



Episode 32 Transcript

Mary Purdy: So I wanted to share some personal news, which is the Good Clean Nutrition Podcast is going to have a new host. Yes, that's right. I am stepping down and I am passing the torch in order to pursue some professional opportunities. It has been an awesome experience and a real honor to help launch this award-winning show. And it's going to be awesome to have a new voice who's going to guide you listeners as you hear about the latest in clinical nutrition and sustainability and hot nutrition trends. So this will be my last show and the new host is going to be fabulous, and I definitely plan to keep listening and learning from the sidelines and remaining a fan of the show. See you later, and please keep in touch.

Dr. Drew Ramsey: One of my rules, Mary, is when there's just one soundbite about something, remember how everyone's always said it's fine for men to have two drinks and women to have one. Besides just blatant sexism and patriarchy that reeks of, there's only one study that said that, and by the way, it's not true.

Mary Purdy: Welcome to the Good Clean Nutrition podcast. I'm your host, Mary Purdy, integrative dietician and nutrition educator. Before we get started, we'd like to share a new feature that allows you to actively engage with the podcast. We'd like to invite you to submit your questions about episodes past or upcoming, to leave us a comment about how the show is relevant to you or simply make a suggestion on how to make the show better. We do want to hear from you and simply visit healthcare.orgain.com/podcast and record your voice message. We will review every submission and your questions, your suggestion and your comment could be incorporated into an upcoming recording. Now let's get into this episode.

Today we're talking about the impact that nutrition has on our brain function and how improvements in diet can assist in improving overall mental health and managing mental health issues. So before I went to school for nutrition, I think I felt that food went into your belly and was distributed to the rest of your body through your bloodstream, and it made sense that it might affect your heart and your liver and your kidney and things like that because they were all just right there in that neighborhood. But I don't think I understood that nutrients could actually travel to and affect the brain. And in school and even at conferences I went to, we would hear about the blood brain barrier, which was this thing that prevented anything from touching the brain. Nothing could get in there.

But turns out that ain't the truth. And when I first started seeing patients, they were coming in for energy or digestive issues or heart health issues, and I remember I had this patient who had high cholesterol and pre-diabetes and we were working with



him. And as his clinical issues and symptoms became better as it related to his heart health and his diabetes or pre-diabetes, he actually mentioned to me, "You know what? It's funny. I'm actually feeling better mood wise. I feel more clearheaded." And I started thinking, gosh, there is definitely a connection between all of our organs and our brain. They are all talking to each other. So what is good for the body is almost always good for the brain.

And today we are joined by Dr. Drew Ramsey, who I'm so excited to speak with. He is a nutritional psychiatrist, author, and organic farmer. Dr. Ramsey is a clear voice in the mental health conversation and one of psychiatry's leading proponents of using nutritional interventions. Thank you. He founded the Brain Food Clinic in New York City. His team offered the first nutritional psychiatry clinician training program helping hundreds of mental health clinicians learn the evidence and clinical methods to effectively use nutrition. He has authored four books on food and mental health and is an assistant clinical professor of psychiatry at Columbia University College of Physicians and Surgeons. Wow. Welcome Dr. Ramsey. What a pleasure to have you on the show.

Dr. Drew Ramsey: Well, hi there everyone. Hi Mary. It's so nice to be with you all. Thanks for that kind introduction.

Mary Purdy: Well, you are a nutritional psychiatrist and I think sometimes we don't hear those two words together. So talk a little bit about how you as a psychiatrist became interested in nutrition as a way to help people manage mental health issues.

Dr. Drew Ramsey: We don't hear those words in the past because they weren't put together at all. And so I'm really one of the first nutritional psychiatrists. There are a handful of us who've been interested in how do we incorporate food and nutrition into the clinical conversation and mental health settings. So nutritional psychiatry as I've defined it is the use of nutrition and for me that's really meant food really to focus on food and the challenges our patients have around food. Getting it, preparing it, eating it, enjoying it, not having so much guilt about it. So using food to optimize brain health just as a concept. What would we do differently at each meal if that was our number one top priority? We're not thinking about weight, we're not thinking about heart health. Not that those aren't important, but we're just thinking about your brain cells. What would they want because they're your hungriest cells.

Then the end of that definition is the use of nutrition to treat and prevent mental health disorders and concerns. And the idea behind that is really both of those are very powerful and somewhat different concepts. How we prevent mental health disorders, in some



ways it's the holy grail of any medical specialty. We'd love to put ourselves out of business because then people wouldn't suffer with mental health concerns.

But then the treatment piece has been so interesting, Mary, over the past, really, seven years, my ability to be in a Zoom room and talk with you with confidence and with significant evidence behind what we're saying. When you ask me about changing someone's diet later to help with mental health or depression, it is not a vague notion or a couple patient stories. There are multiple five, six randomized controlled trials now showing that works. So nutritional psychiatry is in some ways just being responsible with the evidence. We all know nutrition matters for food. We all know we've neglected that and we all know that we can't do that anymore. We have a massive mental health epidemic on our hands. Certainly food is not the only part of the solution, but it's a part of it and it's a part of the problem too. When you look at what happens when we eating, you get really sick and really, really struggle with your mental health.

