

# Dr. Murphree's Health News

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## Mood Disorders & Orthomolecular Medicine

Depression and mood disorders affect over 17 million Americans. Prozac was cleared by the FDA in 1988. By 1994, it had become the fastest growing prescription drug in America with sales over \$1.2 billion. In one year, 1993, prescription anti-depressant drug sales grew by almost 20%. Prescription drugs have helped millions of people overcome their depression. However, prescription medications are not effective for everyone. They have side effects that can be life-threatening. Prozac has been associated with over 1,734 suicide deaths and over 28,000 adverse reactions.

*From Death and Near Death Attributed to Prozac, Citizens Commission on Human Rights. \*Whittle T.J., Wiland Richard, The Story Behind Prozac the Killer Drug, Freedom Magazine, 6331 Hollywood Blvd., Suite 1200 Los Angeles, CA90028.*

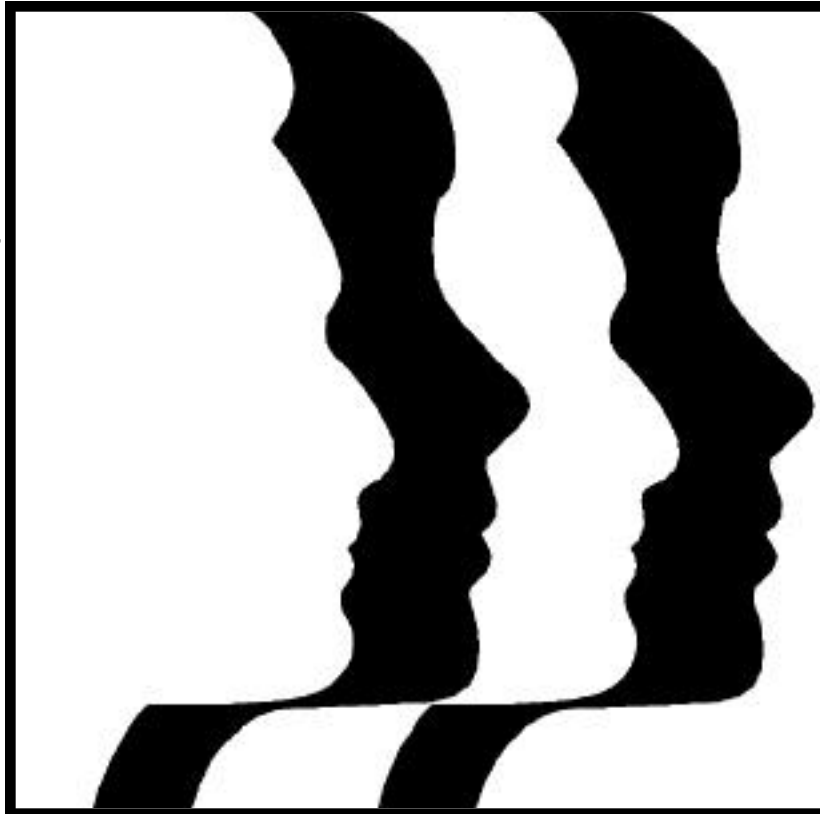
Prescription anti-depressants may cause depression, addiction, suicidal tendencies, tardive dyskinesia (involuntary muscle spasms), sexual dysfunction, and Tardive dementia (senility). These side effects are due to poor liver function and drug-induced nutritional deficiencies. Metabolizing these anti-depressants uses up essential vitamins, minerals, and amino acids and may create nutritional deficiencies. These deficiencies then lead to further symptoms including depression.

*Talking Back To Prozac, by Peter R. Berggin, M.D.*

The June 1990 *Health Letter*, published by the Public Citizen Health Research Group, estimates that muscle tremors, or akathisia, affect a whopping 15 to 25 % of Prozac patients. Akathisia is a medical term for a condition characterized by inner tension or anxiety that drives or compels afflicted individuals to move their bodies.

