

MANDATORY MENTAL SCREENING FOR POSTPARTUM DEPRESSION – THE BRAVE NEW WORLD OF COERCED DRUGGING

By Dr. David W. Tanton, Ph.D.

In a large number of expectant mothers, once they give birth, an often profound feeling of loss and depression sets in. This, as knowledgeable doctors, nurses and midwives know, is normal since the shared circulatory system that existed between the mother and the baby with all of its attendant hormones created a “high” that is missing once the baby is born. For millennia, most mothers – using common sense and good nutrition – simply got up, dusted themselves off, and got on with the business of life and rearing their children. But in today’s Brave New World of the 21st Century, some argue that there must be another solution.

Call in the Government Of Course

In 2006, the Governor of New Jersey signed legislation requiring health-care professionals who provide prenatal care to educate women about postpartum depression (“PPD”) and to see that *new mothers receive treatment for the disorder*. Then, in a press release, it was stated that **80% of women experience some degree of depression following childbirth**. And, most recently, both Illinois and Pennsylvania are also attempting to get similar legislation passed as well.

Not to be outdone, in the United States Senate, Majority Leader Harry Reid (D-NV) has slipped a controversial bill called The Mothers Act into an omnibus package called “Advancing America’s Priorities Act” (S.3297). The legislation, as first enacted in New Jersey, would require pregnant and new mothers across the U.S. to be screened and treated because they are deemed to be at risk for mental disorders. Senator Robert Menendez (D-NJ) jumped on the bandwagon, proudly proclaiming that, “We must attack postpartum depression on all fronts with education, screening, support, and research so that new moms can feel supported and safe rather than scared and alone.”

Fortunately, S.3297 stalled in the Senate Health, Education, Labor and Pension (HELP) committee for months. But the Democratic majority, ever concerned for the welfare of Americans, acted. On July 22nd, Majority Leader Reid circumvented normal Senate procedure by having the bill placed on the Senate Bill calendar

without a vote in the HELP Committee. On July 28th, Senate Republicans filibustered the bill and blocked a full Senate vote and passage. Following Reid’s unsuccessful effort to force a Senate vote, the bill was withdrawn from consideration but remains on the Senate calendar and can be brought back for a vote at any time. There are only seven Senators cosponsoring the bill (Senators Biden (D-DE), Boxer (D-CA), Feinstein (D-CA), Inouye (D-HI), Kennedy (D-MA), Leahy (D-VT), and Lieberman (I-CT)).

The Mothers Act is supported by a powerful drug-funded coalition, including The Guttmacher Institute/Planned Parenthood, Postpartum Support International, National Mental Health Association, The National Alliance for the Mentally Ill (NAMI), Illinois Academy of Pediatrics, and the Illinois Psychiatric Association.

Follow the Money

These pharmaceutical-industry-funded groups are using the very same strategy as they did with Teen Screen (a controversial national mental-health and suicide-risk screening program for students and adolescents in the United States), although the focus is now on expectant mothers. The obvious objective is to find a way to broaden the drug-industry’s market in every way possible. For years, it was adults (especially seniors). Once they had basically saturated that market, then they began targeting our kids (even very young preschoolers). Now, the only untapped large market appears to be expectant mothers.

Worst of all, though, is the deliberate attempt to get legislation passed, State by State as well as on a national level, to mandate mental-health screening, first with children and now their mothers. They would rather that you had absolutely no choice in the matter (an overt attempt to take away our freedom to make choices for ourselves and our children). They have already taken away our choice regarding healthcare by assuring that natural therapies and supplements are not covered by insurance. If they have their way, all of our health conditions (both physical and mental) will be totally controlled by the pharmaceutical industry and coercively mandated by our governments, both State and Federal.

Of course, the “accepted” treatment for PPD just happens to be counseling and drug therapy with antidepressants! And these same people are deliberately very specific as to exactly how the program is to work, assuring that they take advantage of every opportunity to diagnose a mother with PPD, who would thus be in need of the “appropriate medication.” An excerpt from Illinois Senate Bill 15 is especially representative of their approach:

“Physicians and other licensed health care workers providing prenatal and postnatal care to women shall assess new mothers for postpartum mood disorder symptoms at a prenatal check-up visit in the third trimester of pregnancy, prior to discharge from the hospital or other healthcare facility, and at the initial postnatal check-up visit and at each postnatal check-up visit thereafter until the infant’s first birthday.

Physicians and other licensed health care workers providing pediatric care to an infant shall assess the infant’s mother for postpartum mood disorder symptoms at any well-baby check-up at which the mother is present prior to the infant’s first birthday in order to ensure that the health and well-being of the infant are not compromised by an undiagnosed postpartum mood disorder in the mother.” (emphasis added) (See <http://tinyurl.com/35zkec>.)

