

Lorrie M. was 56 when she came to see me the first time for suicidal depression. She had been to a psychotherapist and a psychiatrist in the prior 6 months and had tried 3 different antidepressants. At the time of her first visit with me she was on Zoloft. She said the medications only helped her temporarily and produced intolerable side effects. Two weeks before her appointment with me, she had been fired from her volunteer work because of her erratic behavior.

Lorrie's history revealed that she was raised in the south with her parents and one sister. Her sister had died of breast cancer. Her mother was an alcoholic who died of unknown causes. Her father died of a heart attack when he was 62. During her childhood Lorrie had been exposed to regular applications of pesticides, including DDT. In fact she recalled playing behind the spray trucks that came down her road because it was a way to cool off from the oppressive summer heat. She also remembered having frequent sore throats and earaches as a child, but said she had "outgrown" these problems. Lorrie described herself as having been a moody child. The mood swings were puzzling to her because they seemed to come for no apparent reason, even when things were going well in her life. She also remembers having occasional panic attacks. Again, the triggering agents were never identified. Her family and friends assumed that she was mentally unstable.

Lorrie studied psychology in college because she wanted to have a better understanding of herself. She eventually became a psychotherapist and had a successful practice in Texas. During her years in Texas she developed problems with inhalant allergies. She reported that pollens and mold gave her headaches and made her feel tired. During menopause she struggled with worsening mood swings. She did not tolerate the progestin hormones she was given and instead took herbs to treat her menopausal symptoms.

When she turned 55, she retired from counseling and moved to Santa Fe in order to develop other aspects of her life. At first she thrived. She felt happy and was in good health. The headaches, fatigue, and mood swings were gone. After one year, her landlord wanted to sell the house she was renting. She found another house to rent nearby. Shortly after she moved, she began to experience debilitating fatigue and depression. The depression worsened to the point where she had difficulty getting out of bed and suicidal ideation. Many of her friends had grown impatient with her and no longer made contact.

On further questioning, Lorrie revealed that she had a chronic runny nose and cough since moving into the new rental unit. She also noted that she had more gas and bloating than usual.

In the few months prior to seeing me, she had experienced several panic attacks. One episode caused her to go to the emergency room where she was given an anti-anxiety medication and told to see a therapist.

Lorrie was convinced that grief over her sister's death and unresolved childhood issues had pushed her "over the edge" and that emotional stress was producing her symptoms. This view was supported by the fact that whenever she left on vacation she immediately felt better. She attributed the improvement to taking her mind off her troubles. It was at this point that I began to suspect that something in her house was causing or exacerbating her psychiatric symptoms. Because she was known to have mold allergies that had been diagnosed by an allergist in Texas, I asked her to place mold plates throughout her house to determine if mold was a problem. We were both astonished at the results. Her bedroom was heavily colonized by mold caused by a leak in her water bed. The landlord was notified, the bed was removed, and the room was disinfected with dilute bleach. The landlord, however, was not willing to take further measures such as replacing the contaminated drywall. Because the room could not be sufficiently decontaminated, and because Lorrie had become sensitized to even minute amounts of mold, I suggested that she move to a mold-free house, which she did.

After one month in her mold-free house, Lorrie was able to get off her anti-anxiety and antidepressant medication. She was relieved to find some explanation for her mysterious depression. She became excited about the possibility of feeling good. We continued her health evaluation and uncovered the following abnormalities.

1. A **severe wheat allergy** was diagnosed which caused her to feel irritable and tired when she ate foods containing wheat.
2. There was 4+ **Candida albicans** overgrowth on the comprehensive stool exam. This was treated with Diflucan for one month. She willingly changed her diet drastically so that she could feel better. She was eating more wholesome, organic foods. Sweet foods, processed and refined foods, and hydrogenated oils were almost completely eliminated from her diet.
3. **Mild hypothyroidism** was treated with Armour thyroid replacement at 30 mg a day which made a noticeable difference in her energy and mood.
4. Female **hormone imbalance** was treated with plant-based estrogen and progesterone with a small amount of testosterone. The dosage was based on the results of the saliva hormone test.
5. Multiple **nutritional deficiencies** were corrected with supplements, including 2000 mg of fish oil a day which she alternated with 2 tablespoons of flax seed oil.
6. Multiple **allergies** and **chemical sensitivities** were diagnosed with P/N testing and treated with sublingual drops.

Lorrie was an enthusiastic patient and grateful to no longer feel at the mercy of her mood swings and depression. In one of the visits she told me she felt like her life had “just begun”. She did extensive reading and became very knowledgeable about environmentally-related illnesses, including depression. The last time I saw her she reported that she had been asked to come back to her old job where she had been fired.