Prescription anti-depressants attempt to increase the brain's efficiency in using adequate amounts of neurotransmitters. Prozac is classified as a selective serotonin reuptake inhibitor (SSRI). Other SSRIs include Zoloft, Paxil, and

Lexapro. These medications inhibit the destruction of serotonin. This allows more time for more serotonin to circulate in the brain. But no one has a Prozac or SSRI deficiency. A serotonin deficiency, yes. But is prescription medication always necessary? Using SSRIs is similar to using a gasoline additive in an empty gasoline tank. Most individuals with mood disorders



have been running on fumes (low serotonin or other neurotransmitters) for years. A gasoline additive isn't going to help. Some individuals do notice an improvement for a period of time but then their nutritional deficiencies begin to rob them of what little serotonin they have left. Once their serotonin is used up they are left to try yet another anti-depressant. Is it any wonder these individuals are depressed? There is a better way. Why not just correct the nutritional deficiencies? Why not pour gasoline into the tank? Forget the gasoline additive. Let's just fill the tank back up with serotonin.

### Nutritional Deficiencies

Medical science has now determined that how we feel is largely controlled by the foods we eat and how well these building blocks are converted into brain transmitting chemicals called neurotransmitters. Neurotransmitters are brain chemicals that control our moods. You may remember that chains of essential and non-

essential amino acids make up proteins. Many of these amino acids are converted into neurotransmitters. The brain needs adequate amounts of protein and their amino acids for the production of neurotransmitters. The neurotransmitters include serotonin, dopamine, gamma amino butyric acid (GABA), and norepinephrine.

### Neurotransmitters

Serotonin elevates mood, reduces food cravings, increases pain threshold, promotes deep sleep, relieves tension, and calms the systems of the body. Serotonin is created from the amino acid, Tryptophan. Gamma amino butyric acid (GABA) is a tripeptide made from three

amino acids. It is an inhibitory hormone and has a calming effect on the brain. You may have heard of prescription anti-depressants that are called monoamine oxidase inhibitors or MAO inhibitors. Nardil and Marplan are MAO inhibitor drugs. MAO inhibitors and some tranquilizers (Xanax) work by increasing the effectiveness of the neurotransmitter GABA. This is another example of using a gasoline additive. Why not just use GABA? Dopamine and norepinephrine increase mental and physical alertness, reduce fatigue, and elevate moods. Dopamine and norepinephrine are synthesized from the amino acid, phenylalanine.

# Orthomolecular Medicine

A group of progressive-minded physicians helped pioneer a new way of treating mental disorders. In 1968, Nobel Prize-winner Linus Pauling, Ph.D., originated the term "orthomolecular" to describe an approach to medicine that uses naturally occurring substances normally present in the body. "Ortho" means correct or normal, and orthomolecular physicians recognize that, in many cases of physiological and psychological disorders, health can be reestablished by properly correcting, or normalizing, the balance of vitamins, minerals, amino acids, and other similar substances within the body.

The premise of orthomolecular medicine extends back to the 1920s when vitamins and minerals were first used to treat illnesses unrelated to nutrient deficiency. During that time, it was discovered that vitamin A could prevent childhood deaths from infectious illness, and that heart arrhythmia (irregular heartbeat) could be stopped by dosages of magnesium. Like their more conventional colleagues, orthomolecular physicians acknowledge that mental disorders originate from faulty brain chemistry. However, unlike their more conventional colleagues, orthomolecular physicians rely less on prescription medications. Instead, orthomolecular psychiatrists recognize the important role nutrients, including amino acids, play in creating and regulating neurotransmitters. They then seek to uncover any nutritional deficiencies that may be causing mental disorders. Once these deficient nutrients are found, they are replaced to provide optimal levels needed to correct the neurotransmitter dysfunctions.

Perhaps the greatest contributions made by orthomolecular medicine involves psychiatric disorders. Psychiatrist, and one of the founding fathers of orthomolecular medicine, Abram Hoffer, M.D., and Humphrey Osmond, M.D., began using large doses of niacin, along with other medicines, to successfully treat schizophrenics. Their studies showed that niacin, along with standard medical therapy, doubled the number of recoveries in a one-year period. Even today, many physicians neglect the role proper nutrition plays in relation to our health. The prevalent notion, and a grossly incorrect one, is that a balanced diet will supply all the nutrients needed for the body to work properly. This draconian thinking flies in the face of the research that shows up in our very own medical journals. The majority of American diets are deficient in many of the vital nutrients needed for good health. Complicating the matter is the reliance on the Recommended Daily Allowance (RDA) for proper vitamin and mineral doses. The RDA originated in the 1940s and has had only minor increases since its beginning. Yet, individuals in our society are bombarded with over 500 toxic chemicals on a daily basis. This is combined with the fact that our food supply is processed and grown in nutritionally depleted soil.

