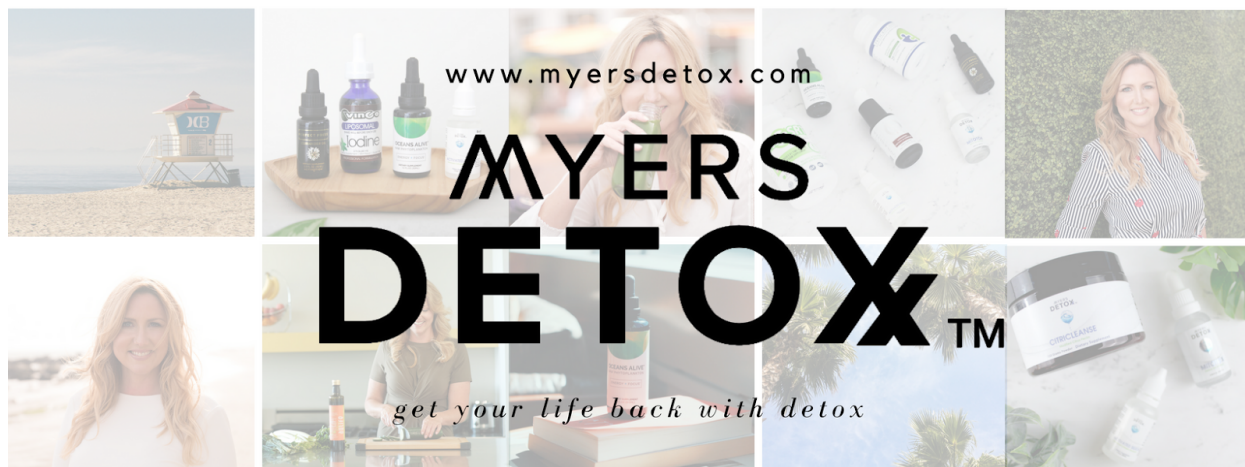




**Transcript: #462 Brain Energy A Breakthrough in Understanding Mental Health
with Dr. Chris Palmer**

Dr. Wendy Myers:

Hello, I'm Dr. Wendy Myers. Welcome to the Myers Detox Podcast. And today, we have Dr. Chris Palmer on the show, a psychiatrist speaking up and advocating for mental health patients. So we're going to be talking about brain energy, a breakthrough in understanding mental health. And on the show today, we go over why so many people are being medicated. They're not getting better; they're being told they have a mental disorder they'll have for the rest of their lives. And how Dr. Palmer is seeing that people who go on a certain type of diet and clear up metabolic issues get better and go into full remission after their diagnosis.

And so he's seeing in his research that people that have high cholesterol, that have obesity, that have diabetes, cardiovascular disease when they get those issues under control, their mental health disorders are improving. Their diagnoses are reversing.

So a lot of really interesting topics today on the podcast. So listen up if you have a mental health issue, or a loved one does, and you're on medications, they're not helping, or you are just feeling very frustrated about the status of your mental health. And, also, on that topic of mental health, you guys know that I've been focused on heavy metal detox, and certainly, heavy metals play a role in mental health as well, and we touched on that in the show. But not everyone but 95% of people have some sort of adverse childhood event, some sort of traumatizing event, or numerous ones that are contributing to their mental and physical health today.

And many people just don't make that connection. But the research shows that people are profoundly affected by increased rates of cancer, lung disease, autoimmune disease, heart disease, addictions, alcoholism, recreational drug

use, suicide rates dramatically increase, and every imaginable health issue can increase with an increased number of adverse childhood experiences or events. And so these are called ACEs.

And so I created a masterclass because I wanted to talk about this subject, in this masterclass. I will talk about statistics. I talk about how you can address emotional trauma; even if it's trauma, you may not even be aware that you have that profoundly affecting you. And how to easily address this at home. So check out this masterclass. It is fantastic. I put a lot of work and research into this masterclass. It's totally free. Check it out at emo-detox.com, EMO-DETOX.com.

This podcast is brought to you by Danette May and Mindful Health LLC, featuring Danette May's top superfood product from her Earth Echo Foods line called Cacao Bliss. I love Cacao Bliss. It's so delicious. And so, nothing feels better than being able to enjoy rich, smooth, creamy chocolate and knowing that you're doing something good for your body. So they start with 100% organic cacao beans. They're naturally kissed by the sun, maintaining its miraculous health benefits. And then, they blend it with turmeric, MCT oil, coconut, Himalayan sea salt, cinnamon, and black pepper for the perfect blend to make you feel the best that you ever have.

