Introduction to metabolic psychiatry

There's all these different mental health diagnoses, right? We've got depression, we've got bipolar, schizophrenia, OCD, ADHD, you know, all these are manifestations of the same problems in the brain.

We've got insulin resistance, we've got mitochondrial dysfunction, we've got inflammation, oxidative stress, we don't have enough BDN. So any intervention that's going to help with all of those things can pretty much help with all these different manifestations.

Hello and welcome to the podcast. This week we feature Dr. Matt Bernstein. He is one of the leaders in the space of metabolic psychiatry. Now this is a growing movement where psychiatrists and other mental health professionals are learning to use ketogenic diets as adjunct to their work.

and ultimately we see that this is really taking off. In this podcast we talked about his own story of how he became passionate about functional medicine and also about metabolic psychiatry, how he sees the new food pyramid in that context, and the hopes of this becoming more of a standard of care, how patients are adapting to it, and how psychiatrists and other mental health professionals are adapting to it too.

And also some of the connections between this and the world of cognitive decline. It was a really impactful half an hour. Enjoy. So a warm welcome to the podcast for the first time, Dr.

Matt Bernstein. Welcome, Doc. Thanks for having me. Glad to be here. Really excited to have you on the Evolution of Medicine podcast and we've been talking about brain for a little while and this is actually the year of the brain, 2026, and there's so much happening in the space.

I'm very familiar with your work and I just feel like we wanted to have a conversation about this emerging field of metabolic psychiatry because I've started to see it everywhere.

I'm not sure if everyone else is like that or maybe I'm just in the world, but it's exciting to see it, you know, popping up and I know you've been at the forefront of it.

Personal story and PANS diagnosis

So, you know, for the last 12 years, as I've met doctors who get into functional medicine or do things differently, I know there's typically a story of where you sort of had to go one way or the other, keep going the conventional way or take a different path.

And I know you have a story like that in your own life. I do. I do. Yeah. It happens to be my own family, my sons. I have three boys and two of them about nine years ago had an abrupt onset when they were ages 12 and 14 of just massive neuroinflammation to the point where they were having all kinds of mental health symptoms, but also cognitive symptoms.

They couldn't They couldn't read, literally. I mean, these were kids who are starting off, you know, straight A students and sports and music and friends and, you know, they're really doing well.

And almost overnight, they got to the point where they could not function at all. And that really, you know, was devastating, blew our minds. Traditional mental health treatment did not help them at all.

In fact, made them worse, which was hard for me to accept because at the time I was one of these medication psychiatrists who was prescribing a lot of medications.

I had worked on an inpatient unit and work with people with serious mental illness, but it was true. No, I wouldn't treat them myself, but we were taking them to really, really good people that we could access in our area and they were confused.

They couldn't figure out what was going on either. Eventually we sort of figured out that there's something more going on here. This is not just. some standard situation, eventually got a diagnosis of PANS, which is pediatric acute neuropsychiatric syndrome.

It's sort of the inheritor of what used to be called PANDAS, which is really dealing with strep infections and autoimmune encephalitis from strep infections.

In this case, it can be from other things, other types of infections, other toxins can cause this sort of massive neuroinflammation. which is what we were dealing with.

And eventually we found our way to practitioners who could help them, but years into it with very aggressive treatment for infections and toxins and helping their brain supportively.

So it was a real education for me to realize that the way I was doing things, not only couldn't help my kids, but was making them worse. And I started thinking about all the other people that I treat where, you know, some version of this was going on where we're not doing a deep enough medical workup.

We're not figuring out the root cause and we're just, you know, giving them these strong medications that affect neurotransmitters, but aren't really dealing with the root cause of what was going on for them.

Man, that's such a, it's such a like heartbreaking, but also really common story in our world of like that actually it has to happen to your kids to see that.

How did you find the juxtaposition of your medical training and your like father's intuition here? Yeah, it was tough. I think I credit my wife, who's actually a, she's a psychologist, you know, not medically trained, but also deals with mental health.

