

Rich Simon: Hello again. My name is Rich Simon. I'm editor of *Psychotherapy Networker* and your host for this series about mind-body approaches in mental health. Today, we're moving into territory that I would imagine most of us have not received a lot of training in, at least officially, but many of us are quite interested in the topic of today's discussion. The primordially of what we do is we talk and we like to talk and that's what the training of our profession is about, but today we're going to be moving into a topic very relevant to our work, largely ignored and we're very lucky to have someone who both has training as a psychotherapist, she knows how to talk and be a talking therapist, she's a body psychotherapist, she knows a lot of about behavioral medicine and public health.

Amongst other things, she spends 10 years plus in the jungles of Mexico. Let's see if we can get some stories out of her about that experience and we're very fortunate to have as our guest here today Leslie Korn. Leslie, welcome.

Leslie Korn: Thank you so much, Rich.

Rich Simon: So let's launch into this. Ten years ago, fifteen years ago, we're not having this conversation about nutrition and psychotherapy. What does one thing have to do with the other? So you've really, as I understand your resume, you really devoted most of your career to understanding the connection. So, before we get into it, we talk about practical skills and tools, the knowledge therapists need to have to get more of a sense of how you actually operate in your practice. If there are a few principles that we need to be aware of that maybe many therapists are not, most of us may not be aware of but the connection between nutrition and mental health, what stands out for you?

Leslie Korn: I think the primary principle to understand is that where there is mental imbalance or mental illness, there is always digestive illness. There's always digestive problems that our mental health is predicated not only on our experiences in the external world but our internal landscape and that internal landscape is biochemical and so whenever we're working with someone with mental illness, and I'm not talking about just kind of your garden variety adjustment disorder that comes and goes, I'm talking about a chronic mental illness, chronic depression, anxiety, panic, PTSD, there are always biochemical and physiological components that

are affected by nutrition. Either inter-generationally, what we came into the world with or what we've been exposed to or not received as children and as adults.

So, I think that's the initial principal to understand and secondary to that, by addressing nutrition, we maximize the work we do as talk therapists.

Rich Simon: Say a little more about, what way, how does that work? How do we, what do we maximize in there? Concretely, what are you referring to?

Leslie Korn: I think often – I'm trained in both body oriented therapies as well as mind oriented therapies and I find that integrating both of them optimizes the other. I think oftentimes when we're practicing just a talk therapy model, we sense there are some missing pieces but we're not quite sure what our client will benefit from. We know just as a car needs good quality fuel, it needs an oil change, it needs good octane. So does the brain need that, and I think that governs some of our choices when we use pharmaceuticals to optimize brain chemistry and communication in the synapses, but that's just a very small aspect of brain-body needs for optimal well-being. And there are lot of interventions we can use that range from the very simple to the very complex to help our clients improve the kind of octane and nourishment, not only emotional nourishment but food nourishment and dietary nourishment to support that engine.

Rich Simon: Part of what really intrigues me about what you do is that we have these different clusters of clients who often come in for psychotherapy and therapists are often quite perplexed about how to help them. People have some mysterious ailment and they don't quite know what to do about it. Maybe that catchall term, it's psychosomatic and they go to see a therapist. Or people who are moving into mid-life let's say, really just feel kind a sense of the physical and emotional depletion and they're coming in for therapy and often, I think, something's happening where therapists feel like maybe they don't have the tools or the knowledge to be as helpful to these folks as they might.

So, talk to us a little bit, let's, there's a bunch of different kinds of clients or clusters of clients that are very common, I think that are particularly challenging for therapists and by the end of this time,

I'll talk about what therapists do. Talk a little bit about who you see in your practice and what are the more common clusters of the kind of consultative work that you do around nutrition. Give us a sense of that and then let's go through some of these groups that, who are not well served exclusively through psychotherapy. So talk a little bit about what you do, what your practice is right now.

Leslie Korn:

I have a specialty practice in mental health nutrition. So, I receive clients who either are on pharmaceuticals and they're not getting benefits or maybe people who it's been suggested to them that they go on an SSRI but they, for either belief system or religious reasons do not want to but they need something to enhance their well-being. So I work with anybody who either wants to get off or stay off or maximize let's say pharmaceuticals and I work with them to do that. So these people may indeed already have a therapist that they're working with and I joined the team with adjunct of therapy to advise them. So that's one role I play.

I also receive people who are chronically ill and suffer from a complex syndrome that have been emerging and building over the years. Very commonly, people who've experienced adverse events in childhood, traumatic stress exposure, commonly violence, either domestic violence, childhood sexual abuse but I work also with a lot of veterans both Vietnam and now the Iraqi and Afghani war. So, working with people with the complex of PTSD, TBI, chronic depression, chronic pain, also people with fibromyalgia, chronic fatigue, the so-called psychosomatic and really everything is psychosomatic because we know there's always that relationship between the mind and the body. And so I work to ask the kind of questions that helps people integrate their awareness of how their body and mind work together and decrease the kind of social dissociation we have around the fact that what we eat is really important for our mental health.

