

A sunburst graphic with numerous thin, light gray lines radiating from a central point behind the text.

Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 90: A Mind Of Your Own: Tackling Mental
Illness and Fixing Hormones with Dr. Kelly Brogan

Child: Welcome to my Mommy's podcast.

Katie: Do you love the taste and the benefits of bone broth but don't love how time consuming it is to make? With the time you spend sourcing the best ingredients and then simmering it for hours on end on the stove. Kettle and Fire solves that problem with their bone broth. So they use only bones from 100% grass-fed pasture raised cattle that are never given hormones and antibiotics. It's also unique because they focus on bones that are especially high in collagen, which is one of the healthiest things you can put in your body. Another great thing about them is that they use really eco-friendly minimal packaging and their bone broth is non-perishable. So unlike many bone broths on the market, it ships without the need for refrigeration, which is also much more eco-friendly. It is available in many stores, so definitely check your local area. But if it's not, like it isn't for me, you can order it online and have it shipped to your door, which is what I do. So to check it out and to find out more about why their bone broth is so wonderful, go to kettleandfire.com/wellnessmama.

This episode is sponsored by Plant Therapy. There are so many options out there when it comes to essential oils and I've used a lot of them over the years. Now I most often turn to Plant Therapy because they have a large assortment of organic oils and a whole lot of kid-safe blends and they also have really good prices. The cool thing is their oils have no additives or synthetic ingredients like a lot of oils do. And they publish their testing results for all of their oils so you can verify the quality. I've talked a lot about the safe use of essential oils and their kid-safe blends are formulated by Robert Tisserand, who is largely considered one of the foremost experts in essential oil safety, so I feel I can trust him. If you want to check them out, especially right now they're running some big sales that are changing daily. Go to wellnessmama.com/go/oils to get all the current discounts.

Katie: Hi, and welcome to The Healthy Moms Podcast. I'm Katie, from Wellnessmama.com. And I'm here today with a guest who was requested many many times. Dr. Kelly Brogan is a Manhattan-based holistic women's health psychiatrist. She's the author of the Bestselling book, "A Mind of Your Own," and she has psychiatric training from NYU Medical Center, and she has a specialty in this area, especially with women. She is board certified in psychiatry, psychosomatic medicine, and integrative holistic medicine, and she really focuses on finding the root cause of the symptoms and syndromes and fixing the problem. So she's been featured on pretty much every media that I can think of. She's very very well read and well spoken and I know that she's gonna have answers for a lot of you today. So, Dr. Brogan welcome, thanks for being here.

Kelly: It's really an honor to be here and to close this loop. I'm a huge fan, total pleasure to be here.

Katie: I think it's gonna be a great conversation. And I feel like it will be fun for me to delve into. I've never struggled personally with any kind of like mental health issue, but I have a couple close friends who have. And I feel like especially for women, it's a taboo topic. It's funny to me like the contrast, I'll get random people in the grocery store who ask me if I'm done having kids or like why I like to have sex so much, and that's apparently not off the table. But when it comes to mental health or for women also miscarriage, I feel like

there's these areas that we feel we can't talk about and that probably there's a lot of deep pain for a lot of people and it would help to talk through. And I know that you have no problem broaching these topics, and I want to delve in today. So to start today can we hear a little about your background, and how you got into this area in the first place.

Kelly: Yeah, so I come from you know, a very conventional upbringing. So you know, sort of a lot of what I have come on to later in my life is very very new to me. I didn't grow up in a very conscious wellness-oriented family. You know, certainly wasn't raised by Bohemians. And anyway, my mom is from Italy and so I was raised the way any child of an immigrant is, where you know, you become a doctor or a lawyer. You make a lot of money, and you follow the rules. You know, that was sort of the edict. And so I very much believed in you know, conventional medicine. I was a neuroscience major in college at MIT, and strangely...actually it's not so strange, but MIT has a big issue with suicide.

And I volunteered on a suicide hotline while I was in college. I don't know what attracted me you know, to do that in my spare time but I did, and I was left with the impression you know, sort of dovetailing with my major that we had cracked the code of human behavior, right? So we have the science, we have the resources, and we just need to get people to treatment. We need more and more accessibility around medication-based treatments. And so I literally went to medical school to learn how to prescribe psychiatric medication. And I've always been a feminist you know, from when I was like a kid. Maybe even in the womb, I don't know. But I oriented myself around what I now see as a more sort of masculinized femininity where I really felt very strongly that women needed to play in the same game as men and win. And so I was you know, very much sort of pro-elective C-sections, and pro-Gardasil vaccine you know, for HPV, and pro-longterm birth control for as many years as you needed it.

And I, of course, you know, I don't know, I found that it was probably an entitlement for women to take psychiatric medications at any time in any amount and throughout their pregnancies and breastfeeding. So believe it or not, I was one of the first 300 psychiatrists in the world to specialize in medicating pregnant and breastfeeding women. Now we have one in four women of reproductive age on psychotropic medication, probably many people listening. And it makes sense that people have made that choice because as you mentioned, you know, we have been led to believe that struggle, and grief, and shifts and changes in behavior that you know, intense fatigue and inattention. That all of these things are bad, right? And that they are evidence of dysfunction. And we can talk about how sort of the disease-based model of medicine is evolving and changing.

But suffice it to say that I came from that mentality. Very much a believer in conventional medicine. And it was through my own experience with a diagnosis of Hashimoto's, an autoimmune thyroid condition after my first pregnancy. Having never had a health problem, ever before in my life, despite totally trashing my body. Literally, eating McDonald's and candy every single day. That I opted for a naturopathic solution because I knew what conventional medicine had to offer. I knew that I would be on Synthroid for the rest of my life, feeling largely like crap. And I wanted out. So I, you know, went the naturopathic route, I put my condition into full remission on paper, and it sort of, I don't know, it was the beginning of an awakening for me where I applied all of my science sort of oriented interests: I've always been a science nut. I've been spending hours every Saturday of my life on PubMed for 14 years. And so I just switched directions and I said, "Okay, this is what I was taught in my training. You know, very expensive Ivy League training. And I'm going to now look for myself." And you know, see what it was that I wasn't spoon-fed.

And what I learned was really quite shocking, actually enraging, in a lot of the phases of my exploratory research. And it drove me to a perspective on pharmaceutical medicine that is, of course, considered quite radical at this point but you know, man am I glad that happened, because the outcomes that I have in my practice today, I literally can't publish them fast enough. It's you know, a type of...I don't know a perspective on health and healing that we're never told about you know, in terms of what's possible. And I am very honored you know, to sort of witness this every single day in my office and now, you know, bring it out into the world on a greater scale. So that's pretty much...what I'm here to talk about is you know, sort of "What you may not know is possible around the resolution of chronic illness."

Katie: I love that and I love that there's someone else who spends their weekends on PubMed. You obviously have the training to probably better interpret the studies but I find them super fascinating. But I'm still stuck on what you said that one in four women is medicated. And I did not actually know that number until reading your information and I was shocked. That to me is so staggering. If it was anything else I feel like we'd be talking about an epidemic. And there should be much more awareness and knowledge around this. So what do you think are some of the factors that are causing this and where's the gap in the traditional approach? Why are we seeing such high levels and is it fixing anyone?

Kelly: It's a perfect question. and in fact, you know, a part of the sort of story that I didn't mention answers that question. Which is that in 2010, I was given a book. So this was you know, right after I had my Hashimoto's healing experience that of course, you know, conventional medicine would say is not even possible. And I was given this book called "Anatomy of an Epidemic" by investigative journalist Robert Whitaker. And I read the book, and I remember literally crying on the subway. Because I finished the book and my entire world crumbled in front of my eyes. Like literally, everything I had ever learned about my own specialty...I was embarking you know, into private practice on my own, I had to throw out. And because of that book, and I'll tell you what its assertion you know, is, I put down my prescription pad and I never started a patient on medication again. And that was you know, I had to throw away my entire training.

