have never forgotten it. I could have just talked about my physical problems, but that is not the whole picture and my recovery very much affected my mental health for good.

Thank you for your courage to keep going. If I was educated I would be right in the thick of it fighting with you.

Thank you.

Elizabeth

---

Hi Professor Rucklidge,

I contacted you last year about your amazing nutrient supplements and using it for my aspergers daughter. Since then I have put my 15 year old daughter on the Daily Essential Nutrients only because it is in the powder form. I know your research is used in this product and want to thank you. Lianne is a different child! Her schooling is up,her moods are more even and she is a pleasure to have in my family. She is not as reclusive and is less depressed. This is all on only half of her recommended dose as she struggles to eat it.

You have changed our family and I can see a future for Lianne instead of being scared she would end up taking her own life.

Thank you for your research from the bottom of our hearts.

Regards

Kathy

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I've just seen your Ted Talk via Anxiety Summit email note.

I am so grateful for you sharing the wisdom I had to learn over 30 years. I was drugged at 16 and labeled BiPolar. I was traumatized, abused, and betrayed by 2 adoptive parents, Hollywood successes with zero ethics or moral compass! Dr. Hyla Cass, MD and her books and treatment saved my life, and nutrition is a BIG DEAL! You are onto it. I am so happy now that I make all my own 100% organic, farm grown foods, and healthy meats and eggs and fruits. Lots of salads, and protein really help. No wheat or toxic sugar or GMOs. I love Donna Gates' Body Ecology Diet for helping me learn how to heal and energize my gut and body.

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Kiaora Julia,

My name is Sarah and I am a Consumer Consultant. I read the article *'Mental health work could be undermined'* I was excited with the korero. A few years ago I had to come off Lithium because my kidneys were deteriorating. My GP felt that because I had only one manic episode when I was 20yrs old (now 52yrs) that they would see how I went. I was quite freaked out about the idea as I had

been on lithium for so long. I did come off Lithium and for a while was on homeopathic lithium as well as a new type of antidepressant. I have been okay. At the same time I completely changed my diet. I went from eating as much unprocessed food as I could and I stopped smoking January this year. I added nuts to my diet and as much fresh food as I could. I went from 86kg to 75kg. I also began exercising. I am not only stronger physically but mentally also. If I can help you in any way get your message across I will. As my physical and mental health improved I became more aware of my spiritual health as you simply cannot separate, mind, body and soul. I give presentations about my life and would be happy to share my story if it can support your work.

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Dear Julia

Just watched your talk..... AMAZING - clear, compelling evidence. I am circulating to many colleagues and friends, and especially those in the mental health arena.

We have a community member who had virtually unmanageable (by drugs) epilepsy... she did the research and experimented for some time and resulted in making many changes to her diet, which included a range of micro nutrients, and including taking up to 8 capsules of fish oil per day. She found this to result in significant reduction in the number and severity of seizure events and much quicker return to normality when they did occur.

We are just on the threshold of the medical system completely blowing out, and there are SO many good evidences for the poor quality of current western diet and of the obvious nutrition options available now.

I loved your graphics, I appreciate the information on the psychosis studies and other clinical conditions. All of your talk is so compelling and we for one small centre responding to about 6000 people every year, will continue to carry your message and support people/teachers/staff in other agencies, and including the children on the school campus here to get access to this.

Go well in your advancing this cause further - we support you.

We will also be signing the petition and also contacting our local MP about the upcoming NPH bill

THANK YOU - THANK YOU for your clarity and getting up there on TedX

*Lisa*

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Dear Julia,

I would like to say how much I enjoyed your evening on Thursday night. It was quite by chance that I was there, my friends thought of me as they know how much of a hard time we have had refusing SSRIs for my 13 year old daughter Kate and looking for alternative answers to her problems. Much of what was in the film was what I had searched out for myself and what my heart tells me to be true. It was very hard hitting all put together with real voices. Thank you.

I think you are doing the most amazing work and it made me cry to think about the David and Goliath situation that the world is in but if it wasn't for good people like yourself we would all be none the wiser with our choices.