Rich Simon:

Okay, so let's, if I come in to see you – let's put this into action. So I'm a middle-aged guy. I'm coming in. I hope this doesn't become too autobiographical. I hit the wall. I've worked too hard. I feel like I understand what happened in my family of origin. My relationship seems reasonably good, but I am just dragging in my life and I feel a little desperate, and I need something. And I'm going to the gym more and I'm doing this and I'm doing that. Somehow I get your name and I come to see you for a first appointment. What do we talk about? What's the experience that

you offer people when they come to see you with that kind of a symptom cluster, if you would call it that?

Leslie Korn: It's a great example because you don't have to – we don't have to be mentally ill to need this kind of support. We are all under stress. We've all worked very hard for a lot of years and we push, and the exposure to stress certainly takes its toll. So I would do a comprehensive assessment with you, not just the psychological approach that really asks you to define your goals, but you've just told me some of your goals. You want more energy. Maybe you're finding your mood is a little labile. You're a little bit irritable.

Rich Simon: I'm depressed. I just feel like I just don't have the enthusiasm or energy for life, in my work, or anything.

Leslie Korn: Yeah, you're waking up a little tired but you're wired at night. You're finding you're using more coffee or eating more sugar. All of these things, you're just feeling out of balance, so that might be one end of the spectrum of just kind of a wellness, how can I improve my energy? So I do a comprehensive physical assessment with you that might include different kinds of testing. One of the things right off the top is I'm going to look at you and get a sense of your vitality, your energy based on Chinese medicine. I want to see, just as we do in psychotherapy, we understand appearance. There are ways of assessing appearance; darkness around the eyes, there's tongue analysis, but I might do some biological testing. I might test your 24-hour circadian rhythm, looking at your cortisol levels.

We know that the hypothalamic pituitary axis is disrupted by stress. We know it's disrupted by acute stress as well as chronic stress. You may have a reversed cycle in which cortisol should be high in the morning and low at night, but a lot of people who are chronically stressed – and we see this in caregivers, in people who've been traumatized, we see it in Holocaust survivors for example. Cortisol is very low in the morning and it's very high at night. And so there are interventions that we can use through food as well as through botanical medicine, acupuncture as well, that will re-regulate that circadian rhythm. So that's a very basic biological cycle.

Rich Simon: So I and other people get a flavor for this, so I'm bringing my stress and my mid-life fatigue into your office and probably I

would imagine people who have seen a physician already and so they've had some medical testing along more traditional lines. So do you examine me? Is there something – to what degree is there something approaching a physical exam and what kinds of testing, technical testing would you do? In this case, what might you do with me, for example?

Leslie Korn: It depends what our contract is. If part of our contract is to touch, because people will come for body oriented psychotherapy, touch therapy could be cranial-sacral, could be acupuncture, massage therapy, then yes, I may evaluate, for example, if you come and say you know, I get chronic stomach problems. I may palpate your stomach. I may palpate your intestines. You may be chronically constipated and part of our contract is for that part of treatment, I may do that kind of treatment with you. I tend to keep separate some of the, of why people come in for contractual purposes but it's certainly possible that I may palpate.

We know for example chronic colon problems will give you chronic neck problems. We know chronic adrenal stress, chronic exhaustion makes us more vulnerable to lower back pain. We often hear about people saying well, I went to my chiropractor, I got adjusted but I can't hold my adjusted or my adjustment. I'm getting massaged but it doesn't last. Understanding how the mineral corticoids produced by the adrenal gland help keep those ligaments tight and in place, which helps strengthen our body is often a missing piece, which is why we do throw our back out when we bend over to throw something in the back of the trunk.

So, really coming to an awareness of all of these relationships is the first start. So palpation may be one of them but it's not the only way. I may do salivary cortisol testing, such as I've just mentioned to understand your 24-hour circadian rhythm. I may do what's called –

Rich Simon: Slow down a little bit on that one. So, I hadn't, I'm not familiar with that. So what is it that you, is this something I have to go to a lab for and more importantly, what is being tested and what will we find out from such a test?

Leslie Korn: It's a fairly standard test that's used in both clinical work and in research. Much of what we know about the effects of stress in trauma and in chronically stressed people comes through biological

testing of stress hormones and their cycle. So, we have a natural cycle to those stress hormones that signifies health and well-being. For example, when those stress hormones are measured, we measure them through saliva. When they're high at night, that's a biological marker for depression.

So in some ways, I could look at that test without even seeing a client and go, you know, this person's probably waking up fatigued. They're slogging it out throughout the day and by night, they're wired and they can't get to sleep, and this person probably has a waking depression. So, we have these various ways. We might test heart rate variability, another very standard cardiac measure of autonomic stress in the body used very routinely by cardiologists. But we apply it to –

Rich Simon: Okay, just slow down a bit. So what would the test be? What is it that you're testing and what do you find out through that test?

