



**SECRETS OF THE
NUTRITIONAL
REMEDY FOR
BIPOLAR
DISORDER**

D H A

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Secrets of the Nutritional Remedy for Bipolar Disorder

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For more information about *Bipolar Wellness: How to Recover from Bipolar Illness*, go to

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THE KEY NUTRIENT

DHA is a huge breakthrough in the treatment of bipolar illness, and it can change the whole course of treatment of this illness. Until now, the only substances that could control manic energy were very powerful drugs with many side-effects—drugs like lithium, Thorazine, anticonvulsants such as Depakote and Lamictal, and atypical antipsychotics such as Abilify, Latuda, Zyprexa, and Seroquel. Often, doctors prescribe combinations of two or more of the above, complicating knowing where side effects are coming from.

DHA is a nutrient found as only one part of omega-3 fatty acids in fish oil and other marine sources, such as algae. Combined with the psychiatric medicine, it can help lower quantities of medicine do more work with potentially lower side-effects. It is, however, essential to do this under your doctor's supervision, as his eyes are trained to see your mood and behavior changes and to judge what is and is not helping you.

There is significant scientific research to back up these claims, which I provide in a coaching class I am offering. I will show you how to convince your doctor that DHA is a good idea, and in addition, I provide a 15-page booklet to print and give to your doctor citing dozens of research papers on DHA.

I started using DHA supplements about ten years ago. As a licensed nutritionist and product developer in the health food industry, I like to read research on the latest nutritional trends. I had noticed that there are several articles about omega-3 fish oil supplements being good for depression. Most nutritional supplements are inherently safe, which is not true of medical drugs because of known and unknown side-effects. Fish oil supplements, from which DHA is often derived, have a long safety record and only carry a caution on the label for people using blood thinners.

So, I decided I would try omega-3 fish oil to see how it made me feel. Maybe it would lift my mood when I felt down or calm me when I was up. The result was, unfortunately, the opposite. I felt lousy taking it, depressed in

fact.

Still, I was curious to find out why the omega-3 did not show a positive effect on my bipolar illness. I noticed that every bottle of omega-3 fish oil shows two ingredients, docosahexaenoic acid (DHA) and eicosatetraenoic acid (EPA). Most of the research has been done with both ingredients, as they are found together in the most common source, which is fish oil. I reasoned that if the combination was good for depression, perhaps one of the ingredients alone might be good for bipolar illness. I chose DHA, the substance that is easier to find in isolation commercially, and the more important molecule in brain function. 30 % of the brain is made from DHA. I took the DHA in supplement form.

The result was phenomenal—a great miracle for me! I felt a new sense of calm, rather than feeling my energy constricted by medicine. Having used lithium and anticonvulsants for years to control my bipolar illness, I could now use DHA and take drastically lower quantities of medicine, therefore experiencing fewer side-effects. It has since been a real blessing in helping smooth out my mood swings, and yes, I did this under my doctor's supervision. That is the only way it should ever be done!

I also discovered that most of the research points to EPA being the part of omega-3 that is active against major depression, but does not help with mania. My own problem is mania-based, so I decided to continue taking the other half of the omega-3, which is DHA. I am still taking it and am still experiencing very positive results.

A few years after I experienced how miraculous DHA was for me, I discovered the outstanding scientific work on DHA and Omega-3 oils of Dr. Robert McNamara of the University of Cincinnati's Department of Psychiatry. He has found through experimentation what I had found through my educated nutritional investigation. In fact, Dr. McNamara has done much of the research in recent years showing omega-3 fish oil and DHA to be positive factors in

treating psychiatric illness. Here is an excerpt from the University of Cincinnati newsletter, Health News:

“June 20, 2006 CINCINNATI. The omega-3 fatty acid in our brain—called docosahexaenoic acid (DHA)—plays an important role in brain development and function, and can only be obtained through our diet. And compared to people in other countries, says University of Cincinnati psychiatry researcher Robert McNamara, PhD, American diets are suffering from a ‘DHA deficit.’ omega-3 fatty acids, particularly DHA, can be found in high levels in fatty fish, including salmon, trout and tuna.

