Is Psychiatry Looking in the Wrong Place? A Radical Rethink of Brain Health Transcript

(Transcripts are generated by AI and may contain errors)

Book Promo and Brain Health Overview

Well, why would psychiatrists be the only medical specialists that never look at the organ they treat? Depression is like chest pain. Nobody gets a diagnosis of chest pains.

Our imaging database is now almost 300,000 scans. So on my computer today, I have 200,00 scans and that's why large-scale studies, SSRIs for depression, work no better than placebo and 22% of the time, we saw evidence of traumatic brain injury that was not reported by the patient.

Well, hey everybody, we're gonna get right back to the podcast, but I wanna share something with you that is very personal. For decades, I've been a practicing neurologist.

I'd been asking a single question, and what makes a good brain go bad? More importantly, obviously, what can we do about it? And that question has led me to write my new book, which is called Brain Defenders.

It's now available for pre-order. And in this book I'm going to take a hard look at where we are today, and offer up some challenges as to where we are today in terms of what we're being told.

You know, despite all the attention on targeting proteins, misfolded proteins like beta amyloid for Alzheimer's, we still don't really have any meaningful treatments for diseases like Alzheimer.

and Parkinson's disease per se. And we certainly can treat symptoms, but as it relates to treating the underlying issue, we're falling short. Many of these approaches manage the symptoms at best, without really addressing what's driving the underlining process.

This science is evolving, what was really exciting is the emerging research on what I've called the microglia. I didn't call it, that's what they're called.

These are the brain's immune cells. When they balance, they are protecting, repairing.

Why Psychiatrists Should Image the Brain

But when they're dysregulated, and we can talk about why that happens, we do talk that in the book, they can drive inflammation and lead to brain degeneration, often long before symptoms appear.

And here's the empowering part. These microglial cells are deeply influenced by your day-to-day lifestyle choices, your nutrition, you sleep, environment.

In the new book Brain Defenders, I share both the science and provide a practical roadmap that'll help you calm inflammation, supportive microglia, and really ultimately take control of your brain's destiny.

And if you pre-order your copy today at braindefenders.com, you can receive some special bonuses like a sneak peek at chapter one, the full glossary for the book, a curated offers from my favorite brain health products, many of which I've discussed here on the podcast, This is a new way of thinking about brain health.

And I truly believe that this book, hopefully, is going to change everything. I can't wait for you to read it. and I think you're going be as excited as I am about the information you are about to receive.

That said, let's get right back to our podcast. Well, hey, everyone, Dr. David Perlmutter here. Welcome again to

The Empowering Neurologist. You know, there are moments in medicine that we've all experienced when somebody challenges the status quo and really forces a new conversation.

I've been trying to do that for an awful long time as it relates to prevention of Alzheimer's, for example. And our guest today has done exactly that, first, psychiatry.

He's Dr Daniel Amon. in the past and he never ceases to bring us new and exciting information from his incredible research, from the interpretation of his spec scans.

And he has spent decades asking a simple but I think disruptive question and that is why are we diagnosing and treating mental health conditions without looking at the brain.

Why are psychiatrists the only specialty that doesn't image or evaluate the organ that they actually treat? Dr. Eamon has been named by the Washington Post as the most popular psychiatrist in America, and I can see why.

He is a former infantry medic and board certified psychiatrist who trained at the Walter Reed Army Center. And he is the founder and the CEO of the Amen Clinics with 11 locations now nationwide.

He and his clinics are the home for the world's largest database of functional brain scans in psychiatry, numbering now more than 300,000 spec scans from patients across 155 countries.

Dr. Amen is deeply involved in clinical work as well as research and has written 12, count them 12 New York Times bestselling books, including Change Your Brain, Change your Life and The End of Mental Illness, He has brought brain health into the mainstream awareness and conversation really in a way that few physicians ever have.

His work looks at things like traumatic brain injury, childhood development, aging, autism, and even the neurological impact of negativity. And of course, how our lifestyle choices impact brain, health, brain functionality, and brain improvement in patients who are experiencing a brain issue.

