Finally Hopeful: A Whole-Body Plan to Fix the Root Causes of Your Depression Transcript

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Introduction to Hopeful Depression Care

Some people spend their entire lives dealing with depression and they don't know that there's a way out. Some peoples spend there entire life taking anti-depressant medications and the medications don' t really do a full good job of helping them.

They might still struggle with numerous symptoms. Today, I'm super excited to have the renowned psychiatrist Dr. James Greenblatt with me today on the Thyroid Pharmacists Healing Conversations podcast.

We're going to be diving into the root causes of depression. we're gonna talk about what you can do as an individual, things to discuss with your own healthcare practitioner and how to advocate for your health.

I'm super, super excited. Dr. Greenblatt, he's one of my favorite authors. So his book, Finally Focused is about ADHD that I've recommended to hundreds of people.

book on nutritional lithium, The Cinderella Story, and so I'm super psyched that he's actually coming out with an upcoming book, finally hopeful, the personalized whole body plan to find and fix the root causes of your depression.

Dr. Greenblatt, welcome. It's so wonderful to have you here with us. Thank you, it's great to be with you. Like I said, I'm a huge fan of your work. So I feel like integrative psychiatry is such an underappreciated methodology.

And you've been a leader in integrate of psychiatr for many, many years. I am curious, what brought you from conventional psychiaty to more of an integrated functional medicine route?

Well, actually went to medical school, you know, thinking I was going to cure the world with brown rice and kale. And that was about four years ago. I came out nine years later, a psychopharmacologist prescribing medications for children.

So the educational system kind of wore me down. The approach kind wore down and I opened a practice and started presgiving medicines. A short period, I realized why I went into medicine and also realized that many of the kids I was treating weren't getting better.

And so very quickly, early in my career, almost 30 years now, went back to why went to medicine, trying to understand the relationship between nutrition and brain function.

It was just common sense 30 year ago. I'm just so glad that both the research and our communities are now waking up to this powerful, important fact about mental health and mental illness.

Yeah, it's been really, really fascinating. When I was in pharmacy school, I very interested in mental heath. I actually had somebody close to me die by suicide when I in my 20s, and I feel like they were failed by conventional psychiatry.

From Conventional to Integrative Psychiatry

taking medications made him feel like a fraction of the person that he was. And so he is not willing to take the medications. He was hospitalized for various suicide attempts and there really wasn't a lot of answers.

This individual lived their life in a very, very hopeless state for probably decades. where I feel like the integrative approach and the functional medicine approach really gives people some answers and solutions where perhaps

they thought, you know, being depressed for life or, or psychotropic medications, some of them are very heavy duty medications are the only answer.

I know there is a bit of controversy with orthomolecular medicine, I did a rotation in that when I was in pharmacy school in the Warrenville, Illinois area, and there were, people were being helped by orthomolecular medicine, which essentially is balancing nutrients, yet this hasn't really been accepted by conventional psychiatry.

Do you have some insights on why that might be? Well, I think conventional psychiatry has struggled for hundreds of years. Um, you know, every 25 years we changed the model, but now for at least 50 years, we focused on medication as the answer and, uh, pharmaceutical companies kind of drilled that in and that's the training that everyone gets.

So nutrition affecting mental illness is just not part of the medical culture. And again, it's just common sense. The brain is the most metabolically active organ in the human body.

any nutritional deficiencies would affect brain function, oftentimes before other physical manifestations. But things are changing and the research has proven nutrition affects behavior, diet affects behaviour, ultra processed foods contribute to depression and suicide.

So I'm very excited and hence the name of the new book, Finally Hopeful, that people will now appreciate there is paths to improving depression and coming out of a hopeless depression resulting in suicide.

Yeah, it's really quite incredible. I know I've had some clients who have thought they were anxious and it turned out that they just needed to lower their thyroid antibodies and focus on eating more protein and fat, fewer carbs, and balance their blood sugar.

There have also been some people who thought they were depressed, right, for this was just a part of their personality, who they are. And then getting on a thyroid medication helped them feel human and normal again, I would love for you to share a little bit about the functional medicine model of depression, how you test and how do you treat people with depression.

Sure. I mean, that's probably a six hour answer. And, you know, somehow when we're in medical school, when you take a test, what causes depression? You have to check the box, low thyroid, B12, you know, all these other nutrient deficiencies, hormonal changes, but that's an academic exercise in medical school and clinical training.

There's no concept of what might be contributing to this depression. We see it as a medication deficiency, right? So that the model, that is the training, and the list is just extensive.

I mean, when I do a functional medicine workup, I counted, there are probably 250 biomarkers in some of these tests. So many micronutrients, many hormones, gut problems, significant medical problems like certain cancers.