Mary Purdy: Talk us through how does food and nutrition, what's the molecular mechanism, to bring us back to our graduate school days, of how food actually affects the brain?

Dr. Drew Ramsey: So yeah, let's geek out a little bit for a while, Mary. So in *Eat to Beat Depression and Anxiety*, my most recent book, I get into the science and what I call the new science of anxiety and depression. And it's not just me, this is anybody in medicine. If you talk to anybody who's on the clinical side of mental health and really up to date, we're talking about inflammation, we're talking about the microbiome, we're talking about neuroplasticity, the ability for brain to grow and repair itself. And so often when I meet people, they think, oh, I guess like Prozac and it's kind of disappointing. It's like it's the nineties. It's like I've done a lot since the nineties. We all have.

So the idea molecularly of what's going on, I've got a video up on my YouTube channel, the *Nine Mechanisms of Nutritional Psychiatry*, and these are the ones kind of broadly that I've identified with my collaborators and team as the kind of buckets by which it's working. And I'm not sure I'm going to remember all nine, but let's see. So one of the ways that food works and brain food works is a fundamental principle is a nutrient density. So we're looking for whole natural foods that have more nutrients than your average food. The difference, for example, if you're looking at fruits in your fridge and there's pears and raspberries, you've just picked two that actually have significantly more fiber. You've picked fruits that are naturally a little bit more lower glycemic and not that fruit in any way is a bad thing, but there's a way that if you are eating muscles tonight at home,



you're picking per calorie one of the foods that delivers more nutrition than anything else on the planet.

As we begin to shift towards that from process food, let's take a patient, one of my patients comes in, I treat men and women. Probably my favorite day is I'll treat some young guys in college and then I'll get to talk to some moms in their fifties and sixties. Probably my... I mean it's hard. I really love patients of all ages, but there's something about, I call them power moms. There's something about these really thoughtful parents who are running usually a big family system and all of the challenges to them and all of the challenges to them around food and food and mental health.

What we really try is like, hey, let's think, how do we open up that burger experience for you to diversify and increase the amount of nutrients you're getting while still making it really delicious? So mechanisms of more nutrients, mechanisms are decreasing inflammation. Much of that is achieved through modification and thinking about the microbiome. Again, really complex science, pretty easy clinically.

Besides all the nutrients and all the molecular geeky stuff, which is awesome, there's also just that very simple idea of community food community and food culture that often gets missed. And it's just as important to me that someone, if you feel cultural resonance with that burger and fries meal, that's what your dad grilled for you every time you went camping, there's nothing else I want to hear about you eating when you're camping. Because that's such a meaningful thing for you, your family, your father. And so understanding that cultural context.

And then belonging to a group, this is why we see the vegans and the carnivores and the paleos and the brain foodies all saying similar more things. Wow. Essentially, wow, I got a somewhat restrictive diet cutting out most processed foods and I feel better. And then everyone loves to argue and debate whether it's like meat or the no meat or this. And it sort of seems so clear in the work that it's mostly about ultra processed foods and getting rid of those.

Mary Purdy: Yeah. Or at least minimizing them, as you said. I love the connection and cultural piece too. It is so key to recognize that when people feel connected to food that connects them to their culture or to their family or to themselves, that in itself is a mental health benefit. And these mechanisms, I'm hearing to clarify the nutrient density, and I wish we had a new phrase for that because I feel like people don't understand. They hear the word dense and they go, "Oh, [inaudible 00:10:25]," but nutrient richness, this variety of nutrients.

Dr. Drew Ramsey: I like that one. Nutrient richness.

Mary Purdy: Yeah, I like it too. Thank you.



Dr. Drew Ramsey: It was a little better. I agree. Density. Who wants to be dense?

Mary Purdy: Yeah, dense [inaudible 00:10:35]. Who wants to be dense? Who wants to eat dense food unless you can get a good piece of German bread or something. But this idea of reducing inflammation, activating the microbiome or supporting the microbiome with diet and food, neuroplasticity, and that's such an empowering term, the idea of being able to heal and repair and grow and these new neural pathways that can actually develop as a result of activity and food. And I want to get into some of the specifics before we address specific mental health issues. You talk about brain fitness, which I think is such a fabulous term because we don't think we're like brain health, brain function. But brain fitness, yeah. What are some of the general tips for supporting brain fitness, food and diet and lifestyle?

Dr. Drew Ramsey: Mental fitness over the last maybe five years with our team has evolved as the larger umbrella that nutritional psychiatry is under. Or another way to put it is that it is one of the pillars of a foundation, but it's not the only one. You can eat all the brain foods. If your sleep quality stinks, I'm not going to be able to do my job helping you get to your best mental health that you've ever had. If you're not thinking about your relationships and your connections and your emotional fluency and awareness, I don't know, that really handicaps my ability to do my job and help you because so much of what I do is around that.

