Psychiatry Redefined: A Functional Medicine Approach To Improving Mental Health Transcript

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Introduction and Guest Background

Welcome to the Miss and Immune Summit. I'm Doctor Walls, your host. And, doctor James Greenblatt is a nationally recognized leader in the field of, functional and integrative psychiatry.

Since 1988, he's been at the forefront of transforming mental health care, pioneering evidence based approaches that enhance, personalized treatment, for the root causes of mental illness.

He's a distinguished expert, educator, bestselling author. He has shared his insights globally, lecturing on scientific foundations of nutritional intervention for psychiatric care.

I am so pleased to have him. And this is going to be really fabulous because of the, really high level of anxiety, depression and other mental health issues for people with Ms.

in their immune conditions. Welcome, Doctor Greenblatt. Okay, doctor Greenblatt, I'm so pleased to have the opportunity to chat with you. Now, again, our listeners, we know that those of us with multiple sclerosis, there's, anxiety is very common.

Depression is very common. Brain fog is common. Difficulty sleeping, is common. You know, and I can think about, myself. As an adolescent, I knew that I had issues with, depression and low mood.

My mother had had, a severely severe postpartum depression and even a suicide attempt. And so I'm going to invite you to comment. Your approach with somebody comes to see you.

Talking about difficulties with mood, whether it's anxiety or depression.

Family History and Genetic Risk

Well, I mean, as you know, you know, our brain is still a huge challenge to understand how to best treat some of these, both mental health challenges and certainly some of the neurodegenerative.

But, I mean, the fact that you brought up your younger issues and and family history, I think is a really important point to start because it might seem obvious, but there's no such thing as just treating depression or anxiety in advance.

You know, always comes back to that individual, and that individual has a kind of a biological genetic family history as well as their kind of personal narrative.

And and it's challenging, but I think it's critical as clinicians and as patients that we can certainly appreciate that difference. So early history is significant.

Family history is very significant. I take three generations family histories to make my decisions on what to do. So it's not always looking at the person in front of us with Ms.

and depression, we have to dig deeper. So three generations. So we're talking, my mom and dad, my grandparents and my great grandparents. Well, I would say mom and dad and grandparents would be sufficient.

I see a lot. Okay. So that's why I pushed the three generations. Okay. Got it. And, you know, I'm also thinking about the, social stressors that have happened in three generations.

You know, looking at my parents. You know, they went through World War two and the depression. And so is that, part of the context as well? You know, their their, their mental health and the social stressors that they had to endure.

Yeah, absolutely. And I think it's always juggling that genetic, and environmental kind of dance, if you will. And, there are going to be individuals in a family that that has, resilient and weathered stress and, and well, and others with that same stress resulted in significant impairment and functioning depression, anxiety and, that lack of resilience.

So we're always looking for that genetic. So clear. Was your addiction, was there depression? Did someone get admitted to the hospital? But also, because you describe the the stress and trauma gets passed through generations in many, many ways.

Yeah. Yeah. You know, and I'm thinking about my, grandmother, I had issues with low mood. Her sister had severe depression, and, I went through, electric and also therapy for severe depression.

So I hadn't really thought about the fact that, you know, there was a fair amount of, genetic, burden. And I do have, some uncles that had substance abuse issues.

Unfortunately, they all managed to recover. And I've not thought about that. So, again, the listeners, I'm going to invite you to sort of reflect on your family history.

Your parents, your, grandparents, aunts and uncles. Are they important or solutely? I mean, that, you know, story that you just described. I mean, it would be the time if I spent an hour and a half evaluation for a new patient.

That information would be on the top of my list at the end, when I share kind of my recommendations and treatment plans.

Functional Testing and Nutritional Biomarkers

Part of it would be to remove the blame and the, the shame and the guilt that I caused this. Or I did something. You know, we put it in the same vein as, you know, diabetes or some of these other potentially, genetically vulnerable, illnesses.

It has profound effects on treatment. Okay, so I, I'm, I'm thinking, there is genetics running through my family that increase our vulnerability. But it's not sufficient, to create my mental health challenges.

So there are probably additional factors that you're looking at. When you would the child with me. And we're trying to figure out how you can help. Help my mental health.

So what might come next after you've sorted out my, probable number of genetic risk factors? Yeah. I mean, next step, you know, for me, as a functional psychiatrist, is is doing a lot of, laboratory assessment, to determine what's going on now.