Leslie Korn: We're finding out different portals of the way the body-mind is expressing stress. So, for example, let's back up and you've come to me and said you know, I'm really stressed out. And I can talk to you about your history and what's gone into that stress, but if I want to treat your biological system and your physiological system along with your emotional system, I want the assessment to come from the biology and the physiology. So I have ways of not only assessing stress through our conversation and what you tell me, but your biology will tell me the same story, and your physiology, your nervous system will tell me the same story, and I can tell how chronic it is, how acute it is, and how chronic it is based on these measures.

For example, if you say to me you know, my doc wants me to go on an SSRI. I really don't want to. Before I do that, do I have some alternatives? I would say to you, yes, why don't we leave that as the last alternative and let's try a variety of things before we get to that? We know chronic stress will contribute to depression and we may decide to do a urinary analysis of your neurotransmitter levels. We screen our brain metabolites through urine. This is the really wide – the Jains and many people drink their first urine in the morning. I prefer carrot juice myself but –

Rich Simon: I'm with you. Who drinks their urine?

- Leslie Korn: Many global traditions. The Jains, for example, will drink urine.
- Rich Simon: Who are the Jains?
- Leslie Korn: Peoples of India, particular group in India, but this is practiced throughout much of the indigenous world because urine is so rich in brain metabolites. But we could measure that –
- Rich Simon: Does that help them renew their brain metabolism? Is that nutritionally, does that make some sense? It's not the tastiest of beverages I would assume but is it, it's not toxic?
- Leslie Korn: No, it's not toxic. The Buddha was sitting under the Bo tree, which was a fig tree, when he became enlightened and some people believe it's because he was eating all those figs, which were rich in tryptophan, which builds serotonin levels in the brain. So, we might decide to test hey, Rich, before we give you an SSRI or even before we provide some St. John's wort to increase serotonin levels in your brain, why don't we test and see what's the ratio between epinephrine and norepinephrine? Are you low in dopamine? Are you low in serotonin? What's your GABA level? Do we approach it by giving you a natural anxiolytic or do we give you an SSRI, a natural SSRI?
- So there are tests that we can do that will tell us how your biology, physiology's working and we match that against what you've told me about how you're feeling emotionally.
- Rich Simon: Okay, so we can come back perhaps to some of these other symptom clusters but let's just take the next step so we can get a sense of how you work with people. So you, I come in, you talk with me, you get the kind of information that the therapist in you, the well-trained therapist been through, supervised at Harvard, you have a very solid background in mental health, all those questions and in addition you're bringing all this other expertise to bear. So in this, let's stay in this scenario. So what happens? So then we've done these tests. We begin to get some results and then what do you do with them?
- Leslie Korn: One of the really central tests that I do, it's really an assessment and I think it's really open to everyone to practice, people who don't need specialized training is I collect a dietary journal from you. I asked you to track your diet over three or four days and you
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bring it in and you show me that you're drinking two cups of coffee with sugar in the morning and then by 11:00, you're very busy and you may eat something, maybe a Danish and some more coffee. Then you have lunch. You have a sandwich and then you go the rest of the afternoon. Maybe then you'll have some pasta at night and you're telling me, but then by 4:00 you're tired. You've got a lot on your schedule. You have another cup of coffee and you tell me you know, I'm exhausted. I'm irritable. My mood's up and down. Maybe I'm bipolar.

Maybe there's something wrong with me. And I go Rich, you're not giving your brain-body the nourishment it needs to sustain you throughout the day. Can we begin with some self-care? Are you cooking for yourself? Can you eat some protein? You're saying I'm middle-aged. My memory's going and I'm asking you are you eating eggs? It's the perfect food. It's rich in acetylcholine, which supports memory function.

Rich Simon: Eggs are good for memory, really? There's a connection?

Leslie Korn: It's the best food there is and you'll say well, my doctor told me my cholesterol is high and I go that's a myth. There is more danger to lower cholesterol than higher cholesterol and I want you to eat those eggs. And I start educating you just step by step. Do you like eggs, Rich? And if you do, then let's begin with some eggs first thing in the morning and let's add some protein into your diet and let's try to balance out your blood sugar because Rich, I guarantee you, if you just take one week of increasing protein and eating a little protein every three to four hours throughout the day, get rid of the sugar in your coffee, I'm not going to ask you to get rid of coffee because you're exhausted.

Rich Simon: Thank you. Thank you for that.

Leslie Korn: That's your drug. I want to build rapport, Rich.

Rich Simon: Okay, you're building rapport now, okay.