In today's conversation, we're gonna explore the science and let's face it, the controversy behind the whole notion of imaging the brain in psychiatric care and look at what decades of Dr.

Aiman's data reveal about how our brains change across our lifespan. And most importantly, what can we do What can each of us do to protect and to optimize our brains starting today?

Machine Learning, Autism, and Brain Networks

So I'm really looking forward to rejoining my good friend, Dr. Dan Amon, and exploring his latest research on the use of spec scanning and the brain. So Dr Amin, hello.

Good to see you. Hi, David. What a joy to I want to jump in with an idea that you've popularized, and you said that we should always image before we treat.

You've really made your mark in this world on imaging the brain. And you really have this kind of unique position in the world of psychiatry that, we Should image the Brain prior to treatment.

That's a unique Position that that You have. So why should we image first? Well, why would psychiatrists be the only medical specialists that never look at the organ they treat?

It perpetuates shame, stigma, disbelief, and you miss incredibly important information. Depression is like chest pain. Nobody gets a diagnosis of chest pain.

Why? It doesn't tell you what's causing it, and it doesn' tell what to do for it. You can have chest pains because you have a coronary artery blockage, because your have an arrhythmia, a heart infection, gas, grief, or somebody kicked you in the ribs.

It's not one thing. Wouldn't you agree that giving everyone nitroglycerin for chest pain would be malpractice? I would agree with that, but I'm still stuck on what you said originally, that psychiatrists are the only specialty that doesn't image what they treat.

I've never thought of that before. What a great entree. But yes, you're right. Giving a chest pain nitroglycerin across the board would be inappropriate, that's for sure.

And so imaging then of the heart and the chest, et cetera, would the right thing to do. So why then are you unique in this position? What are psychiatrists missing?

Well, they're missing the brain. You're a neurologist and psychiatry and neurology actually used to be one specialty. Freud was a neurologist. And when they got divorced, neurologists got the brain and psychiatrists, got to mind.

We sort of lost out on it. You really cannot separate the mind from the physical functioning of your brain. what we discovered is that when your brain is healthy, you're much more likely to be happy.

And as you wrote about in Grain Brain is, that if your gut's not right, your brains not, right and you are more like to depressed. You are likely more to anxious.

More likely have ADD. and our imaging database is now almost 300,000 scans. So on my computer today, I have 200,00 scans and if I go, tell me the one pattern for depression, it'll go there's not one patterns.

That there are certain people who have really high activity in their brain and there're certain who really low activity. in their brain, giving everybody the same treatment would be silly.

Traumatic Brain Injury and SPECT Scans

And that's why large-scale studies, SSRIs for depression, were no better than placebo, even though I know for the right targeted person, they can save somebody's life.

So you are directing your interventions based upon what you're seeing on that scan. Correct. Now, the scans don't give you a diagnosis. They will never give DSM diagnosis because the DSm is based on no neuroscience.

But it will tell you, oh, you need to calm the brain. You need stimulate the You need to repair it because it's a traumatic brain injury, or you need figure out what the toxin is.

So those are the four big patterns. Hey everyone, we're going to get right back to the podcast, but I have an important message for you. If you're caring for somebody with Alzheimer's, any other form of dementia, even what we call mild cognitive impairment, maybe you've received one of these diagnoses yourself, Or if you're focused on preventing cognitive decline, I want to speak directly to you for just a moment about some serious research that's going on looking what we call 40 Hertz light and sound simulation.

We've been actually talking about that on the program. Here's the challenge. Not all 40 hertz light devices are the same. Most use what's called stroboscopic light, and that is the type of light that flashes, then you can see the flashing.

And that can cause nausea, it can cost headaches. And if you can't tolerate that, you won't use it. So there is a company called Optosudix. They've solved this problem with a patented technology that still gives you the 40 Hertz light flashing, but through light that looks and feels quite normal.

It's the device I actually have on my desk when I'm working. And that's why this company sees a 94% adherence rate and significant improvements across various metrics, including mood, energy, focus, sleep, and memory.