She was seeing it before me that like, you know, this, what we were doing was not working and we need to really start thinking outside of the box. You know, she was thinking that way just a couple of months into it where it took me a little longer to get there.

But once I did, I mean, I was like, once you see it, you can't unsee, you know, these things, you know, you just, now you get it and you realize. what we're doing in the standard practice, just we're only at the tip of the iceberg here.

I'm wondering if there's a corollary here because I've been interested in this brain work for more than a decade, but it really came home to me when my father got a cognitive decline that happened so rapidly.

And the doctor, Dr. Burke, who I consulted about it said, look, if it happens that rapidly, it has to be an infection. Therefore, you should look for an infection if it's not an infection.

Obviously, you should look for mold, and I'm wondering with your kids whether it's the same kind of thing. If it happens that rapidly, is there any other mechanism that can do it outside of an infection or an acute toxic influence?

It seems like it's a likely corollary there, right? Yeah, of course. And now that we understand it, of course, you can really see the acuity of onset.

And that's one of the diagnostic criteria of pandas, actually, is abrupt onset, almost as if it happened overnight. And sometimes that's because there's a recent infection, but also autoimmunity kicks off like a wildfire, and it just takes off.

Sometimes it's more subtle, a little more subtle, and it doesn't have to be exactly overnight because, you know, it's using the sort of, you know, the bucket analogy that a lot of people use.

Eventually sort of the bucket overflows with things and the body can't handle it anymore. And then things start falling apart, you know, just insult after insult after insult.

Eventually it overflows. Just wanted to take a moment to thank our mission partners for helping bring this podcast to you. As you know, we are in the business of building a network of clinics that can reverse cognitive decline and our partners in that are organizations, you can find out more if you go to goevomed.com and look at the mission partners.

From functional medicine to ketogenic psychiatry

But first and foremost, Truenura. If you go to truenura.com, you can get a demo. This is the underlying software that will connect this network of clinics and we have an incredible mastermind session, a lot of cool stuff coming out of that company.

You can see here, Fullscript, thanks to Fullscript, we have a very exciting challenge coming in the month of February. with Fullscript where we're going to help you take advantage of the tools that they have to compete with things like ChatGBT and Function Health.

It's going to be awesome. Go to goevomed.com slash Fullscript. Big Boost Marketing. If you need patients for your clinic or if you have any marketing needs, goevomed.com slash Big Boost is our premier supporter in that world.

And then please also check out Freedom Practice Coaching. Seth Conger is going to be on the podcast very soon, built and scaled a very successful brain health practice and has been instrumental in helping practitioners with the non-clinical aspects of running a practice doing this.

These are our mission partners. These are people that I know well. These are people at the top of their sphere and really excited to bring you the rest of the podcast.

Enjoy. Awesome. Well, thanks for sharing that and I appreciate that. Obviously, you hope that your learning of it and your understanding is now impacting the lives positively of so many people because of this journey that you've been on.

So tell us a little bit about the journey to end up being a leader in the metabolic psychiatry space and the pathway from there and your learning journey.

Yeah, yeah. So, I mean, we were obviously learning all this functional medicine during this time our kids were getting those treatments. Every time someone talked about a new diagnostic test or a new treatment, I was learning all about it.

So, we were getting really steeped in all of that. And around the same time, you know, when my kids were really not doing well, I heard the lecture from Chris Palmer at McLean where I was working or had worked and I still would go back for these grand rounds lectures.

And he was talking about reversing treatment resistant psychotic disorders with ketogenic diets. And it blew my mind because I mean, at that point, my mind was already opened up to root causes and thinking about what the root causes of things were.

And just fixing metabolic health in the brain could take someone who had been psychotic for 50 years and was on the strongest antipsychotic medication that exists clozapine and was still psychotic.

And a few months on a ketogenic diet, all of that reversed and was not psychotic anymore. Could taper off of that medication and never got psychotic again for the next 10 years of her life.

When I heard that story, I was absolutely blown away. I think I always joke that I think I was the only one in the audience that actually believed what he was saying.

I think the rest of the audience sort of said, Oh, that's a nice story. And just sort of walked on. You know, there's like, that's impossible. It's a nice story, but it's impossible.