A recent committee assembled by the American Psychiatric Association evaluated published data on the link between omega-3 fatty acid consumption and major mental disorders and concluded that omega-3 fatty acids could potentially be a safe and effective treatment for depression and bipolar disorder. They say further studies are

warranted.” ©University of Cincinnati 2012

Next, I began to do further research into why the DHA was so helpful for my bipolar illness, but EPA was not. There isn't much research on DHA alone, but when I started looking, I could read between the lines and see why DHA was so beneficial for me. My interpretation of the research and my personal experience led me to believe that DHA and EPA have different effects, with DHA being the primary candidate for helping bipolar illness.

There are many scientific studies demonstrating the different roles of DHA and EPA and in my coaching class, I will help you find out whether you should have pure DHA supplements or Omega-3 with high DHA, but some EPA as well.

I have achieved the best results from taking DHA alone, without any EPA. However, you might respond well to a combination of the two. There is no way to

know for sure unless you try it both ways for yourself. In the case studies quoted below in Dr. McNamara's research, omega-3 with both DHA and EPA was used. Although they all used omega-3 with very high levels of DHA, it is something that is hard to find with over-the-counter fish oil. My coaching class will give you links to products online with very high DHA levels, and whether people might also need a combination of EPA and DHA and in what quantities.

THREE CLINICAL EXAMPLES FROM DR. MCNAMARA'S RESEARCH

Author's Note: These three examples are paraphrased from the research of Dr. McNamara together with Dr. Erik Messamore at the Lindner Center of HOPE, a university-affiliated mental healthcare center located in Cincinnati, Ohio. The key factor in their research is that they test for the blood levels of omega-3 *before* starting treatment to make sure omega-3 deficiency is a factor in the person's psychiatric condition. If so, omega-3 supplements are added to his or her treatment plan.

CASE 1

A 24-year-old man, "John," was diagnosed with type 2 bipolar disorder as well as other related psychiatric diagnoses. He also had four prior psychiatric hospitalizations. Upon testing his omega-3 blood levels, he was found to be in the lower 4th percentile of US population norms.

Based on this, he was prescribed Lovaza® (ethyl-EPA/ethyl-DHA) at a dose of 1860 mg EPA and 1500 mg DHA per day. The prescription was covered by his insurer. His anticonvulsant medication was continued, but his antidepressant was discontinued.

Within three weeks the patient reported to his psychiatrist that his mental status, mood and mood stability, plus overall level of social and occupational functioning were the best he could ever recall.

At a six-month follow-up, his omega-3 blood levels rose to the 85th percentile of US population norms, and he reported that he was enjoying a continued stability previously unknown to him. He credited this success to the addition of Lovaza® (ethyl-EPA/ethyl-DHA), stating that he had never had such benefit associated with the anticonvulsant he was taking. He also discounted the possibility that the discontinuation of the antidepressant was relevant since there had been many prior episodes of being off these medications with no recalled equal benefit.

CASE 2

A 27-year-old woman, “Kathy,” was admitted with a chief complaint of emotional dysregulation. She had a family history of bipolar disorder and had engaged in frequent suicidal gestures and self-injurious behaviors. Upon testing her omega-3 blood levels, she was found to be in the lower third percentile of US population norms. Based on the family history of bipolar disorder, lithium was added to her existing anticonvulsant and atypical antipsychotic medications.

Based on her low level of omega-3 fatty acids, she was started on Lovaza® (ethyl- EPA/ethyl-DHA) at a dose of 1860 mg EPA and 1500 mg DHA per day. After a six-month follow-up, she was finally able to live independently and reported no self-injurious behavior.

CASE 3

A 23-year-old man, “Paul,” received a comprehensive diagnostic assessment suggesting “bipolar disorder not otherwise specified” as the most appropriate diagnosis, along with generalized anxiety disorder. He was referred for treatment because he was contemplating suicide as he could no longer tolerate near-constant depression and anxiety, having suffered since age five. Previously, he had received various diagnoses including bipolar disorder. He had been treated with a wide variety of antidepressant medications, mood stabilizers, and stimulants since his early teens. Medications had been either ineffective or poorly tolerated.