Leslie Korn: But I will say Rich, coffee is a drug. It's not a beverage. So use it like a drug, not a beverage. And let's understand what we can do to support your adrenal glands to produce more energy for you because the coffee is like taking a hammer to your adrenal glands. So let's, while we reduce some of that and really look at what your

goals are, let's see what we can start incorporating step by step and what you're willing to do, what works with your schedule. For example, you go into a power meeting at 1:00 but your lunch that's bread-heavy puts you to sleep. That's what carbohydrates do, so I may say Rich, I want you to have just protein and greens and I guarantee you, you will be really wide awake for that 1:00 meeting.

But don't let yourself get tired by 4:00. At 3:00, you're ready for a little piece of chicken or some cheese. So we may work together so that I educate you and support your self-care because it's as much behavioral, and that's certainly in our province as psychotherapists, as is it biochemical. Now the other thing, oh, excuse me. The other thing I would do with the intake is I want to know every medication that you're on and every nutritional or nutrient or botanical that you're taking because I want to also know the possibility of side effects. I also want to make my office a welcoming place that no matter what you're doing for yourself, it's an open place to share what you're doing so that we can maximize what you're doing and bring a science to it as well as the art.

Rich Simon: You've mentioned science. So do we have data that these interventions actually work and how convincing is this data? We've increasingly are discovering that this extremely prosperous industry in psychopharmaceuticals has a scandalously meager amount of really strong and compelling data, so all this, what you're saying, it sounds good. Do we have data that shows that it really does make a difference and how much you describe the current state of the data on nutritional interventions with mental health issues?

Leslie Korn: Sure. There's a great deal of data and we've want to break it down by certain types of interventions. I think one of the most popular interventions right now is the use of fish oil. I think people using fish oil widely and there's been a great deal of research to support the use of fish oil for treatment of depression, anxiety, bipolar treatment for example, a lot of work that's going on at Harvard but other places as well throughout the world. The question of data is a very interesting one, and you also raised the whole issue of pharmaceuticals because as we know, there's a difference between what actually is practiced in the business world and the science that informs it and marketing that informs it.

We want to separate that, and one example is that when I did my training at Cambridge Hospital in the middle '80s, there was a big cadre of us practicing mindfulness, but it was kind of in the closet. Mindfulness meditation was not widely used outside a small circle of people and it certainly wasn't integrated into the mainstream as it now is. We see it integrated in prisons, in substance abuse. It's widely accepted and widely integrated. So I think the, I'd like to say that science proves what we already know works, not the other way around. Mindfulness has been a practice. It's been going on for thousands of years.

Now, one of the things that informs my work has been the study of traditional peoples. I'm not alone in that study. There are many people who looked around the world and ask the question among the healthiest people of the world, and usually they're traditional people, indigenous peoples, what are their food practices? What are their dietary practices? And as you know, for example, the Inuit of the northern climates have been well-studied for their use of very high fat and animal protein, and yet they were virtually free of heart disease. In spite of the myth of saturated fats which developed in the '50s as causing heart disease and that's a myth that has already been dismantled.

I'm not sure *Time* magazine has published it yet but among the scientific community, it's pretty well dismantled. Mary Enig is a major lipids researcher that people –

Rich Simon:

Say the myth again? The myth is that what? Let's also get back to the egg thing. There are some discussion about the cult of cholesterol reduction and how we've gone over. I've heard about that. I thought I have heard some mixed things. I mean part of it is, and this is a great opportunity for someone knowledgeable in this area to give us some readings, because if you read these little fragments of the study that are on the news, normally not put in context and one, there was something that's a little bit discouraging about fish oils which I thought at this point was universally considered to be a positive benefit.

Of three or four, or two or three myths that you really like to dispel in this conversation about nutrition and their effect on health, mental health, here's your chance.

Leslie Korn: Okay, so myth number one is saturated fats are bad for you, and I was referring to the Inuit who were studied who had a diet of 90 percent saturated fat and protein and animal protein, whale blubber. When they ate their traditional diet, they had very positive health, very good health, very low levels of mental illness. The introduction of foods that were not suited to them metabolically has been what has contributed to, it's not the only cause but it's contributed to a serious detriment in their health and well-being and that leads us to a major principle there's no one right diet for everyone. People, some people do better as carnivores. Some people do better on the vegetarian side but interestingly, if you travel the globe, there is no traditional society who are vegan. Vegan is kind of a modern corruption of the concept of vegetarianism and indeed I treat a lot of vegans who are extremely anxious, depressed, and panicked who when they begin integrating more animal protein into their diet do much better.

So, the second myth is that eggs are bad for you. Most of our cholesterol does not come through our diet. Cholesterol is like the Band-Aid of the body. The liver produces cholesterol to patch up the little inflammatory fires in our arteries and the more inflammation we have, often due to trans fats and poor food quality, the more cholesterol we create. That's why you hear people say well, I've been trying to control my diet, nothing seems to work. Well, it's because mostly diet in the form of eggs will not contribute to cholesterol. As I say, it's the liver overproducing to quench the inflammatory process. And so those are I think two major myths that eggs are bad for you or fats are bad for you.