So obviously, I had to be ready to do that. And I was ready to do that because I had already come on to another path, right? But many many prescribers and my own friends have read that book and it didn't change anything for them. So what that book says is through the analysis of non-industry-funded literature. So medical studies that the pharmaceutical industry did not themselves pay for, okay? He seeks to answer you know, one question. Which is, if we have more and more incidence of chronic mental illness, right? So depression is the leading cause of disability according to the WHO in the world. So it's only becoming more and more prevalent. How is it that that incidence is escalating when we have more and more access to treatment, right? Shouldn't there be more treatment? One in four women being treated. Shouldn't there be more treatment and less disability? Isn't that the point of treatment? And what he argues, not only for depression but for ADHD, and schizophrenia, and mood disorders generally, like bipolar disorder. What he argues is actually that the very treatment itself is perpetuating chronic illness where in its natural history in the past, you know, we can study from the 1930s and 1940s for example, this might have been a one episode experience that even spontaneously resolved. Now we are generating epidemics of chronic mental illness and associated disability through the medication you know, choices that we are making.

That so provocative you know, it's like the most controversial conclusion you could come to because it requires letting go of this notion that medications are safe and effective you know, when it comes to psychiatry. And of course, I've extrapolated this conversation into other disciplines of Medicine looking at you know, antibiotics etc. But it's provocative. But it's hard to argue with what the science states you know, which

is pretty clear. And you know, I believe in informed consent, I believe that you know, everyone should be free to make their own decisions around the medicine that makes sense to them, but they can only make those decisions when they have a full picture of the available information. And it's very clear to me that I hadn't been providing that to the patients I had treated up until that point.

Katie: Got you. So take us through this. I have no experience of this so I'm genuinely curious. If someone presents with these symptoms and goes to, for instance, just a conventional doctor, what would kind of be the process that a woman will be taken through? And what would she be most likely to be prescribed?

Kelly: So here's the process. It's disarmingly abrupt. So actually, most psychotropic medications are prescribed by primary care doctors or internists. More than 60% of them. So you might show up to your primary care doctor and let's say, something is just off, right? You're tired, you know, you can't concentrate, you're feeling like super unmotivated and irritable. Maybe you're having sleep issues, you know, maybe you've gained 15 pounds then you're pretty constipated. You've noticed you're also losing a bunch of hair. Generally, you're just are sort of end of your rope. And you get to the office, and you're so relieved to have somebody pay attention to the complex issues you're struggling with for 10 minutes, that you start crying in the office. The Ockham's Razor here, the simplest solution that this doctor can offer you...because doctors by and large are not bad people, they want to help. But they have a very small tool kit. In fact, it's basically like a one-tool kit, right? So they pretty much can only offer a prescription. And you will get that prescription whether it's from an internist or a psychiatrist, sometimes after a 10-minute conversation.

So it's important to remember that in psychiatry and psychiatric diagnosis we don't have blood tests, we don't have MRIs, we don't have you know, any sort of EEGs or special scans. There's no objective diagnosis. So it's really a conversation. It could be as simple as like a quiz. Something like you would find in "Cosmo Magazine" or something. That's literally how a diagnosis is rendered in this field, and it's totally subjective. And this has been borne out you know, in research from many decades ago where they sent actors and acting crazy in an emergency room, and they all left with prescriptions or were institutionalized. So this is sort of what we're dealing with and we're calling it "Science." And unfortunately, just because it's all that we have available doesn't mean that it's really what's in the best interest of people who's struggles are very real. You know, we're sick in ways that are very complex today, because we are dealing with a critical burden of you know, toxic and exposure, special kind of chronic stress. We're feeling divorced from our communities, from our families, even from our own souls, you know.

And so we're struggling. And when a doctor has 10 minutes and no specific tools or training to really dig deep into the personal experience of your journey, then it makes a lot of sense that they would just try to take the edge off and offer you something that seems like a reasonable solution.

Katie: That makes sense. So understanding what you know now, if someone came to you, how would the approach differ? Because listening to the symptoms you just named, in my head, at least, I'm like, "Well, to me, like why aren't they checking their thyroid? Those are some of the few things I had. And I feel like that when I, you know, don't get enough Omega 3s and don't get enough sleep. Like why aren't they addressing this?" So what's your understanding of that now? How does that differ?

Kelly: So here's where when you said that you don't have the training to interpret scientific literature, that's absolutely false. You know infinitely more as a wellness expert than I would say, 99.9% of trained physicians out there. And part of this phenomenon is that it takes according to you know, statistical research, 17 years

for what is in the primary medical literature to trickle down into a gold standard clinical practice. So that, you know, sort of brain-gaps so to speak... isn't it? And that's a generation you know, and that's an extraordinarily long period of time. So what happens is that you know, your lovely, wonderful, well-intentioned doctor is practicing antiquated medicine.

And one of the many ways in which conventional medicine is behind the times is in understanding the complexity of the immune system and its seat in the gut, right? And how these related symptoms you know, like what we're talking about Hashimoto's or other kinds of autoimmune conditions that, of course, have greater prevalence in women, how they can manifest psychiatrically, right? So if you don't know what to look for, and that's why I do believe in you know, a basic screening if you have complex symptoms, because you know how to look for you know, the evidence of Hashimoto' in lab work. But actually, conventional doctors are not only not trained in how to look for antibodies routinely, how to look for free thyroid hormones or maybe even a Reverse T3. They're not trained to look at that, they're trained to interpret only the reference range. But then they are also in no way equipped to make any sort of meaningful recommendations around autoimmune conditions. Autoimmune conditions weren't even really a part of my medical training and I am not that old. So this is where lifestyle-based illnesses are outpacing conventional medicines ability to even sort of meet the demand diagnostically, let alone, therapeutically.

So when I meet with a patient, I am very interested in what are some of the potential totally reversible physiologic imbalances that could lead you to a psychiatric prescription. I find that there are four or five very common ones. And for some patients, it's important to identify what those are. Sometimes you can just you know, take on a healing protocol and like "who cares" because when you're feeling better you're feeling better. And that's gonna put you in a tremendous position to come off of medication if you happen to be on it or to avoid it if you'd like to regardless of what was driving it. But I would say that some of the most...these are not gonna surprise you. Some of the most common imbalances include: probably number one is dysglycemia or blood sugar imbalance, right? So I've had patients who come to my office with anything from six panic attacks a day, to diagnoses of you know, complex insomnia, to chronic fatigue. And all that they had was a natural physiologic response to you know, too much sugar. Processed sugar consumption. And it was driving a seemingly psychiatric constellation of symptoms. And as you well know, this is reversible sometimes within you know, weeks.

So you know, blood sugar amounts is one. I think it's probably no coincidence that I was diagnosed with Hashimoto's myself, because it helped me to plumb the literature that is very robust suggesting that everything from postpartum psychosis, to you know, psychotic depression, to suicidality, to bipolar disorder, has significant correlation at worst, and causation at you know, sort of most meaningful around the sort of complexity of thyroid function and it's interface with the immune system. So if you know that little fact, then you're going to, of course, as you suggested, first look for evidence of antibodies. We actually know from the literature that when there are antibodies, even if the hormones look totally cool, that alone is enough to generate what we might call psychiatric symptoms. So it matters, right? And what you do about it of course, matters, in terms of lifestyle-based healing. So there's that one.