The concept of biochemical individuality is based on the work of Roger J. Williams, Ph.D. In treating his patients, Dr. Williams realized that each individual is unique. Although the government minimum, or RDA, for nutrients may prevent severe deficiency disease, orthomolecular physicians

say that these levels do not provide for optimal health, and people may need many more times the RDA levels. For example, studies of guinea pigs show a twenty-fold variation in their requirements for vitamin C. Similar studies have been done in humans, and children have been shown to have varying needs for vitamin B6.

In 1987, Richard Kunin, M.D. of San Francisco, California, summarized the principles of orthomolecular medicine.

1. Nutrition comes first in medical diagnosis and treatment, and nutrient-related disorders are usually curable once the nutritional balance is achieved.

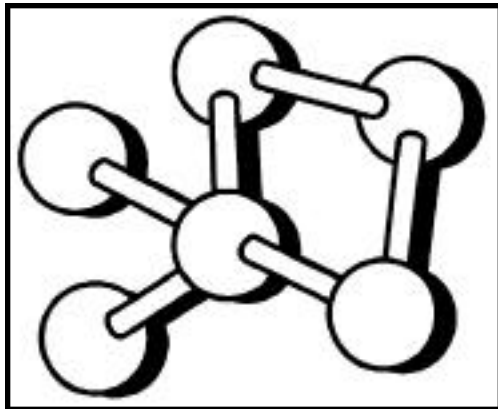
2. Biochemical individuality is the norm in medical practice; therefore RDA values are unreliable nutrient guidelines. Many people require an intake of certain nutrients far beyond the RDA suggested range (often called mega doses), due to their genetic disposition, and/or the environment, in which they live or work.

3. Drug treatment is used only for specific indications and always mindful of the potential dangers and adverse effects.

4. Environmental pollution and food adulteration are an inescapable fact of modern life and are a medical priority.

5. Blood tests do not necessarily reflect tissue levels of nutrients.

6. Hope is the indispensable ally of the physician and the absolute right of the patient.



## Mega doses: are they safe?

One of the arguments against megavitamin treatment is that high doses of certain vitamins are toxic and may cause certain adverse reactions.

**A major study, however, indicates that the total number of fatalities from overdoses, or adverse reactions, from prescription medications is the cause for over 106,000 deaths a year.**

The total number of deaths from vitamin/mineral therapy during the years of 1983 to 1990 is zero. Nevertheless, we are aware that problems can occur with megavitamin or herbal therapy. If symptoms arise, reducing or stopping the therapy will almost always terminate any side effects. Once again, working with a physician who specializes in vitamin/mineral or herbal therapies is highly recommended. In the three years we've been using orthomolecular doses of vitamins, minerals, and amino acids, both intravenously and orally, there has not been a single major side effect.

(Kunin, R.A., M.D. "Orthomolecular Psychiatry," *The Roots of Molecular Medicine: A Tribute to Linus Pauling*, ed., R.P. Heumer, M.D. New York: W.H. Freeman and CO. 1986, 180-213.) (Woods, K.; et al. Intravenous Magnesium Sulfate in Suspected Acute Myocardial Infarction: Results of the Second Leicester Intravenous Magnesium Intervention Trial (LIMIT-2)." *Lancet* 339 No. 8809 (June, 1992):1553-1558)

Depression, mental fatigue, and mental confusion share several underlying causes.

# The main causes of depression, mental fatigue, and mental confusion include the following:

## Poor Sleep

Poor sleep depletes mood-controlling neurotransmitters including the happy hormone, serotonin. Decreased serotonin leads to depression, mental fatigue, lowered pain threshold, and sugar cravings. The amino acid Tryptophan is converted into serotonin. Low-protein diets, malabsorption disorders, and nutritional deficiencies can contribute to serotonin deficiencies.

## Protein Deficiencies

Low-protein diets, poor digestion, and malabsorption syndromes contribute to amino acid deficiencies. Remember, amino acids, along with certain vitamin and mineral co-factors, create the neurotransmitters.

## Nutritional Deficiencies

**Nutritional deficiencies are quite common in America. In one study up to 50% of patients admitted for hospital care had nutritional deficiencies.**

Roubenoff RA, et al, *Malnutrition Among Hospitalized Patients: Problems of Physician Awareness*. Arch Intern Med 147:1462-1465,1987

Fifty % of the population is deficient in magnesium.