I hope you don't mind me writing to you, I am rather a desperate Mum. Just briefly, my daughter Kate was diagnosed last June with Pathological Demand Avoidance Syndrome (PDA as part of the autistic spectrum). It is gaining momentum in the UK but slower to be accepted here in NZ and Australia, though there are several facebook pages and thousands of desperate Mums all telling the same stories. Not satisfied with just PDA, my daughter also has OCD. It first showed during the earthquakes, but when we got the diagnosis and her hormones went crazy, the OCD just exploded and she took to her bed, unable to touch anything for 7 months, 5 of which was bed bound with very little help from the services...

Kate was given fluoxetine with no assessment or being seen. We desperately tried them but the side effects were awful and after 2 months or so, we stopped. She has also been offered risperidone, but again, I refused, having lost all trust. NO other therapy has been offered in at PMH, we have been there since Feb and are now being dismissed.

Last month we got results back from a DNA test through a good friend of mine who is a naturopath. The results were very interesting indeed and it has given me fresh hope that we can help Kate through diet and supplements now that we have a much clearer picture of what's going on (and not going on) in her wee body and mind. This is where we are up to in our story, and then Thursday night...

I don't know if you would be interested or able to help us, but as you can understand, I would do anything for my darling girl and I just know in my heart that there is more we can do for her. I read your case study about the good results for the young man with aspergers and ocd and cried.

I feel so passionately about the fact that Doctors do not look to nature and the basics, no talk at all of the fact that she had not moved her body or seen sunlight for 7 months, no questions about what she is eating. If there is anything we can do to be part of your good work, spreading the word, anything, I would be so eager to help or be involved.

My Very Best Regards

Miranda

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Hi Julia

Just emailing you with an update on the little boy I had mentioned in my emails below. The parents have gone ahead and are trying the supplements and have noticed huge changes in him which is so exciting. At this point they think they might need to increase the dosage but they are so excited with the results so far. Just the cost at this stage but they are carrying on with it at this stage.

Very exciting!

Regards

Mandy

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I just wanted to let you know of the amazing results we are getting with the Daily Essential Nutrients.

My daughter who was quite depressed (suicidal) earlier this year has been so much happier on these. I've also been giving her 5 HTP and the combination has been a real turnaround for her mood and behaviour. Zachary is doing well also and I am noticing a lot less anxiety and OCD type behaviours as well as them both excelling at school in areas they previously disliked 😊.

I have recently recommended these on quite a few FB groups I am part of and there is a lot of interest.

Thank you and your team for all of your hard work.

Kind regards

Amy

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Hi Julia

I have what I think is very good news. I started taking the micro nutrients you gave me on Feb 3<sup>rd</sup> – 1 three times a day. Then 2 x3, then 3 x 3, and have been on 4 x3 since last Wednesday. Since last August I have had severe headaches – almost constant – and certainly never any day with a clear head. Several doctors have prescribed a long list of drugs – all of which had no positive effect and, most had very bad side effects.

By last Wednesday my headaches were about half what they had been – and the severe pain behind my left eye was significantly reduced. Over the last three days I have been about 95% headache/pain free. I feel cognitively clear, and so much better. The only side effect is I only seem to sleep for about 4 hours a night. A fantastic outcome so far. I am truly appreciative!

I would like to talk to you about what's in the pills and how one goes on them long term.

Thank you.

Cheers Patrick

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Dear Dr. Julia,

I hope you are well.

I have been watching your talks online, and I truly admire your work.

I would like to share my story in brief with you,

At the age of 13 I was diagnosed with depression and was treated accordingly with heavy medication that showered me with side effects. Those side effects were treated with more medication. The doctor concluded that I was bipolar along with a few other disorders and declared to my parents

that i was a danger to myself and others. My depression got worse along with epileptic like seizures and hallucinations. My A grades shifted to Ds and Fs and i had to drop out of school due to continuous migraines and blackouts.

The following year, in 2007 a friend passed away and i was given a higher dose of medications to numb out the grief and pain.. Instead it drove me to a suicide attempt. The hypnotic state that i was in during my suicide attempt was unrecognised by the doctor as a side effect of the medications, instead he increased the treatment.

After i became of legal age i stopped the treatment along with all the medications. A long summer of detoxing my body from the chemicals slowly passes. I decreased all sugar and salt from my diet and after a few years i became a vegetarian..

All symptoms went away, i became happier and healthier....

I went to another doctors after wards, they concluded that i had been misdiagnosed.

