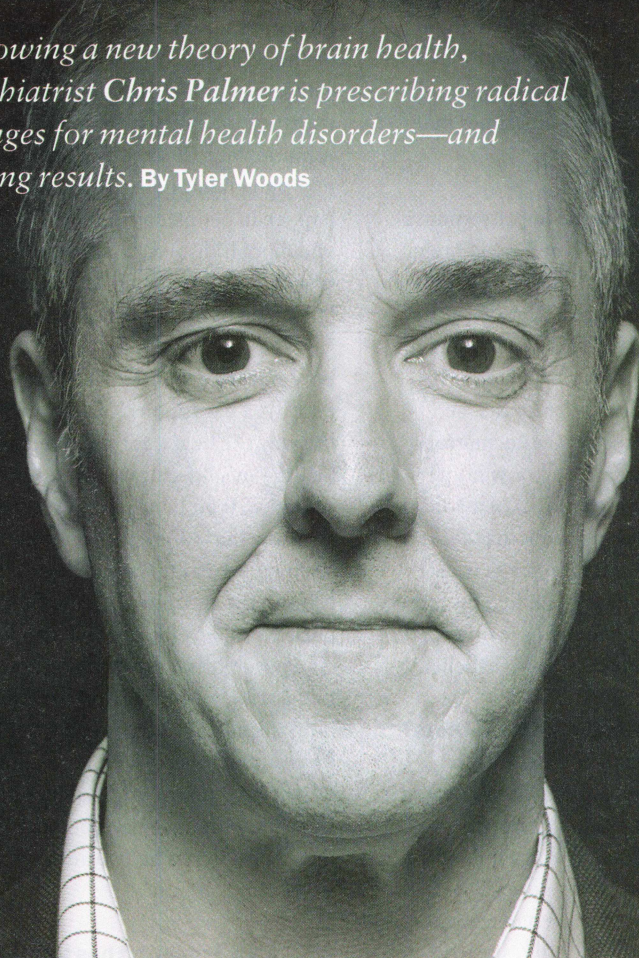


Personality

ECENTRIC'S CORNER

The Innovator Of Maladies

Following a new theory of brain health, psychiatrist Chris Palmer is prescribing radical changes for mental health disorders—and getting results. By Tyler Woods



COULD THE KEY to mental health lie in our mitochondria, the small organelles that exist within each of our cells? You might recall mitochondria as the “powerhouses of the cell” from biology class, but they do much more than just produce energy. In his book, *Brain Energy*, Harvard University psychiatrist Chris Palmer lays out a framework for understanding many maladies of the mind, in the process explaining why diet may be far more important for our mental health than any medication. Mitochondrial health, he posits, directly

affects the function (or dysfunction) of bodies and minds through metabolism, hormonal changes, neurotransmitter pathways, and inflammation.

Palmer has had success using a ketogenic diet to treat patients with schizoaffective and bipolar disorders and says it and similar psychiatric diets may not yet have broken into the mainstream of treatment, but that their use is rising. The ketogenic diet essentially eliminates carbohydrates, producing a state of ketosis in which cells burn fat rather than glucose for energy. The diet is not without challenges, but Palmer believes it supercharges the mitochondria, enabling the body to heal the brain. His work suggests vital clues to the underlying causes of many mental health problems—including his own.

How did you become aware of the mental health potential of a ketogenic diet? During my residency, I developed metabolic syndrome. I thought I was doing everything right, eating a low-fat diet and exercising, so I couldn't understand why I would have this syndrome in my 20s. I decided to try the then-new Atkins diet [a less extreme version of the ketogenic diet] and sure enough, within three months of starting a low-carbohydrate, high-fat diet, my metabolic syndrome was gone.

Did it affect your mental health as well? I have a history of mental illness, including OCD and chronic depression. After reducing my carbohydrates, I noticed that my mental health was better than it had ever been. I felt like a different person, and I actually had trouble believing it. I suggested it to friends and family, and they saw similar benefits.

When did you begin suggesting the



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diet in your practice? I'd been treating a patient with schizoaffective disorder for about eight years. We tried medicine after medicine. He'd been in a high-end, private residential treatment program. He told me he wanted to lose some weight, and we decided to try the ketogenic diet. Within two weeks, not only was he losing weight, but I started to notice a dramatic improvement in his mood. He was making better eye contact. He was talking a lot more. He was actually smiling, sometimes making jokes.

Did you connect these improvements to his metabolism? Not immediately. At the time I was just thinking, This is really interesting—maybe it's because he's feeling effective in his life, or maybe the weight loss is helping improve his mood. Then, after two months, he reported to me that his hallucinations were going away: "You know how I thought there were families controlling my thoughts? I don't think that's true anymore. Maybe it never even was." I could hardly believe it. I asked his father if he was noticing the same symptom relief, and he was equally in disbelief.