Rogers SA, *Tired or Toxic?*, Prestige Printing, Box 3161, Syracuse, NY13220, 1990.

**A chromium deficiency, which is especially common among those taking cholesterol-lowering drugs, can cause hypoglycemia and mood disorders.**

Anderson RA, Poansky MM, Bryden NA, Canary JJ, *Chromium Supplementation of Humans with Hypoglycemia*. Fed Proc 43:471,1984.

**A deficiency in any of the B vitamins can lead to depression, brain fog, and mental fatigue. Magnesium and vitamin B6 are co-factors in the production of dopamine, GABA, and serotonin. Birth control pills and Premarin can deplete B6.**

Russ C, Hendricks T, Chrisley B et al. *Vitamin B6 Status of Depressed and Obsessive-Compulsive Patients*. Nutr Rep Intl 1983; 27:867-873

**Vitamin C helps produce dopamine, norepinephrine and serotonin. It plays a major role in the production of the adrenal hormone adrenaline. Adrenaline is the fight-or-flight hormone. A deficiency in adrenal function can contribute to fatigue, depression, and confusion. A deficiency of any of the essential nutrients can create a chain reaction leading to all sorts of mood disorders, anxiety, depression, and panic disorders.**

## Allergic Disorders

Food and chemical sensitivities can cause all sorts of symptoms. Allergic inflammation of the mucous membranes of the intestinal tract causes irritable bowel. Allergic inflammation of the nasal membranes creates sinusitis. Allergic reactions in the respiratory tissue creates bronchial spasms (asthma). Allergic reactions can also occur within the brain, creating mental confusion, depression, anxiety, and other mood disorders.

# Amino Acids and Orthomolecular Medicine

Most individuals who consult their medical doctor for mood disorders are placed on prescription medications. Many of these anti-depressants are in the form of selective serotonin re-uptake inhibitors (SSRI). These drugs (Lexapro, Prozac, Paxil, Celexa, and Zoloft) are supposed to help the brain be more efficient at using the serotonin it produces. And, as I've already stated, it is analogous to a gasoline additive to help your car get more mileage out of the gasoline in your tank. Unfortunately, many of these individuals don't have any serotonin in their tanks and they are running on fumes. Since their brain isn't making serotonin, an additive isn't going to help.

## Where do the neurotransmitters come from?

Neurotransmitters are brain chemicals that help relay electrical messages from one nerve cell to another. Neurotransmitters are produced from the amino acids in the foods we eat. Amino acids join together in different patterns to form a protein. Eating a protein-rich food allows us to replenish our ongoing demand for the essential amino acids. Half of the amino acids are essential. This means our bodies can't manufacture them and we must get them from the foods we eat (protein). Certain amino acids, along with vitamins (B6, B3, C) and minerals (magnesium), produce the neurotransmitters. The amino acid Tryptophan turns into serotonin. The amino acid phenylalanine turns into epinephrine. Amino acids are the raw nutrients needed to manufacture the neurotransmitters which regulate our moods.

## What do neurotransmitters do?

Neurotransmitters help regulate pain, reduce anxiety, promote happiness, initiate deep sleep, boost energy, and mental clarity. The neurotransmitters that cause excitatory reactions are known as catecholamines. Catecholamines, epinephrine and norepinephrine (adrenaline) are derived from the amino acid phenylalanine. Inhibitory or relaxing neurotransmitters include serotonin and gamma-aminobutyric acid (GABA). The neurotransmitter serotonin is produced from the amino acid tryptophan. GABA is produced from the amino acid glutamine.

## Correcting the cause of mood disorders.

No one is born with a Prozac deficiency. However, people can develop a serotonin deficiency. Using a SSRI doesn't correct the cause. If someone is out of gas (serotonin), why would you use a gasoline additive (SSRI)? Why not fill the tank (brain) up with gas (serotonin) instead?

I've been using amino acid replacement therapy for several years and have found this approach to be far superior to using prescription medicines (in most cases) for treating mild to moderate mood disorders. I've treated thousands of patients with mood disorder. Over the years, I've used various questionnaires or tests to determine which amino acids needed to be recommended. On the next pages you'll see questionnaires which provide quick and accurate assessments diagnosing a person's brain chemistry. I've found very few problems with mixing amino acid therapy with prescription anti-depressants. However, you may wish to work with a health-care professional familiar with orthomolecular or amino acid therapy.