After earning my university degree I am now working a full time job as graphic designer in an agency... Whenever my mood is unstable i boost up the variety of food in my diet and increase my physical exercise hours. I haven't taken a single pill since that summer.

It's not very easy to be conscious of one's diet, it's a daily effort but it's forth keeping a sane mind.

If the doctor had asked my parents about my history with food, he would have known that as a kid i always refused to eat and that my diet bas based on carbohydrates.

He would also have known that the 9 months in which my mom was pregnant with me she suffered from a lot of stress which would most likely have affected the amount of nutrients i received.

He should also have realised that my body is highly sensitive and allergic to most foods, one chocolate bar can keep me running all day long or get me extremely anxious if i had to stay seated.

Having lived this experience i would not wish it for anyone else, and just last week i heard that two young people living near my home town took their own lives.. One of them was for certain was being medically treated for his depression.

Medication is never the answer, it only numbs up a problem which silently grows into a ticking time bomb.

I write to you hoping you have any programs that can be shared in my community to set awareness and open peoples eyes on the importance of their diets and its link to the mind.

Best of luck with your work!!

Warm Regards,

Wendy

## PUBLICATIONS

I have divided the research into categories and listed them chronologically; however, there will be some overlap as some of the studies have broader implications than for just one disorder.

### Mood disorders/emotional dysregulation:

- Kaplan, B. J., Simpson, J. S. A., Ferre, R. C., Gorman, C. P., McMullen, D. M., & Crawford, S. G. (2001). Effective mood stabilization with a chelated mineral supplement: An open-label trial in bipolar disorder. *Journal of Clinical Psychiatry*, 62(12), 936-944.
- Popper, C. W. (2001). Do vitamins or minerals (apart from lithium) have mood-stabilising effects? *Journal of Clinical Psychiatry*, 62(12), 933-935.
- Kaplan, B. J., Crawford, S. G., Gardner, B., & Farrelly, G. (2002). Treatment of mood lability and explosive rage with minerals and vitamins: two case studies in children. *Journal of Child and Adolescent Psychopharmacology*, 12(3), 205-219.
- Kaplan, B. J., Fisher, J. E., Crawford, S. G., Field, C. J., & Kolb, B. (2004). Improved mood and behavior during treatment with a mineral-vitamin supplement: an open-label case series of children. *Journal of Child and Adolescent Psychopharmacology*, 14(1), 115-122.
- Simmons, M. (2003). Nutritional approach to bipolar disorder. *Journal of Clinical Psychiatry*, 64(3), 338.
- Gately, D., Kaplan, B.J. (2009). Database analysis of adults with bipolar disorder consuming a micronutrient formula. *Clinical Medicine: Psychiatry*. [http://la-press.com/article.php?article\\_id=1384](http://la-press.com/article.php?article_id=1384)
- Frazier, E.A., Fristad, M., Arnold, L.E. (2009). Multinutrient Supplement as Treatment: Literature Review and Case Report of a 12-year-old Boy with Bipolar Disorder. *Journal of Child and Adolescent Psychopharmacology*. 19:453-460.
- Rucklidge, J. J., & Harrison, R. (2010). Successful treatment of Bipolar Disorder II and ADHD with a micronutrient formula: A case study. *CNS Spectrums*, 15(5):289-295.
- Rucklidge, J. J., Gately, D., & Kaplan, B. J. (2010). Database Analysis of Children and Adolescents with Bipolar Disorder Consuming a Micronutrient Formula. *BMC Psychiatry*, 10, 17. <http://www.biomedcentral.com/1471-244X/10/74>
- Frazier, E.A., Fristad, M.A. & Arnold, L.E. (2012). Feasibility of a nutritional supplement as treatment for pediatric bipolar spectrum disorders. *Journal of Complementary and Alternative Medicine*, 18:678-85.
- Frazier EA, Gracious B, Arnold LE, Failla M, Chitchumroonchokchai C, Habash D, et al. Nutritional and safety outcomes from an open-label micronutrient intervention for pediatric bipolar spectrum disorders. *J Child Adolesc Psychopharmacol* 2013; 23(8): 558-67.
- Retallick-Brown, H., Rucklidge, J. J., & Blampied, N. (2016). Study protocol for a randomised double blind, treatment control trial comparing the efficacy of a micronutrient formula to a single vitamin supplement in the treatment of premenstrual syndrome. *Medicines*, 3, 32. <http://www.mdpi.com/2305-6320/3/4/32>
- Kaplan, B. J., Hilbert, P., & Tsatsko, E. (2015). Micronutrient treatment for children with emotional and behavioral dysregulation: a case series. *Journal of Medical Case Reports*, 9:240. <http://www.jmedicalcasereports.com/content/pdf/s13256-015-0735-0.pdf>
- Kimball, S., Mirhosseini, N., & Rucklidge, J. J. (2018). Database Analysis of Depression and Anxiety in a Community Sample—Response to a Micronutrient Intervention. *Nutrients*, 10(2):152. <http://www.mdpi.com/2072-6643/10/2/152>