I mean, the list is long. And, you know, I have a slide I use now, which is, anatomy 101 for psychiatrists is just a picture of a neck. You know we have neck, what happens in the body affects the brain.

and obviously we know what affects, the brain affects the body. So, you know, again, it's hard to go through the whole list. The important point I think is everyone's different and testing, and that's the core of functional medicine, is the only way we're going to determine, do you have hypothyroidism, your expertise, or do have a B12 deficiency?

Why Depression Needs a Whole-Body View

Do you a gut dysbiosis problem? Everyone's different, but all those factors and many more contribute to depression. It's really fascinating because when I used to work in consulting, I felt I worked with a lot of people with mental health issues and there was like psychologists and social workers and psychiatrists and pharmacists, and, you know, primary care doctors, family medicine, everybody was involved in the patient care, but it was as though,

like, we kind of would laugh because the psychologists would almost like cut the head off of the body and they would only focus on what was going on in I remember speaking to one psychiatrist, it was like really drilled into me that afextor can cause high blood pressure.

And I had many clients and patients who reported that. I said, oh, are you seeing a lot of high-blood pressure in patients that you put on a fexter? And he's like, I never checked their blood-pressure.

It's kind of interesting because when we look at the body as we're just looking at a thyroid or we are just at neurotransmitters, or we're just looking at heart health, we can really miss some of these drivers, right?

Sometimes it's like, um, We can just like have this tunnel vision of, of what we are focusing on. And I think like functional medicine, and we kind of take a few steps back where we really think about, okay, what is going on in this person's entire body?

Right? What is within their psychology. What kind of traumas have they had? What diet are they eating? And so on and so forth. I know you look at a person very comprehensively.

So I was hoping you'd help us clarify a little bit more of the dietary, metabolic, genetic, and environmental risk factors for depression. Sure. I do want to comment when you talk about functional medicine, I think too often in the functional medical world, people not trained in mental health do a lot of testing for patients struggling with depression or anxiety, and they just treat the tests.

And I, think it's really challenging and some get better, but many don't. So it is important that I believe one of the most important parts of my assessment is a family history, because mental illness runs in the family.

And to me, a family history is not just asking, does your mom and dad suffer from depression? It's three generations of understanding of this anxiety, addiction, depression, and that helps kind of sort out what micronutrients might be needed and what underlying causes we want to look at.

So a very detailed history, family the biochemical assessment, the functional medicine model, looking at amino acids and fatty acids, and micronutrients and hormones and gut dysbiosis and getting that big picture and understanding that everyone's different.

This is the most challenging because in our psych community, everyone is deficient in a medicine, so there's no concept of why. In the function medicine world or functional psychiatry world, everyone's different.

So testing is the only way we can develop that kind of personalized path. To 10 and 30 year olds with depression, there might be 10 different treatment recommendations, but it's really looking at root cause and it can be used with or without medications.

It doesn't have to be one or the other. Yeah, and I just want to kind of add to that. Neither one of us is saying like you shouldn't use antidepressant medications.

I think they can be part of a plan that can absolutely life changing. But sometimes people put all of their faith in like one pill. And if you have you know, like a B12 deficiency, there's not going to be an antidepressant that's going solve that.

If you have an iron deficiency that is not necessarily going be solved with one type of antidespressants pill and same when you had a long history of trauma in your family and generational depression, anxiety, so on and so forth.

One thing that I thought was really fascinating from your book about lithium, as you mentioned, I believe it was that when you were looking at a patient history, you would look at to see if perhaps one of their parents had an alcohol use disorder, that oftentimes that could point to like a genetic lithium deficiency.

And so it's just really, really fascinating how sometimes that might express in one family member versus another one, because you can have a person that's depressed and another person, and they will have completely different nutrient panels.

They might have different root causes and triggers. Yeah, absolutely. We don't always understand the genetics, but genetic testing is really revolutionized root cause to help us find tune.

But as you said, we've been talking about nutritional lithium. I was reading about it before I became a psychiatrist. And now a recent study published in Nature from a Harvard group identified lithium as an essential nutrient for the brain.

something we've been saying for 30 years, but now demonstrated. And they also demonstrated lithium orotate, the supplement that you and I have talked about can be incredibly helpful both in animal and human studies for the prevention of dementia.

Lithium, Thyroid Health, and Mood

So now that that is out there, everyone's interested in how to use lithium-orotade and how it can helpful. As you described, I found over the years that those with family histories of addiction And we know what that looks like.

If you're family, you know it's not just one individual. It's usually two or three or four. And it could be alcohol, drugs, gambling, any kind of addiction.