# DO YOU FIT INTO ONE OF THESE GROUPS?

## The "O" Group is named for the Opioid neurotransmitters contained in the hypothalamus gland. These neurotransmitters have two primary functions:

sense of urgency. They love just meeting deadlines, racing around to get things done. They seem to feed off of this adrenaline rush. A sense of urgency can help us get out of bed in the morning or get the kids off to school. However, if you can never turn this sense of urgency off, you'll eventually deplete the opioids along with other vital hormones including cortisol and DHEA. As a way to turn off the constant mind chatter, those in the "O Group" use stimulants and mind-numbing chemicals (alcohol, marijuana, food, etc.) to escape the constant pressure they place on themselves to be more, do more, have more. Type A's are often overcome by Opioid burn-out. They cannot sit still, until one day, the bottom falls out and they "just can't do it anymore." Alcohol and other chemicals can temporarily relieve the anxious feelings associated with opioid overload. They do so by providing artificial opioids. Unfortunately, these artificial opioids also cause the opioid manufacturing cells in your brain to reduce their output. In the long, run these cells lose their ability to produce the needed opioid neurotransmitters. You then crave the artificial opioids and an addiction has been born. 2. When you exercise, your body causes extra quantities of the opioids to be released. This takes away the pain of sore muscles and may provide a feeling of euphoria. Long-distance runners and other avid exercise enthusiast are well aware

1. Opioids are released in small bursts when we feel a sense of urgency (stress). Some individual thrive on this

of "The High" that comes from pushing the body past its normal limits. The opioids play an important role in pain modulation. A deficiency of opioids can lower our pain

threshold. A lowered pain threshold means being more sensitive to painful stimuli. DL-Phenylalanine (a special form of the amino acid Phenylalanine) can be extremely helpful in restoring proper Opioid levels.

## The "O" Group

Do ANY of these apply to your present feelings?

- Your life seems incomplete.
- You feel shy with all but your close friends.
- You have feelings of insecurity.
- You often feel unequal to others.
- When things go right you sometimes feel undeserving.
- You feel something is missing in your life.
- You occasionally feel a low self-worth or esteem.
- You feel inadequate as a person.
- You frequently feel fearful when there is nothing to fear.

If three or more of the above apply, then read on...

## Supplementing with DL-Phenylalanine

Start with 1,000 mgs, 1-2 a day, on an empty stomach. If you don't seem to notice any benefits, keep increasing the dose up to 4,000 mgs, twice a day. If you experience a rapid heartbeat, agitation or hyperactivity, reduce or stop taking DL-Phenylalanine. L-Glutamine increases the effectiveness of both DL and L-Phenylalanine. Take 500 mgs of L-Glutamine, 1-2 a day, on an empty stomach. Both DL and L-Phenylalanine can increase blood pressure. If you already have high blood pressure, consult your doctor before taking either form of phenylalanine. Phenylalanine can be stimulating and shouldn't be taken past 3 p.m.

## The "G" Group

Please note the items which apply to your present feelings.

- You often feel anxious for no reason.
- You sometimes feel "free floating" anxiety.
- You frequently feel "edgy" and it is difficult to relax.
- You often feel a "knot" in your stomach.
- Falling asleep is sometimes difficult.
- It's hard to turn your mind off when you want to relax.
- You occasionally experience feelings of panic for no reason.
- You often use alcohol or other sedatives to calm down.

If three or more of the above apply, then read on...

GABA is made from the amino acid Glutamine. Glutamine passes across the blood brain barrier and helps provide the necessary fuel needed for proper brain function. A shortage of L-Glutamine can reduce IQ levels. L-Glutamine supplementation has been shown to increase IQ levels in some mentally deficient children. L-Glutamine is brain fuel. It feeds the brain cells, allowing them to fire on all cylinders. A deficiency in L-Glutamine can result in "foggy thinking" and fatigue. Individuals with "fibro fog" may benefit tremendously from this essential amino acid. Even a small shortage of L-Glutamine will produce unwarranted feelings of insecurity and anxiousness. Other symptoms include continual fatigue, depression, and occasionally impotence.

## NATURAL ANTI-ANXIETY WITH NO DROWINESS!

The "G" group symptoms are from the absence of the neurotransmitter Gamma Amine Butyric Acid (GABA). GABA is an important neurotransmitter involved in regulating moods and mental clarity. Tranquilizers used to treat anxiety and panic disorders work by increasing the GABA.