### Anxiety Disorders/stress:

- Rucklidge, J. J. (2009). Successful treatment of OCD with a micronutrient formula following partial response to CBT: A case study. *Journal of Anxiety Disorders*, 23: 836–840.
- Rucklidge, J. J., Johnstone, J., Harrison, R., & Boggis, A. (2011). Micronutrients reduce stress and anxiety following a 7.1 earthquake in adults with Attention-Deficit/Hyperactivity Disorder. *Psychiatry Research*, 189, 281-287. doi:10.1016/j.psychres.2011.06.016
- Rucklidge, J. J., Andridge, R., Gorman, B., Blampied, N., Gordon, H. & Boggis, A. (2012). Shaken but unstirred? Effects of micronutrients on stress and trauma after an earthquake: RCT evidence comparing formulas and doses. *Human Psychopharmacology: Clinical and Experimental*, 27(5), 440-454. <https://www.ncbi.nlm.nih.gov/pubmed/22782571>
- Rucklidge, J. J., Blampied, N., Gorman, B., Gordon, H., & Sole, E. (2014). Psychological functioning one year after a brief intervention using micronutrients to treat stress and anxiety related to the 2011 Christchurch earthquakes: A naturalistic follow-up. *Human Psychopharmacology: Clinical and Experimental*, 29(3), 230-243. <https://www.ncbi.nlm.nih.gov/pubmed/24554519>
- Sole, E. J., Rucklidge, J. J., & Blampied, N. M. (2017). Anxiety and Stress in Children Following an Earthquake: Clinically Beneficial Effects of Treatment with Micronutrients. *Journal of Child and Family Studies*, 1-10. doi: 10.1007/s10826-016-0607-2 <https://link.springer.com/article/10.1007%2Fs10826-016-0607-2>
- Kaplan, B. J., Rucklidge, J. J., Romijn, A. R., & Dolph, M. (2015). A randomized trial of nutrient supplements to minimize psychological stress after a natural disaster. *Psychiatry Research*, 228, 373-379. <http://www.ncbi.nlm.nih.gov/pubmed/26154816>
- Kimball, S., Mirhosseini, N., & Rucklidge, J. J. (2018). Database Analysis of Depression and Anxiety in a Community Sample—Response to a Micronutrient Intervention. *Nutrients*, 10(2):152. <http://www.mdpi.com/2072-6643/10/2/152>

#### **Autism:**

- Mehl-Madrona, L., Leung, B., Kennedy, C., Paul, S. & Kaplan, B. J. (2010). A naturalistic case-control study of micronutrients versus standard medication management in autism. *Journal of Child and Adolescent Psychopharmacology*, 20(2):95-103. <https://www.ncbi.nlm.nih.gov/pubmed/20415604>

#### **ADHD/behavior dysregulation:**

- Rucklidge, J. J., & Harrison, R. (2010). Successful treatment of Bipolar Disorder II and ADHD with a micronutrient formula: A case study. *CNS Spectrums*, 15(5):289-295.
- Rucklidge, J. J., Taylor, M. R., Whitehead, K. A. (2011). Effect of micronutrients on behaviour and mood in adults with ADHD: Evidence from an 8-week open label trial with natural extension. *Journal of Attention Disorders*, 15(1), 79-91.
- Rucklidge, J. J., Johnstone, J., Harrison, R. (2011). Effect of micronutrients on neurocognitive functioning in adults with ADHD and Severe Mood Dysregulation: A pilot study. *Journal of Complementary and Alternative Medicine*, 17(12), 1-7. <https://www.ncbi.nlm.nih.gov/pubmed/22112202>
- Rucklidge, J. J., & Blampied, N. M. (2011). Post earthquake functioning in adults with Attention-Deficit/Hyperactivity Disorder: Positive effects of micronutrients on resilience. *New Zealand Journal of Psychology*, 40(4), 51-57.
- Rucklidge, J. J. (2013). Could yeast infections impair recovery from mental illness? A case study using micronutrients and olive leaf extract for the treatment of ADHD and depression.

