

## Taking a New Approach to Mental Health – Dr. Ellen Vora & Dave Asprey – #827

Dave:

I've interviewed leaders in medicine, science, lifestyle, brain health, psychedelics, microbiome, and supplements all around living a lot longer than Mother Nature wants you to. They're all sharing important information about how you can perform, your potential and how long you can live.

Today's exclusive audio interview all around anti-aging, is with Dr. Ellen Vora. She has been a frequent contributor to The Bulletproof Blog before, including some of the topics we've covered around stress, eating, depression, EMDR and she takes a functional medicine approach to mental health and doesn't look for drugs first, but looks at what's going on here.

She has an undergrad degree from Yale, graduated from Columbia University and is board certified as a psychiatrist, medical acupuncturist and yoga teacher. In her private practice, she's looking at depression, anxiety, insomnia, women's mental health, adult ADHD, and autoimmunity. I wanted to include her and her work because a major part of staying young and living longer than you're supposed to is not being tweaked all the time.

Dr. Ellen, welcome to the show. Stressed people don't live a long time and they don't even like the time they're alive. That's where you specialize.

Dr. Ellen Vora:

Thanks, Dave. It's very good to be here. And I think you couldn't have said it more clinically correctly than that. It's not good to be tweaked all the time. I agree.

Dave:

What are you seeing these days? I'm talking through an anti-aging lens, but what'd you see in your patients when it comes to anxiety and depression and sleep, are these common problems?

Ellen:

Well, I'm biased, but yeah, everybody is anxious right now and I'm based in New York City, so nobody has a healthy sleep schedule as far as I can tell. And depression is slightly less common than anxiety and poor sleep, but still very, very prevalent. And I think of it as you know, to me, depression is many things, but people feeling disconnected or a lack of vitality in their life. I find that that is extremely common.

Dave:

The lack of vitality is something that really drove all of my work, because I was gifted with a lack of vitality, starting as a teen and surviving up until my early thirties. So I've hacked that, but I'm looking at people who read Super Human. There are people who are 20, and they're saying, "I think I have vitality, but I want more." And there are people who are 70, who are saying, "Okay, I remember what it was like when I was 20 and I want to go back," or maybe, actually most of them say they want to go back to when they're 30, because when you're 20 and there's still some hormones raging. So what is the single most important element that supports vitality at any age that you see in your patients?

Ellen:

If I have to choose one, I actually think it's community.

Dave:

Community. Interesting. Do you think that having a healthy community keeps people young?

Ellen:

I think that, not only do I believe that, but the evidence supports that, that actually having good social connections, feeling held in community, that's really our most potent anti-aging medicine.

Dave:

It's funny because in the first chapter of Super Human, I write about exactly that. If you're young, get some old friends. If you're old, get some young friends. We're all going to live longer. It's going to be great. But now here's the question for you, you're in New York. How the heck, if you're 20, do you go about finding a 60 or an 80 year old friend?

Ellen:

I mean in New York, I think how the heck do you go about finding any friends? It's a problem that we're so socially dense or packed into this tiny island, but we're all head in the phone, rushing from one thing to another. There's a lot of social etiquette and barriers up to connecting. So I think the same challenge as trying to find friends your own age and outside of your demographic. But I think it has to do with making yourself available. If you kind of just scan the horizon and see like, okay, that person seems like they might be a kindred spirit or that looks like good material for my new 50-something friend and you spark a conversation and you try to find some commonality and if it gets a foothold, great. And if it doesn't, it's a numbers game. You put a lot of shots on goal and sometimes you'll make a connection. Only takes a few for you to start to feel like you're pretty held at community.

Dave:

What changes do you see in cognitive function or other sort of measures of youthfulness when people plug into a community?

Ellen:

Well, the most, it's a bit of a surrogate for cognitive function, but people are happier and people are able to see things with different perspectives. They can have a little bit more of a resilient mindset on things when they get advice from people they trust and admire and look up to. They can start to see their problems, not as just a contracted mess in their life, but they can say, "Oh, well, hey, my friend pointed out this and this person helped me look at it differently." So people are just a little more cognitively nimble when they're surrounded by good people and happiness, of course also just protects your cognition as you get older.