Another one is growing literature that suggests that antigenic foods like wheat and dairy may be specifically problematic on a brain-based level for a subpopulation. And I, personally, you know, do food allergy testing or anything along those lines because I think it can be a lot easier, and more direct, and empowering frankly, to just sort of engage in a structured elimination and observe for yourself you know, what you notice. And this is not like you know, sort of for the worried well. I mean, I have even on my blog published cases, particularly

one recent one from "The New England Journal." It's a 37-year-old woman who was so psychotic that her family took out a restraining order on her. She was rendered homeless. And all that she had was celiac disease. Once they finally, after medicating her for a year, once they finally diagnosed her on intestinal biopsy with celiac disease, they put her on a strict gluten-free diet for three months and she was like totally back to her normal self. So this is not a minor contributor. I mean, this can masquerade as some pretty severe illness.

And I would say you know, the last category to really consider was where most of my learning came from in my own independent research which was around medication side effects. So you know, when it comes to medications, unfortunately, there's sort of no free lunch is what I've learned. And you know, where there might be a desirable effect of a medication. Whether it's a painkiller or an acid blocker or you know, a birth control pill, the nature of the side effects that manifest for you personally is a bit of a Russian roulette. You know, we know it's common and we know it's rare, but something that's rare if it happens to you, we don't care that it was rare, right? And so to understand that many many routine medications actually have the potential to have very significant psychiatric side effects, whether that's cognitive changes, behavioral changes, mood changes, is important because otherwise, you could end up taking another medication. Like if you're on birth control and you're having psychiatric side effects, you might end up on an antidepressant, even though the root cause of your issue was the birth control, which you may be taking because of hormonal imbalance, and the root cause of that is something resolvable through lifestyle changes.

So it's just important to have this awareness if you are finding yourself getting put into a category of you know, sort of psychiatric labeling or considering that you might have a mental illness. Because the potential for total and complete reversal I believe is you know, sort of "the sky is the limit." I don't think that there's a person on earth who can't heal what is manifesting as mental illness symptoms if they believe it's possible, and they have the wherewithal to commit to lifestyle change. That's the conclusion I've come to.

Katie: Yeah I definitely wanna delve into that. And I think that's so important what you just said. "It doesn't matter if it's rare if happens to you" because that really hit me with...I had placenta previa with my third child, and I always like glazed over those sections in the book and I never read anything about C-sections because I'm like, "Well, I'm never gonna have one, obviously," until I did. And it didn't matter that I was like a 1 in 10,000 chance because it happened to me.

Kelly: Exactly, right. And so this is where personalized medicine you know, is the wave of the future. And unfortunately, in the conventional model, we just aren't trained to think that way, right? We're trained to think of you as, you know, you're the cirrhosis in the room 104. You know, it's a disease-based model. And we're learning that if we really begin to look at and individualize sort of application of the available science, people have experiences that are more empowering to them that they can heal from more quickly, and you know, sort of integrate into their life path more meaningfully.

Katie: Yeah, I think that's really powerful that these are potentially very big symptoms, but they're not necessarily the root of the problem. I think that's super important. And I agree with you, I think most doctors do mean well, and like you wouldn't make it through all those years of school if you didn't have a desire to help people. And unfortunately, I've met a few though that have that...I've seen the coffee mug and they have the attitude like, "Don't confuse your Google search with my medical degree." And they kind of like even like poo-poo the idea of "informed consent." And I am always like, "No, don't confuse your medical degree with like me not having a right to my own bodily autonomy right now."

But I think this is super, super important and I wanna go deep here. So what are some of the ways that you're seeing the outcomes? Because from reading through your blog you're having amazing results. And as I said, I have friends who are struggling with depression or these different...especially postpartum depression. And it is a very real thing. Like what they're going through is real, but they also maybe not getting the best solution. So can you talk to that on a deeper level?

Kelly: Absolutely. I mean, this is why I wake up every single day because you know, I literally have what I think is the best job in the world and I certainly didn't feel that way when I was prescribing. You know, my specialization as I mentioned was in pregnancy and postpartum, and so I would say the bulk of my patients as particularly early on were labeled with postpartum depression, and many of them were medicated. It's interesting because there are actually like three randomized trials of antidepressants in the postpartum window, so we're just sort of assuming and extrapolating from other assumptions. And extrapolations around medication for depression in this very special population. You know, what is going on physiologically, again, from an immune standpoint, from an endocrine standpoint. That is totally unacknowledged by psychiatry as a branch of medicine.

I mean, we don't get educated about hormones and immune function. That is just not a part of psychiatric awareness. Unfortunately, considering a whole branch of medicine called Psychoneuroimmunology is 20 years old. You know, this is not new fangled stuff, but we don't learn about it. And so that person is looking at a postpartum woman as just basically another you know, case of major depressive disorder that happens to be happening postpartum, you know. And that's absolutely not the case. I mean, the adaptation back to optimal physiology postpartum is becoming more and more complex, and I think it's probably part of the body burden that we're taking on intergenerationally that makes it more challenging for us to bounce back after we have built a human being in our bodies. You know, that it might have been 200 to 300 years ago.

So there's a very real physiologic component not to mention even just the emergence of autoimmune conditions postpartum that masquerade psychiatrically right. But then I believe that there are other elements you know, as I have delved into sort of understanding how we've evolved and what we did differently ancestrally than we do now, just sort of longing for this kind of wisdom.

It's become really apparent to me that, you know, I practice in Manhattan, that we're raising babies as women in a way that has never been attempted before in human history, right? Like if you think about it, I don't think a woman in human history was ever alone with a baby or babies, okay? That would have been a major signal of bodily you know, threat if a woman was ever alone somehow with her baby because we are always and have always been community oriented tribal people. And we always had many many eyes around us, many many hands to help us. And particularly, you know, a woman who has recently given birth you know, there was an entire village there of you know, sisters, cousins, aunts, friends to support that process. So when you are you know, in your Brooklyn apartment by yourself for eight hours with your newborn and you have no idea what you're doing, you have no support around your own self-care, should we pathologize the fact that that there's some pretty major alarm bells going off in that woman's body, mind, and spirit? I don't know. Seems to me like maybe that's a sign and a signal, an invitation to you know, to take a look at what's out of balance here and what could be you know, better offered, what kind of support could be manifested. So that sort of, the whole cultural context is totally ignored as well.

So you know, when it comes to the question of...and I get this question a lot. Well, that's interesting and you

know, of course, that makes sense and you know, you do wanna look at the lifestyle factors and try to optimize them over time. But obviously, if someone is really struggling they need medication, right? so that's the question that of course, I get, and it's such an embedded assumption. And of course, as I mentioned, it was my assumption as well. I mean, it was my assumption for the greater part of my conventional career that I would have considered no other alternative as being even remotely legitimate, and of course, would have assumed it was a reckless thing not to prescribe. But what has led me to the conclusion that beginning with medication as a first line intervention, you know, sort of that there are significant flaws in that thinking, is actually the scientific literature itself, right?

So I've had my own sort of process of awakening and you know, sort of spiritual rebirth over the past you know, about in almost 10 years but that just gives color to the science that I have explored which suggests that actually, the efficacy of these medications isn't what we are told it is, and that the safety of these medications is absolutely not disclosed to the average patient. And there are some pretty alarming things that I have learned that led me to put down my prescription pad. But that's all secondary to the fact that the outcomes that I have seen in my own practice and online program since committing to this non-medication orientation literally blow me away every day. Because you know, when I first started down this path I just knew that I recovered myself and I knew I was told that that wasn't possible.

Okay, so with that in mind I was embarking down this path you know, with women who are curious, but they certainly didn't have much reason to be confident in my approach because I didn't know what I was doing either, you know. Those are the humble origins.