I have found that those families likely and clinically respond to just higher amounts of this micronutrient that's now been shown to be essential for brain function.

It's really fascinating. When I was in school, I remember looking at studies of the different communities and they were able to correlate higher rates of suicide in the communities that had lower lithium levels in the water supply, whereas some of the communities that had higher levels of lithium in their water supplies had lower rates of suicide.

It's just really fascinating because it is used in mega doses, lithium is use for people as a pharmaceutical, right? For bipolar disorder, for suicide prevention, but that can have some toxic effects and it needs a lot of monitoring.

whereas the lithium orotate, it's tiny, tiny doses of nutritional lithium. And that can have a lot of benefits without necessarily all of the side effects and consequences that you would get with a pharmaceutical version of that.

Yeah, absolutely. I mean, you described the Lithium in the drinking water affecting suicide rates. So that research has just continued. We have studies now across the globe Japan and Greece and Romania and all demonstrating the same thing, lower rates in the water.

And these are micrograms per liter. But what has also happened is new studies have demonstrated that water-supplied lithium, what we're getting in our diet, also affects dementia rates and aggression.

So the suicides are kind of pretty clear in many years since the 80s. But now there's new research looking at these small amounts of lithium in the water can also prevent dementia.

It's really fascinating and it's just mind boggling to me how it took 40 years for the medical community to at least wake up to now exploring it. Yeah, it's really fascinating.

When I read your book, I was just like, wow, this has so many benefits. And one of the questions I've asked, and I'm sure you deal with this quite a bit, is we know that thyroid dysfunction can lead to mood disorders and so can not having enough lithium.

But then we do know, that lithium can be toxic to the thyroid gland and thyroid monitoring is oftentimes

recommended whenever a person gets put on pharmaceutical lithium, Can you talk a little bit, what's your take on using nutritional lithium for a person with a thyroid disorder?

How would you approach that? Well, the truth, I always tell them to read your article. It was brilliant and well written on lithium and thyroid. So the summary is, as you described, that lithium carbonate used for the treatment of bipolar doses, 600 to 18 or 2400, affects the kidneys and the thyroid and in the kidney Side effects can be quite significant when many people end up with undialysis, needing transplant.

And the thyroid function is hard to predict. Some people do okay, other people develop problems and then people would have to come off the carbonate. So that's prescription medication for bipolar.

For lithium orotate, again, over the years, my doses get lower and lower, and I typically recommend two to five milligrams We see very little changes in thyroid function.

This new study that came out of Harvard Nature magazine showed no changes. In thyroid, function at low dosages, but it's critical to monitor it. And, um, it was one study of people living next to a factory that very high lithium in the water where THS TSH levels did go up.

So we monitor. But it doesn't get in a way of using low dose lithium for some of the preventative mood symptoms or impulsivity or aggression that we might think about using lithium-4.

I think that's wonderful news because sometimes we know that there are a lot of things that might have an effect on the thyroid and they're dose dependent and so that is really great news that can utilize the lower doses, still get the benefits and then of course we definitely want to monitor thyroid function.

This is a big recommendation whenever you're trying any kind of lifestyle interventions, any kind of medications, nutraceuticals, changing your diet whenever you have a thyroid condition, just to make sure that you are on the right track.

And of course, I had an excellent source for that article. So I was able to ask you some questions about all of your experience and had your wonderful book as a resource.

Now, beyond lithium, nutritional lithium which I think is something that's so, so important for many people to look into for brain health, preventing dementia, optimizing their mood.

Can you further explain the gut-brain network and perhaps some of the nutrients like vitamin D, B vitamins, magnesium, how this is all intertwined with depression?

Sure. We could take every micronutrient. You mentioned iron. Iron deficiency is only looked at at certain age groups and usually more women than men. But we can think of iron deficiency.

We can take any micronutrient, and there's a path to depression. And you mentioned vitamin D, I think we just have to take a few minutes to talk about it.

Because vitamin B, is probably the single most inexpensive path, to dramatically changing mental health outcomes globally. Vitamin D is the rate limiting step in the synthesis of serotonin.

Vitamin Deficiencies and Depression

And vitamin D deficiency we know is epidemic, it's global, and the research is so extensive. Depression, anxiety, suicide risk, a study came out last week in dementia risk.

It's just profound and it is simple to replete. But the mental health community is not routinely testing. There are countries where the insurance or the National insurance won't cover for vitamin D testing, but it has such profound implications.

Now, not everyone who's depressed would have a vitamin deficiency. So it doesn't mean giving vitamin B to every depressed patient. It just means if we tested every patient, we are going to see some dramatically low vitamin d levels.