A big part of it is that nutritional deficiencies and a long list we can go through. A big part could be a dysbiosis in the gut. And then, you know, we do look at genetic testing, to look at variants of, how someone metabolizes drugs.

If we want to use medications, but also genes that have to do with metabolizing neurotransmitters and or, nutritional supplements like, more have our gene for folate.

So we put together this package and and you know, if you start counting, it could be like two 250 biomarkers which are looking at amino acids and fatty acids and vitamins and minerals and so on.

So this is a really very comprehensive look at my nutrient levels. So we're talking vitamins, minerals, amino acids, the fats, fatty acids in my blood.

That I, and then the bacteria growing, probably in my poop. Do you do the saliva microbiome as well? And not routinely. I mean, there's, there's only so many tests you can do on step one.

And then depending on and the problems, we might dig deeper. But I think, you know, we try to limit the testing. So I, I'm probably giving, blood and maybe a, stool specimen in blood.

Here I look at trace mineral hair testing, and I look at urine testing for organic acids and a, a marker called Crypto Pyro. Okay. Crypto pyro. Why don't you tell educate our audience what?

What that is and why that's important? Well, as a clinician, it's critically important. Been looking at it for 25 years, and, is profound implications is a scientist and researcher.

We do not have a lot of research to support this clinical biomarker, but essentially, looking at a urine test, a very inexpensive urine test, probably under $100, we can, pick up this chemical.

It's a it's called crypto pyro. That is, it's likely a genetically driven, marker that, is we're in distress. Some people just produce a lot of this molecule, and it just kind of leaches.

It just binds vitamin B6 and zinc. So and so. Okay, so for our listeners, why is fine do that B6 and zinc create a problem. Well there's some a lot of minerals and a lot of vitamins.

And most have to do with the brain. But B6 and zinc, we know have profound implications for brain health. So have 30 years of research and looking at, zinc and brain health.

So it's everything from zinc deficiency, higher rates of depression to adding zinc to treating depression, to actually adding zinc to augment the effects of the antidepressant.

So that research has been, established over many years and B6 less research, but pretty critical when you think of this vitamin. This one soluble vitamin is critical for the synthesis of all our major neurotransmitters.

Okay, so if we're low on B6, our brains will have a hard time making serotonin and making dopamine, acetylcholine, Gaba, and that would show up as, probably a wide variety of mental health issues, I'm guessing.

Would that be accurate? Yeah. We're going to come back to our genetics. So for three different people with this elevated crypto, pyro and anxiety is the most common thing we see.

But but we can see any of a wide range of mental health symptoms. Again going back to genetic vulnerability, we know B6 is likely functionally deficient.

And for one person they're going to be worrying all the time and can't sleep for the next person. Might be panic attacks. Someone else might be depression.

So if you see this elevated, crypto pyro is it's what can be done. It's one of the simplest interventions. That's why I continue to utilize it.

Psychiatric Medications and Basic Lab Screening

Without the research that we have, because it's just providing B6 and zinc supplements, but the B6 supplements might be higher than we would get in a multivitamin or a b-complex.

So oftentimes it is a a marker for requiring higher amounts of B6. Now, I know, many of my neurology colleagues caution people about taking too much B6 because they're worried about causing a neuropathy, a painful, peripheral nerve problem, in the feet and hands.

So this happens. You've got the crypto pyro, you need a higher dose of, B6. How do you make sure you don't slip

over into that, neuropathy problem? Well, the not the rapid.

The problem is a little overblown, but it does exist. I've seen it once. And it completely disappears as you slap the B6. It's usually the magic number is over 100mg.

They're taking over 100mg a day, so it gets you the trouble. Okay. It typically, but I mean, so with the crypto pyro. So I titrate everyone up to the 100mg, and I just stop for a few months.

If it doesn't improve and I repeat this crypto viral test, then I've gone as high as 400mg, seen dramatic changes in mental health symptoms, and have never seen neuropathy with, someone with elevated crypto pyro.

Okay, well, that sounds, pretty exciting. Has me wondering if I should check my crypto payroll, see what's going on. Make sure that that's, not an issue.

And then, so the kind of panel that, is checking the, vitamins, the, the hair for minerals, this comes in, so I probably can see we have a lovely conversation.

You've taken, a, detailed history. And then I come back and we go through the nutritional assessment. Yeah, we look at it. At this point in my career, I tried to get all the labs at once.

I think in our field, people just, doing one lab at a time. It might take a year before we get to the bottom of it. So I like to have all the results.