And the light is called the EV light, EVY. You can use it as I do when you're working on your computer, when your

reading, watching TV, eating breakfast, whatever.

It becomes really part of your day, not just another burden, it's kind of passive in the background. So, I recommend giving it a try for 90 days. And if you and your family don't see value in it, then you can return the device for a full refund.

They cover the shipping both ways. You can learn more about Optosudix at optosüdix.com forward slash pearlmutter. This is a device that really is risk free in terms of getting involved with 40 Hertz stimulation.

Important information. Let's get right back to our podcast. So it seems like psychiatric diagnoses are really symptom-based. You have a conversation with the psychiatrist and she tells you, well, it looks like you have XYZ according to DSM based upon your symptoms, and you're certainly looking at it from a structural functional perspective.

That said, a question comes to mind, which is where most questions, I guess, come to. And that is, would machine learning with respect to all of these countless hundreds of thousands of images that you have, Would machine-learning help you look at trends and be more able to interpret what's going on with how these relate to specific diagnoses or treatment for that matter?

We're so excited. I mean, we've been using machine learning and SPACT for over a decade. is the frontal lobes tended to be hyperactive, the cerebellum tended be less active, and more hyperactivity on the right side than the left.

But when you scan, we've scanned 3,000 autistic people, mostly children, Yes, some people have that pattern, but a lot of people don't. And so you have to image individual people to know what is actually going on with them.

AI really helps us look at networks in the brain. So I think of the Brain and I've thought about this for years. It's sort of like a symphony that yes, it has a lot of individual parts, but it's really how they work together.

Which parts are up, which parts or down, Which Parts are balanced. You know, you're either making beautiful music or you just can't listen to it. Well, it's interesting what you say about autism and hyper-excitability in the prefrontal cortex, right side, because a newer theory with reference to one of the inroads to autism is hyperconnectivity.

Lack of adequate synaptic crooning in a pre-front cortex has been demonstrated in laboratory animals and is suggested in autistic brain as well. And that hyper-connectivity, because of lack of adequate synaptic pruning, would perfectly correlate, I think, with what you're seeing.

So it seems to me that neurologists are all about imaging. And so what are describing seems be representing a bit of convergence then between neurology and psychiatry, as if they should have diverged in the first place.

COVID, Infection, and Progressive Brain Injury

Would that be a fair statement? Yes. And when you see that hyperactivity in the prefrontal cortex, well, we also see with OCD, obsessive-pulso disorder.

One of the hallmark features of autism is cognitive inflexibility, that they like things a certain way. If things don't go a way, they get very angry and very upset.

It's not will-driven. behavior, it's they just can't get out of the loops of thinking because their frontal lobes work too hard. And then if you match that with a cerebellum, so I think the cerebelum is the most disrespected, disregarded part of the brain, even though it has half or more of a brain's neurons.

And when the cerebellum is not right, timing is off. Coordination, but it's not just physical coordination, it is also thought coordination. So this, the frontal lobes are too active and the cerebral is too inefficient or too sleepy It's

really hard for you to be in the world because you get confused a lot.

You know, I recall back in my neurosurgical days that if we had to get into the poster fossa, the cerebellum was kind of just sacrificed because it really didn't do that much.

And I think it's quite clear that things are there not just so we can get rid of them, whether it is the cerebral, metonsals, or appendix. These parts are therefore a heck of an important reason.

I want to go back to your scanning for just a moment. How often do you find trauma? When you're scanning somebody with a mood disorder, for example, how often you actually find that there was trauma, you see evidence of trauma that that patient didn't necessarily report.

So if you go, hey, Daniel, what's the single most important lesson from 280,000 scans? mild traumatic brain injury ruins people's lives and nobody knows it because nobody looks at their brain.

And so I think it's, we actually did a study on this and 22% of the time we saw evidence of traumatic injury that was not reported by the patient. but 22% of the time people had an injury, didn't report it, maybe they didn' remember it.

And beyond that though, I think what you're saying is that this has significance then in terms of what your actually seeing that patient for. Yes, and what I discovered is you have to ask people 10 times whether or not they had a brain injury.