And the result is that you fall in love with a truly decadent, healthy, guilt-free chocolate, removing your cravings, facilitating weight loss, boosting your energy, and reducing your inflammation with one simple drink. So not only that, but it's friendly to paleo, it's gluten-free, it's keto, and it's also friendly to vegan and vegetarian diets. And for the last eight years, they have been a leader in the superfoods market and are proud to have served millions of customers worldwide. So you can try some Cacao Bliss and get 15% off by using the code detox. Go to the link shop.earthechofoods.com/mdetox, and you can learn more at Instagram [@thedanettemay](https://www.instagram.com/thedanettemay) and [@earthechofoods](https://www.instagram.com/earthechofoods).

Our guest today is Dr. Chris Palmer. He is a Harvard psychiatrist and researcher working at the interface of metabolism and mental health. He's the Director of the Department of Postgraduate and Continuing Education at McLean Hospital and an assistant professor of psychiatry at Harvard Medical School. And for over 25 years, he has held administrative, educational, research, and clinical roles in psychiatry at Harvard.

He's been pioneering the use of the ketogenic medical diet and the treatment of psychiatric disorders, conducting research in this area, treating patients, writing, and speaking around the world on this topic. And most recently, he's developed the first comprehensive theory of what causes mental illness, integrating existing theories and research into the one unifying theory, which is his brain energy theory of mental illness. You can learn more about his work and his recent book at brainenergy.com. Dr. Palmer, thank you so much for coming to the show.

Dr. Chris Palmer: Thank you for inviting me on.

Dr. Wendy Myers: Yes, why don't you tell us a little bit about your background and why you got into medicine and doing what you're doing today.

Dr. Chris Palmer: So I have been a psychiatrist for 27 years. I'm at McLean Hospital and Harvard Medical School. I'm currently the Director of Postgraduate and Continuing Education, but I've also done neuroscience research for 15 years. And through all of it, I've always treated patients. I've always maintained a private practice, typically working with people who have a treatment-resistant mental illness. Which means they have seen numerous psychiatrists, usually been in and out of hospitals, usually tried years or decades of psychotherapy, and they're still not better. And then they come to me, and I am supposed to try to help them get better.

Dr. Wendy Myers: So what's wrong with how we currently treat and understand mental illness?

Dr. Chris Palmer: The real answer is that there's quite a bit wrong. And for any listeners who don't know this, mental disorders are actually increasing in prevalence. The problem is getting worse. And mental disorders are actually the leading cause of disability now on the planet. And even though we have a lot of treatments to offer, the treatments that we do have fail to work for far too many people. And that is a huge problem. And I think one of the biggest challenges behind that problem is that right now, no one knows for sure what causes mental illness. We only know some of the risk factors involved.

And they're usually plumped into what's called the biopsychosocial model, which says there are biological things like neurotransmitters, genetics, and hormones that might play a role. But there are psychological and social things, like trauma and stress, and nobody knows how these things fit together. And so, without knowing the exact cause, we haven't been able to develop more effective treatments. And most of our treatments only reduce symptoms of illness. They might take the edge off of the anxiety, or they might reduce psychotic symptoms or mood symptoms, but they're not curing mental illness, and they're not really even putting it into remission for the majority of people.

Dr. Wendy Myers: And do you feel like sometimes when people are getting medicated, maybe they're on SSRIs or benzodiazepines or other types of medications that the underlying disorder may even be getting worse?

Dr. Chris Palmer: Yes, absolutely. And we have good data for that because when you look at the long-term course of people with chronic mental illnesses, on average, the illnesses do tend to get worse. People end up changing medications or getting more and more medications. And it suggests that we're ignoring something

about the disease process. We're missing something, and the illness is progressing, and our symptomatic treatments simply aren't doing it.

Dr. Wendy Myers: And so you found in your research there's evidence that mental disorders are caused by a metabolic disorder in the brain. Can you talk a little bit more about that?

Dr. Chris Palmer: Yeah, so interestingly, this is kind of nothing new. The mental health field has known since the 1800s that there are these strong connections between mental illness and metabolic disorders like obesity and even cardiovascular disease. And those have been known for a long time. Since the 1940s, we have had just accumulating evidence that people with mental disorders have metabolic abnormalities in their brains and their bodies. And we see this; we can draw people's blood and see metabolic differences.