Upon testing his omega-3 blood levels, he was found to be in the lower 11th percentile of US population norms. Because of this, the addition of omega-3 fatty acids to his medications was recommended. He took an over-the-counter fish oil supplement at a dose that delivered 1600 mg of EPA and 800 mg of DHA per day.

Other treatment recommendations included discontinuation of SSRI antidepressants, the addition of lithium and a low-dose anticonvulsant. He

continued his existing nightly dose of an atypical antipsychotic medicine.

At a nine-month follow-up, he reported markedly improved social and occupational functioning and normalization of his mood. The durability of these improvements allowed for the elimination of both lithium and the anticonvulsant medicine, plus cutting in half the nightly dose of the atypical antipsychotic medicine. He continued to take the EPA+DHA supplement.

The above clinical vignettes were taken from:

Detection and treatment of omega-3 fatty acid deficiency in psychiatric practice: Rationale and Implementation,

Erik Messamore and Robert K. McNamara. *Lipids in Health and Disease*, 2016 **15**:25.

<https://lipidworld.biomedcentral.com/articles/10.1186/s12944-016-0196-5>

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Here is a comment by the greatest and most productive researcher on Omega-3 of our times, Dr. Robert McNamara.

“I strongly appreciate Michael’s efforts to increase the public’s awareness about the importance of DHA for the treatment and potentially prevention of psychiatric disorders including bipolar disorder. As discussed in the book, the public is generally not aware of research findings until they are put into the public domain. Michael’s book goes well beyond making simplistic claims and tackles both sides of the argument in a logical, easy to understand, manner.

I was very proud to hear that Michael’s book was selected to receive two highly coveted literary prizes. I have been conducting research in this area for over 20 years and there is now abundant evidence that bipolar disorder, as well as other major psychiatric illnesses including depression and schizophrenia, are associated with robust DHA deficits.”

TAKING DHA

My own experience favors DHA taken alone, but you may achieve better results, like the people in the vignettes above, taking a combination of DHA and EPA.

It is common for some manufacturers to label their product as DHA when in fact it has EPA in it, as well. I provide a large list of several manufacturers to send you during the coaching course. The list separates Omega-3 supplements that are pure DHA alone and Omega-3 supplements that have some amounts of EPA. There are several variations of Bipolar Disorder, including Bipolar 1, Bipolar 2, Cyclothymia, Schizo-Affective disorder, and each one needs a different percentage of DHA and EPA. I strongly suggest that you do not use this information to go out and buy Omega 3 fish oil, because you have no idea what ratio of EPA to DHA you require. In addition, you may not know how many milligrams you need, and you could classify your experiment without guidance as a failure. All the while, you could have had better success with professional coaching.

Remember, no one knows how DHA will affect your current medication, but the coaching class will provide you with home tracking charts. This way, you can see how adding a natural product to the medications you are taking affects your mood, sleep and energy level. You will know it is time to ask your doctor for a lower dose of medicine when your body and mind feel good, and yet feeling over-medicated at the same time.

As you can see from the above clinical examples, Dr. McNamara and his cohorts always use testing of omega-3 levels in psychiatric patients before they start treatment. This is a momentous step because it shows your doctor a real deficiency, if it is there. You can then test yourself again in a few months after taking the omega-3 supplementation to see if your blood levels have increased sufficiently. The coaching class will show you how to take your own omega-3 pin

prick blood test, and online links to send it to, in order to receive quick and accurate results.

Due to the fact that many studies have shown a link between different psychiatric illnesses and deficiencies of different types of omega-3 oils, experimentation is ongoing to test levels of omega-3 in the blood, specifically in the red blood cells which carry omega-3 fats.

In fact, many studies have regularly found low omega-3 levels in the red blood cells of those suffering from major depressive disorder, bipolar disorder, schizophrenia, and attention deficit hyperactivity disorder.