So if you see evidence of it on a scan, It's like, well, have you ever fallen out of a tree off a fence, dove into a shallow pool? Have you had a concussion playing sports?

have You've been in a car accident? And you just can't believe the number of people that go no, no no. Oh, the first time this happened to me, someone said, oh, I was seven years old and I fell out a second story window.

It was unconscious for five hours. And that might be why they don't remember it. How did you forget that? It's like, or they fell out of a moving vehicle going 30 miles an hour or there in a head on collision.

Your brain, as you know, is very soft about the consistency of soft butter. You're skull is really hard and has sharp bony ridges. Um, It just is so bad, which is why I did the big NFL study actually when the NFL wasn't telling the truth about traumatic brain injury in football and high levels of damage.

So I published my first study in the journal of neuropsychiatry on a hundred NFL players, high. Levels of. Stop saying you don't know what's going on.

Cause that was their position in 2009. But 80% of my players get better when we put them on a rehabilitation program. Now this is really important because the messaging around CTE or chronic traumatic encephalopathy is wrong and it mostly comes from Boston University and mostly from neuropathologists and the messaging is CTE is chronic progressive and untreatable and that you can't see it until the person has died because it's an autopsy based diagnosis.

Brand new textbook neuroimaging brain or imaging brain said you can see it on a spec scan. You can it see on tau related PET scan and I'm very excited because we clearly saw that these were traumatic injury brains but 80% of our people get better.

Neuroplasticity and Brain Recovery

So if you put them on rehabilitation program early, as early as possible, healing can take place. Now, it doesn't mean football is not a brain damaging sport.

Of course it is. But if you're going to play, you should be rehabilitating it all the way along. Maybe I should ask this question earlier. What are you actually imaging?

What is your SPECT brain scan actually looking at? Why does it light up in certain areas? So spec single photon emission computed tomography is a nuclear medicine study that looks at regional cerebral blood flow, but also mitochondrial function.

49% of the radiopharmaceutical is actually taken up in the mitochondria in the brain. So you're really looking at metabolic activity. It's not like an angiogram looking in blood flow.

and areas of the brain that are high in activity. So for example, when COVID came to us, I had many patients that I'd already scanned, they got COVID and they became more anxious or they become more depressed, or in some cases they came psychotic.

And when I would image them, it was very clear COVID caused an inflammatory bomb that went off in the limbic or emotional circuits of the brain. And if you get COVID, that in next six months, you have a 25% increased risk of having a new onset psychiatric illness.

And that, you know, one of the other big lessons I've learned is infectious disease is a major cause of psychiatric problems. And nobody knows that because most psychiatrists never think about it.

So they don't think, oh, COVID could have caused this or herpes could cause this, or toxoplasmosis, which one are the worst things for the brain. It's the parasite you get from cats.

And it's like, when you look, it opens up a whole new world. Like, you actually have to remember medical school. Because, oh, DSM, your depressed, take an SSRI, have ADHD, and take a stimulant.

It's way more complicated than that. Chronic Traumatic Encephalopathy isn't considered a viral or infectious event. It's a multiple traumatic event, why does it progress?

What can you tell us looking at these scans in those of your patients who are worsening with time, what's going on? Is it related to the mitochondrial dysfunction?

Yes, but it's also related the cells, your neurons that are repeatedly injured and then the tau proteins break through the cell membranes causing an inflammatory response that seems to be progressive.

And then because you've damaged in large part the prefrontal cortex, so 91% of our NFL patients, they've had damage to their prefrontal cortex, their decisions start to be a problem.

So they end up overeating, the end of drinking more than they should. They make bad decisions, are under chronic stress. And so you see this cascade of both physical and mental health problems that lead to bad decision, which lead more health problem Now, are you able in any way to predict whether an individual is going to be responsive to a particular intervention based upon a scan?

Yes. So if your brain works too hard, you're going respond to calming treatments. And a lot of people don't know SSRIs, serotonin is an inhibitory neurotransmitter.

So, you know, I could show you scans, and you would go, oh, frontal lobe's way too active.