But it gets worse. A “hospital” in Illinois is actually proposing that if a mother is even thinking about getting pregnant maybe she should be tested for depression! The following was posted at the Sierra Times website:

“The Advocate Good Samaritan Hospital in Downers Grove, Illinois continues to recommend that SSRIs be used to treat pregnant women even despite recent warnings concerning birth defects and other life-threatening disorders in children born to mothers who took antidepressants during pregnancy. ‘Any woman,’ the Hospital warns, ‘who is thinking about becoming pregnant, is pregnant, or had a baby within the past year can be affected by depression or other mood disorders.’” (emphasis added) (http://www.sierratimes.com/07/04/04/75_8_37_98_67891.htm)

Any doctor who would come up with conclusions that ridiculous must be normally influenced financially by the industry whose own financial interests would benefit, in this case by those producing and promoting antidepressants. (I personally think they should consider re-naming the hospital!)

Although it appears as a concern, just like TeenScreen, it is just another marketing strategy by drug companies to

get everyone possible on their highly profitable medications. Unfortunately, far too many women have been placed on (and often remain on) antidepressants throughout their pregnancy, which just increases the potential for them experiencing PPD following delivery. As can never be emphasized enough, the highly-elevated stress hormone cortisol, stimulated by antidepressants such as Prozac™ on a daily basis, is the best way I know of to deplete the mother’s adrenals, which are responsible for producing several critical hormones.

Mental Evaluations and Drugs Are Not the Answer

Most importantly, **mental evaluations never have been, and never will be, based upon science.** The “science” of mental health is really nothing but a collection of theories and opinions. If anything, it is an art, not a science. Thus, any evaluations would be based on nothing but someone’s personal opinion, as would be the solutions. **And, as the promotion of the mental-health program is always funded (either directly or indirectly) by the pharmaceutical industry, the “proper solution” would obviously be influenced as well.**

According to psychiatrist Dr. Grace Jackson, author of *Rethinking Psychiatric Drugs: A Guide for Informed Consent*, “**Prescribing SSRIs as a preventative measure during pregnancy is a terrible idea.**” (See http://www.sierratimes.com/07/04/04/75_8_37_98_67891.htm). In fact, regarding the overall scheme of screening all women before, during, and after pregnancy and putting them on SSRIs, Dr. Jackson has stated “**In sum, there could not be a more foolhardy public health practice than this one.**”

As you will soon discover, though, **there is a very good explanation for PPD, based upon science and not conjecture.** Instead, as usual, there are effective drug-free solutions available.

PPD Explained

Suddenly going from an unbelievable high to an unexplainable low is not Bipolar Disorder or coming off of cocaine; rather, it is a surprisingly-common phenomenon. In his March 2007 *Alternatives* newsletter (www.drdauidwilliams.com), Dr. David G. Williams does an excellent job of explaining exactly how PPD develops, as follows:

“PPD is a very real problem, but it definitely doesn’t stem from a drug deficiency. The added nutritional and hormonal stress of pregnancy often leaves the mother’s body chemistry totally out of balance following childbirth. One of the most common prob-

lems seems to stem from depletion of the adrenal (or stress) glands.

Physical or mental stress, poor diet (excess sugar or carbohydrates), skipping meals, alcohol, and smoking are some of the primary causes of weakened adrenals. During and immediately before pregnancy a poor diet, particularly consuming too much sugar or high-carbohydrate meals, will quickly weaken the adrenals. [WRITER'S NOTE: Coffee is also a stimulant known to deplete the adrenals, as is the NutraSweet™ found in diet beverages.]

During the first three months of pregnancy many women experience a great deal of fatigue and a total lack of energy. Beginning sometime during the second trimester they oftentimes get a huge burst of energy and heightened sense of well-being. These women will say things like, "This is the best I've ever felt in my life." And this newfound energy remains with them until they give birth, when all of the sudden it feels like the whole world collapses around them (PPD).

During the second trimester the child's adrenal glands begin to develop, along with the thyroid, pituitary, and other glands. And since the mother and child share a circulatory system she begins to benefit from the baby's hormones. In effect, she begins to "feed off" the baby. She begins to experience more energy and that overall sense of well-being. It couldn't get any better. Her body has discovered a fresh new source of everything she's been missing.

But when the baby is born, the mother is abruptly cut off from her newfound lifeline. Within a day or two of giving birth, the mother can go from the highest high to the lowest low and never know what hit her. No one offers her an explanation. If anything, she might be told it's normal to experience the depression and fatigue and it's something she just needs to work through – and maybe some antidepressants might help. (pp. 167-168) (emphasis added)


Recommended Drug-Free Solution For Postpartum Depression

Dr. Williams continues:

"The underlying problem, however, needs to be corrected. The adrenal glands (and often the thyroid and pituitary glands) must be given nutritional support. Sugar has to be eliminated. Additional minerals, B vitamins, and essential fatty acids (predomi-

nantly omega-3s) must be added to the diet. I've seen dramatic changes in just a matter of days through proper nutritional support, particularly using glandular supplements for the adrenal, thyroid, and pituitary glands. The problem isn't correctable with drugs." (Alternatives, 2007 March, p. 168).