Once it is confirmed that there are low levels of omega 3 fats in the red blood cells, then a treatment program can be initiated. Since omega-3 consists of two very different components, EPA and DHA, the results of the test will indicate how much of each should be taken. Tests conducted so far with hundreds of patients at the University of Cincinnati psychiatric hospital, have found that over 75% of patients were found to have a high deficiency in omega-3 fats throughout their red blood cells. The vast majority of these patients have shown remarkable signs of improvement once they started on the right regimen of the omega-3 oil intake, and here are some of their stories.

In our Bipolar Wellness Coaching class, there will be a limited number of participants, and I will give each person a careful review and specific recommendations as to what brand, how many pills, and what time of day they should take them. I have been a nutritionist for over 40 years (licensed in Florida, retired), and have the rare expertise to do this. The opportunity to work with someone immersed in the research on Omega-3 with the background to help design a custom program for each person is a treasure. There are a few cautions about using DHA and caution about other supplements that have similar spellings, and we will cover these issues also in the class.

BIOCHEMICAL INDIVIDUALITY – THE COMPLICATING FACTOR

Because there has been limited research conducted into the positive effects of omega-3 fats on bipolar illness, you have to rely on your own scientific method to find out the benefits of DHA or any other nutrient that you decide to try with your doctor's blessing.

There is no guarantee that DHA will work for everyone. First, understand the challenge. Using nutritional supplements to help treat or prevent illness is innately complex because no two individuals are physiologically the same. It is even more complicated when using nutrition along with medical drugs. This was first brought to light in the book *Biochemical Individuality* by Dr. Roger J. Williams in 1956. He explains and documents that each person has a unique biochemistry, and nutrients as well as various medications can influence different people in a number of different ways. This explains why psychiatrists cannot predict which psychiatric medicine will help any particular patient, and this is why every medication becomes a trial-and-error experiment in terms of its actual effect on us.

For this reason, there is no standard benefit from any one nutrient. Vitamin C, as ascorbic acid, might be good for one person's bleeding gums but may give another person heartburn. Vitamin C as a non-acidic calcium ascorbate (Ester C®), would also be good for bleeding gums, and it would not cause heartburn. However, it could cause someone with bipolar illness hypomanic because of the type of calcium in it. So, when it comes to nutritional supplements, we do not know how any individual will respond. We know even less how supplements will interact with any particular medical drug in any particular individual.

Therefore, it is essential to keep track of every supplement as you begin taking it, so you can be sure if it is having a positive or a negative effect, or no effect at all. Essential as well, is alerting your doctor and your family that you are

starting something new, so they can give you feedback as to its effectiveness. As a professional, licensed nutritionist, I have tried hundreds of different supplements. I have found that some of the supplements had a good effect and achieved their intended purpose, while others had a positive effect with the additional side-effect of making me either hyper or depressed. For instance, I found that the herb stevia, used as a sweetener, makes me depressed, and vitamin C as Ester C, also known as calcium ascorbate, makes me hyper. I am particularly sensitive, and you may be as well.

Even if something is “natural” it does not mean you will experience side-effects. It is possible that the side-effects of natural products will likely be less devastating than those of medical drugs. Nevertheless, they can be bothersome, especially if you do not expect them.

THE CHALLENGE IS THE LACK OF RESEARCH FUNDING

Using nutrition to support recovery is tricky because we know so little about the actions of nutrients, especially when combined with medical drugs. The reason for this is a lack of research funding. The drug industry pours millions into developing new and better drugs, and their investments have benefited society greatly.

There is, however, very little profit margin in a natural substance that cannot be patented. A newly discovered drug that is patented, can be produced for a penny and sold for a dollar, protected from competition by a 20-year patent. This justifies the millions invested in drug research.

This is not the case with nutritional supplements. Companies compete, and different brands sell at comparable prices because of a lack of patents. The law of supply and demand also tends to keep prices as low as they can be, regardless of the brand. There is no prospect of a huge profit margin to encourage sufficient research into nutritional supplements.

WHY I AM GOING OUT ON A LIMB

Several mental health professionals who have read this book have commented that there is not enough evidence to announce DHA as an up-and-coming treatment for bipolar disorder. They say there are too few studies, with inadequate numbers of participants—there are only case studies, not large controlled trials. Additionally, people with bipolar illness often stop taking their meds, and this will offer them an excuse to do so.