*Advances in Mind-Body Medicine*, 27(3), 14-18.

<https://www.ncbi.nlm.nih.gov/pubmed/23784606>

- Rucklidge, J. J., Johnstone, J., Gorman, B., & Boggis, A., & Frampton, C. (2014). Moderators of treatment response in adults with ADHD to micronutrients: demographics and biomarkers. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 50, 163–171. <https://www.ncbi.nlm.nih.gov/pubmed/24374068>
- Gordon, H. A., Rucklidge, J. J., Blampied, N. M., & Johnstone, J. M. (2015). Clinically Significant Symptom Reduction in Children with Attention-Deficit/Hyperactivity Disorder Treated with Micronutrients: An Open-Label Reversal Design Study. *Journal of Child and Adolescent Psychopharmacology*, 25(10), 783-798. doi: 10.1089/cap.2015.0105 <https://www.ncbi.nlm.nih.gov/pubmed/26682999>
- Rucklidge, J. J., Frampton, C., Gorman, B., & Boggis, A. (2017). Vitamin-mineral treatment of ADHD in adults: A one year follow up of a randomized controlled trial. *Journal of Attention Disorders*, 21(6), 522-532. <http://journals.sagepub.com/doi/pdf/10.1177/1087054714530557>
- Rucklidge, J. J., Eggleston, M., Johnstone, J. M., Darling, K., & Frampton, C. M. (2017). Vitamin-mineral treatment improves aggression and emotional regulation in children with ADHD: A fully-blinded, randomized, placebo-controlled trial. *Journal of Child Psychology and Psychiatry*. <http://onlinelibrary.wiley.com/doi/10.1111/jcpp.12817/full>

### **Psychosis:**

- Rodway M, Vance A, Watters A, Lee H, Bos E, Kaplan BJ (2012). Efficacy and cost of micronutrient treatment of childhood psychosis. *BMJ Case Rep*. 2012 Nov 9;2012. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4543964/>
- Kaplan, B. J., Isaranuwatjai, W., & Hoch, J. S. (2017). Hospitalization cost of conventional psychiatric care compared to broad-spectrum micronutrient treatment: literature review and case study of adult psychosis. *Int J Ment Health Syst*, 11, 14. <https://link.springer.com/article/10.1186/s13033-017-0122-x>
- Mehl-Madrona, L., & Mainguy, B. (2017). Adjunctive Treatment of Psychotic Disorders with Micronutrients. *J Altern Complement Med*. 23(7): 526-533. <http://online.liebertpub.com/doi/10.1089/acm.2016.0215>

### **Addictions:**

- Harrison, R., Rucklidge, J. J., & Blampied, N. (2013). Use of micronutrients attenuates cannabis and nicotine abuse as evidenced from a reversal design: A case study. *Journal of Psychoactive Drugs*, 45(2), 1-11. <https://www.ncbi.nlm.nih.gov/pubmed/23909004>
- Rucklidge, J. J., Frampton, C., Gorman, B., & Boggis, A. (2014). Vitamin-mineral treatment of ADHD in adults: A double-blind, randomized, placebo controlled trial. *British Journal of Psychiatry*, 204, 306-315. <http://bjp.rcpsych.org/cgi/pmidlookup?view=long&pmid=24482441>

### **Insomnia:**

- Lothian, J. A, Blampied, N., & Rucklidge, J. J. (2016). Effect of Micronutrients on Insomnia in Adults: A Multiple-Baseline Design. *Clinical Psychological Science*. <http://cpx.sagepub.com/content/early/2016/05/21/2167702616631740.abstract>

## **Brain injury:**

- Kaplan BJ, Leaney C, Tsatsko E (2016). Micronutrient treatment of emotional dyscontrol following traumatic brain injury: A case study. *Annals of Psychiatry and Mental Health*, 4(5): 1078. <https://www.jscimedcentral.com/Psychiatry/psychiatry-4-1078.pdf>

Other studies are in progress.