- It just so happens that *Standard Process™* is a company that has a dietary glandular formula for women called *Symplex F*, which contains all three glandulars (adrenal, pituitary, and thyroid extracts), which Dr. Williams recommends, along with ovary extract. They also have another formula called *Drenamin™*, with several plant-based nutrients specifically formulated for helping rebuild weakened adrenals. Their products are only available through doctors (including chiropractors).
- **The adrenals (especially when depleted) need adequate salt.** The only salt I would recommend is Celtic sea salt, sold through the Grain & Salt Society. It comes in coarse crystals and fine ground. As the "coarse" is cheaper, I would recommend swallowing one teaspoon daily with water. Or, you can use the "fine" for everyday seasoning. That is the only salt I have used during the past 18 years, and unlike common table salt, it is actually healthy as it contains over 80 trace minerals. Celtic sea salt is available at most health-food stores, or directly through the Grain & Salt Society.
- **Avoid stimulants and stressors.** As Dr. Williams recommended, **avoid coffee, sugar, and NutraSweet™**, as they all stress the adrenals. And most importantly, **avoid physical or mental stress as much as possible.** I would also recommend avoiding drugs such as *Prozac™*, which greatly increase the level of the stress hormone cortisol. If you happen to experience unavoidable stress for some reason, just take a couple of capsules of the very-calming herb valerian root. It will safely help you relax, and it appears to do so without causing drowsiness.
- **Stay hydrated!** Don't forget to **drink at least ten 8-ounce glasses of water daily**, which is especially important during pregnancy. The nausea many women experience during pregnancy is often the result of inadequate water intake.
- It's also important to **take a potent vitamin B-complex such as B-100**, as well as a good multi-mineral containing at least calcium, magnesium, and zinc.
- **Essential fatty acids such as flax and fish oils also play an important part in our mental health.** I would recommend a minimum of two large soft gels of Flaxseed oil, and two of fish oil, daily.

Applying all of the above recommendations throughout pregnancy would greatly reduce the risk of experiencing PPD. Just remember that the typical approach of “*drugs for everything, and nothing but drugs for anything*” is a dangerous and self-destructive approach that never has, and never will, truly resolve any health issue, whether physical or mental. 

This article was extracted in part from the 2007 book by Dr. David W. Tanton, Ph.D., Antidepressants, Antipsychotics, and Stimulants – Dangerous Drugs on Trial and expanded upon for this Health Freedom News article. Special thanks are given to Dr. David Williams for his kind permission to quote his writings from Alternatives in this article.

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Nearly every reform proposal offered to fix “the health-care crisis” calls for increased governmental control of medicine. These proposals are the logical result of the belief that there is a “right” to medical care. But there is no such right. Rights, properly understood, do not include an entitlement to the services of others.

– William Dale, “Free Medicine” (1994)

AUSTRALIAN FOOD REGULATORS FINALLY PAY THE PRICE

In 2003, the Therapeutic Goods Administration (TGA) – which is the Australian equivalent of the US Food and Drug Administration – shut down Pan Pharmaceuticals, which then represented a large percentage of the Australian complementary-medicine and supplement market. Supposedly, Pan’s seasickness drug product Travacalm had sent enough consumers to the hospital that the TGA – against the advice of its own independent expert committee – decided to issue a “Class 1” recall of every single product of the 1600 Pan products manufactured during the previous year. Class 1 recalls are typically only used in life-threatening situations and those were certainly not present here.

Despite the fact that the TGA could never produce any evidence that any one of the 1600 products recalled were in any way defective, the recall went forward and the Company (as well as the natural-products industry itself) was devastated. Employees lost their jobs, stores closed never to reopen, and consumers lost whatever confidence they had in natural health products. Characteristically, the government cared little for the harm it had done to business reputations, livelihoods, and consumers’ health. After all, the ham-fisted TGA and its unelected bureaucrats were unaccountable for any grief they had caused.

Or so they thought. Jim Selim, the founder and largest shareholder of Pan, was incensed and determined to sue the TGA. He took the Agency to court and after five years of litigation in the Australian courts he won a stunning victory by way of an agreed settlement.

Apparently fearful of the coming testimony of TGA employees and already reeling from devastating testimony given by witnesses as well as evidence produced in the courtroom, the TGA hastily caved in and agreed upon terms mostly dictated by Selim. The settlement imposed upon the Australian government a requirement that it pay Pan approximately 45 million American dollars, plus court costs of about US \$4.5 million to Selim personally. Having flatly refused the Government’s request for a confidentiality clause in the settlement agreement, Selim has now gone public with his message that he, Pan and complementary medicine have been vindicated.

The story is not yet over, however. Former Pan employees, shareholders, suppliers and retailers, and customers – all of whom lost money – are now lining up to participate in a class action against the government. Incredibly enough, Selim had previously won a lengthy court case when the TGA launched a counterfeit-importation case involving products manufactured in a Thai plant that lacked an Australian license.

Victory notwithstanding, TGA employee perpetrators of this malfeasance were not fired and still work with the Agency, while the needless legislation imposed upon industry because of TGA’s misdeeds is still in place. Yet, at least a hefty pound of flesh was taken out of TGA’s hide that will make them think twice before acting so arbitrarily again.