## Supplementing with GABA

Usually only a small dose of GABA is needed, 500 -1,000 mgs, twice a day. Some individuals may need to take it 3-4 times a day. Like most amino acids, GABA needs to be taken on an empty stomach.

### The "D" Group

Please note the items which apply to your present feelings.

- You lack pleasure in life.
- You feel there are no real rewards in life.
- You have unexplained lack of concern for others, even loved ones.
- You experience decreased parental feelings.
- Life seems less "colorful" or "flavorful".
- Things that used to be "fun" aren't any longer enjoyable.
- You have become a less spiritual or socially concerned person.

If three or more of the above apply, then read on...

A dopamine deficiency can lead to a condition known as anhedonia. Anhedonia is the lack of ability to feel any pleasure or remorse in life (lifeless). It also reduces the person's attention span. For example, a person who has taken cocaine for some time

**Dopamine is a neurotransmitter associated with the enjoyment of life, food, arts, nature, your family, friends, hobbies, and other pleasures. Cocaine's (and chocolate) popularity stems from the fact that it causes very high levels of dopamine to be released in a sudden rush. This creates a euphoric state.**

will have used up most of his or her dopamine supply. Their attention span is often reduced to 2 to 3 minutes instead of the usual 50 to 60 minutes. Learning, for such a person, is nearly impossible. Brain fatigue, confusion, and lethargy are all by-products of low dopamine. The brain cells, which "manufacture" dopamine, use the amino acid L-Phenylalanine as the raw material. Like most cells in the hypothalamus, they have the ability to produce 4 or 5 times their usual output if larger quantities of the raw materials (amino acids and their co-factors) are made available through nutritional supplementation.

### Supplementing with L-Phenylalanine

Start with 1,000 mgs, twice a day, taken on an empty stomach. If needed, increase up to 4,000 mgs, twice a day. If you experience a rapid heartbeat, agitation or hyperactivity, reduce or stop taking L-Phenylalanine. L-Glutamine increases the effectiveness of both DL and L-Phenylalanine. Take 500 mgs of L-Glutamine, 1-2 a day, on an empty stomach. Both DL and L-Phenylalanine can increase blood pressure. If you already have high blood pressure, consult your doctor before taking either form of phenylalanine. Phenylalanine can be stimulating and shouldn't be taken past 3 p.m.

**The neurotransmitter Norepinephrine, when released in the brain, causes feelings of arousal, energy, and drive. On the other hand, a short supply of it will cause feelings of a lack of ambition, drive, and/or energy.**

Lack of the neurotransmitter Norepinephrine can cause depression, paranoia, and feelings of apathy. Norepinephrine is also used to initiate the "flow" of adrenaline when you are under psychological stress. People under a great load of stress, or a continual stress-loading of almost any size, often find their Norepinephrine levels to be too low.

This is most frequently detected by the "feelings" listed in the questionnaire you have just taken.

The production of Norepinephrine in the hypothalamus is a 2-step process. The amino acid L-Phenylalanine is first converted into Tyrosine. The amino acid Tyrosine is then converted into Norepinephrine. In extreme cases, L-Tyrosine is supplemented to increase Norepinephrine and Dopamine. However, if the levels of Tyrosine are not low, this can cause headaches. This is why I usually recommend L-Phenylalanine replacement therapy first.

### Supplementing with L-Phenylalanine

Start with 1,000 mg twice a day taken on an empty stomach. If needed, increase up to 4,000 mg twice a day. If you experience a rapid heartbeat, agitation, or hyperactivity, reduce or stop taking L-Phenylalanine. L-Glutamine increases the effectiveness of both DL and L-Phenylalanine. Take 500 mg of L-Glutamine 1-2 a day on an empty stomach.

Both DL and L-Phenylalanine can increase blood pressure. If you already have high blood pressure, consult your doctor before taking either form of phenylalanine. Phenylalanine can be stimulating and shouldn't be taken past 3 p.m.

### The "N" Group

Please note the items which apply to your present feelings.

- You suffer from a lack of energy.
- You often find it difficult to "get going."
- You suffer from decreased drive.
- You often start projects and then don't finish them.
- You frequently feel a need to sleep or "hibernate."
- You feel depressed a good deal of the time
- You occasionally feel paranoid.
- Your survival seems threatened.
- You are bored a great deal of the time.