And that patient is going not only benefit therapy will be easier. Medications might work better. but oftentimes the depression lives. So again, we could go through B12 and B1 and iron and magnesium and zinc, and I'm happy to talk about any of them, but there's a path to depression because they're all critical for brain function and why someone might get depressed, you know, due to a B-12 deficiency or vitamin D deficiency, it's lifestyle, its diet, often comes back to genetic vulnerability?

It's just really, really fascinating. I know personally, I can say that I thought I had seasonal depression and it turned out living in Chicago. You know, i wasn't getting enough sunshine and I wasn t getting Enough vitamin D and then I moved to California and the seasonal Depression went away.

i was spending a lot of time at the beach. I live in Texas these days. Yeah, it's amazing when you have your vitamin D levels optimized, your thyroid works better, or your brain works, you'll have less depression.

Then during my last pregnancy, I became very weepy and emotional. I had insomnia, anxiety, and it turned out I have low levels of iron and ferritin. Getting those levels restored, I'm actually feeling very, very calm.

And it just amazes me how many people go their entire lives being depressed, chronically depressed on antidepressants, and they haven't had a B12 level or a ferritin level measured or vitamin D level and tested some of these really critical markers.

So I think it's just something that could be a really big game changer for people. Absolutely. I mean, we see it every day. And, you know, our goal is to try to educate more clinicians.

So when they see a patient struggling with anxiety, depression, they just don't think, therapy and medications. They think what might be contributing to this and start looking at some of these basic tests.

Many people think that it's expensive. It's functional medicine testing. Insurance doesn't cover it. But you just mentioned a few, iron, ferritin, vitamin D, B12, every insurance, Medicaid, Medicare will cover those tests and profound implications for someone's mental health.

Yeah, I think usually you can get that through insurance and some people might have high deductibles and there's like self-order options where you could get them for a significant discount too if you're curious about that.

Do you use any other like fun functional medicine tests like spectrocell or micronutrient analysis tests that you like for finding the levels of maybe like a B1 or a zinc deficiency?

Yeah, I mean, over the years I've settled on a routine set of tests. I look at amino acid levels, fatty acids. And I have been using Genova testing for that.

Crypto pyrrole, and I do look a trace mineral hair testing because to me it's been the most helpful for elevations of copper, which is common and contributes to zinc deficiency.

And the most important tests, as we described, are some of the ones that are Quest or LabCorp that can be routinely checked. Yeah, and you don't necessarily need a functional medicine doctor to order those.

You don t need us super, I guess, experienced doctor, to interpret them. But I will say sometimes The reference ranges can be a little bit, I guess, deceiving because somebody might say like a vitamin D of 30 is normal, but for optimal function, for example, with thyroid and autoimmune, i typically like to recommend vitamin d above 60. Do you find that in psychiatry you have your own reference ranges where you like to see things perhaps in a little different range than conventionally trained doctor might.

Yeah, I've used the term one of the greatest tragedies in modern medicine is the vitamin B12 ranges that are listed in almost every traditional lab. So individuals, depending on the lab, the B-12 levels might be listed as normal somewhere between like 150 and 1100 or 200 and 1,100. And I can't tell you how many individuals over 30 years of practice walked into my office depressed and anxious and said, oh, they had their B12 tested and it was like 230, 272.

and their PCP said it wasn't normal. Cause the lab, you know, didn't flag it. And so we treat everybody with B12s under 500. So I actually agree that vitamin D levels, we like optimized higher than the norm, but the B-12 is clinically significant because people notice the difference, they go untreated.

Because for some reason, the lab slip says B 12 of 250 is normal. And new research actually has demonstrated that there are changes under 500, but the lab's still these very low normals.

It's very interesting because I remember when I first started reviewing labs after graduating from pharmacy school, one of the labs that my patients were working with, they actually had like a little asterisk and it said, we reported these vitamin B12 levels as normal, but just so you know, like B-12 under 300 or 200 is associated with neurological issues.

But they were like still calling it normal and not flagging it. So if you didn't see that asterisk, you would be like, oh yeah, this is fine. And yet so many people can benefit from B 12 injections or sublingual B twelve.

A lot of times people are like, oh, yeah, I'm already taking it. The oral doesn't perhaps absorb as well in some people.

B12, Serotonin, and Antidepressant Limits

And that could be a really big game changer. People are, like I had this tested and they sit around with this test. They're sitting on it and it was low all along and could have been helped for many years if they had known that.

Yeah, absolutely. With B12, we're seeing pernicious anemia, the autoimmune disorder contributing to B-12 deficiency. And you mentioned the sublingual, I just want to kind of emphasize that because somebody who eats an adequate diet with meats and B12, they're not absorbing the B 12, which means taking a pill and swallowing it.