But mental fitness is a new content. It started actually, we have the Mental Fitness Kitchen, which is our free cooking class quarterly that we developed after the Healthy Med Trial came out. This was a trial. We've had a lot of patients come in and they like these ideas and they're excited to talk about food, but then how you actualize it, how you do brain food for a busy family of four where both parents are working? How do you do it when you've got a limited budget or you're a graduate student? How do you do it when you're a medical student and you've never eaten nuts before?

This happened to be one of my favorite, I shouldn't say favorite patients. I love my patients so much, all of them. So it's really a physician I worked with. I had worked with since he was a medical student, had never eaten nuts because he tried them once when he was a kid and he said, "They've tasted waxy to me and kind of rotten." And I was like, "Sounds like you had a rancid nut. Have you ever tried them again?" He said, "No." I said, "You ever eaten a cashew?" He said, "What's a cashew?" [inaudible 00:12:54] like Dr. Brain Food. I've got all the brain food snacks in my office. And I said, "Well, would you want to try cashew?" And I was thinking, is this okay in a psychotherapy office, I'm going to feed my patient. This is a boundary violation.



And it was like this little simple moment. This guy was basically like, "Hey, I'm crashing in the afternoon. I'm feeling..." A lot of what I felt in medical school just exposed, vulnerable. We call it getting pimped, which is such a horrible phrase. But getting pimped in medicine is when you go and you're in this big herd of doctors all in your white coats and they turn in and say, "So Dr. Ramsey, what are the five different types of ways you can get hypoglycemia? What are the four solid tumors that live in the..." And so I very much resonated with the anxiety he was having.

Not that nuts are going to help, but he just noted, "Man, I'm just nibbling on candy and I'm gaining weight and I'm getting kind of teased and I'm super anxious." And I'm like, "Well, what happens if you maybe nibble on some nuts?" What happens if in your lab coat you've got a little thing of cashews or almonds or walnuts? Let's try and unsalted and raw if possible. And it was really fun as a clinician the next month to hear about he was kind of pretty pleased with himself that he was eating nuts [inaudible 00:14:11] off the candy. So those kinds of things. And it's my hope that people start having, everyone has a mental fitness plan.

Every week, people look back on their week and they think about their physical fitness, did they or didn't they? What they did, we keep track more than ever with our trackers. How many steps, how many watts? I mean everything seems like it's calculated. My hope is that we radically transform our culture over the next few years in some ways really, really inspired out of the necessity that we saw during the pandemic and we become a culture of mental fitness. That's my hope here. I'm in this really wonderfully fit, very mental health oriented community in Jackson, Wyoming. And part of coming here was I think wanting to be part of a tribe that is prioritizing mental fitness.

Just like my lunges and my burpees and my planks and whatever other things, just as important just as high on the priority list with that 150 minute exercise recommendation, I have a set of activities and time set aside to take care of my mental fitness. Whether that's holding hands and going on a walk with my wife or whether that's, for me, I keep tracking dinner, how present I am, I get a score of whether I'm at dinner, which is pretty good for me. I'm seven out of seven nights most weeks. And then how present I am and I keep tracking that. I notice I really trying to look in people's eyes, my kids' eyes, keeping my phone away.

It's shocking to me as a mental health professional who really cared it's about connection and all that stuff that even for me, the phone's here, sure I'll start reading the Times in the middle of dinner. That's so horrible. And so really putting in... So mental fitness is about developing habits, so getting into routines and it's about prioritizing a care and nourishment of the self. Brain, food, sleep, movement.



And then for me, as someone who's been primarily a psychotherapist, I really over the last 20 years, what I've really done and spent most of my time doing is sitting with individual patients in 45 minute sessions. I don't know how many of that I've done probably 30,000 sessions at this point. In my new book that I'm working on now, trying to take some of what we do in psychotherapy, just so personally unique and to create some frameworks for people to be thinking about their own mental fitness from an emotional awareness and emotional wellness standpoint.

And so trying to really, as we've done with nutritional psychiatry, promote this new framework. Stop thinking about calories unless you're thinking about nutrient density. Start thinking about inflammation, start thinking about fermented foods in the microbiomes. Start having hopefulness. Like neuroplasticity, we had this at the center that's this molecule called BDNF, brain-derived neurotrophic factor. I call it the molecule of hope. And especially if you're listening in your middle age man, you get a little like, oh, I do remember that name. Like, oh, I do know where my keys are. It's like, oh, I do have a summer plan and I'm organized.

Mary Purdy: Indeed.

Dr. Drew Ramsey: It makes a big difference. You feel that mental fitness when you invest in it.

Mary Purdy: And the BDNF, I love that you mentioned that because something that I became really interested in. I know that exercise activates the BDNF and things like green tea, omega-3 fatty acids. I want to talk about some specific foods that you feel like actually support brain health or support mental fitness. What are your top five foods or food groups that really activate BDNF or support general mental health?