If three or more of the above apply, then read on...

## The "S" Group

Please note the items which apply to your present feelings.

- It's hard for you to go to sleep.
- You can't stay asleep.
- You often find yourself irritable.
- Your emotions often lack rationality.
- You occasionally experience unexplained tears.
- Noise bothers you more than it used to. It seems louder than normal.
- You "flare up" at others more easily than you used to.
- You experience unprovoked anger.
- You feel depressed much of the time.
- You find you are more susceptible to pain.
- You prefer to be left alone.

If three or more of the above apply, then read on...

A lack of serotonin causes difficulty in getting to sleep as well as staying asleep. It is often this lack of sleep that causes the symptoms mentioned in the last questionnaire. Serotonin levels can easily be raised by supplementing with the essential amino acid, L-(you can't live without it) Tryptophan. Dietary supplements of L-Tryptophan are banned in the United States. The natural sources of L-Tryptophan include milk, cheese, meat, ham, peanuts, and cottage cheese. All of these are very high in calories and cholesterol content. As a consequence, in order to keep your serotonin supply at a proper level, you must supplement small amounts of

## Boost your Serotonin Level Naturally

food sources of L-Tryptophan with the serotonin production catalysts, calcium, magnesium, and trace chromium. 5 Hydroxytryptophan (5HTP), a form of Tryptophan, is available over the counter and works extremely well for most patients. Start with taking 50 mg 30 minutes before bed. Take on an empty stomach along with 4 ounces of juice (apple or grape). You may need to increase this dose up to 200 mg a night. If you feel

**Serotonin is a hypothalamus neurotransmitter which is necessary for sleep to occur.**

hung over the next day, decrease your dose of 5HTP.

**Warning – a few individuals who attempt to take 5HTP at night will have an adverse reaction. Individuals with a sluggish liver (usually more pronounced in CFS) may have trouble breaking down 5HTP fast enough. Instead of making them sleepy, it revs them up and they become more mentally alert. If this happens, simply take 1-2 5HTP with food 1-2 times a day and discontinue using it at bed time on empty stomach.**

## A Testimonial

I am a chaplain in the United States Air Force. I was diagnosed with Fibromyalgia (FMS) 7 years ago. After nearly 7 years of problems sleeping, I decided I could no longer handle tossing and turning through the night and the psychological stress of facing bedtime wondering what the night would bring. I was surprised by the diagnosis as I thought it was a syndrome that affected only women. I knew something about FMS because my mother was one of the very early diagnoses after the syndrome was identified.

Over the course of the last 7 years my doctors have prescribed many different medications to help me get a good night's sleep. All of them were helpful to a degree or for a period of time. However, none of them allowed me a really deep, good night's sleep and all of them had unwanted side effects. Last year, I told my doctor I couldn't deal with the "hangovers" anymore in the morning from my medications. He suggested I try Trazadone. While this helped me to get into a fairly deep sleep, there was something better to come along – 5 HTP!

I was at my local Natural Food Store one afternoon when I saw a poster announcing that a doctor from Birmingham was going to be speaking about "treating and beating" fibromyalgia at one of our local universities. My first reaction was skeptical. Would it be possible to "beat FMS?" Yet, I figured there may be some new information out there about "treating" it that could be helpful. So, I went.

Dr. Murphree explained how recent research indicated that FMS patients' brains do not create enough serotonin. That intrigued me. I knew serotonin was essential for sleep. Could it be that simple, I wondered? Worth a try, I thought! So, I bought some 5-HTP after the lecture and began taking it according to Dr. Murphree's directions. Within 3 days, I was sleeping as soundly as when I was in college. No kidding!

That was 3 months ago. The deep, sound sleep I now experience has contributed significantly to my physical, emotional, and spiritual well-being. As an example, in the military we are required to do physical exercise (running 1.5 miles) 3 times a week. I could not do this without significant pain that lingered for up to 3 days, sometimes making it impossible for me to pass my fitness tests. This was stressful emotionally as well as physically. Now, I have no pain from exercising. I'm serious!

As a chaplain, I don't believe in coincidence. I believe God made sure I saw that announcement and attended that lecture. Every night I ask God to bless Dr. Murphree in his important work. Because of him I am better able to do my important work... serving my God and my Country!