But also I think that when you look at people who are older, this is our real epidemic in chronic. As people are getting older, we have chronic disease, but we really have isolation and those two things affect each other. And so when people are isolated, nobody's keeping them young and sharp. Nobody's keeping them, all of those things that are annoying about being in community, like having to not always be selfish and self-absorbed, but you actually have to make compromises and you have to think about other people's needs, as much as that's kind of an inconvenience of being in an immeshed family system, that keeps you young and nimble, because that's a form of calisthenics for certain social parts of our brain.

Dave:

There are a couple stereotypes. There's the Grumpy Old Men, the movie, which is a classical picture of testosterone depletion. This is what low testosterone men actually act like. And there's also the cat lady. There might be some progesterone estrogen issues going on with those behavior patterns or in the case of the cat lady, it may be a toxoplasmosis taking over your brain and making you act that way. But, or the cat man, there are cat men as well. They just seem less common as the stereotype. What role does hormonal replacement play in anxiety and sleep and happiness in your patients?

Ellen:

You mean like taking bio-identical hormones?

Dave:

People who are low on thyroid or testosterone or estrogen progesterone, whether they're men or women, it seems like quite a lot of anxiety and depression can be tied to just your hormones are jacked and you're getting old, so you don't have enough of them. You get the testosterone levels of a 25 year old and suddenly you care about your job again, not to mention your wife.

Ellen:

Yeah. It's a little bit above my pay grade, because I refer out for it. But I do work a lot on using diet and lifestyle to protect healthy hormone balance, so to kind of create the conditions for your body to do a good job on its own. But when we really find that we're up against a situation where the body is not making that happen, I have a few holistic, naturopaths and functional docs on my Rolodex that I refer to.

Dave:

So you're saying, all right, you might want to get your hormones in order and do the work on anxiety. Well, let's talk trauma. I've done a lot of work personally, and I didn't write as much in Super Human about my own use of EMDR and neurofeedback and things like that. But at any age, old traumas, a trauma just being something bad that happened to you when you were young, it might not have really been that bad, but it felt bad at the time. And some of them are stupid like, "Oh, in second grade, little Billy hit me once." And for whatever reason, it's still in there as well as new much bigger ones. But what role do you think those have on happiness in full grown adults? How important is it really?

Ellen:

Yeah, it's enormous. We do look at the ACE research, the adverse childhood experience research, it basically kind of renders everything else you've ever studied and paid attention to in healthcare totally irrelevant because what we're really seeing is that every marker that matters, health span, lifespan risk of dementia, cardiovascular disease, certainly risk of digestive issues and autoimmunity, cancer, adverse childhood events play a significant role in determining your risk of these issues later on. And so I think that we should really all be paying attention to the macro capital T traumas, the micro lowercase T traumas, which may seem stupid to us, but to a second grade brain, that's totally not stupid. That's the biggest deal in the world and there's no way of viewing it with a mature brain at the time. And so I think a big part of the work we all need to do is unpack and move through and properly metabolized trauma.

And I think we go about it a little bit incorrectly, a lot of us think, okay, so I should go see someone, see a therapist, talk about it, and the evidence is not so strong to support talk therapy and just hashing and rehashing old traumas and sometimes that can even be retraumatizing. So I like people to do more body-based, less verbal therapies, things like what you did, EMDR. I like somatic

experiencing therapy. I like people to do it more on an energetic and a non-verbal level. Not so much in the just sitting face-to-face with a therapist and talking about it.

Dave:

So you're talking about directly accessing and managing your feelings as a way of lowering chronic stress?

Ellen:

Oh, yes.

Dave:

And this has been a meaningful part of my journey. And we know from the book, chronic stress leads to chronic inflammation, which leads to metabolic dysfunction, which leads to pre-diabetes, which leads to diabetes, which leads to all of the four killers in the book, diabetes among them. Alzheimer's, cancer and cardiovascular disease. So isn't some stress good? Shouldn't you just be tough?

Ellen:

Eustress or good stress so-called, I think that stress is absolutely, you don't want to eliminate your body's ability to experience stress. We need cortisol to survive, to feel engaged in our lives. It's certainly not all bad. I think back to being on Safari in Africa, where you see the animals chilling, grazing, happy. They're in a parasympathetic tone in their nervous system. Then the leopard comes around the corner. All of the antelopes freak out. One of them may even get eaten. Every antelope is in a really acute and extreme sympathetic tone in their nervous system in that moment, it's life or death. And then after that leopard is satisfied and gone on with his life, everyone goes back to parasympathetic tone and they're grazing.