But I was ready to hear it. And so that really lit the fire for me at the time. Was we were so deep in taking care of our kids. I was not able to sort of bring this into my medical practice right away, but I sort of filed it away.

As soon as my kids started getting better, I realized like, okay, this is a really powerful tool for mental health and brain health that I need to start figuring out how to bring to all the people in my practice and spread the word about how powerful it is.

So what's been your journey thus far? Like how long has it been? What have you been doing? How did you bring it in? How did you start? How do you deal with the like other practitioners that you work with and they're probably, they don't have the same, you know, push to find it, right?

Yeah, absolutely. So, so at first I just started talking to outpatients of mine that I'd worked with for years. This is about five years ago and started trying to convince them.

to start, let's look at, you know, doing this dietary change. Can we, can we think about starting to make some ketones, which, you know, in mental health, it's really, there's a lot of things that are powerful, but that's really one of the most powerful things that you can do.

And so I started convincing people one by one, you know, And at first, when I started talking about it, they looked at me like, are you the same doctor?

Are you the same guy? I've known you for years. Why are you talking about nutrition? And it took a while sometimes to convince people. But when I would convince them and they would start doing it, first we would start with just low glycemic index eating and then maybe do a little fasting, add a little MCT oil.

And people would invariably come back to me and say, what was that? My brain turned on, you know, that's incredible. So, you know, started having success with people in that realm, brought it to the company where I was working, which is called Ellenhorn.

We're a psychosocial rehabilitation program where we take people with, you know, complex conditions and try to get them back into the community. So I started doing it in that setting, but it's a company and it's a program that's not designed around metabolic health.

It's not designed around functional medicine. So it's, you know, it would be an add on. And for some people, it wasn't enough. It wasn't immersive enough to really make these behavioral changes.

You know, it's not, it's not easy for anyone to do this. Who's got a brain condition where, you know, we're focusing on their brain for a reason and their brain isn't functioning optimally.

So making all these behavioral changes is often very hard, but eventually I decided we should open up a separate freestanding program. That's just about metabolic psychiatry.

So about a year and a half ago, we opened up. Accord, ACCORD, which is a little program that we have outside of Boston where people come from locally, but also from all over the country.

We've had people come from all over the world to get this immersive metabolic psychiatry program where we're doing the ketogenic diet with a dietitian and a chef, exercise with a personal trainer, mind, body practice, mindfulness, and circadian rhythm work at the same time.

Building an immersive treatment program

And so all of that at once, and we can really get some traction with almost anyone, no matter how long they've had their mental health condition, no matter how severe it is, we're able to really get some traction if they're willing to come and do it.

Yeah, I love that. I guess you're going through this process now where you're seeing these kinds of outcomes. You've had this push from the universe to get into it and you're doing it now.

How does it look when you now reflect on the medicine that you used to practice? Yeah. And I still do a little bit. I haven't like completely shed the trappings of some of the other ways that I used to practice, but, and some of that is just person dependent.

You know, some people are just not interested in figuring out the root cause or working out the root cause. They've accommodated to this illness or condition and the medications that they're taking.

And they're just like, you know, I don't want to rock the boat. And so, you know, I'm not going to kick people out, you know, if that's the case, but.

Yeah, I mean, it's just a whole different, it's a whole different paradigm. I mean, really, what we were doing in the previous paradigm is we're fiddling with neurotransmitters and, you know, sometimes getting a little bit of a benefit in terms of symptoms, but often with a lot of side effects, terrible side effects.

and not really getting at the root cause. So the condition's still there. It's still kind of, you know, churning and grinding away at people's brain health and mental health.

And, you know, eventually, you know, it doesn't really, it doesn't, things don't get better. Like you can get a little bit better, but I like to say I've never really seen someone completely and fully recover from a psychiatric medication intervention.

I mean, we can definitely get people improved, but to fully recover, we just don't see that that often. From a major depression or bipolar or schizophrenia, schizoaffective disorder, we can get to a truce with the illness, but then they've never really regained their full level of functioning.