And I'm meeting someone who is struggling with depression or anxiety, and then it it becomes, you know, you can't give someone 20 supplements, but it then becomes prioritizing, you know, what are the most important and deficiencies we see metabolic abnormalities, genetic vulnerabilities and putting together a really personalized, you know, treatment plan.

In, should we talk about, psychiatric medications? So I know, people have a variety of, feelings about taking psychiatric medications, openness, and reluctance.

Can you comment about how they fit into your care? Sure. I, you know, I speak, dramatically on both sides. The, I haven't thrown away my prescription pad and medications can be lifesaving.

But I spent a lot of time talking about the overuse, the side effects, the inability for my psychiatric colleagues to appreciate, the detrimental role of polypharmacy.

Most people are taking multiple psychotropic. So it's a complicated subject. I think medicine can play the critical role to help somebody, particularly with, in the acute phase of, anxiety or depression.

But as a field, I think they're both overused and many side effects are just being ignored. Can be can be. You know, I'm thinking of my, primary care colleagues who, you know, have patients with anxiety, depression, and they may start with a first line, psychiatric med.

Well, they're referring their patients to a mental health professional, perhaps a talk therapist or a psychiatrist. But, you know, here in Iowa, we don't have enough mental health people.

We don't have enough psychiatrists. And so people can wait, many months to, get to see someone. And, and I think that's, you know, challenge everywhere.

And that's why educating our PCP are important. And what we hope to do and what my career now is trying to educate, I think primary care doctors, if we did maybe five simple blood tests before you started the antidepressant, you know, most mental health professionals anyway.

Psychiatrist don't check the vitamin D or thyroid or a B12. So there are some simple tests. It could be done. And

then we also have a pretty robust literature on augmenting the effects of the antidepressants.

You know, providing, omega three fatty acids with the SSRI has been shown to enhance the effect. Adding, treatment. But, maybe we should explain what the SSRI is.

You know, many of our, our listeners will know, but not everyone. Yeah. The SS are either the probably the most common antidepressants prescribed. In the 80s, it was Prozac, primarily.

And then over the last 30 plus years, there many, many kinds of medications that work very similar. And they're called SSRI. So it's a Prozac, Zoloft, Paxil, Lexapro, Celexa would be, the core SS arise.

Magnesium, Sleep, and Nutrition Strategies

So, a core SSRI augmented by, I thought I heard, omega three, and, perhaps a multivitamin multi mineral. Yeah. Did I hear that? Yeah. So that's not so late.

And zinc can augment the effects, so might as well provide that if we're, a PCP is is supporting the first line treatment. And of course, you can certainly talk to your medical team to be sure that they've checked your thyroid.

Checked your vitamin D level, and ask if they've checked your B12 level. I will, find it most optimal if they'll check for homocysteine, folate, and B12 so that I have that whole picture and can.

You know, and when I was at the VA and I had, was first beginning to use more functional medicine in my primary care clinic, in the brain injury clinic, I was told specifically that you're not doing any fancy functional medicine testing, but I could do, you know, I was thrilled when I finally get permission to do a vitamin D.

I can still do fasting lipids. I added a hemoglobin a1, c and, I was able to sneak in the, homocysteine folate in B12. And what was super interesting to me was those basic interventions.

I could by addressing the low, vitamin D, the, elevated homocysteine, with B vitamins and a, vitamin D that often did make a difference in people's moods.

You know, Terry, if we, So if you get admitted to a psychiatric hospital anywhere in this country, particularly the private ones, which for most those labs are never done because they cost the hospital money, the insurance doesn't cover it.

We could dramatically change the face of mental health care in this country. If those three labs that you mentioned were done, on every inpatient, you get to a psychiatric hospital.

When I worked, I was director of a psychiatric hospital. So we were able to do these, where I just did them. And, you know, not every patient. But as you said, when you get the vitamin D of seven or homocysteine and 40, you make the intervention traumatic changes in someone's mood.

It can be very, very, impactful. And, such a simple intervention. Now, I had, and I was pretty constrained. I can only give 2000 units of vitamin D, so not a lot.

I could get a, you know, pretty, standard, B-complex. I could give a multivitamin multi mineral. And I could give a couple grams of cod liver oil. So, you know, really basic, basic little supplements.

And what we saw was the anxiety, was less depression was less the PTSD, which was so common, in my patients that became, a little easier for people to manage.