Indeed, if we look at traditional societies, again, as really our guide post to the kinds of biomedical research we conduct, we see that traditional societies most often are eating according to their environment, what their environment provides. There's often a balance of foods. There's often quality preparation that maintains nutrients. There's both cooked and raw. There's good quality fats, proteins, and carbohydrates in particular ratios that nourish that particular people, and so the myth that there's one diet for everyone is, again, a myth and our role as scientists studying nutrition is to identify what kind of metabolism the individual client has and, therefore, what kind of food is going to nourish their engine.

Rich Simon: How is it that you in your practice, so how do you determine this, the individual's metabolism or the individual profile that will then determine the kind of diet that you will recommend?

Leslie Korn: There's glucose oxidation testing. It's a lab test that we've done in our clinic. It's really based on the science of glucose oxidation. Everybody oxidizes glucose more quickly or more slowly and food fuels glucose oxidation. One of the ways we also do it is through hair analysis and testing mineral excretion patterns. Mineral excretion patterns, and I sense we may be getting a little too specific here for our audience, yes but to give a range of what's out there –

Rich Simon: So when you do this, you might then sit down with somebody based on these tests which have their technicalities and go over how they might adjust their diet accordingly.

Leslie Korn: Absolutely. And so we've got our basic principles like I shared with you Rich, about how about instead of having two cups of coffee in the morning with sugar, let's begin by eliminating the sugar? I'd like to use the behavioral principle of both positive change and slowly eliminate the negative habits. So Rich, can we integrate some eggs, what kinds of foods make you feel better? I could do all the testing in the world but you're your best expert and you know, Rich, when you feel good and what makes you feel lousy. So I want to reinforce that for you and you're an intellectual type who wants to see the test. You know it. I can reinforce that, but let's do a test that says hey Rich, you know, your metabolism says you're going to do better eating your main meals for breakfast and lunch and then a lighter meal at dinner and, you know what, you tell me, I fall asleep okay but I wake up about 2:00 and I have a really hard time getting back to sleep.

I say now Rich, with your blood glucose being the kind of functionally hypoglycemic the way you are, I want you to have a little protein snack before you go to sleep and that'll stabilize your blood because if your blood sugar drops at 2:00 a.m. your body goes into an alarm and it wakes you up. So rather than think about a panic, an anxiety, panic and anxiety have a biological side to them as well. So let's take care of the biological side of your mood lability and your anxiety and then we can tease out the emotional stressors and what's really going on. I do this with people with the

diagnosis of bipolar for just that reason. We can reduce 50 percent of mood lability just by stabilizing blood sugar.

Rich Simon: Now, what about the whole issue of weight regulation and diets? Is there a category of folks who are trying to control their weight and they, like the overwhelming preponderance – it's quite remarkable isn't it, the investment between the psychopharmaceutical industry and the diet control, the weight control industry. We have such dismal, dismal results and it doesn't seem to stop anybody from going ahead and trying practices and medications that don't seem to be helpful. So, when people come to you and they're presenting themselves and we both know there are kind of questions here about the false ideal, the false body image that we have particularly in this society. How do you deal with that? I would imagine that must be, at least some part of the folks who seek your help.

Leslie Korn: They do, and indeed we know that SSRIs affect weight. We know, certainly I think our biggest issue are sugar and carbohydrates, the refined carbohydrates particularly when you're not metabolically suited to them and I'll give you an example. Because I've done a lot of work with Indian peoples of the western hemisphere, both Mexican Indians but also northwest tribal people, it's where I spent many years working. If you, I'd like to go back just for a minute to this concept of traditional diets because if you're like me, my peoples came from Eastern Europe where there were traditional diets that altered quite a bit when our ancestors arrived in this country and the same is true for traditional peoples, indigenous peoples of this region.

So before colonization in the 16th century, what did peoples of this region eat? Now I'll speak specifically of the Pacific Northwest where I've worked with a number of tribes. They had very high fat intake from salmon, from sea animals, blubber from whale but also lean meats in terms of hunted deer and elk for example, very low carbohydrates, very low, berries certainly during the summer that were saved, but very high levels of fats. These people suffered very little ADD, very little depression. Communities were more decimated by the infectious disease model, but not chronic disease, arthritis, heart disease, gallbladder, gallstones, the kinds of chronic problems that people experience today.

Colonization brought the cow and cow's milk. Colonization brought wheat. Colonization brought pig. So, just those three

general food types that then have now really taken over all of our diet but particularly if we've looked at the model of indigenous peoples and how it upset the balance of metabolism, we see very high rates of diabetes and insulin resistance and mental health problems among American Indians along with Mexican Indians. We can attribute much of it to the dietary model of the introduction of foods for which their metabolism cannot use. We see very high rates of obesity among these peoples, gallbladder disease and mental illness.