And then you suggested it to others? This diet can have unpleasant side effects and should always be done with the help of a physician or nutritionist. Many experience "keto flu" at the beginning, as the body adjusts. But yes, another patient of mine had the same diagnosis, and shockingly, she, too, got dramatically better on the diet. Was this real? I wanted to share it with the world, but I recognized nobody would believe it. So that sent me on a journey to understand the science, which ultimately led to the brain energy theory.

Your research took you into cell biology, neuroscience, and other fields. How long did the work take? About five

years. I became obsessed. I was waking up in the middle of the night, making notes on insights and problems. I was really dedicated to being a skeptic of what I was proposing; I modified the theory several times. I knew I really had to nail this down if I was going to come out with something this audacious. I was also fortunate that there's been a lot of work done on diet's effect on mental health, both recently and in the past. The ketogenic diet has been used in the treatment of epilepsy for a century. As I went through the research, I recognized that the cellular pathologies in epilepsy happen in people with schizophrenia and bipolar disorder, too. That was the first clue, and even in that early stage, I landed on mitochondria.

Why was it so audacious? Because it really is a paradigm shift. This isn't the way the field has treated mental health—it's "disruptive" in today's parlance. It's a hard pill for our field to swallow that we may have been prescribing medicines that reduce symptoms in the short run but might lead patients to develop chronic conditions. As a psychiatrist myself, it's almost nauseating to think, Did I contribute to human suffering? Our field was doing its best, but when you talk to clinicians who treat patients with schizophrenia, they know that we need better treatments and that what we administer is suboptimal at best.

What kind of support has this theory gained? Researchers around the world are now working on the mitochondrial theory of psychiatric disorders. The United Kingdom just provided its National Health Service with a grant to start a metabolic psychiatry hub. More research is coming out that supports this, which is an important signal because if a model is correct, it should be able to predict future research findings.

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You write that your mother lived with psychosis. How did that affect your childhood? I am one of eight children. My parents lived a pretty simple, middle-class life until it started to fall apart. My father started a pharmacy, and my mother worked in it. After a traumatic event in her family, she had what she called “a nervous breakdown,” which led to severe depression and the development of psychotic symptoms. She was involuntarily hospitalized and medicated. She saw a priest and nuns for counseling. None of it worked, and she never got better.

How did you come to experience homelessness? When my parents got divorced, I went to live with my mother because I worried about her and didn’t get along with my father. At first, she was renting a room in a boarding house. I was 12 or 13 at the time. The courts gave us a credit card we used to buy food, but we maxed it out after a few months. We had a van with reclining seats and slept a few nights in there. Finally, we ended up in a Catholic homeless shelter. I remember going off to my first day of high school from there. Eventually, we got an apartment, literally next to the railroad tracks. I was miserable. At some point, I went back to live with my dad, but I stayed there only a short time.

Where did you go? I had been working at McDonald’s, and one of the managers there was a friend. She and her husband said, “Come move in with us.”

How did you keep your grades up? I didn’t. I flunked classes in high school. I actually was ready to drop out, but my vice principal said: “Chris Palmer, you are not dropping out. You’re going to come and talk to me, and I’m going to counsel you.”

You were going through your own mental health challenges? I was a mess. I was hospitalized for depression and suicidality. I remember crying every single night, just sobbing. Eventually, I lost the ability to cry. In my early teens, I also realized I was gay. So I was also convinced I’d be burning in hell for eternity. I attempted suicide several times.

How did you manage college? I didn’t get financial help, so I had to skip the first semester and kept working at McDonald’s and catering. I even sold blood plasma. I think, because of all of that, I felt that if I’m going to college, I’m going to try my hardest. And it turned out that, with a little studying, I could get straight A’s.

One of the patients you write about was the son of the founder of Roblox. How did you treat him? Matt had been diagnosed with treatment-resistant bipolar disorder. He’d seen something like 40 mental health professionals and tried as many as 29 medications. Psychiatrists encouraged his family to accept that his mental illness was going to last for life, but his mom was not willing to give up. She listened to a podcast I was on and reached out. I consulted with his psychiatrists, and he started the ketogenic diet. There were some bumps along the way, but by four months, his symptoms were in complete remission. He has a new life. His parents are now funding research on the ketogenic diet.

What are you working on next? I am starting a clinic where psychiatrists can work with therapists and dietitians, fitness trainers, sleep specialists, and neurologists to integrate metabolic health and mental health. The hope is that we can eventually treat thousands. For people with treatment-resistant illnesses, we’re going to work tirelessly to get them better. ■