They're unlikely to absorb it, so you either want make sure it's a sub lingual form or an injection. to kind of restore someone's B12 levels. Yeah, absolutely.

That under the tongue gives you a different way of absorbing the vitamins so they don't go through the liver and all the different areas. And so you end up getting that better of a direct access to your bloodstream and they won't have to go to the gut to be properly absorbed.

So that's like a little life hack for people. Okay, serotonin theory. of depression. Now, I've been seeing some news headlines in the last few years that that's been debunked, that serotonin isn't associated with depression, what are your thoughts on that?

I think, like everything in medicine, we kind of go to extremes, right? So I, think the research that got all the headlines is that, you know, seratonin deficiency, is not proven to be depression related to depression.

And that since the 80s, since I finished my training, that's what the pharmaceutical companies embraced. That's why the commercials and the world saw is that you have a deficiency of this chemical and we're going to give you a medicine to support that deficiency.

We know it's not that complicated. Everything we are talking about would make it obvious that it is more than serotonin. But I think by saying serotonin is not related misses, you know, the big picture that there are hundreds of neurotransmitters.

We only focus on a couple of seratonin dopamine. So we have hundreds in neurotransmitter. Serotonins is one of them. They're all related to brain function and they are all required micronutrients for optimal synthesis.

Yes, depression is a serotonic deficiency, but It is one of the many neurotransmitters that we have to address. The important point though about serotonin is for withdrawal syndrome from the medications.

So even though seratonin deficiency isn't the cause of depression, it does contribute to this tremendous problem that you've been seeing for a number of years is antidepressant withdrawal.

Because these withdrawals mess with the serotonin synthesis and serotonin in the brain and then you stop these medications and some people have tremendous withdrawal.

Yeah, it's really fascinating because I feel like pharmacology, I love pharmacologists, sometimes hated, but they try to put things in a category. And for a while it was like, well, every person that's depressed has low serotonin, and they should get SSRI medications that help with that, right?

And then after a While, It was, like Oh, no, wait a minute. And then they said kind of like, nobody has it. But like the truth is, like there's so many different patterns and neurotransmitters that are involved that you can't necessarily completely discount serotonin, right?

And I think the tricky part for me is when you utilize like antibiotics or medications I think a lot of us went to school to try to help people heal. We wanted to change their lives and sometimes you can do that with, you know, somebody's got an infection.

You give the antibiotics for 10 days and the symptoms go away and you're cured and healed with antidepressants. A lot times people would be on them chronically.

for months, it would take four to six weeks for them to get better. Sometimes their suicidality would increase during that time period and some of their symptoms would worsen.

And I think that is one of the drawbacks of, again, conventional approach to psychiatry. But at the same time, you can't necessarily say that they're worthless.

You can I feel like we love to either make things black and white, but the truth isn't necessarily that simple, right? Absolutely not. And that's why I believe there is a role for medications.

But in my practice and in our teaching, wouldn't you want to look at treatable causes like nutritional deficiencies first, optimize kind of the physiology, and then use medicine if it's needed?

And again, I'll go back to family history, three generations of depression, addiction, anxiety. There's something biological going on and sometimes medication can be life-saving, but medicines work better with an optimized nutritional foundation.

Yeah, and that makes so much sense to me. I was hoping you could get into the role of amino acids and what role they play in depression. Perhaps tell us a little bit more of what they are, how we get them, what Sure.

It's one of my favorite questions. So thanks for asking and completely ignored in the field of psychiatry. The neurotransmitters we just mentioned, serotonin, and people know dopamine, norepinephrine, those are built from amino acids, which are breakdown products of protein, right?

Chicken, fish, pea, whatever protein you digest, your body uses acid in the stomach and enzymes from the pancreas to break it down from these big peptides to smaller amino acids.

But you can't make the vast majority of neurotransmitters in a grain without these essential amino acid. And we use the word essential because our body can make it, you have to obtain it from a diet.

So, so much of my practice for the treatment of depression in adults were individuals who were doing the yoga in the morning, eating their perfect, you know, organic eggs in afternoon and their grass-fed meat all day long and doing everything that they were supposed to.

Amino Acids, Digestion, and Malabsorption

But you test them, they do amino acid, fasting amino acids, and they're levels were low. So they weren't absorbing this expensive, healthy protein that we're eating.

And as soon as we help them digest the protein, their depression got better and sometimes often supplementing with amino acids. So I guess the summary is that amino acid are the building blocks of neurotransmitters.