Dr. Drew Ramsey: I think about food and food categories with the idea of trying to move away from a super food movement. I'm super guilty. I was Dr. Kale for years. I ate a kale salad every day for years. Everywhere I went, I launched National Kale Day and wrote 50 Shades of Kale.

Mary Purdy: I was very excited about that [inaudible 00:18:08].

Dr. Drew Ramsey: For anybody listening who's thinking of writing a sexy book about a vegetable and you're in academic medicine, you should call me. It's maybe just something you want to talk through first.

Mary Purdy: Okay.

Dr. Drew Ramsey: But my top foods I think about, I have my little rhyme. Seafood, greens, nuts and beans. Those represent the food categories that have the most of the nutrients that do things like activate BDNF. I would add in their fermented foods. And so



when I think leafy greens, one, I think around how do people use those other than a salad. I think for so many Americans, leafy and greens means they buy at stock romaine or they buy a box of mesclun and watch half of it rot.

And so really encouraging people to move beyond salads with leafy greens and braising greens, sauteing greens, throwing greens in your soups and salads and sandwiches. Seafood, I really like to encourage people to move beyond wild salmon. And also again, as a nutritional psychiatrist, I don't want it to say, "Look, you eat more anchovies." I want to say, "Hey Mary, tell me about you and fish. What was your household like growing up with fish?" And if you lived on the coast, oh boy, I'm really excited. Because I grew up in the Midwest and so I love hearing those stories of the real fish eaters.

Where's fish now? Is it something you love and never cook at home? Is it something that you've never gotten a palate for? That really resonates with me. I didn't actually eat any seafood until I learned about the omega-3 fats and I was a resident at Columbia, and I remember I felt so dumb. I had this realization, Manhattan's an island. There's a lot of seafood around here. I should learn to eat that probably. It was just this kind of like, I'd never really thought about New York as a seafood town.

And then over the next several years I really learned to eat every type of seafood there was. But for seafood, thinking about the small fish like anchovies and sardines and how to do more than just open up the tin. And there are some people who do that, but most of us cook them in something or add them to a Caesar salad. I think about the bivalves, muscles, clams and oysters. Particularly muscles. One of my patients just yesterday I was talking about muscles and it's like, "Oh, I love cooking muscles. Those are good for me?" It's like, yeah, muscles are probably pound for pound, buck for buck one of the top things in the grocery store. They're alive, so you check them, but before you steam them, they're alive. So they're as fresh as it gets. But they're incredibly nutrient dense for omega-3 fats, iodine, selenium, iron, zinc, protein. I mean just the list goes on and on of those top brain nutrients.

Shrimp, wild shrimp, again, nice entry seafood where people are like, oh, it doesn't have enough omega-3 fats. It's like you're looking to diversify so you end up in the sort of two to four seafood meals a week, and so that means you just eat wild salmon for every one of those, you're going to get bored. I do. So it expanding. Rainbow trout, probably my biggest culinary accomplishment is my son said a few months ago that his favorite food was rainbow trout. I instantly started to cry, of course. But just that notion of diversity in the seafood.

Mary Purdy: And I want to do a side note here too is that seafood, the bivalves that you've talked about, they are also incredibly sustainable. So they're one of the foods



that are being touted right now as being more sustainable, fewer inputs, less impact on the environment. So I love that you're highlighting those.

Dr. Drew Ramsey: And like anything, there are challenges. People are worried about microplastics in the ocean. Bivalves [inaudible 00:21:36] the stomach, which is different than a filet of fish. There's concerns as the waters are warming. We've seen these reports this year of flesh-eating bacteria in the warm waters and that contaminating oysters.

There's certainly both this wonderful opportunity and then from a lot of patients sitting with them and going through those concerns, I mean I've definitely had food poisoning and it's part of look at what's the top food category in terms of what causes food poisoning in America. It's leafy greens, the one I just recommended to everyone. There's a reality of being a modern eater and some of the challenges we all face of sorting through the hysteria of some of the headlines and then also understanding some of the truth that there is a lot of contamination in food and processed.

Let's finish up these food categories. Seafood, greens. Pesto, just got to say pesto. It's just a great example of, that's one of the main ways I eat my leafy greens. I grow like 20 basil plants. If you look at my Instagram, @drewramseymd, I'm in my little greenhouse. One of the first things I did as a farm boy when I moved to Wyoming, this is the growing season here is like that was it. Snowing again. I mean there used to be just 30 frost-free days here now there's 60. So I have a little greenhouse. I'm learning some greenhouse growing, but I grow these massive basal plants and all these herbs and I make this really kind of herbaceous basally basil-y pesto because just such a great way to get lots and lots of greens that, again, we don't usually get and it gives me another excuse to eat pasta.