But since the 1990s, we've been doing all these brain scans on people, PET scans, SPECT scans, functional MRI, and all of those scans are actually measuring brain metabolism. So in many ways, this research that mental disorders are metabolic disorders or at least involve metabolic abnormalities has been around for decades and sometimes even centuries. But what's new is that nobody's been able to put it all together to make sense of it.

Dr. Wendy Myers: And so, let's talk about why and how this finding should change everything about how we treat mental disorders.

Dr. Chris Palmer: It's really interesting because some of my observations, probably the most powerful observation, started with me simply helping a patient with schizoaffective disorder lose weight. And he ended up trying the ketogenic diet. And I was really only trying to help the guy lose weight. I had no expectation this would do anything for his brain disorder. But low and behold, within about two weeks, he not only was losing weight, but I started to notice a powerful antidepressant effect in this man. And by about two months, he started spontaneously reporting to me that his long-standing auditory hallucinations were going away. And that his paranoid delusions were also going away. He began to realize that they weren't true and probably never had been.

This man went on to lose 160 pounds and keep it off to this day. He was able to do things that he had never been able to do since the time of his diagnosis. He could start going out in public and not being afraid anymore. He was able to complete school programs. He was able to perform improv in front of a live audience. He teaches karate now. He was able to do things that everybody assumed would be impossible for him because of his diagnosis.

And this observation showed me that the way that we're currently thinking about mental illness, like schizophrenia, we tell people, "That's a lifelong disorder, that it's never going to go away, and that you're going to need medication the rest of your life." His case has turned into over 100 cases now,

both mine and other patients worldwide. Some are putting into full remission diagnoses like schizophrenia, bipolar disorder, and chronic depression. And at the end of the day, the ketogenic diet is a metabolic treatment. It has profound effects on metabolism and brain metabolism.

So the way, in my mind, this theory changes everything is that number one; it says a lot of our current treatments actually are not helping nearly enough. And we already know that because the disability rates are so high, many of these disorders are chronic lifelong disorders. This means that our treatments just aren't up to the task; they're not doing it.

But much more importantly, this new theory, metabolic disorders are addressable and treatable, with common sense treatments like diet, exercise, stress reduction, and sleep. And I know detox is a big protocol of your detox. Metabolic toxins are really bad for metabolism and brain function. And sometimes detoxing can be really powerful and helpful. And we can begin to address the root causes of metabolic disorders. And that means that we should no longer be telling people, "You have a lifelong disorder, and you're going to need medication the rest of your life." Instead, we should be looking for the root causes of their metabolic dysfunction, and we should be treating it and putting these illnesses into full remission.

Dr. Wendy Myers:

And I love that you say that because I think what you tell a patient they believe. And so you tell someone, "You're going to be on medications for life," or, "You're never going to get over this. It's a lifelong condition." People tend to believe that, and they follow suit, and that's correct; they don't get over it. And so I think it's really important, I think, for physicians to give their patients hope. Because I think there's always an answer, it may take some people a long time to get to the underlying root cause. But, definitely, diet, exercise, and lifestyle are super important.

And one thing that always kind of bothered me, like the DSM, is why the mental health field classifies mental disorders as separate conditions when some of them can overlap, and people can have multiple diagnoses? Why does this exacerbate misconceptions about them?

Dr. Chris Palmer:

I mean, that's a great question. And on the surface the different diagnostic labels we have on the surface make sense. Schizophrenia is not the same as depression, which is not the same as alcoholism, which is not the same as anorexia nervosa. Those are very different disorders with very different symptoms and very different treatments. We use totally different treatments for those disorders.

So on the surface, it makes sense, but if you actually look at real people with any one of these disorders, it turns out that most people, especially people getting treatment, have more than one disorder. One study found that, on average, people getting treated in a psychiatric clinic have three and a half diagnoses. So

if you have an eating disorder, oh, of course, you're also going to have depression, a substance use disorder, and maybe anxiety. If you have schizophrenia, of course, you're also probably going to have OCD, some anxiety, some mood symptoms, and maybe a substance use disorder.

And so when you look at real people with these disorders, the boundaries get blurred because people have so many of these disorders. And likewise, if I look at even two people with depression, they can look very different from each other. So one person with depression might be sleeping way too much and might be suicidal and overeating, whereas another person with depression might not at all be thinking about hurting himself and might not be sleeping enough and might be losing weight. And so they can look very different from each other, yet, we give them the same diagnostic label.