You need adequate amino-acids and everyone's hearing enough on social media, you need to eat protein. But they're not hearing you need to make sure you're digesting that protein.

And that takes hydrochloric acid and digestive enzymes. It's really quite crazy because I feel like a lot of people with thyroid issues, they get diagnosed with acid reflux and then they think they need suppress their stomach acid with proton pump inhibitors and sometimes things like Pepsid or over the counter meds.

And yet, a lot of times they have low stomach acid, and a lotta the research shows they can have little levels of hydrochloric acid or no hydrocaloric acid at all.

And that's so important for breaking down protein, And it's important to extract those amino acids. So, would you say a digestive enzyme deficiency can cause depression?

If you throw in hydrocloric acids, absolutely. I would say Low stomach acid has been the major cause of depression for many patients I've seen. And it actually, many women and many trauma victims, and the trauma was in the past.

So the theory being that the, you know, the sympathetic, they're just in sympathetic kind of overload, that digestive parasympathetic part of our nervous system just kind early on and so that's what fuels the digestive system, helps make the acid, help make digestive enzymes.

So even though the trauma was in the past, they just haven't had the healthy digestion and we see it on these amino acid tests. It's critical that we look at levels of amino acids or to supplement with digestive enzyme with hydrochloric acid.

Wow. It's just so fascinating because a lot of times it's like you think you've got one thing and it turns out you have something completely different going on, especially if you got like acid reflux, thyroid disorder, a history of trauma.

Sometimes it could be, and you're eating all your protein, you are listening to the Instagram influencers, it can actually be like a malabsorption of protein where you not properly extracting those amino acids.

Yeah. No, when you mentioned mal absorption, I think it is important also to mention You know, one of our classic diagnoses for malabsorption of micronutrients is celiac disease, right?

So we have this autoimmune response to gluten. It's well characterized, easy to diagnose. And there are major mental health risks with celia disease. Higher incidence of anxiety, depression, and eating disorders.

And what we see is this kind of global malnutrition, deficiencies of zinc and the amino acids and fatty acids. And once you treat the celiac, they start absorbing their micronutrients and their mental health issues can get better.

Very few mental help professionals even look at celia disease as a contributing factor to anxiety, depression, and eating disorders. I've been in the eating disorder world for 25 years.

major, major contributing factor to eating disorders. When we treat the celiac disease, the mental health issues get better. And again, something that's been in the literature for 25 years, but ignored by clinicians, and certainly there are very few psychiatrists testing for gluten sensitivity in their depressed, anxious patients.

It's so fascinating. I remember working in my early career as a consultant pharmacist, I would work with some individuals that were living in group homes and there was a young woman with a long history of mental health issues.

where she was eventually diagnosed with celiac disease and all of her mental health issues went away. It was just really quite fascinating for me. I think that was one of the things that really opened my eyes to the power of nutrition.

And of course, they've just been opened up again and again to all other things. That, you know, I thought I knew going through pharmacy school and working consulting on some of that client cases with complex, numerous medications and complex healthcare needs is sometimes it's like, okay, we figure out that one nail or tack that's at the bottom of your foot and that is causing you all of that inflammation and causing all those problems.

We remove that and all the sudden your body can heal. Thank you for sharing that because there are patients we've seen with chronic mental health problems, one of the Cases we just wrote up in our newsletter last month was someone diagnosed with schizophrenia.

And now she's completely cured when she found out she was celiac disease and helping other patients with mental health challenges. So it's really important.

Yeah, that's fascinating. I believe this person might have had a schizophrenia or schizoaffective diagnosis as well, which is not something that, you know, according to conventional medicine, it's like you have to be on medication for life and you sometimes have an assisted living if you're not able to care for yourself.

The other thing that I think conventional medicine loves to focus on is cholesterol, and lowering our cholesterol is kind of like the thing we all need to do, right?

We all have high cholesterol. We need take statin meds, but there's actually a mechanism by which low cholesterol, and essential fatty acids, intake can precipitate depressive pathophysiology.

Could you share a bit with us about that mechanism? Because I don't think many people are aware. Yeah, I mean, the simple place to start is the brain is 60% fat, right?

The dry weight of the brains 60 percent fat. It's critical for every aspect of brain function. So what I think everyone is familiar with is and omega-3 fatty acids are good for the brain.

And it's not just what our grandparents were telling us, the research is extensive, overwhelming, low levels of omega 3 essential fatty acid contribute to depression, suicide, aggression, and normalize the levels so symptoms improve.

We have many years of research. What is less discussed But more devastating in my practice is what we call very low cholesterol. These are total cholesterol numbers under 140, often under 100.