There are some **excellent reviews** and letters to editors including:

- Rucklidge, J. J., Johnstone, J., & Kaplan, B. J. (2009). Nutrient supplementation approaches in the treatment of ADHD. *Expert Review of Neurotherapeutics*, 9(4), 461-476.
- Gardner, A., Kaplan, B. J., Rucklidge, J. J., Jonsson, B. H., & Humble, M. B. (2010). The potential of nutritional therapy. *Science (letter)*, 327, 268.
- Kaplan, B. J., Nikkel, G., Nikkel, B., Rucklidge, J. J. (Jan 9, 2013). Keeping Academic Psychiatry Relevant. *British Journal of Psychiatry (letter)*.  
[http://bjp.rcpsych.org/content/201/6/421/reply#bjprcpsych\\_el\\_53864](http://bjp.rcpsych.org/content/201/6/421/reply#bjprcpsych_el_53864)
- Rucklidge, J. J., & Kaplan, B. J. (2013). Broad-spectrum micronutrient formulas for the treatment psychiatric symptoms: A systematic review. *Expert Review of Neurotherapeutics*, 13(1), 49-73.
- Rucklidge, J. J., Johnstone, J., & Kaplan, B. J. (2013). Single bullet madness - why do we continue to perpetuate this fallacy? (letter). *British Journal of Psychiatry*, 203, 154-155.  
[http://bjp.rcpsych.org/content/202/6/398/reply#bjprcpsych\\_el\\_54588](http://bjp.rcpsych.org/content/202/6/398/reply#bjprcpsych_el_54588)
- Popper, C. W. (2014). Single-Micronutrient and Broad-Spectrum Micronutrient Approaches for Treating Mood Disorders in Youth and Adults. *Child and Adolescent Psychiatric Clinics of North America*, 23(3), 591-672. doi: 10.1016/j.chc.2014.04.001
- Rucklidge, J. J., Harris, A., & Shaw, I. (2014). Are the amounts of vitamins in commercially available dietary supplement formulations relevant for the management of psychiatric disorders in children? *New Zealand Journal of Medicine*, 127, 73-85.  
<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2014/vol-126-no-1392/article-rucklidge>
- Rucklidge, J. J., & Mulder, R. T. (2015). Could nutrition help behaviours associated with personality disorders? A narrative review. *Personality and Mental Health*, n/a-n/a. doi: 10.1002/pmh.1325  
<http://onlinelibrary.wiley.com/doi/10.1002/pmh.1325/epdf>
- Kaplan, B. J., Rucklidge, J. J., McLeod, K., & Romijn, A. (2015). The Emerging Field of Nutritional Mental Health: Inflammation, the Microbiome, Oxidative Stress, and Mitochondrial Function. *Clinical Psychological Science*. DOI: 10.1177/2167702614555413  
<http://cpx.sagepub.com/content/early/2015/01/24/2167702614555413.abstract>
- Sarris, J., Logan, A. C., Amminger, G. P., Balanzá-Martínez, V., Freeman, M. P., Hibbeln, J., Matsuoka, Y., Mischoulon, D., Mizoue, T., Nanri, A., Nishi, D., Ramsey, D., Rucklidge, J. J., Sanchez-Villegas, A., Scholey, A., Su, K. P., Jacka, F. N. (2015). Nutritional Medicine as Mainstream in Psychiatry: A Consensus Position Statement from The International Society for Nutritional Psychiatry Research (ISNPR). *Lancet Psychiatry*, 2, 271-274. [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)00051-0/abstract](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)00051-0/abstract)
- Rucklidge, J.J., Kaplan, B. J., & Mulder, R. (2015). What if nutrients could treat mental illness? (Debate). *Australia and New Zealand Journal of Psychiatry*, 49(5), 407-408. DOI: 10.1177/0004867414565482 <http://anp.sagepub.com/content/49/5/407.full.pdf+html>