Father Tim Bryant, Montgomery Alabama

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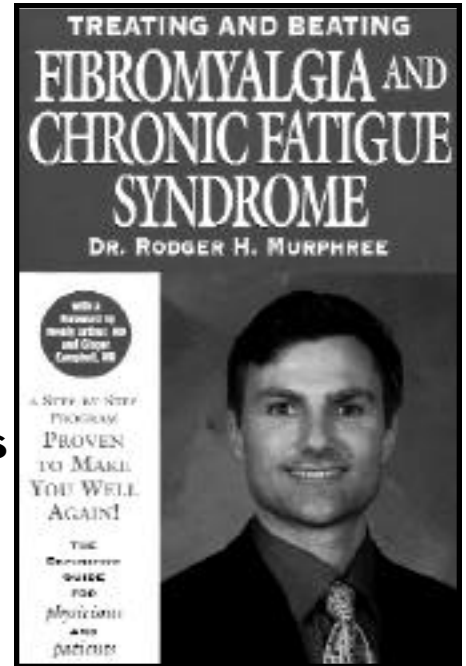
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I receive many letters and emails and really appreciate hearing about your experiences. This is what keeps me going and keeps me excited about helping others. Dr. Rodger Murphree

I started seeing doctors in 1995 and finally in 1997 received a diagnosis of Fibromyalgia, and then in 2002 I received a diagnosis of CFS. Since 1997 I have been on lots of medication that ran me about \$600.00 per month. With my illness I have been in pain all over my body, IBS and severe insomnia due to the pain. In August of 2002 I was placed on disability. I had read lots of books on the subject but it wasn't until I read Dr. Murphree's book that I realized that I could be treated with supplements that were not harmful to my body and weren't as costly. In early 2003 I made an appointment to see Dr. Murphree and since that time my lifestyle has improved greatly. I have been able to come off all medications and with taking his FIB/CFS packages and 5HTP for sleep I am now back to going to gym and yoga classes. After following his procedures in the book regarding my diet I no longer have any abdominal pain and I have lost over 10 lbs, and see daily that I continue to improve. His program and book has greatly improved my lifestyle. I tell others to get his book, make an appointment to see him and he will change their lifestyle like he has done mine.

**Sharon Wilson**

I have been suffering with Fibromyalgia for about 7 years; it actually took 2 years for me to be diagnosed. I saw several different doctors and they didn't offer much help except pills. If it wasn't a prescription it was a lot of tests, everything always showed up negative. This was over a course of 5 years and I had almost given up. I prayed to God to please give me answers and show me what to do. He did! I saw Dr. Murphree on WSFA & knew that I had to see him. He was speaking in Auburn, AL. that night and I called my husband at work and told him about him and we went that night. His lecture made so much sense. I got a copy of his book & called the next day for an appointment. I had read approximately 10 books and Dr. Murphree's book was the most helpful, there

was no comparison. It was very informative and I actually have purchased two to give to friends. I was on several different medications and wasn't getting any better; then I got on his clinical program and I know I would not have gotten better without his help. Within 2 weeks after seeing him, I knew I was on the right track to recovery. I haven't felt this good in 10 years. Dr. Murphree's guidance with the nutritional aspects was wonderful. His approach is so different from other doctors that I had seen; he has time for you, he takes your health problems seriously, I have gotten so much helpful advice from him and not a bunch of prescriptions. I know that the Lord sent me to Dr. Murphree and I thank Him everyday for Dr. Murphree.

**Lou Ann Bryan, Elba, AL.**

I have had Fibromyalgia since 1982, I had seen approximately four doctors and no one had ever heard of it. I was put on lots of medications; Elavil, Celebrex, Toframil, Vioxx, Zanax and nothing ever really helped. I had read several books but none were as informative as Dr. Murphree's. I have referred the book to others, there is no comparison with his and others that I have read, and his is the BEST!! I had been in pain for so long that I just took pain medications and lived with the tears of hurting all day & night. I remember the first day I saw Dr. Murphree I left with tears in my eyes, not because of pain but because I was not hurting as much. Since I have been going Dr. Murphree's clinical program it is the first time that I have been pain free in 20 years. Little did I know that this was only the beginning, I started taking his vitamin supplements and now I will not go a single day without them, they have reduced my pain by 90%. I would just like to say thanks to Dr. Murphree - my life is a lot better now.

**Debbie Hajj, Birmingham, AL**