Low Cholesterol, Hormones, and Suicide Risk

And if you know any of these numbers, we think of 170, 180, 190 as these normal ranges, and our medical community is obsessed with bringing those numbers down.

If the levels get too low, it's a risk for depression and there's stunning research saying it is a risks for suicide. Now, I don't believe that the statins contribute to that risk of suicide, there is black box warning on statin saying that it does affect cognitive decline and I've seen memory changes and depression of people on But what I'm talking about,

which we see all the time, is some genetic vulnerability to what we call very low cholesterol.

Young adults, total cholesterol is about 100, and they have addiction problems, pretty aggressive suicide attempts, treatment refractory depression. And when we treat the low-cholesterol and address it, oftentimes those symptoms can improve.

That's really fascinating. So what you're saying is that oftentimes, is it a genetic condition? It's not necessarily pharmaceutical or diet induced? Yeah.

I mean, there are different theories as to what might contribute to it. But since we really don't know, I use the term genetic, typically runs in families, but it's hard to predict.

There might be some environmental infectious cause early on, But it is not related to statin and it isn't related as a diet because most of these kids are eating junk.

and fats, but they have this very low cholesterol. And the research has supported my findings and what I've talked to other psychiatrists who do work in hospitals where they see these very little cholesterol and associated with a high risk for suicide.

Wow, that's such an important key consideration. I feel like nobody would really think about that if they had a suicidal teenager to consider that. Were there any other kind of perhaps signs and symptoms that you would correlate to the low cholesterol?

And then how would you treat that, right? I don't think there's any medications out there that increase cholesterol levels that I could think of, but it's been a while since I've been in school.

Yeah, there are no medications. We do have September's Suicide Awareness Month. And we have a course where we discuss this that's free to anyone who wants to look at it at psychiatry redefined.

But the treatment for low cholesterol, one, the awareness that this individual is biologically at risk. Two, we encourage dietary intake of cholesterol like eggs, and then light paces digestive enzymes to help.

And there are cholesterol supplements. Actually, there's one company that has cholesterol supplement. So each capsule is 250 milligrams of cholesterol.

It's the amount of an egg, a good egg. And so myself and Dr. Shah, who started Great Plains Laboratory have been using this sign of Cholesterol for many, many years and have seen pretty significant improvements in individuals.

I think that's something really important for people to consider. I'm going to put a link to the course there, too, in case anybody's interested. Saving lives is never a bad thing.

We hear about celebrities or sometimes it's people that are in our community. We don't know that they're struggling and having a little bit of knowledge at our fingertips, we might be able to help save a life.

With regard to cholesterol, I know it's also really critical for making hormones. And oftentimes we'll see people with thyroid disorders, their cholesterol will actually go up if their thyroid is undertreated.

And it's like the body's way of trying to make more hormones. Of course, hormones are also connected. Can you maybe share some of the connections you've seen with hormones that might affect depression?

Sure. Well, you mentioned cholesterol. I mean, so that's the precursor to every steroid hormone. And, you know, we talk about testosterone or estrogen for testosterone.

So we need cholesterol. You know in my practice as a psychiatrist, I don't do complete hormone panels, but I look

at the precursor molecules. I looked at one cholesterol, so I know low cholesterol that it will affect all the sex hormones.

But I do find that looking at DHEA and pregnenolone Again, the precursor to all the steroid hormones are simple blood tests, inexpensive supplements, and can have profound implications for mental health.

But we know, you know low testosterone can affect mood and we progesterone and estrogen all have a profound effects on our mood. And again, certain times people tested, or physicians might be testing hormones.

But the individual going to a psychiatrist, struggling with anxiety and depression, those are the individuals who aren't aware that hormones might be affecting their moods.

Yeah, it's really quite devastating. I feel like a lot of women going through perimenopause. when they start seeing hormonal changes or women going through postpartum depression issues, sometimes this can very much be a hormonial thing where they might need a little bit more progesterone.

There might be other factors at play too, but this is something that's missed by primary care doctors, by psychiatrists, you know, obese, A lot of times, women do get screened, but then they're not told how important their hormones can be to the whole picture of why they are not feeling well and why their struggling with anxiety, panic attacks, depression, insomnia, so on and so forth.

Yeah, I think as you're describing it, one thing that I'd think about is the complexity of treating mental illness. And it's just much simpler to just write up prescription and then five minutes later see the next patient.

To be able to think about nutritional deficiencies and gut issues and hormone issues, it takes time and energy and since it's not part of our traditional training, you know, often people just don't have that ability to get those resources and that's the tragedy.

Yeah, and you know, it really takes advocating for yourself. Sometimes if you are a family member of somebody that's depressed, sometimes you have to do the advocacy on their behalf, just because they might not be in their right state of mind.