And at this point, flip is descriptive. I flipped in modern life. Most of us are spending about 90% of our time in that sympathetic tone. It's a little bit more low grade. It's not life or death, but then we're spending maybe five minutes in Shavasana at the end of the yoga class in parasympathetic tone. So we're all just existing in a state of chronic low grade stress and I think it has a lot to do with relentless toxic work schedules and toxic work cultures. But yeah, basically I think that some stress helps us feel engaged and pumped and totally excited and able to have a meaningful, fulfilling life. But you kind of have to know when is that stress good and when is it that more relentless, toxic nature of stress?

Dave:

What are the most effective tools that you've ever found for functioning adults to drop their old trauma stress load?

Ellen:

Okay. I almost want to bifurcate that question into two tiers. There's, okay, if you are someone who is ready to meditate, listening to this today, this is your moment. And you're like, "You know what? Tomorrow I'm waking up at 6:00 AM and I'm going to sit and do 11, 17, 21 minutes of [inaudible 00:12:23] meditation or for sit in mindful meditation," or yeah, and this is the moment that you're actually finally ready to commit. That's absolutely one of the most powerful tools. That might be five percent of listeners.

Dave:

You're saying Kundalini yoga specifically, or just any kind of meditation?

Ellen:

I think Kundalini is a wonderful tool, but any kind of meditation, I think it's more of a matchmaking process, like what's the right one for you? So that's five percent of people listening are ready. This was the podcast. This was the audio that made them finally do it. And then for everyone else listening, I don't think it's all that helpful for me to tell you to meditate. It's like, you've heard, yeah, you should meditate. You know you should, but you're tired, but kids, but job, long commute, whatever it is, right?

Dave:

You should also floss, right?

Ellen:

You should also floss. But I think for those folks who are like, "There's nothing that this blonde doctor can say right now that's going to make me meditate." I think for those folks, it's actually just do less and simplify your life, practice essentialism, but basically stop filling every minute on your calendar, stop being over-scheduled, stop just default saying yes to social engagements. You basically want to choose your life really consciously and protect a lot of time for stillness and for just staring out the window.

Dave:

I thought you were going to say EMDR or Ayahuasca or something.

Ellen:

I'd love to talk about Ayahuasca.

Dave:

Okay. And is there a role for, let's say Ayahuasca, for treating that chronic stress as well as keeping a younger brain?

Ellen:

Yeah. So psychedelics, hot topic, controversial and require some caveats. I think they're not for everyone. They're not safe in all settings or for all brains. I think for people with any kind of risk for bipolar disorder or schizophrenia or other psychotic disorder, it's just a kind of a non-starter I think.

Dave:

What if you're just a bad person? Should you take them?

Ellen:

Yeah. If you're just a bad person, you've probably just had bad parents who had bad parents and someone was traumatized further down the chain.

Dave:

I'm so teasing.

Ellen:

Yeah, I know. So I think most of us when you feel called to it, which is a little bit of a woohoo thing to say, but I do think it's not something to just push yourself into. It's when you feel ready. I think they do have a role. They have a role both for encountering and working through metabolizing trauma.

I think they also have a role in the anti-aging space. What we know is substances like psilocybin, the active ingredient in magic mushrooms, ketamine, they do cause a release of BDNF, brain derived neurotrophic factor. So you have an increase in neuroplasticity and neurogenesis and you start to see a brain that can grow and change. And I think that kind of flexibility that I think aging is so much of a spectrum from flexibility to contraction and stiffness. And I think the more you can bring your brain back to the flexible plastic state is a way of reversing some of the aging that brings us to more of a contracted state where we're stuck in our mindsets. We're really fixed in certain viewpoints.

Dave:

I was hoping you were going to go there with the BDNF, because brain derived neurotropic factor is one of those major things that keeps your brain young. And it was a substantial part of my book on the brain called Headstrong. And then in Super Human, look, who wants to live to 180 if your brain is cooked and you have senile cognitive dementia and you can't learn anything. So we know exercise, even moderate amounts raises BDNF. We know plant compounds. I make one called Neuromaster with Bulletproof that does four times more BDNF. And it's a polyphenol, but we know lion's mane mushroom. My favorite brand is Lifecycle, an Australian variety. And lion's mane is shown in studies to do this, but so are psychedelic mushrooms. So is Ayahuasca and I think so was LSD if I remember right.