But over time you know, I have refined and tested, and perhaps I don't know, you know, perfected for some ready, willing, and able women, a protocol that seems to be a slam dunk. And I would preface you know, what I'm saying with one very important caveat which is that "You must believe that this is possible." You must believe that you are not you know, fundamentally a psychiatric patient. You know, a mental case for life. You must believe that your body has the capacity to heal that you were never told of you know, was possible. And you must believe that whatever you encounter in your life in the darker realms, right? So around struggle, and suffering, and grief, and pain. That that's a part of the human experience. All of those principles have to be at play in order for this to work. And if they are, it always works. So the mindset and the belief is a non-negotiable ingredient and when it's there, it's almost the assurance of the outcome you most desire.

And you know, so what I have found is that I thought at one point that mental illness was a genetic problem, right? Your aunt has schizophrenia, your cousin has schizophrenia, you know, what if after you have a baby you go crazy, right? It's in your family. Or you know, your dad has alcoholism, and your uncle is a heroin addict, so probably you're gonna be an addict of some kind too. This is the genetic determinism model that underpins conventional thinking around health and disease. It's through every single discipline. And there's some appeal to that, right? Because it sort of takes the responsibility out of your hands. If what you eat doesn't matter, if what you think doesn't matter, if you're toxic exposures don't matter. Because it's you know, genetically written, and well, it's a disease and you just gotta manage it, there's nothing you can do about it. Then you sort of get validated you know, in your struggle. And then you also sort of just have to follow the rules, right? But there's nothing in there that says, "No actually, you have to take responsibility for this." And if you do that, which is really hard. But if you do that, then you have the potential to be basically reborn as a human. You have the potential to heal and evolve on your personal trajectory, in ways that you never ever thought were possible. So isn't that awesome, you know?

But what I find is that a lot of people resist that, right? They resist this idea that it's not genetic or that it's not a chemical imbalance. Because in some ways, puts the ball back in their court to make some pretty radical changes to their lives you know. And those changes start with self-care and a real commitment to self-care. That is you know, often requires...I don't have to tell you that, a total restructuring of your life around that commitment. And then it begins to sort of trickle outwards.

And you know, I have a staggering divorce rate from beginning to completion of treatment in my practice. It's not something I encourage or you know, even necessarily have any you know, sort of say in. But part of the process of sort of awakening to your own empowerment, which I have witnessed comes with the medication tapering experience, is waking up you know, to the circumstances of your life and saying, "Actually, I don't wanna work this job anymore." Or "Actually I hate living in this house." Or "Actually this relationship no longer serves me and it's a container I need to break out of." So you know, this is not a path for you know, the feeble, I don't know, the faint of heart. I mean, it's a warrior path in many ways. But I do believe that more and more women are being called to this portal to their own self-empowerment.

And what I have found again, just through observation, is that there is a level of consciousness that you can achieve when you're medicated. And then there is a whole another part of you that is you know, expansively exposed as you come off of medication and when you're off it. And I've tried to sort of catalog this transformational process on my website through video interviews. And we have like 15 more that we're cataloging as we speak. Because you know, don't take it from me, you know, take it from women who've been in the trenches themselves. And you know, understand from them what it felt like to be medicated, and then what it feels like to now heal their bodies and take you know, a role in their experience that they had abdicated before they sort of gave away before.

Because you know, when we take medication...and this has been a very controversial I don't know what, perspective. I've taken a lot of heat for this perspective, but I stand by it. You know, we as women, when we take medication, I believe we're saying no to ourselves, right? Because why do we take medication of any kind? Because what we're feeling is either scary to us or threatening to other people. And that feeling can be you know, pain, it can be confusion, it can be even ecstasy you know, it can be you know, different forms of mania, it can be some kind of spiritual you know, sort of perceptual experience of you know, hallucinations or perceptual changes. Whatever it is, our experience is not okay. And so we take medications so that we can manage the "not okayness."

And again, that makes sense if you're looking at it through a certain lens of potential options. But my sort of goal is to foreground one option that no one is gonna ever tell you about unless you've learned about it through your own googling, right? Through your own research. Which is that actually, if we just begin to look with curiosity at what's up in your life at that moment, literally from what you're eating, all the way to you know, what your spiritual beliefs are, we will begin to understand why this is happening and we can heal it and move you forward, instead of just arresting you in a place of managed symptoms. If that make sense.

Katie: That absolutely does. And I know that you have no fear of tackling controversial topics, so I wanna delve into one. Because at least from what I can look at from the outside, I think there's a really powerful connection. And that's with hormonal contraceptives. I know, like I talk about them pretty regularly and people and people are like, "Yeah, well obviously, because you have six kids." I'm like "Yeah, but the reason that I'm against them is not..." I mean, for me there's personal reasons, but I think there are huge, huge, health implications there. And if you look at the statistics. I'm a huge fan of looking at trends over time. And

when birth control became widespread, we did see a huge rise in mental health illnesses in women, and we see a much bigger numbers in women than men. And in my line, like fertility is not the disease. We don't need to medicate against it. Which doesn't mean you have to have a bazillion children. But I'd love to hear your take on this.

Kelly: Well, listen. We're totally on the same page. I think I probably backed into you know, your perspective again, from the other side. I took birth control personally for 12 years straight. I often only allowed myself to bleed two times in a calendar year, because why would I be bothered by my annoying period? This was literally the mentality of the kind of a feminist that I was at the time. And you know, when I began to research pharmaceuticals in this you know, post healing process of my own, I was very interested in pharmaceutical products that are delivered to healthy people. And there aren't that many of them. Birth control is one of them, vaccines are another, and there are a handful of others. But when healthy people take medication, we have to have a very...I would say, you know, refined filter for how we are going to assess the risk-benefit analysis based on all of the available literature, not just the literature that the pharmaceutical companies are sharing with us, right?

It's an interesting fact that you know, for the approval of medication, only two studies are required by the FDA, right? So if you're a pharmaceutical company, you can conduct 100 studies. Once you get two, you submit them for approval. So there's a lot in the just sort of mechanics of this business that are very enlightening to help remind us that this is a business, right? When you go shopping for a car or for a cell phone, you have a healthy skepticism around all of the claims and promises because you know, that it's a business and they're interested in their bottom line, and they know how to sort of you know, grab you by sort of your pain points, from a marketing perspective. And we forget that when we look at the pharmaceutical industry because we have so deified you know, doctors and medicine. It's like the last remaining religion. And we forget that actually, they're you know, sort of deeply interwoven with the business you know, this multi-billion dollar business that is very very good at what it does.

And if you remember that it's a business, you won't be confused into thinking that you know, Pfizer or Glaxo is here for your wellness. You are here for your wellness. It's your responsibility as a consumer of you know, products to do your own homework. And that's why that mug is so hilarious, that you mentioned in the doctor's' office because you know, that is the greatest threat to industry is that people are actually informing themselves.

But what I learned when I began to research birth control pill is pretty shocking to me, because I understood on a basic biochemical level that we have again, scientific literature to suggest that it depletes very key nutrients, particularly, key nutrients like in the B vitamin family, in antioxidants that you don't want depleted right before a pregnancy. And that's what most of us do. You know, I stop birth control, months later I conceived. I mean, talk about an unconscious process, right? But that's a very common experience. So it depletes key nutrients. It has very significant pro-inflammatory effects largely measured by a blood messenger called CRP.

And then there is this very interesting, as you mentioned sort of trend of, you know, sort of specifically mood disorders, but a trend that implicates these synthetic hormones in the beginning of your psychiatric career. And there was a very recent study that came out that actually looked at I think a million teenage...it was like you know, a population-based study. A million teenagers, and found a statistically alarming increase in psychiatric prescribing to those girls after they had initiated birth control.