You know especially if it's a younger child or dependent that you or sometimes an older family members that your caring for, you might need to be the one that actually does the research and does advocacy of their And can you tell us more about your book?

Infections, Toxins, and Treatment Tapering

Can you give us the title of it and where people can find it? Because I feel like this is something everybody should read. There are so many people struggling with mental health issues.

They strike. people. I've mentioned a few different times where I was like, sunshine deficiency, postpartum period that you go through life and you might think there's nothing you can do, but there are absolutely things you could do to take charge of your health and to help your loved ones.

Sure. Yeah, the book is called Finally Hopeful. And I think it's really important that people have hope, that too many people with depression have struggled, have given up, on medications, give it up on therapy because they haven't got the results as you shared earlier.

So it's called Finally Hopeful. It'll come out in the beginning of January, probably available on Amazon to pre-order in next couple of weeks. And it just goes through a functional medicine approach.

Many of the things we talked about, testing for amino acids and vitamin D and B12, it doesn't dismiss therapy, doesn' dismiss medicines, but it is just asking the question, If we dig a little deeper and look at root cause, we might improve our current outcomes, which are pretty significantly poor, I guess is the simplest way of describing it.

Yeah, absolutely. I know we're running out of time here, but I wanted to ask Pans and Pandas if there's psychological disorders. If you have thoughts on that, how to best support children that may get into that situation.

Yeah. We know infections in childhood and adulthood are just a rapid path to mental health symptoms. Anxiety might be more common than depression. The pathway is usually inflammation.

So by treating the PANS and PANDAS, mood disorders usually get better. But it's really important to find someone who is experienced in treating infections.

And we can go through many other infections, you know, Lyme, COVID, otherwise, with mental health implications that are not always addressed. Yeah. And I think two environmental toxins, I know you had mentioned Mosaic Diagnostics and Dr.

Shah, and there's mycotoxins tests, organic acid tests. Sometimes they can find some imbalances, perhaps toxins that might be impacting people, right?

Oh, absolutely. I mean, the world of mold and mycotoxin, mast cell activation, people are running around. from doctor to doctor, psychiatrist to counselor with anxiety and depression, and nobody's looking at mycotoxins or mold.

So again, the list is endless. I think the important point is everyone's different, And if you don't test, you really don' know. And it's not in your head.

There's something going on and a functional practitioner can help you dig deeper to look at what's the underlying cause. And then your book has some education about what kind of tests people can do and ask their clinicians for.

Yeah, we're listing names of tasks and supplements to make it a little easier for individuals to get the help they need. Absolutely. Once on anti-depressants, is somebody stuck on them forever?

No, actually, I think one of the better books I wrote was on antidepressant withdrawal. So functional medicine for antidespressants withdrawal absolutely is not a lifelong intervention, it might serve a purpose, tapering off is challenging for some.

And if you understand the role of functional medicine and nutritional depletion, is not challenging to taper off these medications. So I believe the vast majority of individuals can do okay taping off the medications, some individuals need medications and that's okay too if they do need them, right?

Absolutely. And that's, there's no shame and one shouldn't blame themselves for that because they can be used safely. We do it every day. Most underrated nutrient for mental health?

Underrated is probably lithium. Now it's getting pressed the last two to four weeks for these new articles, but it is the most essential mineral for brain function.

You should learn about low dose nutritional lithium, yes. The SSRIs, I think the Prozags, Olavs Lexbros, all the SSRIs, they were the first without significant side effects.

So they're now used very simply and they are used a little too often. And I, think if you come in with any mental health complaint, you're going to walk out with an SSI.

I just think, is overused. Thank you so much. And I would say your book, Finally Hopeful, is going to be written for individuals, and it's going give them action plans and tools that they could use on their own.

Then it is also going giving them information on how to dig deeper with their doctors if they need to. Is that my understanding? Yes. It's kind of modeled after the Finally Focus, so it was written a path that is different than just medications.

Thank you so much Dr. Greenblatt for all of the work that you do to help so many people around the world and for writing the wonderful books that help empower people every day.

As an author, I know how much blood, sweat, and tears goes into writing a book, so we really appreciate you putting that out into the universe for us so that we can help ourselves with our own health and Finally, you know, I know a lot of us have family members, perhaps even if it's not affecting ourselves, that might be struggling with depression and mental health issues, and your books are life-changing for so many people around the world.

So thank you so much for being here and for the work that you do. Well, thanks for having me. I'm a big fan. And I really appreciate the working you're doing.

Let's continue the conversation. Everybody joining. Thank you for joining us.