That's a way in which, back to your question about the science, we can study indigenous science and we then take our biomedical models of research in our randomized control trials to really look at how does this science work? And one of the things that the Canadian health ministry did is apply traditional diet with a group of peoples, First Nations peoples, living in British Columbia. High rates of mental illness, high rates of obesity and diabetes and said we're going to take two sets of people in our tribe. We're going to put you on your traditional diet of high fat, lots of lean protein, very low carbs, kind of like the equivalent of the Atkins diet, and then we've got our regular diet of the food pyramid. And lo and behold, people using their traditional diet lost weight. Their triglycerides went down. Their cholesterol went down. Diabetes for many of them stabilized and even for some was eliminated and mental health, depression, anxiety improved.

So, we've got lots of empirical evidence by studying history, recent history but also in the laboratory as well. I think Mary Enig is perhaps one of our foremost lipids researchers who's looked also at the role of coconut oil for mental health and well-being, not only physical but mental health.

Rich Simon:

So just to get back to the question about weight regulation and dieting and – we have as we know, we have a cult of dieting in our society, largely ineffective. So when people come in and there's a whole weight acceptance movement that has sprung up and just acknowledging that evolution does not really make it very easy for us to lose large amounts of weight. So is there some principles that you use when that's an issue, when somebody's coming to you? If you sort of – we want to move on to a number of other really important topics here but is there anything you want to say about weight control, weight regulation?

Leslie Korn: I tend to support the concept of condition rather than weight with my clients. As you point out, we've all been conditioned emotionally in certain ways. So, I work with people around improving their condition and their well-being through exercise and movement and then working with people around really identifying true nourishment and that's emotional but that's also physical and physiological. The concept that if we're eating the foods that truly nourish us, we should balance out our weight along with physical health conditioning and so we see a lot of people doing things for example fasting. A limited amount of fasting can be effective for health but it's not a long term strategy.

So I work with each individual to find whole health, and just as we may want to focus on depression or anxiety or weight loss or any of these symptoms of imbalance, I try to educate around these are just symptoms of imbalance. Let's help you come into a whole balance of physical, mental, emotional, and oftentimes even spiritual well-being. That again has to do with satisfaction and self-care and each person, we tend to put others ahead of us at times, especially as clinicians. We have families. We put off the self-care and so it's a step by step process but there are specific things. For example, we know that weight loss surgery can have very significant negative effects on mental health. We know the use of amphetamines can really disrupt neurotransmitter function.

So I try to work with people who have either used those or tried them or considering that to try some other things. There are certain people need amino acids to decrease appetite. There are amino acids such as 5-Hydroxytryptophan that will reduce appetite. There are things such as cilium, the use of fiber drinks that give a sense of fullness. So it's not that it's just an emotional approach or conditioning through exercise. It's really responding to the needs of the individual at different stages of their health recovery.

Rich Simon: So one of the things that can be confusing, in addition to just tracking the results of research and what seem to be confusing findings, are the world, there's the bewildering world of psychopharmaceuticals, the world of supplements and vitamins and stuff you should be having in addition to having a balanced diet. There's always a message out there that there's something, a magic potion of some kind that's going to get you there with a minimum of, this is America after all, with a minimum of having to adjust your lifestyle and to deal with these issues of satisfaction

that you're referring to a moment ago. So what's your take on, quickly we'll move on to some other topics but about vitamins and supplements, do most of us need to have vitamins and supplements if our diet is making sense and do you see that there are real mental health repercussions with certain kinds, positive repercussions with certain kinds of supplements and vitamins?

Leslie Korn:

Sure. You raise a number of very good points and yes, I believe in and practice the application of vitamins, minerals, amino acids, glandulars which are dehydrated from animal glands and botanicals in my biochemical practice. And if we think about, again, the principles, our body's like a car. It's got an engine. It needs certain nutrients to run well. And no, we can't in this day and age get those nutrients only from food but it's not only the food intake but it's how well we're about to digest it and use it. For example, we have an epidemic of gallbladder surgery.

Well, nature did not give us a gallbladder to have it taken out. It's like throwing out the trash can because you've got garbage in it. You've got to figure out how to clean out that trash can, and there are ways of detoxifying and dissolving gallstones that are quite natural. They've been used for hundreds and thousands of years and so the other part of my work is not just what you take in but detoxification and so it involves the frame of mind and a knowledge of what to use for what purposes. So, it's very common that people, let's say, who have their gallbladder removed, the gallbladder is a repository for bile and for digesting fats.

Well, I can give a client 3,000 milligrams of fish oil, but if she cannot emulsify it and digest it and utilize it, she won't get the benefits from it because her gallbladder is no longer working and so we may need to give her bile replacement, bile salts replacement from an animal glandular, much likely a thyroid replacement for people with hypothyroid disease. So there are a lot of principles of how we apply these vitamins and minerals. Hoffer, who is one of the pre-eminent psychiatrists using nutritional therapies for the treatment of alcoholism was a very big believer in the use of niacin and vitamin B6 which is a co-factor for neurotransmitter function in the brain, lots of very specific applications of these vitamins and nutrients.