Seafood, greens, nuts. I'm looking around my office, all around me usually are bags of nuts, cashews, almonds, walnuts. I just think they're the ultimate snack. Lots of vitamin E in almonds, one of the top sources of vitamin E, that fat soluble vitamin, so important for brain health. 95%, 96% of Americans do not meet the recommended daily allowance of vitamin E. So in all my books like Eat Complete and Eat to Beat Depression and Anxiety, I try to get into this idea. The only reason to know vitamin E besides geeking out on PubMed is to figure out which foods have the most of them. And that's what I was so shocked I didn't know. That idea of really for all of us as eaters, what's your top magnesium food? Most of us just think, oh, well how much should I take at night? 400 milligrams, is that too much?



As opposed to how could we increase greens and beans and whole grains because that's where you find magnesium. So those are nuts. Then beans facing such a gross disturbing campaign of misinformation, beans and lentils. So I would like to stand here in front of you all. Sit here as a voracious bean eater, bean soaker, bean lover and bean prescriber. And then just a couple other in terms of top foods. Oh, so hummus, black beans, red beans, those are always in our rotation in our family. Really, especially for the kids, big dose of fiber, it goes down really easy.

And then adding more fermented foods as a food category that I've been thinking a lot about in terms of just my own diet of I stopped drinking alcohol and started drinking copious amounts of kombucha. Probably one of the bigger fights I've had with my spouse when she was like, "Are you going to keep drinking so much kombucha?" And I was like, "Are you kidding me?" I don't drink any alcohol and I'm getting flack from my kombucha budget? But she was right. I was drinking too much. She was right. As usual she was right.

But fermented foods, as you know Mary, is live bacteria. What's really interesting is the bacteria we eat are not the ones that grow in the gut. I think that's always surprising to people. It was surprising to me. And that the way that we shift the microbiome is not just by eating more plants. Plants are great. Most Americans certainly need to eat more, particularly those plants with more digestible, fermentable fibers that we call them the prebiotic foods. Oatmeal being a great recommendation or example. But these live foods. Foods you're going to find in the refrigerated section, sauerkraut, kimchi. It's sort of one of the most ancient processes in terms of humans and food. This is how we stored food is we fermented it.

So everything from fish sauce to making sauerkraut at home. Really fun thing to do with your kids. Don't forget to release the gas and don't be surprised, because it's really... It's a kind of shocking moment. Mary, you've made sauerkraut. The moment where it goes from this smells like a cabbage fart, yuck, to like, I could totally try this. This smells kind of tangy and good.

But fermented foods give us these live bacterias and just the data is really pouring in about how fermented foods actually modulate immunity. A lot of people are surprised. I was to learn that 70% of your immune cells in your immune system, really the center of your immune system is your gut. So we're talking about all these autoimmune disorders and we're talking about all this inflammation, it's one of those ways that food and mental health are just so clearly connected. Because if some of mental health, we know that maybe 30 to 40% of patients who have chronic depression struggle with excess inflammation and we all know that inflammation does not feel good. Anybody who's had a virus or been sick



recently, you know that kind of biological bad, sad, not energetic moods you get. It's a good example of inflammation's mood effects.

Mary Purdy: I'm Mary Purdy and you're listening to the Good Clean Nutrition podcast we're on with Dr. Drew Ramsey discussing how nutrition impacts our brains. So next we will be diving into some specific ways to support mental health and mental illness through diet. But first, a word from our sponsor on the podcast Orgain.

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Mary Purdy: Now let's get back to our conversation with Dr. Ramsey. So Dr. Ramsey, I want to talk about some specifics. Because I would imagine, as you've mentioned upfront, we have been dealing with an epidemic of depression, of anxiety, of so many mental health issues, and I would be curious if you could give us maybe perhaps a protocol that you've worked with to help people specifically deal with a mental health issue. Maybe it's choose your mental health issue that maybe perhaps you've worked with the most. Maybe it's anxiety. You mentioned eating for anxiety, eating for depression, or something perhaps more serious. What stands out to you as a way to really approach a very specific mental health issue with diet?

Dr. Drew Ramsey: Thanks, Mary for the question. I think probably sticking with depression is most appropriate because of the amount of evidence. So there have been multiple now clinical trials for the use of nutrition or food choice in the augmentation of depression treatment. The first trial, 30%, 32% went to full remission just by adding on a Mediterranean style diet. Most recently, the AMMEND trial, 36% of young men went into full remission of their depression simply by having two nutritional counseling sessions asking them to really stop eating so much processed food and start eating plants that they like.

So when I meet with an individual, I think that in terms of my protocol, the first piece of the protocol is going to be assessment. And then I find so often people are jumping into ideas and notions and making recommendations or taking recommendations without proper assessment. They have an idea what might be going wrong, which a huge piece of the puzzle, but sitting with someone and getting a sense, okay, is this depression? Is it a typical depression? Is it a postpartum depression? Is this a depression that's existential in flavor? Both your parents passed recently and your teenagers are harassing you and you're really wondering about the



meaning of life? Or is it more biological depression? Nothing's gone wrong, you just can't get out of bed and you want to kill yourself all the time, but everything in your life looks like there hasn't been a trauma or a tragedy.