And so, more importantly, when we look at root causes of the disorders, well-established root causes, like a hormonal imbalance, whether it's cortisol or estrogen or thyroid hormone when we look at any one of those, they can produce a whole range of mental symptoms and mental diagnoses. They can produce depression and anxiety, but also mania from bipolar disorder and psychosis, that's like schizophrenia. And so when we start to look at root causes like well-documented root causes, they cross all of the boundaries of all the different diagnostic categories, making it fairly certain these are not unique diagnoses.

And in case any of this kind of sounds like I'm making stuff up or, "Chris Palmer, you're not a good psychiatrist. How dare you say that," the National Institute of Health abandoned DSM diagnoses over a decade ago. Because they recognize these diagnostic labels, although they are well-known names, everybody's heard of schizophrenia and bipolar, and depression. The National Institutes of Health recognized that they are not valid constructs or diseases.

Dr. Wendy Myers: Interesting. And so what are they using now? What is the method that they're using to do their research?

Dr. Chris Palmer: So they have developed a new system called the research domain criteria, it's often abbreviated RDOC. And they are encouraging a lot of mental health and neuroscience researchers to use those criteria instead of the DSM criteria. And their criteria go through a laundry list of different types of symptoms or different types of moods, behaviors, motivations, and other things. And they put everything on a range from normal to abnormal. And they believe most mental disorders are actually on a spectrum.

That there's not black and white, some people can have no anxiety, some people can have a little bit of anxiety, and that's probably normal, and some people can even have a moderate amount of anxiety. And that might start to be on the borderline between, maybe this is normal, maybe this isn't quite so normal. And

other people can clearly have out-of-control anxiety for no good reason, which is abnormal.

Dr. Wendy Myers: Yes, that makes more sense to do things on the spectrum. You think of narcissism, maybe women have dated guys or two, and other ones that are a 10, and they're very, very different narcissists.

Dr. Chris Palmer: Yes, absolutely. And even on that, I mean, most people go through phases of narcissism. If you look at young kids especially, they can be pretty narcissistic. They think the world revolves around them, and they're really special. And that can be perfectly normal when it's happening to those kids. But once people grow up, they're supposed to get a grip. And move on.

Dr. Wendy Myers: Not all of us do.

Dr. Chris Palmer: Not all of us do.

Dr. Wendy Myers: And so, let's talk about mental states. So why are mental states different from mental disorders? And why is this so crucial to understand that difference?

Dr. Chris Palmer: I think this is a really important distinction, and it falls in line with what the National Institutes of Health have kind of outlined, that there's normal and abnormal. But right now, the diagnostic criteria, the DSM, does not distinguish between normal reactions to adversity or stress or trauma and brain disorders. They lump them all together. And the reason that's not very wise is that helping someone cope with trauma or adversity is very different from treating a brain disorder.

And let me give you at least one clear example. So if a man has a horrible loss in his life, let's say his wife and two kids get tragically killed in a car accident. There's a good chance he's going to be depressed, really depressed, the whole constellation of symptoms of major depression. He's going to have trouble sleeping. He's maybe even going to be beating himself up, maybe he should have done something, or maybe he should have protected them. He might even be thinking about suicide, "What do I have to live for? I've lost everything."

That is actually normal. All of that's normal. That's understandable. It's called grief. It's called horrible trauma and grief. And his brain is not malfunctioning. He does not have a brain disorder. Well, according to DSM, he's allowed to have those depressive feelings for 13 days; if he still has them on day 14, suddenly, they become a brain disorder called a major depressive disorder. And then people start talking about chemical imbalances. And so all of a sudden, he goes from day 13 to a normal, understandable reaction, day 14, he's now got a brain disorder. That doesn't even make sense.

And even if that man is still depressed a month afterward, I don't think anybody in their right mind would say, "He's got a brain disorder." I think they would say,

"He's grieving. He is traumatized. He just lost his family." His brain is doing exactly what it's programmed to do. Anybody else who was in the same situation would be having similar experiences. And the way that we're going to help him is through community and support and allowing him to grieve, and maybe even taking care of him a little bit through this horrible process. But slowly but surely, trying to help him understand there are still people in the world who care about him and love him, and we're going to try to help him move on with his life, even without them.

The treatment should not be throwing pills at this man to make those symptoms disappear. Because if you really threw enough pills at this man that the symptoms all went away, you're kind of taking the human being out of this man.