Metabolic Health and Brain Aging

That predicts a positive response to an SSRI. But if they had low activity, it predict a bad response, to a SSR. So we, think of the scans like a map.

You've heard a set of pictures worth a thousand, words, but a map is worth a thousand pictures. A map tells you where you are and gives you direction on how to get to where want to go.

If we see a traumatic brain injury, we're likely to put you in a hyperbaric chamber. if we an infection or toxicity,

We're going to find out why. Now, it could be you're a drinker and you need to stop.

The scans often act like an epiphany. I have this great case as public knowledge, Jonathan Cain is one of the band members for Journey, the rock band Journey.

And he was drinking two bottles of wine a day. He has one at the E4 genes, had a grandfather with Alzheimer's disease. he saw a scan, which was damaged and he stopped drinking that day So the scans are often very good at being an intervention.

You've written in your books quite a bit and even PBS specials about the notion that we can change our brain. So first, what do you mean by that? We can't change your brain and then we're going to talk about how do we go about that.

When I was in medical school, likely you too, we were taught that once you heard the brain is not coming back. And I think the most exciting thing in neuroscience the last 30 years is this concept of neuroplasticity, that you're not stuck with the brain you have.

And every day you can make it worse or you could make better. And there's evidence that the hippocampus actually produces about 700 new stem cells every-day.

My 22-year-old daughter, if she's being good to her brain, she'll incorporate those into her bigger brain At 72, I'm less likely because as you age, you have less blood flow.

And so the hippocampus is not going to be as healthy. Now you're not stuck with that, right? If you are serious, like both you and I are seriously about our health, You can still grow or stimulate or create healthier brain tissue.

I am endlessly excited. about that. And I've done thousands of before and after scans. So actually, Mel Gibson was on Joe Rogan, and I had no idea he was going to do this.

He talked about coming to see me. I said he had the worst case of PTSD I'd ever seen, which is not true, but it was terrible. It was after all the sort of public shaming he went through.

But doing the treatment that I recommended, which included supplements and hyperbaric oxygen, his brain dramatically settled down. And he said, I used to be in my animal brain.

A what? And he's like, well, now I'm not. He said, and that's a very bad place to be in your animal. Yeah, or reptilian brain. Now he is back into his prefrontal cortex.

So you're actually able to image changes in the brain when people begin to engage important lifestyle changes like sleep, exercise and eating right? Absolutely.

That your brain goes from unhealthy, what we call scalloping, or instability in the cortex where this is very uneven. And when John Cain stopped drinking a year later, his brain's dramatically better.

that's a powerful message right there. I mean, for our viewers, I am asked this on podcasts time and time again, is it too late? I mean, when do you know it's too later?

And I think what you're saying is giving people a lot of hope that you are actually seeing positive changes on brain scans, which I'm certain correlate to cognitive testing and other markers.

Hey, we're going to get right back to the podcast, but I do have an important message. For decades, we've been told that our genes are basically our destiny as it relates to health and that everything's locked in place, predicting even our future brain health.

But let's be clear, your DNA isn't a verdict, it's a roadmap. And I'm talking to you today about 3X4 genetics. I

actually described them in the new book, Brain Defenders.

Stress, Negativity, and Hope

This is a committee that helps you understand your genetics, what you've inherited, and I think more importantly, how your daily choices can influence how those genes are actually expressed.

In other words, how you can control your own genetic expression. And that matters for your health and it really matters to brain health, including things like memory and mood and cognitive resilience.

You may carry genetic markers associated with cognitive decline, like as we've talked about APOE4, but possession doesn't equal expression, your lifestyle, you're nutrition and metabolic health.

All the things that we talk about here on the podcast can powerfully influence which genes are turned on and which stay quiet. The 3×4 genetic test looks at how your genes impact brain function at a cellular level and, which then, through the 3X4 health journey, guides you through a clear and a science-backed program focused on inflammation, methylation, oxidation, oxidative stress, things that we routinely discuss here on the podcast that are the key drivers of basically what makes a good brain go bad.