So that assessment of where is the mood, concern coming from and then the individual, I would say, feel of it. When you look at clinical depression, there are nine different criteria. But someone who's irritable and not sleeping at all and feeling very hopeless and suicidal, it's very different than someone who's feeling lethargic, they're in bed all the time, they've gained 15 pounds and they just don't really have much motivation. Both people would meet criteria for clinical depression if they had a chronically [inaudible 00:30:11] mood for more than two weeks. So I think that assessment piece is my first step.

Then as a psychiatrist and a physician, I think sometimes people are surprised that sometimes initial steps for me include medications, and in part it's because they're very helpful and effective for a lot of patients. When we look at how medicines work, they work in some ways by dampening down some of the connections. If you're very activated, you're stuck in a really depressive thought loop, you're having a lot of really very dark thoughts. So making sure that I'm not in any way having my patients suffer longer than they need to. Both food and medications take three to six weeks to work.

Mary Purdy: And sometimes those medications, they help people get to the baseline that they need to get to so that eating fermented foods or even eating foods that support their brain is a viable option. So it can kind of give people that base.

Dr. Drew Ramsey: It's such a good point. It's like when I meet people and they don't like therapy, they don't like meds, they don't like psychiatrists, but they can get along with me well enough and they just want to talk about food. Some people are really uncomfortable with that. I love that. Because I think you know what? It's a pretty clear job of what you want and if you are ever going to try Zoloft, it's probably going to be with me because I'm going to sit with you and do everything I can with the food to help make that work and to be in a space where it's not doing enough, we can be honest about that and think about other options.

And I don't want to say it's not like food and Zoloft are the only two options we have in terms of my protocol for food, I do an assessment we teach in our clinical training program, a simple food assessment where I really like to walk through someone's day as an eater. You wake up, how are you feeling? What are your thoughts and feelings and associations about food? What do you eat for breakfast? What do you eat for lunch? What do you eat for dinner? What I find in general clinically is people, clinicians are often a little bit superficial on their history taking.



A good example, let me bring up my notes, a patient I just saw yesterday and we hadn't done a lot of food work and been working with him on some other really huge issues, but he's really interested in food. And I said, "Let's go through breakfast." And he said, "I usually skip breakfast." I said, "Okay." He said, "When I eat it, it's like oatmeal with some berries and some peanut butter." So you could stop there, but there's some things missing. He's a guy in his twenties, coffee or no? If no coffee, tea or no? And so how'd that happen? Most people are having a coffee in the morning. So you begin to learn something about him.

But then there's that question, what else? And he said, "Oh, well, there are a few other breakfast." I said, "Oh, what about eggs?" He's the one who said, "Oh yeah, no, no. A big breakfast for me, I get a couple of eggs, I scramble." I said, "What about smoothies?" Said, "Oh no smoothies." "How about yogurt?" "No..." So I kind of go through, there are really only five or six breakfasts that people eat and I just kind of check to really try and be thorough. So if you asked me in a broad brush way to paint someone's dietary pattern, I could. And if you asked me to say, oh, a typical Wednesday for Tom looks like what dietarily, I could tell you. And when he goes to the grocery store, what happens? I could tell you.

So getting in a little deeper is for all the clinicians listening, which all good clinicians know, but I think when we get rushed or when we don't kind of consider the work sacred in a certain way and really kind of get into the depth of it, we can forget that. We go through breakfast, lunch, and dinner. I go through snacks. I always like to know everyone's favorite food and favorite meal.

Mary Purdy: Yes, me too.

Dr. Drew Ramsey: I like to know foods that people feel guilty about. I like to hear people's goals right now. What are some things right now that strike you as really important. In doing this, I'm kind of watching the conversation with that clinical third eye and a vague attention to the food categories in nutritional psychiatry and what's missing. So if I hear about, and I'll sort of have it in front of me and I look at most of the meals people eat and I don't see a lot of plants, I'll say, "Tell me a little bit more about you and plants." Or if I don't see any seafood, I'll say, "Hey, I don't see any seafood here. Tell me about you and seafood." Where I want to hear both the narrative story of the person who's an eater, I want to hear what they like and they don't like, and I don't want to get a context.

Are you a sushi eater? No? No seafood? What about fish tacos? Oh, you like fish tacos? Okay. So just we're both brainstorming, recruiting framework about where the change can happen and what's next. The patient with the nuts, he didn't come in with nutritional goals, but he didn't like eating so much candy. He thought it was a



bad look in front of his attending doctors, and so that's where, as you said, it was a kind of simple intervention.

I think there's also just the, it's easy to make a change for a day or two. It takes a little bit to get into a good habit, and so I also really encourage clinicians just to be focused on those little steps, like little goals. Usually I meet with most patients weekly, and so it's just kind of once a month or so I like to bring up food and see if there's a little something we're working on or a little progress that they've made or a question that they have.