And so we know just from epidemiologic studies that this is a very real contributor, but then we have like you know, anecdotal evidence, which I love is so so dismissed by the establishment, but is probably the most important kind of evidence because it accounts for the many different variables that can lead up to an undesirable outcome, that suggests that pretty radical stuff can happen when you take different kinds of birth control. Like you can you know, develop episodes of mania, you know, you can have pretty significant change like to fundamental aspects of your personality, and hopefully, we know that it has, birth control has significant effects on your libido. And you know, perhaps, even more alarmist is the fact that there is a Russian roulette that you play when you take birth control.

I mean, as I've gotten into this realm of activism, I've been contacted by countless mothers. One actually who ended up completing suicide because she couldn't tolerate the death of her own daughter to neutering. You know, Caroline Hart, incredible intrepid activist, and her heart was completely broken you know, when her daughter totally healthy, I think she was 21-years-old, daughter died of an embolism induced by neutering. And neutering is a synthetic contraceptive hormone that's so convesh. Pop it right in and leave it in for three weeks. And it seems so innocent but the fact that we don't have a means of identifying who is at risk in these ways means that we should probably not be prescribing them until we have that means and methodology. That's my perspective. Because you know, the greater concern is that we are trading something really significant when we opt into pharmaceutical management of our bodies as women that no one is going to warn us about informed consent.

So even if you learn about all the risks I just mentioned, none of those speak to the fact that when you don't have a relationship to your body and your own hormonal balance, it's very difficult to become an embodied and empowered woman. And this is again, coming from someone who spent the greater part of my adult life that way and now you know, I use a daisy. You know, now is like a basically a fancy thermometer for contraception. And I am 39 years old, and I am just now learning about my menstrual cycle, literally. You know, because I had two babies and breastfed, and just now in my life I am learning about what a menstrual cycle is.

And you know, it can obviously be dismissed as sort of like woo woo, you know, spirituality to think that we should have some ability to identify with the cyclical nature of our biology, but that's sort of where we learn how to work with our energy so that we don't experience ourselves as men, you know. As sort of like you know, just men with long hair and boobs. You know, that's not what we are. We are a different organism with a different connection to the natural world and we have within us a native reservoir of power that can only be accessed when we fully embody and we heal. And that's a big part of what I think you know, has to happen for women to understand how to relate to these very strong emotional experiences that can otherwise really be disabling but are probably a part of their human experience.

Katie: I love that. And I think that that's gonna be an important distinction. And I think that you have some great information about this. Actually, when I was looking at your site to find things to link to in the show notes I found so many that I'm gonna have to figure out how to eliminate because you have so many great articles on this.

And another thing that you've touched on several times is the immune connection. And you've made several references to the immune side of all of this and with medication. And I'd love to delve there a little bit. And if you're okay with it, I'd love to even touch on the even more controversial topic which are vaccines. I typically

steer away from them on the blog just because I feel like it's almost impossible to have a civil conversation about them for most people but the conversations I get in person, even with health experts, and even health conferences. Typically, it's on the very surface level of "They don't cause autism, it's proven they don't cause autism. And this discussion is absurd to even consider if they're dangerous. " And I'm like, "Okay, we can take autism out of it. What I'm looking at is, we're seeing a huge rise in autoimmune disease. And you can't tell me that something that's designed to activate the immune system doesn't have an effect on the immune system." So maybe that's not the connection you were referring to, but I would love to hear what you see the role of the immune system in these problems that we're seeing and are vaccines implicated there at all.

Kelly: So interesting that you should ask me that question because I actually...and I'm happy to you know, sort of provide this link too, but I've published a paper on this exact subject. It's the only peer-reviewed index journal paper on PubMed of its kind. And it's called "The Psychobiology of Vaccination."

You know, I'm a psychiatrist by training. obviously, what business do I have thinking I have anything to say about the immune system? Well, it's interesting how things have unfolded because not only, as I mentioned earlier, have I taken a very deep dive into Immunophysiology through my interest in this burgeoning field called psychoneuroimmunology. Sometimes it's called Psychoneuroendocrinology. But basically, it was coined you know, more than two decades ago now. And it refers to this connected, you know, the connectivity around gut physiology, the immune system, the endocrine system, and the psycho part is, believe it or not, thoughts, right? So it's actually the ability of perception and thoughts and mindset to influence all of what we just mentioned.

So psychoneuroimmunology is a very radical, but again, increasingly legitimized field. It's radical because it breaks down the perceived barriers between these different branches of medicine, right? So conventional medicine is set up where you go to the neurologist for your headache, and you go to the gastroenterologist for your reflux, and you go you know, to the podiatrist for your athlete's foot. And none of those things obviously have anything to do with one another because each is a separate discipline. And that thinking is you know, largely Cartesian in nature, so it's about 300 years in the making that we have thought about the body as being this sort of machine, right? As these compartmentalize areas that have different functions and they're not really, you know, they don't have an overarching interaction.

And so in my interest in Psychoneuroimmunology and also my very vested interest as a mom. Soon to be mom. I began to do my research and it's interesting because when I was very much still prescribing...so I was pregnant, in my fellowship I was prescribing to pregnant women, every day. But I took that prescribing seriously and I amazingly thought I was doing a good thing. So I have a lot of empathy, you know, for people who are still in the matrix, so to speak, because I know that you can feel like you're doing the right thing and still perhaps be violating some basic ethical tenets of medicine. But anyway, in the two two flu shot years of the swine flu and the seasonal flu shot which was 2009, I was pregnant, and I was treating pregnant women. And I had two patients who had second-trimester still-births. So miscarriages in the second trimester which you know, as you know, probably would agree is up there on the list of the most traumatic things that can ever happen to a woman.

And you know, as someone who was deeply invested in whether or not this was related to medications, I was pretty alarmed to learn that both of those cases had received the double flu shot that season and so I said, "Well okay, perhaps it was related to medication I prescribed, perhaps not, in these two incidences in the same season." And I said, "Let me look at what there is you know, in terms of data, you know, to implicate the

flu shot in this kind of an outcome." And you know, I've written a whole article about this. But it was very disturbing what I learned. Which is not only...you know, you can learn a lot from reading package inserts. And you know, to the skeptics out there I would suggest you just start there, because if a pharmaceutical company is willing to tell you about it, probably it's because they had no choice but to tell you about it, right? So if you just look at the package insert you'll learn that there is absolutely no safety or efficacy data for the flu shot, for example, in the pregnant population. And so meanwhile, you know, that was one of the first years that it was becoming routinely recommended.

And that was the beginning of you know, Alice's fall down the rabbit hole for me because I can get extremely obsessive when it comes to science. And I have actually calculated that I put in 10,000 hours of research on the subject of immunology, and specifically vaccines. And actually, believe it or not, immunology as an arm of medicine is vaccinology. That's all that immunology is, is the study of vaccines and it's largely predicated on this assumption that antibodies equal immunity. And we've moved so far past that. You know, like we have whole deep insights into innate immunity, and the complexity of messenger systems set up in our you know, basic immunologic cascades that has in no way been accounted for by the science of vaccines which is now more than 200 years old and not updated at all, literally. Not updated with the discovery of the microbiome which should totally re-center the whole idea of germ theory or the idea that there are bad germs out there that are gonna attack you and infect you, right? That's germ theory. So not accounting for the discovery of DNA, okay.