Ellen:

Mm-hmm (affirmative). I think that's right.

Dave:

Okay. So does this mean that, okay, this is going to be a loaded question. I already know what you're going to say, but I got to ask it. Does this mean that older people might do better if they just maybe go trip balls once a year?

Ellen:

I'm really glad you phrased it as tripping balls.

Dave:

I was being as Burning Man as I can, but in all seriousness, should they in a conscious setting with medical supervision, I know you have a license and all that, but is there a potential case for this? And there are places you can go where it's legal and medically supervised outside the US but I mean, is this something someone ought to consider or is it just too out there?

Ellen:

So I would say yes, and I think we're heading in that direction. And when you think about mindset, set and setting matter or are the utmost importance and mindset, it encompasses everything that goes into this. So if you're 68, you have a mindset which is a carry over of the moral panic around acid in the sixties. You have a mindset that this is an illicit substance that people think they can fly and jump out of windows. So you're bringing all of that into this treatment.

Dave:

My dad has exactly those things. I mean, you sound just like him.

Ellen:

So what we actually really need is a PR do over with psychedelics and that's happening right now. There's really fantastic researchers doing very careful, meticulous research. There's now Johns Hopkins Center for Psychedelic Research. There's Michael Pollan's book, *How To Change Your Mind*. And so what we're seeing is that there's a little bit of a rebranding happening around it. We're starting to recognize that these are medicines, that they can be something prescribed by a responsible physician or a nice responsible Jewish journalist and author, so now it's starting to have a different vibe. And I think that maybe just maybe it'll be in time for some of the 68 year olds to say, "Okay, maybe I'll give this a try." Again, not for everyone, again, proper set and setting, blah, blah, blah. All of that is really true, and I mean that not just as a medical legal caveat, but I think that these are just not guaranteed to, I think the substances are very safe for a brain that's not contra-indicated, but I think what you do in that altered state can be unsafe if you're not in a facilitated safe setting.

Dave:

So there may be a role in using psychedelics for anti-aging in part, because of the anxiety and stress reduction and in part, because of making the neuroplasticity of the brain younger.

Ellen:

Yeah, and about 15 other reasons. Yeah. They're anti-inflammatory, they quiet down a part of the brain called the default mode network or DMN. And when you think of people with entrenched behavioral patterns, like substance abuse, like depression, like OCD, PTSD, you really see a quieting of that even for the four or six hours of the ceremony, just having the experience of not being so consumed with that ego's narrative and that limited sense of the self when you start to just have one fleeting experience of, okay, maybe it's not just about these narrow definition of myself and maybe I am connected to something bigger. That's pretty transformative and I've had patients who've gone through this experience and really stood up off the couch and this is not my couch. This is people are doing at other settings, but they're standing up and basically walking away from that sort of no longer OCD, no longer [inaudible 00:19:41]. Life is still challenging. There's still work to be done and there's plenty of room for integrating that experience, but it really does make a profound shift,

Dave:

As a holistic thinking, trained professional, what do you do for your own brain to keep it young?

Ellen:

A lot of things. Well, I try to go to bed early and that's a challenge, because I also have community and a social life and fun, and in New York City, those two things are completely at odds with each other. I have a little bit of social jet lag. So weeknights, I'm going to try to go to bed earlier, like 10, 10:30. I even try for, I'm an aspirational 9:30 PM bedtime person, but I'm not quite there yet. And then on weekends, I'm flexible around that and I'll stay up late connecting with people. So that's another thing I do is host people in my living room and we don't sit around with our phones. We just connect and get very authentic and talk and I feel very held in community. We laugh a lot. I do exercise, I do meditate. I'm pretty freaking precious about how I feed myself. The best I've learned in my own life, that that's what's

necessary for me to not have ocular migraines and PCOS and acne and be 25 pounds heavier and never poop. Like for me, I have to eat pretty specifically. I have patients ...