- Sarris, J., Logan, A. C., Akbaraly, T. N., Amminger, G. P., Balanzá-Martínez, V., Freeman, M. P., Hibbeln, J., Matsuoka, Y., Mischoulon, D., Mizoue, T., Nanri, A., Nishi, D., Parletta, N., Ramsey, D., Rucklidge, J. J., Sanchez-Villegas, A., Scholey, A., Su, C., Jacka, F. N. (2015). The International Society for Nutritional Psychiatry Research (ISNPR) Consensus Position Statement: Nutritional Medicine in Modern Psychiatry (letter to editor). *World Psychiatry*, 14(3), 370-371. <http://onlinelibrary.wiley.com/doi/10.1002/wps.20223/abstract>
- Stevens, A., Rucklidge, J. J., & Kennedy, M. (2017). Epigenetics, nutrition and mental health. Is there a relationship? *Nutritional Neuroscience*. <https://www.ncbi.nlm.nih.gov/pubmed/28553986>

A study investigating the safety and toxicity of this product shows that, as studied to date, it has not produced any serious adverse effects:

- Simpson, J. S. A., Crawford, S. G., Goldstein, E. T., Field, C., Burgess, E., & Kaplan, B. J. (2011). Systematic review of safety and tolerability of a complex micronutrient formula used in mental health. *BMC Psychiatry*, 11(62). <http://www.biomedcentral.com/1471-244X/11/62>

**DOUBLE BLIND TRIALS using broad-spectrum micronutrients for the treatment of psychological symptoms that have shown benefit (some on clinical populations, some on nonclinical populations)**

**Clinical populations:**

**Stress:**

Schlebusch, L., Bosch, B. A., Polglase, G., Kleinschmidt, I., Pillay, B. J., & Cassimjee, M. H. (2000). A double-blind, placebo-controlled, double-centre study of the effects of an oral multivitamin-mineral combination on stress. *South African Medical Journal*, *90*, 1216-1223.

**Aggression:**

Schoenthaler, S. J., Amos, S. P., Doraz, W. E., Kelly, M. A., Muedeking, G. D., & Wakefield, J. A. (1997). The effect of randomized vitamin-mineral supplementation on violent and non-violent antisocial behavior among incarcerated juveniles. *Journal of Nutritional and Environmental Medicine*, *7*, 343-352.

Schoenthaler, S. J., & Bier, I. D. (2000). The effect of vitamin-mineral supplementation on juvenile delinquency among American schoolchildren: a randomized, double-blind placebo-controlled trial. *Journal of Alternative and Complementary Medicine*, *6*(1), 7-17.

Gesch, B., Hammond, S., Hampson, S., Eves, A., & Crowder, M. J. (2002). Influence of supplementary vitamins, minerals and essential fatty acids on the antisocial behaviour of young adult prisoners. *British Journal of Psychiatry*, *181*, 22-28.

Zaalberg, A., Nijman, H., Bulten, E., Stroosma, L., & van der Staak, C. (2010). Effects of nutritional supplements on aggression, rule-breaking, and psychopathology among young adult prisoners. *Aggressive Behavior*, *36*(2), 117-126. doi: 10.1002/ab.20335; 10.1002/ab.20335

**Autism:**

Adams, J. B., Audhya, T., McDonough-Means, S., Rubin, R. A., Quig, D., Geis, E., . . . Lee, W. (2011). Effect of a vitamin/mineral supplement on children and adults with autism. *BMC Pediatrics*, *11*, 111-2431-2411-2111. doi: 10.1186/1471-2431-11-111

Adams, J. B., & Holloway, C. (2004). Pilot study of a moderate dose multivitamin/mineral supplement for children with autism spectrum disorder. *Journal of Alternative and Complementary Medicine*, *10*(6), 1033-1039.

**Premenstrual tension:**

Goei, G. S., & Abraham, G. E. (1983). Effect of a nutritional supplement, optivite, on symptoms of premenstrual tension. *J Reprod Med*, *28*(8), 527-531.

**ADHD:**

Rucklidge, J. J., Frampton, C. M., Gorman, B., & Boggis, A. (2014). Vitamin-mineral treatment of attention-deficit hyperactivity disorder in adults: double-blind randomised placebo-controlled trial. *The British Journal of Psychiatry*, *204*(4), 306-315. doi: doi:10.1192/bjp.bp.113.132126

Rucklidge, J. J., Eggleston, M., Johnstone, J. M., Darling, K. & Frampton, C. M. (2018). Vitamin-mineral treatment improves aggression and emotional control in children with ADHD: A fully blinded, randomized, placebo-controlled trial. *Journal of Child Psychology and Psychiatry*.

**Depression:**

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