Introduction: cravings and biochemical depletion

What if your patient's cravings weren't just psychological, but actually biochemical? I'm Dr. Arwen Podesta, a functional integrative psychiatrist, triple boarded in psychiatry, addiction medicine, and forensic psychiaty.

I help addiction professionals improve patient engagement and recovery outcomes using integrates, evidence-based strategies. And in this video, I am sharing the tools to make that possible.

Let's talk about a critical but frequently overlooked driver of relapse, micronutrient depletion. The truth is, many patients walk into treatment, they're actually running on empty.

Their bodies have been kind of under siege, drained by alcohol use, by opioid use by stimulant use. By poor diet, chronic stress. And yet, in most treatment plans, we almost never talk nutrition.

And here's why that matters. Nutrition is building blocks for brain cells. When key nutrients like B6, magnesium, zinc and water are depleted, the brain cannot stabilize.

Why micronutrient depletion drives relapse

Patients feel foggy, anxious and irritable. They struggle for sleep. Their cravings feel mysterious and uncontrollable, and this is after they've stopped using.

It looks sometimes like post-acute withdrawal syndrome, And yet we're actually needing to look under the hood to see what's actually driving these feelings.

Meanwhile, we are addressing trauma, triggers, behaviors. But what is quietly undermining the progress is biochemistry. And if we miss that piece we risk watching our patients continually relapse.

because their bodies are literally not able to hold on. The good news is there's a way to catch it and correct it if we know what to look for. So let's talk about what's really happening in the body and why it matters so much in recovery.

When someone's been using substances long term, Their system isn't just dysregulated emotionally, it's biologically depleted. We've been taught that alcohol impairs absorption of vitamin B.

we've have been told that opioids slow down digestion but we don't really necessarily think about how that reduces the intake of certain minerals and vitamins.

And stimulants burn through magnesium and zinc and other minerals, and cofactors needed to produce neurotransmitters.

Key nutrients affecting mood and recovery

And if you layer in processed diets, ultra processed food, gut inflammation, chronic stress, many of our patients have all of those, you're looking at a whole system that is fundamentally under fueled.

And the brain can't regulate what the body doesn't have, right? Let's look at vitamin B6. It's essential for synthesizing GABA and serotonin, two of the most stabilizing neurotransmitters we have.

And without it, patients may feel anxious or agitated or raw or all of the above. What about magnesium? Magnesium is required for over 300 enzymatic reactions that are tied to lots of activity in the brain and body.

But ultimately, it affects mood, energy, sleep, and more. Low levels of zinc have been highly linked to multiple psychiatric illnesses. and linked to feelings of depression, impaired cognition, and even increased inflammation in the brain.

Look at folate. These can reveal hidden imbalances. They give us a chemical roadmap, not just of where the patient has been, but what might be pulling them back towards relapse, towards discomfort, toward dysregulation.

How to screen for biochemical red flags

Because when a patient says, I feel like I'm doing everything right, But I am still struggling, this is often the missing puzzle piece. And once we can identify that missing piece, we could treat it.

And we treat safely and precisely. We can treat with accessible tools and with profound clinical impact. If this is opening up a new way of thinking about patient care or if it's confirming what you've seen in your own practice, give this video a like.

and if you're working with a complex case and want to keep exploring integrative evidence-based strategies like this, make sure to subscribe. These are the tools that move outcomes and I'll be sharing more.

Now, let's talk about how to put this into practice. It all starts by changing how we assess what we look for. When a patient enters treatment, we're already screening for co-occurring disorders.

We're doing a very thorough clinical history. we are talking about medication, maybe even trauma exposure. But we also need to start screening the signs of biochemical depletion.

And that can be as simple as asking the right questions. Are they dealing with constant fatigue? Do they feel wired at night but exhausted in the morning?

Are the struggling with sleep, with concentration, emotional vacuolation? Or are they having difficulty that we might be perceiving as post-acute withdrawal syndrome, even though they're stabilized on the correct medications?

These are not just psychological symptoms, they are actually biochemical red flags. And from there, let's get some data. If you have access to functional tests like organic acids and micronutrient panels, that's great.

But you don't need them to make progress. When you do regular blood work, you can actually order certain basic overviews.

Testing, supplementation, and follow-up

Or you an target therapeutic dose based on real need and symptoms. And that might include magnesium glycinate for calming. and sleep or an activated B complex to support neurotransmitter synthesis or zinc picolinate to restore cognitive function and immune integration.

And of course, this isn't one and done. This needs to be individualized and then the patients need to follow up. We need look at labs and recheck labs again six to 12 weeks later.

we need track their symptoms, see how their mood changes, ask about energy, sleep, cravings, mind, mood, anxiety, etc. Because when we start to see those things stabilize, we're not just managing recovery, We're fortifying them from the inside out.

This is the kind of intervention that changes the trajectory of care. Not just for the patient in front of you, but for every treatment plan you build going forward.

So before we wrap up, let's bring this full circle. When we recognize nutrient depletion not as a side note but as core driver of instability, everything changes.

Reframing relapse risk and closing thoughts

We start seeing patients not resistant or non-adherent but under-resourced. And that shift alone can transform outcome. Because no matter how strong the motivation, no mater how committed the therapist or the support team, if the actual brain cells don't have what they need to function, recovery is always on shaky ground.

But so is the opposite true. When we correct imbalances, when we replenish what's been lost, we give our patients a real chance to stabilize, to sleep, to feel grounded in their body again.

And that's when the deeper work of recovery actually becomes possible. If you found this helpful, make sure to follow along because I'll be sharing more evidence-based tools to help you strengthen outcomes and deepen clinical impact.

Thanks for watching.