And that's what I do see with this metabolic intervention. People get back to full level of functioning. They get their whole level of cognitive and creative energies back.

And it's just amazing to see when that happens. Yeah, that's, that's healing, right? Yeah, that's right. Yeah, that's right. Amazing. So we've been in the same room at the same time, I guess, at the Integrated Medicine for Mental Health Conference, which is having a comeback and I'm super grateful to Kirkland for leading that charge and I've had the chance to go in person the last two years.

just, you know, seeing the energy there. And I guess I'd just love to get your thoughts on, you know, one of the things that I see happening there is obviously there's a focus on these topics that you've presented there.

So bringing metabolic psychiatry in. But also, I really think it's the one place where other areas of mental health and brain health are being brought into one place.

So they've had last year, Dr. Bredesen, Dr. Sanderson, you know, cat tubes all speaking there, as well as psychedelic stuff. And it just seems that there's a melting pot of brain health that has a lot of different strands to it.

But it seems like all of these things are one and the same in a certain way. Yeah, that's right. I mean, yeah. And some people have different emphasis, you know, and you might emphasize hormonal health or, you know, getting rid of toxins might be the emphasis or, you know, treating infections might be the emphasis.

All of it can be important and all of it can be helpful. Sometimes it's really important to edit though. And I talked to Kirkland about this when I was on her podcast.

It worries me because I was a consumer of functional medicine for many years before I got into the practice of doing things a different way. And I can tell you that as a consumer, parent of kids who are really ill, you're desperate.

Someone's coming at you and saying, we need to do all of these things. We need to do testing for toxins and infections and hormones and nutrients. It can feel like too much for the consumer.

And it's very important for functional medicine practitioners, I think, to edit down to some extent their protocol to what can this person handle at this time?

What's the most powerful thing? What's the most likely thing to make an enormous difference for this person? I think sometimes we get into this sort of shotgun approach where it's sort of like, we're going to look at every possible aspect of this in every possible way and try to treat it all at the same time.

And that does worry me sometimes. I used to feel exactly like that until I was immersed in this world of cognitive decline. And in that particular condition, my mind has been revitalized about this topic because I agree with you.

I literally wrote a book on doing group visits and sort of taking it down to be as easy as possible so that it could become the standard of care. and use the power of the peer-to-peer dynamic.

Like I love all of that. And I think that the vast majority of the population needs functional medicine light, right? Doing healthy things in community and so forth.

So I'm all in on that. But in this cognitive decline world, the thing that's interesting is they have this phrase they use called time is brain. where literally like the clock is ticking in a way that, you know, with a 14 year old with pandas, it's not because you've got your whole life in front of you.

And yes, you want to work it out as quickly as possible. And yes, there are probably some issues that are happening to the brain that will be harder to resolve if it continues for a longer period of time.

But in that work, It's actually reimagining, getting clinicians to realize if it's mold and you miss that for six months, you might not be able to get it back because the brain is falling off.

I think it has to be nuanced, but I agree with you in general. I think the vast majority of the population needs something that looks a lot more like just healthy living, but with a little bit of a push start.

Brain health, cognitive decline, and root causes

But, you know, certainly when you get into these like niche conditions and niche areas, I think there's more along the way. It seems to me, you know, I wrote this article after I went time two years ago, when I listened to yourself and Chris Palmer and others talk about sort of what the root causes of mental health were.

They were talking about metabolic psychiatry, talking about hormones, talking about toxins and so forth. You know, that ultimately cognitive decline and mental health issues have a lot of the same root causes.

And ultimately what you're in the business of then is trying to work out how does, how do those root causes express in different people? And for some people that could go down the route of mental illness, and some people that could go down the route of their brain, just not working and not being able to remember things, memory and processing speed.

Does that, does that seem sort of ring true for you in your experience? Absolutely. Yeah. I mean, I think in many ways, you know, all the different, and there's all these different mental health diagnoses, right?