I also, because because we had, so in my traumatic brain injury, folks, there were so such hypervigilance, such difficulty getting along with friends and family and coworkers.

One of the interventions I sort of stumbled on was, could you start taking in Epsom salts baths at night? And, that turned out to be, super helpful. Is that one of the simple tools that that you might recommend?

Yeah, I would say across every psychiatric disorder that I've treated, from autism to Alzheimer's, that magnesium deficiency is, is by far the most common.

And it's, one of the few supplements that I recommend, you know, is before I even get the testing results back. So, yes, Epsom salts were easier to absorb.

Magnesium is an incredibly helpful tool. And, if you're using magnesium, do you also give an oral supplement and then, which, version of the, magnesium?

Salt would you give. Yeah, I would use probably both and use the absence of baths as a kind of treat when someone can before bed, you know, is, but, because the pills are easier.

So I typically would use magnesium glycine eight, often twice a day if I'm treating anxiety or depression or ADHD and then just encourage, it just helps you sleep.

The, you know, Epsom salts or magnesium sulfate, likes in the bath. Yeah. Foot baths or full baths. You know, I've started, I like doing the Epsom salts.

You know, it's sort of, for a long time I did called Epsom salts before going to bed. Really slept well. But then my wife said, you know, honey, I don't like those cold legs.

So could you do the cold shower in the morning instead? And, I wanted to snuggle, so, like, okay, so I switched to a warm Epsom salts at night and a cold shower in the morning, and we have more domestic bliss.

So, you know, that worked out good thinking. That's great. Yeah, yeah, you have to be sure that what your bed partner is agreeable to, to your, nighttime routines.

Absolutely. We haven't talked about nutrition. So, I have just a couple of minutes here. Do you have a, general nutrition recommendations for your mental health patients?

The general is hard. As I said, everyone's different. I do think, the kind of explosion in the ketogenic diet for for mental health and a new field, now called metabolic psychiatry has been incredibly helpful.

Because they're actually, you know, pursuing research. They think that it's not the answer for everyone. A lot of the consults I'm doing are people that try the ketogenic diet for significant mental health problems and didn't get better.

I think what's important in, you know, all the dietary recommendations are what these diets are eliminating.

Clinician Training and Where to Find Dr. Greenblatt

I mean, they're eliminating, refined foods, ultra processed foods and gluten. So I think there's a role, you know, in metabolic psychiatry or ketosis.

But I guess in my experience, most people are getting better because these are just healthier diet. Yeah. So, again, for the listeners, ultra processed is no, we're reducing the, sugary sweetened beverages and reducing the flour based products breads, cereals, pasta, and so drinking water, instead of sweetened beverages, eating perhaps starchy vegetables instead of pasta, white flour based products, and cereals.

And we're probably also reducing food dyes in food additives when people go on these diets. Would that be accurate. Absolutely. Yes. So again, for the listeners, I completely agree.

I think for some people, junk diets can be transformative. But if we look at many of these dietary interventions, the

common theme is you're having less sugar, less, flour based products and less food additives.

And that really helps you have a better microbiome and gets rid of a lot of, toxic metabolites. Well, Doctor Greenwood, this has been, really wonderful.

I wonder, we have I know many clinician and, physicians that also listen to this, these interviews. And you have a really wonderful program for clinicians.

Could you talk about that for a few minutes? Sure. You know, I've been involved in integrative and functional medicine for 30 years. And as people wanted the information that just wasn't available, except for at a conference and a lot of information overload, you go home and you couldn't practice it.

So Psychiatry Redefined is my educational platform. It's been six years now where we train clinicians and we have weekend intensives with conferences, and we have a yearlong fellowship where we train primary care clinicians and mental health clinicians in functional psychiatry and how to look at these tests, how to interpret them, and how to improve outcomes in depression, anxiety, and all major psychiatric illnesses.

So you don't have to be a psychiatrist to attend. Psychiatrists could attend, primary care physicians, nurse practitioners and CPAs could attend these.

Yes. You know, we have naturopaths, Pas, NPS, chiropractors, you know, anyone that's finding their careers are focusing on trying to help those with mental illness.

Okay. Well, this is really, superb, Doctor Graham, but how do people how do patients find you? And, of course, how do clinicians find you? Sure. The website, Psychiatry redefined.org is where most of the information is in my website with my information and books are is James Greenblatt, md.com.

Okay. Wonderful. Thank you so very much, Doctor Greenblatt. Thank you, Terry, for your work and, having me on the show. Thanks.