So there's been like some pretty important science that's come on the scene since the rudimentary development of vaccine technology. But what happened Katie, is that in 1986 under the pressure of lawsuits that were you know, in waves coming at the pharmaceutical industry. Largely around the DPT vaccine. There was an amendment that was issued to offer immunity. Basically, the pharmaceutical companies said, "Well, we can't do this anymore because we're gonna fold under the, you know, government based recommendations for these vaccines, and we're suffering too many lawsuits for injury and damage related to them. So we just can't do it." So what they did instead was that they offered immunity to clinicians and to the entire industry. And then, of course, it became...by immunity I mean legal immunity. Like you can't sue any longer, a drug company even if you die on the table getting a vaccine.

And so there's no such biological product. In fact, the only other industry that has this kind of immunity is the nuclear industry. You know, so with that came the gold rush right because remember it's a business. And so if you don't have to really prove safety anymore, you don't have to prove efficacy. And you can just get these things on the schedule mandated to every human on Earth. Well, that's pretty much exactly what happened. So now we have 69 doses of 16 vaccines delivered to you know, children. And when I was a kid you know, there was less than a third of that on the schedule. So that explosion has been a direct result of industry opportunity.

And that is just an important context to then consider the full available science, right. So remember that there's the science that serves the bottom line of industry, and then there's more science available, right. So if you want to as any old parent or any old interested person, hop onto PubMed, you would find some interesting data to support a very different story around the purported safety and efficacy of this one size fits all pharmaceutical intervention.

So hopefully, by this point in our conversation, we can agree that there probably shouldn't be any such thing as a "one size fits all" medical intervention for healthy people. Especially if there's any signal of danger. And

the government itself has acknowledged that vaccines kill and they injure. This is not theory, this is well documented, this is legally acknowledged. And we don't know who they kill or injure, right? So until we do, that's a pretty big risk. Especially, if you're of the perspective that illness is a part of living and that infectious illness in specific, and particularly in the childhood years, probably played a pretty important role historically, in toning and you know, sort of refining our immune response. It might have had something to do with the fact that autoimmune conditions certainly didn't exist in the proportion that they do today, even you know, 60 years ago.

So there's a lot more to the story. I wrote this paper just focusing on the psychiatric elements of you know, sort of the...because it's very complex. You know, what happens often with Vaccine Injury is that people become psychiatric patients. Particularly children. So they develop neurodevelopmental impairment or ADHD or other kinds of brain-based inflammatory processes. And who comes to the rescue? You know, your family psychiatrist and then they become psych patients for life.

And what's even more disturbing is like in South America, there was a push to inject girls with the Gardasil vaccine. That's HPV vaccine so. And what happened was there was just like waves of neurologic dysfunction and injury. And what happened from a media standpoint was that it was portrayed as hysteria, right? So this is like freight level. You know, sort of muzzling of women who are trying to in some ways blow the whistle on the fact that these...that one in particular, aluminum-containing vaccine is causing acute injury. I mean, there's more than 140 girls who are dead because of the Gardasil vaccine. And instead of acknowledging that and seeking to research and study it like "What happened there? Like did they have anything in common? Was there any evidence on blood? You know, analysis that we could identify what happened there?" No, they were silenced and they were told that they were hysterical. You know, sort of the oldest form of misogyny as sort of being bred through the suppression of this information.

And you know, listen any time something is such a hot topic that we can't even talk about it, understand that there's probably more to the story. Any scientist will tell you that there is no such thing as science being settled. The definition of science is that it is an evolving inquiry. And when you, you know, proclaim that it's settled, you're probably doing so because the answers that might be arrived at through a greater investigation are inconvenient to some you know, bottom line that you're protecting.

Katie: I really love your perspective on that. I feel like you have a really deep understanding of it. And it drives me crazy when I hear people say like, "No, it's scientifically proven that vaccines are safe." And I'm like, "Nothing in that sentence is actually true." But I think that's a really important point. And I love that you're very balanced on this. You're not saying unequivocally like vaccines are absolutely horrible but that you think that parents to take a thoughtful and researched back approach. Which I think, no matter what the issue is, all of us can learn from doing that in any aspect of our life.

Do you love the taste and the benefits of bone broth but don't love how time consuming it is to make? With the time you spend sourcing the best ingredients and then simmering it for hours on end on the stove. Kettle and Fire solves that problem with their bone broth. So they use only bones from 100% grass-fed pasture raised cattle that are never given hormones and antibiotics. It's also unique because they focus on bones that are especially high in collagen, which is one of the healthiest things you can put in your body. Another great thing about them is that they use really eco-friendly minimal packaging and their bone broth is non-perishable. So unlike many bone broths on the market, it ships without the need for refrigeration, which is also much

more eco-friendly. It is available in many stores, so definitely check your local area. But if it's not, like it isn't for me, you can order it online and have it shipped to your door, which is what I do. So to check it out and to find out more about why their bone broth is so wonderful, go to kettleandfire.com/wellnessmama.

This episode is sponsored by Plant Therapy. There are so many options out there when it comes to essential oils and I've used a lot of them over the years. Now I most often turn to Plant Therapy because they have a large assortment of organic oils and a whole lot of kid-safe blends and they also have really good prices. The cool thing is their oils have no additives or synthetic ingredients like a lot of oils do. And they publish their testing results for all of their oils so you can verify the quality. I've talked a lot about the safe use of essential oils and their kid-safe blends are formulated by Robert Tisserand, who is largely considered one of the foremost experts in essential oil safety, so I feel I can trust him. If you want to check them out, especially right now they're running some big sales that are changing daily. Go to wellnessmama.com/go/oils to get all the current discounts.

Katie: And another area that you talk about if you have time to talk about it is plastics. And you have this...I think you mentioned it in a post you have about "five things you can do to help your kids be healthy." And that's definitely one of my soapboxes is plastic. So let's talk about plastic. What's your stance on that?

Kelly: I probably learned a lot of what I know from you. I mean yeah, I think that it's been an interesting thing to sort of investigate the ways that we've strayed from the path of our optimal wellness as humans in service of conveniences, and ease, and comfort, right? Because so many of the things that you and I talk about you know, whether it's medications or the use of pesticides or the use of plastics. All of these interventions seemed like a really good idea at one point and in time right? It seemed like a way to either outsmart the inconveniences of nature, to make our lives simpler you know, faster, better, more comfortable. To take away you know, struggle, to eliminate fear.

You know, so you'll find a theme in all of these interventions that I have sought to bring under a greater lens of scrutiny. You'll find that mentality behind them. And at some point in time, it made sense, but the problem is that industry has become so powerful and unfortunately, so unchecked by government and media, that we are in a position of having to educate ourselves through the primary science on our own. And you know, it's actually been you know, quite a number of years that we have good insight into the dangers and endocrine disrupting impacts specifically, of plastics. And I would include you know, pesticides just next in that sentence. And unfortunately, we could be the last to know if we wait for industry to tell us. And what industry often does is they sort of engage this bait and switch, right? So we're learning a lot about BPA for example. And particularly, in pregnancy, our susceptibility and vulnerability on an epigenetic level to the impact of BPA.

And so what does industry do? They just sort of sub in a lesser implicated...in my opinion, equivalent, you know, in the form of BPS. And you could be assured by their marketing you know, that says that "You know, this is BPA-free." Like it's probably absolutely fine. Like they got the message that BPA is so dangerous. But it's probably only a matter of time before we learn as much about BPS, for example, as we know about BPA. So I think that it often comes down to something that...I mean, you're so expert in this. It comes down to sort of trying to align with ancestral wisdom. You know, sort of like the wisdom of our foremothers. And trying to get as close as we can on a daily basis to the way that things have been done you know, for at least some period of our tradition. And you know, that's where the looking at the conveniences, whether it's food-based or otherwise of the past 150 years, it's probably reasonable to suspect that there's going to be a downside.