We've got depression, we've got bipolar, schizophrenia, OCD, ADHD, you know, all of these are manifestations of the same problems in the brain. We've got insulin resistance, we've got mitochondrial dysfunction, we've got inflammation, oxidative stress, we don't have enough BD and So any intervention that's going to help with all of those things can pretty much help with all these different manifestations.

And again, in an older person, the manifestation is going to be cognitive decline most prominently, but sometimes it could be really severe depression with cognitive decline or movement disorders with cognitive decline, Parkinson's.

So, but ultimately these things that we know fix brain health are good for all of it. And I will just put a plug in that, you know, the most powerful thing for brain health is ketogenic diet in my view.

I mean, after looking at all of these things and seeing what they can really do in the real world. Sometimes we need to add on to the ketogenic diet, but to me that is, you know, if someone has a significant brain issue, brain health issue, that is the number one most important thing that needs to happen first.

And it will fix a lot of the other problems because, you know, when the glial cells are over-activated, they're going to get benefits from ketones as well.

When the neurons are not firing and manifesting as depression, that's going to get help from ketogenic diet. But also, your liver is going to do better.

Your immune system is going to do better. Your whole detoxification system is going to do better. Every cell does better on ketones. In some ways, in the hierarchy of where we're going to put the most important intervention, I really put that one top, number one.

Well, it's interesting you say that because I know, like you said, Dr. Chris Palmer and others have been quite close in with the new administration and we're happy doing this interview, you know, two weeks after the new reverse food pyramid comes out.

And obviously we're sitting at a point where there's obviously You have functional medicine that's very individualized. You have public health that's kind of for everyone.

But if I just take what you just said, which is that the ketogenic diet is the best thing for brain health, it might start to give a little bit more of a push to why the new pyramid was shaped the way that it is.

Because a lot of the things at the top of the pyramid now are things that could keep your brain in ketosis. That's right. Yeah. I mean, if you just stay on the top of the period and don't ever get to that point at the bottom with the new guidelines, you're going to be in ketosis.

And in fact, you know, very low carbohydrate diets are mentioned in the guidelines as if you have a chronic health condition as an important option. So that was a really big thing that they added in, which I applaud them for because we didn't have it in the guidelines ever before as an option for people.

And so there's a recognition that, you know, if you've got a chronic health condition of any kind, Most likely, helping your metabolism with a very low carbohydrate diet is going to make an enormous positive difference.

And now we know that that's actually 90% of adults in studies have some type of significant metabolic health condition. 10 or 20% here. We're talking about 90% of people, adults in our country, and probably more like about 50% of children.

And we need to catch the kids. So one of the most important things about those guidelines is the fact that now schools are going to have to do better for breakfast and lunch for kids because essentially no amount of added sugar is okay anymore.

And the schools have to follow the dietary guidelines. So it's going to take them a little while, but I'm just thinking

about how many boxes of, you know, frosted flakes are now not going to be served.

How many muffins and donuts and juice boxes are not going to be served. And it really makes me feel good. Yeah, right. Well, I guess I'd just love to give you an opportunity to share where you see the year of metabolic psychiatry or the future trajectory on how far it's made into medicine thus far and what you think the trajectory is and what will drive the trajectory.

Yeah. Well, I think we're in for a big year for this hypothesis and this way of doing things. Because a few years ago, a lot of research studies were funded in this space, metabolic psychiatry, ketogenic diets for serious mental illness.

And a number of them are randomized controlled trials. And some of them have completed and some of them are going to be published in 2026. With my colleagues, other psychiatrists, anyone in academic medicine, if I'm talking about this, you know, one of the main things, the complaints I will get back from them is, yeah, that data looks really impressive, but it's not.

the gold standard of the type of research design that we are used to in academic medicine, which is a randomized controlled trial. So now we are going to see the results of randomized controlled trials for ketogenic diets.

And I think we're going to, we're going to get some more traction with some more clinicians because of that. and more interested. In general, I think the public is already really interested in this.

Whenever I talk, people come up to me and are fascinated by it. So many people come up to me and say, look, I've got a kid diagnosed with bipolar disorder.