But on the other hand, there are people who have chronic unrelenting depression and suicidality for no reason. And they will say that. They'll say, "I don't know why I'm so depressed. I don't know why I'm so suicidal. I just feel so miserable. And there doesn't seem to be any good explanation for it." And I, as a psychiatrist, believe they do have a brain disorder. The same pathways that got activated in that man are now being activated for the wrong reason. They're being erroneously activated in this person. And I would say that their brain is malfunctioning, and that requires a different treatment approach.

Dr. Wendy Myers: And can you talk a little bit more about your brain energy theory of mental illness? Is there anything else you wanted to elaborate on when it comes to that?

Dr. Chris Palmer: So there's a lot to say about it, but at the end of the day, I'll just say this, I'll say that the overarching concept of the brain energy theory is that mental disorders, so I'm not talking about the man with depression who's having it for understandable reason, I'm talking about people whose brains are doing things for no good reason that we can identify. It's kind of clear to most people or everyone that this person's symptoms are no longer normal. That those symptoms happen because of metabolic abnormalities in the brain across the board. And that in order to make sense of the mental health field, this brain energy theory is actually unifying everything that we know. It's not replacing it.

It's not replacing it, but it's answering basic questions like why would neurotransmitters be dysregulated? Why would hormones be dysregulated? What causes the inflammation that we see in people with chronic mental disorders? Or how could inflammation cause the brain to malfunction? How does the gut microbiome play into all of this? The brain energy theory takes all of those theories and puts them together into one coherent theory that says that these are all metabolic problems. Those are different aspects of metabolism.

In order to understand how they all fit together, you actually have to understand mitochondria. And so mitochondria, many people know, is the cell's

powerhouse, but they're actually so much more than that. And they actually play a role in regulating all of those things I just mentioned. They play a role in regulating neurotransmitters and hormones, and inflammation. And the gut microbiome communicates with mitochondria. The mitochondria actually communicate with the gut microbiome.

And it's the way it all fits together. But again, once you understand it, number one, this theory ends up answering questions that we in the mental health field have not been able to answer for decades. And questions we have just struggled with, like, why do people with mental disorders die early? Why are people with mental disorders more likely to develop heart attacks? Why are they more likely to have chronic pain? How can we understand that? This theory answers those questions. But much more importantly, it gives us new treatments that offer the hope of long-term healing.

Dr. Wendy Myers:

Amazing. Amazing. And it's not surprising when you look at people eating so much sugar and white flour that it will affect their brains. When they're drinking water with tons of impurities, chlorine, and all kinds of things that kill their gut bacteria. There are so many things that kill our gut bacteria and destroy our microbiome. You look at heavy metals, lead, mercury, and aluminum. Aluminum kills brain cells, affects neurotransmission, and affects brain function in so many ways, and on and on. Industrial seed oil is causing major inflammation. Fried foods inflame your whole body for two days after you eat them.

I mean, we can just go on and on. The hydrogenated oils in packaged foods and fast foods replace omega-3 fats in our cells and in our brain cells. It's no wonder that mental disorders are on the rise. And none of these have anything to do with genetics or what we commonly maybe will think of as mental disorders. It's very much attributed to lifestyle factors.

Dr. Chris Palmer:

Exactly. And I just want to highlight and reiterate what you just said for some of your listeners. So at the same time that metabolic disorders are skyrocketing and prevalence, obesity, diabetes, and other chronic disorders. Mental disorders are also skyrocketing. And what I'm saying with this theory is that those things are not at all unrelated. They are directly related.

And if I can, let me give you a shocking, counterintuitive example. So for those of you who don't know, the rates of autism have skyrocketed in the last 20 to 30 years. They have tripled, at least tripled, in the last 30 years. Genetic disorders don't triple in 30 years. And a lot of people would say, "But people are born with autism. What does that have to do with obesity or diabetes or any of that?" Well, let me share some information that might shed some light on that.

Mothers who are obese are anywhere from 30% up to double the risk of having an autistic child. Mothers who have Type 2 diabetes have double the risk of having an autistic child. Mothers who are both obese and diabetic have a three

to fourfold increased risk of having an autistic child. Fathers who are obese double the risk of having an autistic child.

So at the same time, obesity and diabetes are skyrocketing in our population. Guess what? That's affecting mothers and fathers, new mothers and new fathers. It's not at all surprising that the rates of autism are, in fact, skyrocketing. But when you start to put it all together, we can do stuff to prevent this. We can do stuff to treat this. We are not helpless victims in this.