So, I have to ask myself, am I being a flamethrower, creating a possible firestorm without good reason? A little self-doubt is healthy; I have to seriously consider these comments. I respond thoughtfully in this order:

1. There is significant research pointing towards omega-3—especially its' most important component, DHA—as having significant effects on bipolar illness. I have included several citations, all of which are on public record, specifically www.pubmed.gov.
2. Who, exactly, is going to report this to the public? Early in my writing career in the 1960s, I was a reporter for the student newspaper at the University of Miami. We were activists, and it came to our attention that the CIA had offices at the university in Homestead. They were training dolphins with explosives strapped to their backs to blow up enemy ships, as well as themselves in the process. I chose to go down and interview the head of the CIA project, who was less than pleased to see me. We published the story. As far as I know, the project never proceeded. I guess the prospect of the public realizing the government was training Flipper to be a suicide bomber would not play well in the press.
3. Likewise, I am in a sense acting in the role of investigative reporter with DHA. Should I wait for someone else to break the story? What if no one else can do it? If the scientific researchers become too vocal,

they will lose their research funding. If psychiatrists announce publicly that they are using DHA, they risk being called quacks. Only one drug company, GlaxoSmithKline, has patented a special form of omega-3 that is highly concentrated with a large amount of DHA. However, they have not done the testing for bipolar illness— and their only approved use is for lipid control for cardiovascular problems. The nutritional supplement companies have no budget to promote research, as their ingredients are commodities with market prices, and since they are natural, they cannot be patented. Who will it harm if a person with bipolar illness tries DHA? It is a part of fish oil and other omega-3 fatty acid supplements that have a long history of safety. As a matter of fact, omega-3 is the most widely used supplement in America. In this case, I am putting out the research to show that one needs a much higher dose than is commonly used, a dose that approaches the daily intake of DHA (700 mg) in Japan, where fish is a dietary staple. The Japanese suffer a much lower incidence of bipolar disorder, as well as other illnesses. The American Psychiatric Association recommends a small amount of omega-3 for depression. Omega-3 is widely used to prevent cardiac problems, and in fact, people with bipolar illness are 20% more prone to cardiac problems than the general population. So, if it doesn't help with bipolar illness, at least it will help prevent heart attacks.

4. There is a chance someone will read my book and stop taking their medication for bipolar, although I emphasize repeatedly that DHA should be used only under a doctor's supervision along with current medications. The truth is, over 50% of people with bipolar illness stop taking their medications against doctors' orders because they do not feel good while taking them. In fact, DHA may allow them to feel better with a more natural mood control, and therefore, they will

be less likely to stop taking their medication.

5. I have taken DHA successfully for over 10 years, and friends with bipolar illness who take it, are reporting positive, even remarkable results.
6. There are millions of people suffering, I mean really suffering with bipolar disorder. I believe the risk of waiting to bring forth this information is far greater than the risk of remaining silent.
7. It should be noted that we could have a case of history repeating itself. A little over a hundred years ago, between 1906 and 1940, more than three million Americans were affected by a disease called pellagra, with more than 100,000 deaths. One of the primary symptoms was mental illness, and the psychiatric institutions of the time were filled with pellagra patients. Some of the common treatments were arsenic and strychnine. Many doctors suspected a fungus or a small, bloodsucking blackfly that infected humans with a pellagra parasite in the same way that mosquitoes cause malaria and yellow fever. The leading epidemiologist of his day, Dr. Joseph Goldberger, was sent to the south, where the epidemic was occurring. It took him years—and a lot of resistance from the medical community back then—to identify the problem as a nutritional deficiency. After his death, the specific nutrient was identified as vitamin B3, niacin. Since then, if you read carefully, all flour, bread, crackers, and cornmeal are fortified with niacin to prevent pellagra. Maybe someday we will see food fortified with DHA. A recent book recounting the story, *Red Madness* by Gail Jarrow, is a great read.