Rich Simon: We shouldn't get too much into technicalities but generally speaking, should most of us consider having a multiple vitamin as part of our daily intake of nutrition?

Leslie Korn: Absolutely. A good multi-vitamin, multi-mineral is where we begin, but it has to be a good quality. The image I use with clients is you can eat at McDonald's or you can eat free range organic beef. Vitamins run the same gamut. You can buy very poor quality or you can buy a very good quality. I use a multivitamin mineral with my clients that is very rich in minerals that stabilize blood sugar, stabilize mood. So, like anything, there's quality.

Rich Simon: Now, one more thing to clarify, because I guess I'm representative of I have all this barely, talk about not digesting things, barely digesting information that I get from just getting little bits and pieces of information from the general media. Inflammation, this term is used all the time, and I know in mind-body circles, that has a considerable currency in the discussion these days. What does it mean in terms of, in relationship to nutrition and what is it that we need to know about what we're eating that – what are the dangers of this inflammation and what can we do about inflammation once you've defined and explained to us what we mean by it?

Leslie Korn: Well, it's probably a little beyond the scope here to go into the technicalities of inflammation but it certainly involves metabolic processes that involve inflammatory cellular actions that lead to really cellular functioning. We use the word inflammation as a kind of, can create heat in the body, can create micro-tears in arteries, it can lead to cellular buildup and swelling in the joints for example. So I think our question is what causes inflammation. Inflammation is really a natural byproduct of oxidation. Just like our cars on the east coast in particular rust, the kind of oxidative process that's part of just natural living. We increase that process when we take in food substances or toxins.

We hear a lot about trans fatty acids, trans fats, poor quality foods, poor inflammatory foods like sugar that increase those metabolic processes. Think in terms of what fans the fire in you or what cools it down. So on the one hand, there are foods like sugar and white flour, alcohol, will increase inflammation. But good things we do for ourselves like our athletics. We work out hard and part of what we do is when we do weights for example which we know is very effective for controlling diabetes, we have micro-tears in the

muscles but those micro-tears heal. They're inflamed but they heal and they make us stronger.

So it's not that it's all negative but we want to give the body a chance to heal, to knit, to get stronger, and then what do we do? We will take vitamin C. We may eat a lot of blueberries which are anti-inflammatory, are anti-oxidants. So, we're always working with an oxidative process like rust in our car or anti-oxidative process which puts out the fire. I think for mental health –

Rich Simon: A good metaphor is worth a thousand words, thank you.

Leslie Korn: Okay, just one more thing, what's so important about your question is that inflammation we know is associated with depression and so if we again, build the connection between generations now of poor nutrition, we can go back to, let's say, the '30s and '40s, it's just gotten worse since then. Since sugar changed from being the food of the wealthy to the food of the poor and everybody else, we've had now generations of increasingly, of worsening nutrition and we've had increases in depression, ADD, the inflammatory illnesses and the inflammatory mental health illnesses.

Rich Simon: Okay, so we just have a little bit of time and so let's, as we come down the home stretch with this very enlightening conversation, what is it that – so you've been speaking to us as a specialist who's highly knowledgeable in this area and you've been talking about your practice and what it is that you do in ordering up tests and making all kinds of distinctions, being very knowledgeable about the whole range of these physiological processes. So the therapist listening to this who some of them may be a lot more knowledgeable than I am, I hope so. But mainly their training is in talk and more traditional mental health practices. What's the implications for them of what you're talking about? What's the advice you give to more standard mental health practitioners about bringing this kind of knowledge that someone like you has into their practices?

Leslie Korn: I think that at the very basic level, we can engage our clients in a conversation about their wellness practices, about their self-care practices and understand what they're doing for themselves that they can improve upon and what they're doing and how it may be affecting their health. When I say what they're doing, I mean what

they're doing nutritionally, and help people start in that road for self-care. I think, as we move along that spectrum, we may collaborate with other specialists for example naturopaths, naturopathic physicians, nutritional therapists, there's a cadre of health professionals who are trained in what's called functional medicine who are trained in these methods.

There are certainly credentialed herbalists. There are Chinese medicine practitioners. There are a whole range of people practicing in the field of complimentary alternative medicine who many times, most often are not trained in mental health and yet they're trained in some methods that would make a very good collaborative approach for the client that may involve a little bit more training for the psychotherapists or may involve just a referral based collaborative teamwork approach to work on behalf of the client. I think those are the many ways in which, or at least a few ways of which the clinician can go the next step with the client.