Dr. Wendy Myers: No. And so, what should you do if you know someone that has a mental disorder that could be helped by what you discover?

Dr. Chris Palmer: The first thing that I'll say is I would love for people to get all of the information so that they are informed consumers or just loved ones or patients if you will. And so, I would really encourage you to read the book Brain Energy because it will take you through all the information. It's going to take you through some of the science. It is written for a lay audience, but it does include science. I'm just going to go ahead and shoot myself in the foot and say that. But it also includes some practical tips that people can employ to get better. But I want people to understand the big picture and all of the different things that might be playing a role.

And then, if the mental disorder that you or someone you love or care about or just know is relatively safe, meaning it is not associated with dangerous or life-threatening behaviors, you can probably try a lot of the strategies in the book on your own. Because a lot of them are about diet, exercise, sleep regulation, eliminating harmful substances from your life, those types of things.

But for people with serious disorders that include dangerous or life-threatening symptoms like suicidality or hallucinations or delusions, I really want you to get professional help. You shouldn't have to treat such a serious disorder on your own, and you deserve competent help. But I would want you to talk to your healthcare professional and say, "I've heard there's a new way, this metabolic approach to mental illness, and I want to try this treatment strategy. I don't want those pills that aren't helping anyone. I don't want those pills that are continuing to keep people chronically ill. I want a different strategy." And sometimes medications are part of the treatment plan, and that's fine. But I would want you to at least let your clinician know that you want to try some metabolic approaches to your treatment.

And then, finally, I actually want to ask for your listener's help. I really, honestly believe that we now have enough information, the science is put together that we can actually say, with a fair degree of certainty, mental disorders really are metabolic disorders of the brain, and it leads to entirely new treatment strategies. And some of the treatments that we use, some of the medications we use in psychiatry, actually harm metabolism. They harm mitochondria. They make people gain weight. They cause diabetes. They cause cardiovascular

disease. And this theory suggests that those types of medications are probably keeping people ill chronically.

And I just want to say getting off those medications can be very difficult and dangerous. So if you're alarmed by what I just said, please don't rush out and stop your medicine cold turkey because that'll be a disaster and could be quite dangerous and life-threatening. So please get help to try to get off your meds. But I really see an opportunity to transform the mental health field. But we will need all the help we can get to make that change because change doesn't come easy.

And so, I'm going to ask people who are interested to go to brainenergy.com and get involved. We want to start a mental health movement. There are tens of millions of people who are suffering and hopeless, looking for better solutions, and don't know what they can do, who are being told the same tired excuse, "No one knows what causes mental illness." "We're really sorry; we don't know what else we can do for you." "We're really sorry. You've just got a chronic lifelong disorder, and you just have to accept that and put up with that and live a life of misery and shame." I want to help all those people, but it's going to take a movement to do that.

Dr. Wendy Myers: I love that. I love everything that you're saying right now about maybe not looking at medications as the first line of treatment. For me, I think, as you said, there are severe cases you need to do medication, but it's the last resort in my book when you've tried a lot of other things and genuinely tried those things like maybe a ketogenic diet or another appropriate type diet, and addressing lifestyle factors and things like that. Just show that getting out, going for a walk in the sunlight, and exercising are just as effective or more effective than SSRIs.

So for me, I think it pains me when I've had friends that are on five or six different medications for mental health disorders, and they just get worse. They just keep spiraling down and down and down, and something has to be done to speak up and be an advocate for these patients because there's so much more that can be done. But I also feel that doctors can only spend a few minutes with each patient, and they're not able to really coach them on doing the ketogenic diet or how to do it. I think more education needs to be had for health professionals, psychologists, and psychiatrists when it comes to this. So thanks for the work that you're doing.

Dr. Chris Palmer: No, absolutely. And I completely agree with you. I mean, that's part of what I'm hoping to do with a mental health movement is get access to a dietician or a health and wellness coach or a fitness coach or other people, functional medicine practitioner, somebody who does have the time to spend with you to do the education and the encouragement and everything that you need to repair your health and heal.

Dr. Wendy Myers: Well, doctor, thank you so much for coming to the show. And everyone, thanks so much for tuning in to the Myers Detox Podcast. I'm Dr. Wendy Myers. And I love doing this show every week and bringing you experts from around the world to help you upgrade your health and help you meet your health goals because you deserve to feel good. So I'll talk to you guys next week.

Dr. Chris Palmer: Thank you, Dr. Myers.