Mary Purdy: I would imagine that your suggestions are so much more well received because you've taken the time to get to know that person, to understand what their daily habits are, their likes, their dislikes, and what would make it easy for them to incorporate these foods. So you're not saying like, "Oh, you should have quinoa when they've never even heard of quinoa." It's more like, "Oh, let's just add some leafy greens to that sandwich that you're eating every single day," or whatever the case may be. So that speaks a lot.

Dr. Drew Ramsey: Well, thank you. I mean, I hope people feel known in that way that we try to know people in mental health and psychiatry and also I think sometimes we also need to have the humility that sometimes we have ideas that patients don't like or that don't work or that don't stick or that people are struggling with change for other reasons. And so I think the other, in terms of my protocol besides focusing on food and food categories after careful assessment. In the book, I go over a six week plan, which really is a notion of not doing it all at once. Let's focus on leafy greens and just kind of get more of those in for a week. Let's focus on seafood, try and get that in a couple of times this week. Next week, let's focus on nuts, beans, and seeds. You got a bunch of old stale stuff in your fridge, next week let's focus on fermented foods.

Just so there's a little bit of an agenda each week in terms of a goal for yourself. And for everyone listening, it's a little bit what I recommend for you as an eater too. The goals really need to move from what most people... Calories and quantity and really start focusing on specific foods like arugula or lentils or what's your butternut squash soup game like or tin fish game. I talk a lot, how's your tin fish game? It's got that same old tin of anchovies sitting in the back of your cupboard that've been there since 2017. Okay, get rid of those probably, and how could you commit to and accomplish an exploration of that food?

It's one of the other ways you're asking me mechanisms that we didn't mention that I love. It's the mechanism of empowerment. This thing is your mental health. Let's talk about how it's in your life. Now you've got a little goal, now you've eaten anchovies. Is everything great with your mental health? No, that's obviously not... It's not that



simple. But that loop of setting and achieving goals and doing something that for sure in the science is good for your mental health and your brain health, I think that's really a critical part.

Because when you're depressed or anxious struggling with your mental health, one of the worst parts is when you find yourself not doing as much as you need to about that. I have a patient right now who's not getting out of bed, and when I finally get to talk with her, usually later in the day, she's so remorseful. And so the even little things. Get up, have a smoothie. Get up, just have a cup of tea and get out. You can go back to bed if you need to, but at least get out and walk out, get some low lateral light in your eyes, [inaudible 00:38:15] fresh air.

Mary Purdy: Yeah. Those small steps, they really do add up. I have one final question for you as we wrap up here. Because I imagine people want to know you are a food first physician, as you said upfront. I also know that people have looked to supplements as something that might help to, again, supplement the process or add in some of those nutrients. And some things even that we hear about sometimes, like what about turmeric? What about l-theanine? What about taking GABA or St. John's wart? Which of these, if any, do you commonly work with and have they worked?

Dr. Drew Ramsey: Yeah. Well, I think there's a little... These have been studied extensively, and so I think that the challenge with some of what you mentioned is the difference between the clinical data and the public opinion. Turmeric is a good example and even a lot of experts still recommend turmeric. Lots of people talk about turmeric helping their joints, and so it's hard to hear that and not feel excited for them. It's great you're in less pain. I think the challenge is and one of the challenges clinical evidence is when you do a randomized trial of turmeric, there isn't really much of anything that happens, and even if as everyone loves to say, eat your turmeric with black pepper.

One of my rules, Mary, is when there's just one soundbite about something. Remember how everyone's always said it's fine for men to have two drinks and women to have one. Besides just blatant sexism and patriarchy that that reeks of, there's only one study that said that, and by the way, it's not true. The most recent research says that no amount of alcohol consumption is beneficial for your health, period. Minor amounts of alcohol consumption change your brain structure and brain matter, period.

Again, not to be fear mongering, but just so we think about something like turmeric, Society of Medicinal Chemists came out several years ago and issued a paper that essentially said, folks, there have been 1,000 randomized trials of turmeric for human health and zero of them have shown efficacy. What are you all thinking? Why are you



spending millions of dollars on turmeric? It's an amazing spice. Eating it is probably helpful. And then what I find interesting is there's always the couching, well, maybe it's great for the microbiome, maybe it does this maybe, and look, maybe it does. I certainly don't know, but I think there are some supplements like that where there's not data.

There's some supplements where there's a lot of data and it's not particularly good. Omega-3 fats are the best example of that. People, especially people who eat seafood, it's not really clear that taking omega-3 fats is helpful. In the meta-analysis of the trials for depression, you see one point of improvement on a clinical scale, and so it's statistically significant, but it's not clinically significant. Do I have patients take fish oil sometimes? Sure. If someone has a chronic mood disorder and they don't eat any seafood and they don't want to, but they're willing to take a fish oil supplement, that's a great way to get omega-3 fats into that person. If there's a vegan or vegetarian that I'm working with and they have a mood disorder, I'm going to wonder about fish oil or if they don't want to eat fish, I'm going to wonder about an algal oil. Again, it just is something to add in.