And we have spoken with the team at 3×4 Genetics and they were able to get a special offer for our podcast community. So head on over to 3X4Genetics.com 4 slash drpearlmutter and get that special off and start really your personalized brain health journey today.

Let's get your genes working for you and let's go back to the podcast. when people finally decide to make those important changes. So you're actually able to image the improvement over time when People adopt this meaningful program.

It's so exciting. I mean, it's the thing that drives me every day because if with a better brain You're a Better Husband With a better brain, you're a Better CEO, You're better employee.

You are better at managing your money. Your much less likely to file bankruptcy. It's your brain works right, your work right. And when your Brain is troubled, Your are much more likely To have trouble in your life.

We talk a lot about the impact of metabolic health in terms of brain degeneration, risk for Alzheimer's, et cetera. Are you able to correlate general metabolic-health parameters with what you see on the scan?

I published these studies on 33,000 people. As your weight goes up, the actual physical size and function of your brain goes down, which should scare the fat off anyone.

and scared it off me. Like, I come from a family of overweight people, and I sort of always had trouble losing that 20 pounds. And when I figured this out, it was 2009, a paper from the University of Pittsburgh came out looking at MRI scans on people who are healthy-weight, overweight, obese.

And the people who were obese, they had 8% less volume in their brain. And their brains look 16 years older than healthy people. I went, absolutely not.

a healthy weight, which I've kept since then. And then I looked at my database and there was a linear correlation to weight and blood flow. I have an acronym I like.

Maybe we've talked about it before called Bright Minds. You want to keep your brain healthy or rescue it. you have to prevent or treat the 11 major risk factors that steal your mind.

and bright minds that D is diabetes, which is having a high blood sugar and or being overweight. Both of them are a disaster for brain function. And those are variables over which we have control.

What about chronic stress? People talk about it. Are you able to see on your images findings that correlate with chronic? I mean, cause you know, you look at the work of Robert Sapolsky so many years ago, looking at.

The effect of chronic. On the size of the hippocampus, for example, what are you finding? So we actually published three really important studies in the last two years.

one on adverse childhood experiences, and as that number goes up, your limbic brain becomes overactive. It's very interesting. And it really takes on a pattern that's consistent with what we see in post-traumatic stress disorder.

Even though it's different, you're A score adverse-childhood experiences doesn't necessarily give you PTSD, But you certainly had plenty of trauma. We then published a study on negativity and negativity is just bad for the brain.

It goes with low activity in your frontal lobes.

Volunteering, Kindness, and Psychedelics

And now we have a new study and hope and low hope actually looks like negativity, especially in one of the most interesting parts of brain called the insular cortex.

that low hope goes with dramatically low activity in that part of the brain, which increases your risk of suicide. We're actually working on a suicide prediction model based on imaging, and it's low frontal lobe activity and low insular cortex activity.

So negativity, chronic stress is really bad for your brain. And I teach all of my patients positivity bias training, start every day with today is going to be a great day.

You have to train your mind to look for what's right rather than what is wrong. And when you go to bed at night, what went well today? And just that one exercise, if you're serious about it, If you meditate, not just on three things you are grateful for, but what really went, well, today.

And I got to see you and you, and our friends and I adore you. and that'll show up tonight in my highlight. I feel it. It's showing up in the hippocampus right now.

And learning how to combat that negativity, we're doing this great firefighter study right now. We scanned and treated 100 firefighters. This is after the LA fire disaster.

And the thing that's been really consistent as they finish treatment is their negativity score goes down. And that makes me really happy for them because their relationships are going to be better.

Their work performance will be. There is some indication that volunteering is associated with increased size at the campus. Do you ever look at that or recommend people engage in volunteering?

And have you seen any data on your scans? So I'm part of May 16th is Good Neighbor Day. And the group that is putting it on is part America 250. and they're starting a 250 million acts of kindness challenge.

And I'm very excited about this. And, I know the research on volunteering grows your hippocampus and older people as opposed to the control group. This was the Baltimore Longevity Study.