I've got a kid with schizoaffective disorder. How do we get them to do this? The challenge though is that often the parents are all into it, the individual The kid is skeptical and not sure they want to make all those behavioral changes.

So we need to turn this into something that, you know, everyone feels excited about, even the people who are going to have to do, you know, the changes, you know, those individuals, the ones who do it are in the end, you know, incredibly happy that they did.

I now have dozens and dozens of people whose lives are completely turned around from doing this intervention.

Ketogenic diet, guidelines, and future research

I'm hoping that it's going to be a really big year for more people embracing this. When you're out on the floor and you're talking to patients who have a range of mental health issues, what would be your best guess as to the percentage of people who are interested in doing participatory medicine?

Like something where they have to do something different as opposed to just keep giving me the pill stop. Unfortunately, I don't know the exact percentage, but I definitely think right now like that level of motivation and participation is the minority right now.

And part of that is that we've all bought this idea that there's something broken in those people's brains and those people themselves have unfortunately been fed that idea and they believe it.

That what's the point? It's just a diet. My brain is booking from some chemical imbalance and it's not going to be significantly altered by just changing what I eat, you know, come on.

Uh, and unfortunately, I think unfortunately that narrative is so permeated our culture and that's really what needs to change. It's like, you know, people need to understand that that narrative was never true and it was, you know, all reverse engineering from these medications work on neurotransmitters.

So it must be a neurotransmitter imbalance that's causing the original problem, but no one ever had any strong.

compelling evidence that it was a neurotransmitter imbalance in the first place.

But that unfortunately is what our culture has bought as the reason and the cause. And until we can reverse that narrative, unfortunately, people are sitting there saying, it's just a diet doc, you know, what are you saying?

And as much as I say, You don't understand. I've gotten people off all these medications, they're back living their lives and they sort of say, yeah, but it's hard.

And, and I understand, I mean, people are beaten down from their experience, from their condition. It's been a tough road for people and they don't necessarily have that spark and energy back, especially when they're on all these medications.

So it is challenging. I do understand how challenging it is for people. Well, let's talk a little bit about that because I know that one of the most challenging things is actually dealing with the tapering off the medication or trying to get off the medication.

The medication in itself is a barrier to getting to a sense of health. What are some tips that you would give to clinicians who have patients who want to get off their medication and are looking for best ways to think through that journey?

Yeah, this is going to be a bigger and bigger topic. People realize they're on these medications and they say, well, I'm not sure I really want to be on these medications long-term, but they've already now been on them for a few years or longer.

And all of these medications have withdrawal syndrome. So that's number one. People think about withdrawal syndromes from antidepressants. SSRIs or SNRIs and that certainly they have withdrawal syndromes but so do all and benzodiazepines of course have withdrawal syndromes but so do antipsychotic medications so to mood stabilizing medications and so we have to be skillful at reducing medications only when that person is ready and only taking that next step to reduce when they're ready and doing small increments.

You know, I think, you know, what we've learned over the years is that you can't just drop by 25% and expect everything to go okay. That's probably too big of a drop.

You know, you're going to induce withdrawal syndrome. And then we misinterpret the withdrawal syndrome as a recurrence of their original illness, which is another big disservice that my field does to people all the time.

You know, okay, you went off your medication and you got manic again or psychotic again. Look, that's your illness coming roaring back. Right. But it's not necessarily the case.

They're in withdrawal from the medication. So we need to support the whole person. We need to support their metabolic health. We need to support the terrain of their being when we're withdrawing from medication.

Again, the ketogenic diet, I think is the most powerful intervention where we can do that. If you think about what does a neuron need to do when we're withdrawing medication, it needs to do a lot of changes.

It needs to change the receptor. density for that neurotransmitter, and it has a lot of metabolic work to do. And what's the best way to support that neuron is with a ketogenic diet.

But also, of course, with, you know, align circadian rhythms and sleep and mindfulness and mind-body practices and exercise, all these things support the metabolic terrain, the mitochondrial health of those neurons.

And they need all the support and help they can get when you're doing a withdrawal program. But what I do find is that it's much easier to withdraw people from medications when they're on a ketogenic diet.