I was just saying the other day to a friend of mine, I was like "You know what? We are..." Oh, I know it was. My daughter was doing some like project on the Pacific Ocean, and so we're like doing a little noodling around the internet on it. We were looking at the Pacific like the garbage patch. You know, it's like floating the size of Texas or whatever it is in the Pacific Ocean. And you know, you get this like feeling this like ache in your heart of how wrong. You know, how just wrong this is what we're doing. And we were just talking about how "Why don't we just get rid of plastic altogether? Why don't we just commit you know, to the sacrifice as a society and just sort of see what happens? You know, it might be that we have you know, sort of the opportunity to generate you know, sort of a new emerging discovery that's going to be in harmony with the natural world in a way that plastic isn't." But I know it's a very theoretical consideration but it just strikes me as such a massive issue that it only makes sense that our bodies are saying no to it.

Katie: Yeah, I absolutely agree. And I think everything you've spoken to...and I can seriously talk to you forever about all this stuff. It really all boils down to...seems like is a core principle of what you write and your mission. Which is that there is no one size fits all, but really empowering people to learn and figure out what their personalized solutions are and to become an advocate for that. So I want to kind of...can we steer towards there now and talk about how do people find this? I feel like a lot of times you feel very disempowered. It seems very helpless at times when you have any kind of a health problem to try to find the answers. And I don't know what your Hashimoto's story was but mine took years and eight doctors before I could find the answers. And I think a lot of people are stuck in that cycle. So what is your advice for finding your own personalized medicine and becoming an advocate yourself?

Kelly: Yes, I mean I definitely believe that if you're open, people find exactly the information that they need to heal themselves. You know, I was speaking at a conference recently, and it was like an essential oil you know, sort of like fanatic conference. I didn't even know that until I showed up there. And you know, there were people who literally got themselves out of wheelchairs with essential oils. You know, I use essential oils at home. I am you know, huge fan of them. But do I use it to resolve chronic treatment-resistant schizophrenia in my practice? No, it's not a big part of my approach. So I have to believe that you will find what it is that resonates with you on all levels, and what will ultimately work for you. Whether that's nutrition based or energy medicine, or maybe, I don't know, I have to leave room for conventional medicine.

But my approach is definitely to begin you know, with this online program I have, Vital Mind Reset. The whole point of it was, I'm pretty sure I'm not a necessary ingredient in this process. You know, I don't have any special gifts or magical powers. And basically, all I'm doing is giving people information that they already know. You know, is like I'm reminding them of what they already know. But setting up a structure for a commitment to self care that may be a little bit beyond their comfort zone. And I'm a big believer in self-healing. So the first months of my approach, whether it's in my practice or online is totally self-driven. You know, and it's meant to give you an experience in your body of what you can feel like under certain controlled circumstances, right? So it's a specific dietary approach which is not anything that radical, but it's you know, controversially in some fields, and particularly, in sort of the yoga fields that I intersect with, it's a relatively red meat heavy diet.

It is daily meditation, three minutes a day. I am a kundalini yoga practitioner, so I happen to be biased in that realm. But I don't care if you pray to a leprechaun for three minutes. It has to be three minutes every single day. I had the deep privilege of being mentored by the now late Dr. Nicholas Gonzalez who was a holistic cancer doctor here in New York, who had outcomes that have never been matched in medical history, that

were based on a protocol that had three prongs to it. One was a personalized diet. So he helped reify for me this idea that there is not one diet for everyone. He had 10 diets in his practice. He also helped me to understand why the diet that I tend to recommend seems to work for the people who come to me with autoimmune conditions, and multiple chemical sensitivities, and diagnoses of ADHD, and suicidal depression, for example, hypothyroidism.

So it was diet, coffee enemas ...the notorious coffee enemas, and a supplementation. And I have since you know, refined my protocol to incorporate his teachings and my outcomes are like sort of hit the roof since that. And I don't know if it's because to me he was like Jesus figure, literally in my life. And I just have never been so inspired by anyone in my lifetime. And so perhaps having the opportunity to work with him infused me with some kind of an enthusiasm and passion for the fact that there are no carve-outs. I mean he treated people who were literally left for dead on hospice with metastatic terminal cancers, including pancreatic cancer which is what he is most known for. And 35 years later, they're still alive. You know, I run into them on the street or you know, sometimes at conferences, they come up to me and say "Oh, we were patients of Dr. Gonzalez."

Anyway, so he was extraordinary and helped me to cement my passion for holistic medicine. But my sort of you know, thinking is if you recruit these pillars all at once and you commit for one month. And of course, part of the diet is taking out you know, potentially addictive brain influencing foods. Things you know, like refined sugar, and coffee, and alcohol, wheat, and dairy, for example. And you just have that experience for one month, then often, your body begins to wake up. Your body begins to feel something is possible, and then everything starts to unfold from there. "So I don't taper medications at all, not one milligram before this month is complete." And I've learned the hard way, trust me. I used to taper you know, right off the bat. And I never, ever, ever do that. I do not recommend that under any circumstances. And I am a big believer in the fact that everyone should have the opportunity to taper their medications if they are curious about you know, what life could be like without them. But I don't ever do it before that.

And so I think that there is some synergy in sending the body a signal of safety from all of these different efforts. And perhaps even in the ritual of engaging and prioritizing your selfcare every single day in this way that can be time-consuming and you know, sort of resource consuming. Perhaps the commitment alone is healing. But then you get to a baseline where you can begin to explore what it is that you really are working with and how can you further optimize and refine it and personalize it from there. And often, you know, right? Like often you are the one who is in the best position to personalize that journey. But you have to get clear enough to begin to get those intuitive messages about you know, what's right for you. And it's pretty hard to get you know, that clear if your body is struggling against all of these toxic and exposures, and you know, processed foods etc.

And you know, while I am focused on diagnoses of mental illness, you know, I did an interview with a woman who completed my program who has no psych history at all. She had chronic migraines. The worst I've ever heard of in my life or entire practice. I never heard of anything like this that lasted like...she said her longest one was 89 days. She was treated by one of the top neurologists at Emory. And she was on five medications just to manage her migraines. Had to go in for IV treatment. And now she's four months I think out from this very basic program, and she's totally migraine free, off medication, for the first time in two years. So, I can't explain this, doesn't make any sense, right? Like why would these simple interventions have such a dramatic yield? I don't know. But maybe when you apply them all at once, in the setting of community...because there is a community element to my online program that my patients don't have. And I'll tell you that my online

outcomes are better and faster, more robust, more miraculous than my in-person appointments, which cost I don't know like two orders and more money. And the only difference is the community element.

So you know, I think you would agree you know, hosting a community as you do that there is something so empowering, so healing, to just be in a space of like minds. To feel supported and to feel seen. You know, who knows maybe that's really the only thing that's having the impact. But you know, there's certainly a limitation to what is possible in the medication model, and I think some of it has to do with where you're getting your power away and generating an opportunity for you to sort of take it back.

Katie: I love that, totally. And you have a book, "Change Your Food, Heal Your Mood" for anybody who really wants some specifics. And you mentioned programs on your website. I'll link to those as well, but to wrap up, I wanna have you speak. There's something that I know is a true passion for you. And you've talked about it a little bit and woven it in but like the idea of taking back the true meaning of feminism and becoming advocates for ourselves. And you've mentioned community several times, which I think is an incredibly important key now that we live in a world that's the idea of community is just social media. And we've kind of moved ourselves from what we're true like physical communities. In fact, that's actually one of my biggest struggles. My husband and I talk about this often is wanting to find a place with a true community where you can be around people that are at least like minded in one aspect. You know you can have that kind of relationship on that level. And we're in a world like you mentioned, with really high rates of medication for mental illness and really, actually terrible infant and maternal mortality rates, and rising rates of autoimmune disease and all these huge problems. And I love that your mission is very much one of hope.