The control groups, their hippo campus kept getting less active or, you know, less volume. Uh, the volunteer group actually reversed it. And one of the reasons for the mental health crisis in the United States, part of it is social media.

And it gets you to think too much about you. There's a part about the brain called the default mode network, and the posterior cingulate gyrus is often referred to as the self-referential It's the part of your brain that criticizes you, that sees the errors in your life and the areas of other people.

But when you volunteer, when do an act of kindness, not for yourself, but for someone else, it actually turns it off. because you're not thinking about you.

You're thinking… about other people. And so interesting, psilocybin turns it off, and I'm very anxious about the whole psillocyban thing. We can talk about it, but I have a feeling it's gonna go the way of opiates and marijuana and alcohol.

Oh, we're so excited about, it it good medicine, yet they're… mushroom parties. coming up on every college campus, and people are going to the emergency room with psilocybin psychosis.

So I'm anxious about it. But kindness has no side effects. Well, I would say we're all aware of the recent White House push for Ibogaine research for PTSD.

And that is indicative of a fact that the door has been opened for psilsocybing research. But to be fair, I think the psilocybin research as of late is showing some positive possibilities as it relates to treating mental health disorders.

And I'm just wondering, is there any imaging that you're doing in relation to that or seeing individuals who are using hallucinogens and what are you finding?

So I actually have Ibogaine scans before and after, and just like we talked about, it drops the default mode network. And that can be really helpful if your brain gets out of the loop of chronic negativity, but it doesn't make your mind look healthier.

If anything, It makes your brains look unhealthy. Now, from the blood flow perspective. Yeah, I'm one of my patients who his brain was really damaged when he came to see me.

Pain Circuits and the Doom Loop

It was better five years later. And I was so excited. And then he told me he was going to do Ibogaine because he is researching it as part of a documentary on addiction he's doing.

I wasn't happy about it because I felt like he would mess up the artwork that I helped him create, healthy brain. In fact, it settled down that area of the brain, but his whole brain looked terrible.

And I'm, so as a scientist, curious about it, but I am very worried about. Do you remember when marijuana was being legalized everywhere and people are like, there are all these studies, it's good medicine, It's innocuous.

And unlike, But you haven't seen the marijuana scans. and now I think the Marijuana thing is a shit show. Yeah, and I'm gonna agree with you. Actually, a study came out last week looking at adolescents who smoke and found that on cognitive testing, the group that tended to smoke more were higher level cognitive function to begin with, which was a bit odd.

But nonetheless, what happened was brain development plateaued as opposed to continued during their adolescence. It was very striking and they called to attention the idea of what THC does in the brain and the fact that the THCC content of kids are smoking these days is so much higher than it used to be back in that day, as it were.

But I hear you. I am very concerned about it. You know, I feel like I've seen this party before, that when I trained at Walter Reed in early 1980s, Benzos were mommy's little helper, and I was taught to use Xanax actually at fairly high doses.

And as soon as I got into private practice and started looking at the brain, I completely stopped using Benzos because once you start them, people won't stop them and they make your brain look like you're a drinker.

Now we know they increase the risk of dementia. Then in the early 90s, my first clinic was outside the Napa Valley

and alcohol is a health food. You should have two glasses of wine a day, which Now we know is a complete lie that alcohol is associated with an increased risk of eight different kinds of cancer, and it disrupts sleep.

And then it was, well, pain is the fifth vital sign. You're a bad doctor if you're not prescribing opiates and that didn't turn out well and then marijuana.

So I just feel like the psilocybin thing, even though marijuana for some people is life-saving and psillocyban may well be or ibogaine may will be, but it's the messaging that goes along with it.

This is good medicine. So my 22-year-old daughter says, Dad, they're not drinking anymore. They're doing mushrooms. I like the first part of that statement because I've really noted that there's been a significant drop off in younger people in terms of alcohol consumption.

I don't know what they're substituting for it with rather, but at least the alcohol consumed as a neurotoxin is reducing. Tell us about your latest book.

So I have a new book, Change Your Brain, Tend Your Pain. talk about the pain circuits in the brain and how chronic pain often gets stuck in your brain.