Other supplements I've been mostly more concerned about. Some of the ones you mentioned certainly have data. St. John's wort is probably the one that I've used the most to treat clinical depression. It's one of the most popular antidepressants prescribed in Europe and in Germany in particular. It's the top antidepressant for adolescents last time I checked, but might not be true anymore. But it has been sort of a challenge. There've been a couple of trials that have not shown efficacy. That's kind of similar, you can say the same thing about SSRI antidepressants. There's a mix of data.

But St. John's wort is one of those, again, that has reasonable data behind it and unclear exactly how it works, actually. There's a big shift in the mechanism. For a while, people thought it worked like an MAOI inhibitor, but it doesn't. Seems to work as a kind anti-inflammatory in the central part of the brain maybe or the stress modulator. I think things like supplemental magnesium is another one that I sort of see in my practice as patients really struggling with mood disorders and anxiety struggle with sleep, and magnesium tends to promote kind of more calm and more sleep.

Actually the very, very first clinical trial ever for depression was in the early 1900s and it was of IV magnesium for agitated depression, and it's one of these very old medical trials, but the reports were essentially after an hour, everyone was calm or asleep. Who knows? But just as we think about that nutrient, again, I mostly focus on how do we get people to eat more of it? Some of the other supplements that I just think are of interest, a lot of people take B vitamin, B vitamin complexes. I



think that mostly this is making expensive urine, your body... And also, I guess one of my other concerns about supplements is just sometimes people are very vigilant about the foods they put in their mouth, but there's not sometimes a consideration that your body has to deal with the supplements you put in your mouth and that it's actually hard. I mean, you've never done it, neither have I, but to get handed a set of 40 different molecules which have to be handled, processed, transported, modified, and excreted from the body.

Mary Purdy: Interesting. Yeah.

Dr. Drew Ramsey: That's pretty complicated to do for a biological organism. And so again, for people who are struggling with nutrition, you're traveling and you can't find good food or you're in a food desert or your kids are struggling with their mental health and for whatever reasons, budget, time, expertise, access, you just really don't feel like you're getting there nutritionally. That's where I think there's some appropriate use of supplements. I think especially for parents. Sometimes it just feels good, and I think it actually kind of shows how much we've abdicated our sense of health and wellness to the industry, so to speak. The idea that I feel more relieved when my kids take a fish oil pill and a multivitamin than I do when they eat wild salmon. Or a little more, maybe not relieved, but a little bit more like, sure, they got it. It speaks to the kind of supplement and pill culture that we have.

Mary Purdy: That's a great point, and this idea of somehow validating the pill over the food and how that's been presented to us culturally and from a societal perspective is very interesting to think about.

Dr. Drew Ramsey: Omega-3 fat's are medicine, but sardines-

Mary Purdy: That come in a little pill.

Dr. Drew Ramsey: ... Are food, and even though if you were going to supplement somebody or augment their diet with omega-3 fats, doing it with sardines would be... There's no clinical trial of that, but it would just be so much better for the individual's health.

Mary Purdy: Yeah. So seafood, beans, greens, nutrient richness, empowerment, reducing inflammation, connection, community, culture, all of this have been some of the highlights of our talk today, and I know that listeners will be interested in knowing how they can find you and learn a little bit about the clinic or the brain food score, your books. What would you like to share in your final moments here with us?



Dr. Drew Ramsey: Well, thanks. First, I want to thank everybody for listening, and I just want you to use this conversation for you and that I hope something, whether it's lentils, whether it's a silly dad joke I made, or whether it's one of those tangents that Mary pulled me back from, that sticks in your mind a little bit. I know it's a lot to ask and it helps you just make that little bit, just a little bit better choice for your mental fitness and your mental health. And so I always say I want us all to work on building our mental health and mental fitness, and then when you've got it to work on passing some of it on. I'm easy to find. I'm @drewramseymd, I'm on Instagram. That's my website. We have the Brain Food Clinic, which is our digital mental health service. We've actually also started a new integrative psychedelic medicine clinic in Jackson, Wyoming, Spruce Mental Health, so we're really excited about that.

Mary Purdy: Well, thank you so much. Feed Your mental health. Thank you, Dr. Ramsey. It's been great hearing all of these different ways and approaches to mental fitness, and I'm sure our listeners are feeling a little bit more mentally fit after this episode. So thank you so much for the work that you're doing with bringing in nutrition and food as a way to bring medicine or vitality to our brains.

Dr. Drew Ramsey: Thanks so much.

Mary Purdy: Thanks for tuning into this episode of the Good Clean Nutrition Podcast. If you like this podcast, we would really appreciate it if you would give it a five star rating or review on your favorite podcast platform like Apple Podcasts or Spotify or a thumbs up on YouTube if you're watching right now. And of course, as I mentioned earlier, if you want to submit a voice message with a question or a comment about today's episode with Dr. Ramsey, visit healthcare.orgain.com/podcast to record your message. And to stay up to date on the latest episodes of the podcast, be sure to subscribe.