Awesome. You've got to get the diet right and then you've got to work with a skilled professional who knows how to

do that. What do you think of the chances of the skilled professional team growing quickly?

Is this something that you see that other psychiatrists are hungry for, becoming hungrier for? I'm hopeful, especially in the younger generation, but, you know, occasionally, you know, even when people my age can change.

So, you know, it's just a little harder, you know, the older we get, the more sort of like entrenched we get in our beliefs and our way of doing things.

And it's harder to make big changes. I think for me, it was a lot easier to make these big changes in how I practice because I'm made sure to treat myself first and make sure I was metabolically healthy.

20 years younger than I did five years ago when I first started doing all of those things, ketogenic diet, exercise. It's just amazing how much I've become more capable, energetic, and flexible because of all of that.

And so I think there are some individuals who can do that. I had a strong motivation because of what happened to my kids. But I'm really hopeful about the younger generation.

When I go give talks, Always, the young people come up to me and say, this is exciting. I'm really into this. I want to learn more about this. And so I'm really hopeful that we're going to, over time, convince a whole bunch of other psychiatric clinicians that this is an approach that they want to be a part of.

Awesome. And then, you know, for yourself, growing this in Allenhorn and growing a chord, what's your goals for the Year of the Brain 2026? I'm hoping if everything, the stars align, that we can expand a chord to a different location and have another location for a chord.

Maybe also a slightly different model, you know, where we would work with people less intensively. Because right now a chord is this very immersive, intensive program for people who want to make all the changes all at once and people come for a month or two or three.

Whereas the next phase or iteration of it maybe we'll do something fewer hours per week, people who want to make the change in a little bit of a slower way.

Medication tapering and the future of care

Awesome. Yeah. Well, I, yeah, I'd love to keep tabs on that. I think there are some exciting projects that are popping up to try and create the perfect environment to get the, you know, to get data to show what's possible.

It's about finding ways to scale that out with. minimum inputs to a much broader population. And I guess at the very end of that, you can see the new food guidelines.

And on the other end of that, you can see intensive work you're doing with patients. And somewhere in the middle, hopefully, there's a new standard of care for creating health as a primary way of of treating people.

Thank you so much for your leadership and for having the courage to go and practice in a new direction. I know it makes it easier for every next doctor to follow the path.

It's something we've seen in functional medicine where it's, you know, for years, sort of just grinding out and getting the foundation. And then it starts to take off because I think it becomes aspirational for clinicians to practice in this new way rather than weird and something that people want to do, not forced into just because their kids got sick.

That's right. That's right. Yeah, I mean, ultimately, yes. I mean, a little bit of this should be sprinkled in every single medical practice around the country, right?

And doctors, unfortunately, like they fall into this paradigm of, you know, just finding like, what's that one or pathological problem that we can reverse and everything will get better, instead of focusing on how do we actually

build the person up from a foundation, fix the whole terrain, and ultimately all the little stuff actually can reverse itself.

You know, the body is wise and can heal, but we have to give it the tools and the foundation to be able to do so and take away the barriers. Yeah. Agree.

Awesome. Well, thanks so much for being a part of the Evolution of Medicine podcast. We will have all the details in the show notes for the work of Dr.

Matt Bernstein. Doc, thanks so much for leading the charge and being here on the Evolution of Medicine podcast. Thanks for having me. It was a fun conversation.

Appreciate it. All right. This has been the Evolution of Medicine podcast. We've been with Dr. Matt Bernstein. He's a leader in the field of metabolic psychiatry.

We'll put all the details in the show notes on how you can find out more about his work. Thanks so much for tuning in and we'll see you next time. So that was the podcast.

What an epic session and just a reminder that coming up in April we will have version two of our Reversing Alzheimer's Summit and we're going to have updates on some of the new studies from Dr.

Bredesen and be charting a path forward for the reversal of Alzheimer's and cognitive decline. Thank you so much for tuning in to the Evolution of Medicine podcast.

We'll be back again next week and thanks so much for tuning in and we'll see you next time.