And if you really want to be out of chronic, pain, you have to get your brains healthy. The star of the new book is the doom loop. a pain for any reason which activates the lateral feeling pain circuit which is your thalamus and parietal lobes.

So pain, for ANY reason. And it can be emotional pain. It can also be an attachment loss that will activate that circuit. but then in turn it activates the medial pain suffering circuit.

And that's the one that smears pain with fear and dread, which then leads to an invasion of what we call ants automatic negative thoughts. which then go to nervous tension which escalates the brain which goes to bad habits and you end up in this doom loop that perpetuates itself.

So if you've been in pain For more than three weeks, it has changed the circuitry actually in your brain and getting your brains healthy. And in the book, I talk about a healing loop on how to quiet these circuits.

One of the most interesting, did you ever read the work of John Sarno? Yes, of course. So I love Dr. Sarno's work and he talks about goodness, so I'm a goodist, and good people tend to have more pain because they suppress the rage that they feel.

And so part of the book, Pollyanna, had to make friends with Hannibal Lecter that you need to find a way to get the rage out. And I talk about a treatment that I'm very fond of called ISTDP, Intensive Short-Term Dynamic Psychotherapy, which is basically a rage therapy and how to get in touch with the things that have really made you furious that you have suppressed because you believe those feelings make you a bad person.

Daily Brain Health Habits and Closing Thoughts

And getting the rage out often will quiet the suffering circuitry in the brain and help you not live with chronic pain. Dr. Amen, if somebody wants to improve their brain today, what's the one most important thing they can do?

So ask themselves this one question. We're actually working on a national brain health revolution campaign, very excited about, want your help with it.

But it's one questions, is what you're doing now good for your brain or bad for it? And does it make the world a better place? If you can answer that with information and love, love of yourself, of your family, love of the reason God put you on earth, your brain is going to be better.

Dr. Amen, can you actually reverse brain aging? And if you can, what's the most powerful tool? Yes, absolutely you

can. Avoid things that hurt it, drugs, alcohol, being sedentary, and walk like you're late.

Dr. Amy, what's the one simple thing people can do every day that they tend to overlook that's really good for their brains? Flossing. Peridontal disease is a disaster for heart health, but also brain health.

Floss like, you mean it. So flossing is brain exercise. Dr. Amon, does volunteering help the brain in any measurable way? It's been shown to increase the hippocampus, one of the major memory and mood structures of brain.

Volunteering also helps quiet the critic in your head, known as the default mode network. Get outside of your hat and into being helpful to others, dramatic positive benefits.

Dr. Dan Eamon, I'm grateful for a couple of things. Certainly grateful that you shared your wisdom with us today. I am grateful, for our decades of friendship and with you and your wife and all of the wonderful things that, you've taught me over many, many years.

So thank you for, spending time with, us. Well, thank, brother. Well, that was certainly enlightening. I look forward to time I get to spend with Dr. Amen.

And you know, what makes having conversation with him so compelling is not just the breadth and scale of his work, but the shift in perspective that it demands of all of us.

If there's one takeaway, it's this, and that is that mental health is brain health. and the brain is far more dynamic and adaptable and responsive to our choices than we've been led to believe.

That's really very important. We tend to think that we can live our lives however we choose and that our lifestyle choices will not be reflected in our brains, but that is not reality.

The upside of that mentality is that when we make the right lifestyle choice, we could see improvement. And whether you're going to agree with every aspect of what Dr.

Eamon spoke to us about today, he has undeniably pushed this field to reconsider these long-held assumptions about the brain's lack of ability to improve, for example.

He's brought visibility to the idea that structure and function as it relates to brain matter. We recognize that in neurodegenerative conditions, but he's bringing it to field of psychiatry.

Things like lifestyle, previous trauma, nutrition, sleep, and even thought patterns leave what he describes as measurable imprints on the brain And that's where this conversation intersects so powerfully with the themes that we've been exploring for quite some time here on this podcast.

Well, I appreciate the fact that you joined us today. I hope you learned a lot.