So, to wrap up, I'd love for you just speak to what your message of hope and encouragement is for women and kind of what your core encouragement or recommendations would be.

Kelly: Yeah, well, you know, I'd love to just briefly mention I think, a very important study. I actually just published a blog on alcoholism that is, Gosh, I mean, I just can't shut my mouth up. I keep like poking the bear. And it's been extremely controversially received. I wasn't even aware that you know, people would take such issue with my perspective on it. But you know, sort of one thing I wanted people to at least consider because it was very interesting to me, right? Because alcoholism, for example, is like a total example of genetic determinism. We think it's genetic disease. You have it for life and your only option is to avoid alcohol forever, right? So the alcohol is given this power over you, in fact, that's the first of the 12 steps, is that you're powerless. And obviously, you can hear that it's a thread throughout all of my cultivated perspectives that actually you're never powerless and if you take radical responsibility to understand your relationship to these different elements of your life. Where you are wounded, where you have not been you know, seen, how it is that you're not fully expressed you know? Where are the place is in your life that are out of balance? What are you running from?

You know, when you start to look at those big questions which I feel it's a lot easier to do when your body is you know, healed. So that's why I like to foreground you know, sort of physical healing.

But there's this study from the from the '70s by this guy, Bruce Alexander, and it's called The Rat Park Experiment. And I don't know if you've heard of it. But basically, in a nutshell, he puts a rat in a cage by itself. Gives it cocaine or water. And what will happen is the rat will drink the cocaine and drink it, drink it, drink it, until it dies. Okay well, that's obvious, right? Because cocaine is a dangerous addictive substance, and obviously it got its chemical hooks in the rat and the rat has no choice but to submit until it dies, right? It's

dangerous. So what he ultimately found out was that you know, there's something fishy about the context, right? Like that's not real life for that rat. And so what if we put the rat in what he called "Rat heaven" or like "a rat park" where it has toys in there, little wheel, and other rats to have sex with, and socialize with, and it's a community of rats. And then you offer that rat cocaine or water. Turns out they don't touch the cocaine. That's interesting.

Okay, so what if you addict a rat in isolation and then you put it into a rat park. Obviously, it's going to choose to you know, not detox voluntarily. And in fact, that's exactly what they chose to do. They detox voluntarily, never touched again. So the suggestion there is that what we are describing as a chemical process and a disease-based you know, sort of experience, may actually have a lot more to do with some of the fundamental elements of our humanity in this case that have fallen away. And that if a rat needs a community that badly, odds are that we do too. And so in our modular homes you know, in our box living, something is bound to feel really wrong. And we are bound to want to self-medicate that felt "wrongness" in myriad ways. You know, whether it's compulsive gambling or actionable medications.

So what I'd like to suggest is exactly what you're intuiting. Which is first to say, "It's probably okay that I feel a wrongness." Like something feels like hurts deep inside me. And that's probably okay, and maybe it's a totally natural response to what's going on on this planet today, and to the ways we've evolved socio-culturally you know, as a species. And then, the next step is is to just begin to open yourself to these connections, right? To the prospect that there are people out there who think like you, who are interested in looking at life through the lens that you do. And what I find is that they just sort of get magnetized towards us. You know, that we make these connections, even this conversation. You know, we make these connections with people who see life the way we do, and it helps us to feel more "okay" you know.

And I also would argue that embracing the struggle, and suffering, and pain, that's a part of life. If you actually allow yourself to move through those waves of life, that helps you then to be there for other people who are in you know, those "birth canal" so to speak, when you're not. So that helps re-loom the fabric of our connection, right? When you can deeply empathically relate to someone and say, "you know what? I have so been there, and it gets better. You know, just ride the wave, it gets better." When you can say that from an authentic experience, lived experience, that helps to rebuild this fabric of empathy that we've begun to break down in this every man or every woman for themselves kind of capitalistic culture.

So listen, I'm with you. I haven't found that community. I became near obsessed with it. You know, I was like, "Where can I drag my kids? I need to find you know, an intentional community where people think the way I do, and eat the way I do, and care about the things I do." And you know, I don't know that I've ever heard of it's really being out there, but perhaps in the meantime we just you know, work to hold this space on our own, so that we can call these kinds of connections into our lives, even if they're they're virtual. You know I have to think that's a part of it. And that living in the world with people who don't agree with you, living in the world of people who think you're crazy and judge your choices is a part of you know, the process. It's a part of confirming on some level that you do feel you trust yourself even in the face of you know, sort of adversity or criticism or judgment. But it's definitely a work in progress. It's why I became you know, a kundalini yoga teacher because there's a community there.

And it's so funny...and I'll stop talking in a second but it is so funny because the first year I went to this studio downtown in New York, they like gave me a little card. They gave everyone like a little card and it just said...it was like I don't know, a got a coupon or something in it for the little store. And in the card it said, "Thank you

for being a part of our community." And I literally started crying when I read this stupid generic card. Because that's how big this wound is for me. You know, that's how isolated I have felt I guess, you know, for as long as I have. And so it doesn't take much to begin to feel you know, I've been in a room with 50 women, and it takes us like 10 minutes you know, to begin to feel healed on some level. You know, in this way. But it's a very real issue, and sometimes just being aware of it begins the process of transforming it.

Katie: I think you're so right. And so maybe, like we'll have to just build this community because I haven't found it either. But I think you're right that even in just small things...like we have girls here where a bunch of moms will get together and even just a couple hours like that it is very healing. And like you feel this bond and this energy after that that you don't normally have. So maybe that's just the answer in the short term.

But what I love so much about your approach is that when everybody else you know, is saying, how to escape from the symptoms and how to avoid all the pain, like you're actually encouraging people to like lean in and to understand why, and to let that help you towards deeper relationships and deeper understanding, and to get to the "why." Because I think maybe that's the missing link too is that it's easy to know what to do and what to eat but if you don't have that "why" and like love for yourself and those around you, then you're not gonna stick with it. And doing that you're also becoming a great example for your children. So I love that that's your mission so much.

Kelly: I appreciate that and that and you hit the nail on the head that's exactly it.

Katie: Awesome. I wanna make sure people can find you because I'm sure there are a lot of people who are gonna wanna connect with you so I'll link to everything in the show notes but where can people find you online?

Kelly: I am just kellybroganmd.com and do my best to you know put out some scientifically vetted but potentially controversial material on a regular basis. And we're in the process of putting my book, "A Mind of Your Own" which is a book I published last year for free, in all parts on my website. In the meantime, we have a free E-Book that you mentioned earlier. And all of the levels of resources are there. You know, if this resonates with you, we've got you. You know, it's totally possible and I'm doing my best to document outcomes so that you can hear from women other than me, you know, what kinds of radical healing transformations are really possible.

Katie: I love it, and again, all those links will be in the show notes. I think people will land on your blog but wanna read pretty much everything that's what I did. But I appreciate so much the work that you're doing and the research you're doing, and all the articles that you're sharing, and especially your time and being here. This has been an awesome interview, one of my favorite. And I hope maybe we'll have a round two one day.

Kelly: Wonderful, it's such an honor. Thanks so much Katie.

Katie: Thank you, and thanks to all of you for listening, and I'll see you next time on The Healthy Moms Podcast.

If you're enjoying these interviews, would you please take two minutes to leave a rating or review on iTunes for me? Doing this helps more people to find the podcast, which means even more moms and families could benefit from the information. I really appreciate your time, and thanks as always for listening.