Rich Simon: And so as far as information that we as mental health professionals, without going outside the scope of practice and pretending to know more than we do, what might we, are there certain things that we might begin in addition to bringing this whole issue of self-care into the conversation and heightening awareness of the nutrition amongst other practices that influence people's mental and physical health? Are there some information questions that we might ask as psychotherapists that might be part of our standard intake, for example?

Leslie Korn: I always like to know about not only what people are eating but how they're eliminating. We know through research now and certainly we treat a lot of people with inflammatory bowel disease. There's been a longstanding connection between emotional health and bowel health. Even the old adage this person's anal retentive, well that may be an old Freudian concept or –

Rich Simon: Make it literal, okay.

Leslie Korn: There is something very – we know there are high rates of IBS among trauma survivors. We know that elimination is governed through the autonomic nervous system. We also now know one of the big nutrients that's being used that's in the news are probiotics. We know that probiotics, which support colon health, also support

GABA production in the brain. GABA is our relaxing anxiolytic neurotransmitter and so when I have an anxious client who comes to me, I want to know how's their digestion, how's their elimination. Can we support their use of probiotics? I think in a very basic level, there's simple wellness education we can do, whether it's from chewing your food 100 times, bringing your mindfulness approach to masticating carbohydrates so they digest better, on down through the stomach, the liver, the intestines to the elimination practices.

I think that's a very basic level of awareness building along with some general advice giving that any clinician can feel comfortable with.

Rich Simon: That sounds very sensible to me. I think we're just about out of time. First of all, I would like to encourage people, call people's attention to our comment board as I do with the end of each of these and make sure that this in particular, because there's been so much great information that you've offered us about matters that are outside of our scope, we can get conflicting stories about. So, if you have comments, questions, just bits of information that you would like to share, those of you who are listening to this, please feel free to do that.

Leslie has agreed, very graciously, to look at the comment board. She's one person with one life and a very busy schedule, so I can't guarantee you she will respond to all these queries but at least, at the very least, it will just tell us something about our curiosity as a group and heighten our understanding of what the questions are and what the concerns are of mental health professions in regards to nutrition, to really encourage you, although keep this conversation going. Leslie, for folks who have listened to this and really want to find more about your work and this very fascinating area of complementary medicine and nutritional therapy and a range of other things that we've touched on here. Where can they go? Where can they find free research materials? Where can they find training opportunities?

Leslie Korn: Well, I've just published a book called *Rhythms of Recovery*, trauma nature in the body, and it's a comprehensive complimentary alternative medicine approach to the treatment of traumatic stress and the sequelae of depression, anxiety, substance abuse and I have some major chapters on nutritional interventions,

botanical interventions. I also do trainings for PESI, which are continuing education trainings for people in the mental health profession.

Rich Simon: And these are all – is this all available through your website? Is there one place they can go and find out about your work, your book and your trainings?

Leslie Korn: Yes, well, rhythms of recovery is published by Routledge Taylor & Francis Mental Health, which is one of the major publishers in the field. PESI sponsors my trainings throughout the country in mental health nutrition. I'll be at an acupuncture conference in Austin, teaching. I'll be in Boston in April, teaching. So, I'm doing some work on the road as well. And as I say –

Rich Simon: Give us a website? Is there, we have I think we should have a connection that's part of this course where people go to your website so is that, if it's one stop shop, in addition to what you're saying, that is the source for all that?

Leslie Korn: Yeah, I have a couple of websites. One is healthalt.org. My clinical website is Health Alternatives LLC, but I also have a doctorlesliekorn.com website that talks a lot about traditional indigenous foods and diets based on my research in Mexico and I also run another website, Center for Traditional Medicine, which is part of my work for the Center for Indigenous Studies which is an American Indian organization and I head up the medical side of that organization. So there are a variety of resources.

Let me also give a couple of other resources, a wonderful book to start with is called nourishing traditions. It builds on some of the concepts that I've talked about here today. There's another, there's a wonderful clinician, a physician who specializes in this work as well. He specializes not though as much in mental health as he does in chronic illness such as cancer and he's been a major influence in my work, Dr. Nicholas Gonzalez in New York City. There's also the Nutritional Therapy Association. So lots of resources, Functional Medicine Institute, another very high quality institute that trains health professionals in these concepts.

So, there's a lot out there. I'm a member of the International Integrative Mental Health Network which is a group of clinicians around the world who gather together practicing integrative

medicine for mental health. So those are some references and resources.

Rich Simon: Well, thank you so much for this conversation. This is really expanding the perspective of talk therapy and expanding the therapeutic conversation in ways that I don't think Dr. Freud could have anticipated but acknowledging the complexity of human experience and the interplay between our psychology and our biology. So, thank you so much for this conversation, enlightening and very enjoyable.

Leslie Korn: Thank you, Rich.

Rich Simon: That's it for this installment of this webcast series on Mind-Body Approaches in Mental Health. We look forward to seeing you next time. Bye-bye.

**[End of Audio]**

**Duration: 65 Minutes**