Dave:

I love the way you described that and you have every right to do that. And everyone listening, you got to eat what's compatible for your system. And if you're going to be polite and take 10 years off your life to please someone else, whether it's a friend serving you a meal you don't want to eat or some waiter or waitress somewhere, it's just not okay. So you got to do it. So thank you for just being precious, keep doing it.

Ellen:

So past that. Yeah. And in fact, I think, especially for women, the idea of being polite, the idea of suppressing our needs to please others, that's something anti-aging I do is that I don't do that. I'm pretty rebellious and radical in that way, which is that my main loyalty is to my own intuition and that scent, that quiet voice within me, that's like, "Here's what I need. Here's what's right," and I'll usually honor that above social etiquette to the chagrin of many around me, I'm sure.

And then I take walks in the sunshine and I protect my time and don't just default into a conventional work schedule. I don't commute. I walk to work. I sort of designed my life around some degree of ease and engagement and a lot of availability for connection.

Dave:

Sounds pretty luxurious. I'll just not write my next book and start right up. How do you manage having that much time?

Ellen:

Built on a bedrock of privilege. Yeah, so I was going to say, I think, I think it's really important to point out it is built on a bedrock of privilege and that's so important to recognize, right? I've certainly paid some dues and I went through medical training and worked 36 hour shifts and all of this, but I do that by making really radical choices and I make less money and I am less productive than I would be if I just leaked every last bit of productivity I could out of my life. But to me, that's the right balance of priorities, but I'm lucky enough that I'm not scrapping together paycheck to paycheck just to keep my family fed and so that makes it possible to make these choices. I think there's so many different where people are coming from. And for a lot of folks, you don't get to just say, "Hey, I designed my life and I walked to work." But I think for more people than are aware of, there are compromises and choices you can make in your life where you just don't default setting reflexively follow the mainstream path. And I think we have more wiggle room than we realize.

Dave:

All right, that makes sense. And a lot of people are running on that stress motor saying, "I have to do this. I have to do this," but they haven't actually stopped to consider whether they have to. And that goes back to the earlier comments you've been saying around if you can chill out a little bit, maybe you live longer. And that does require deep work whether it's the semantic visceral stuff you're talking about or whatever else works for people. It's an unrecognized cause of aging. We'll put it that way. What would you do if a patient came in with a fear of getting old, losing their brain and dying?

Ellen:

I love working with fear. Fear is this thing to honor and to respect and basically say like, yeah, I know our fear is not an inherently bad thing. It's the reason you're here and cousin caveman Eddie is not here and his descendants, right? And I think that you kind of want to honor it and respect it, but also put it into perspective. It's really, I mean, I'm increasingly getting a little bit more of an out there worldview where I think that there may just be more to this existence than our material world. And so I think fear is sort of built around the worst case scenario, catastrophe of this limited physical material life and that's basically dying or losing the people we love most.

And so part of the way I work with fear is that these worst case scenario catastrophes do happen and then when they do happen, often fear gets really reorganized because once the thing you fear most is behind you, like losing your mother, losing a child, you can actually go through that experience and it shapes you forever. There's a hole in your heart forever, no question, but you can actually ride those waves of grief and still be okay. And I think that then you sort of recognize that life isn't just about being so hypervigilant and so prepared that you've prevented anything bad from ever happening. The bad stuff will happen, but we can ride it and we can actually embrace it and let all of that flow through us. But I think that also, I sometimes like to bring patients on a little journey into, but this is this material life, and sometimes it's a little bit of a limited perspective to think this is the end-all and be-all, but that's a worldview choice that not everybody is interested in and that's fine.

Dave:

I'm thinking more about there's some called orthorexia. I'm afraid I might not eat the perfect food. Like newsflash, no food is perfect, because your grass fed beef might not have been raised by monks. Sorry. It wasn't perfect. You can go down a route, but people do that and it's related to anorexia. There's a new thing that's just been discovered if it really is a thing, which it probably is, which is people who are fearful of not getting a good night's sleep because now they have sleep trackers. Right? So these neurotic personality people, as far as I can tell, but are we going to have the same thing, like I'm afraid I'm not doing my most aggressive anti-aging program, therefore I'm going to suffer and die when I get old and I'm going to get Alzheimer's or fear of Alzheimer's. Is that a thing? Do you see it in your practice?

Ellen:

If I practice in Silicon Valley, I would. So I love that you brought this up. Yes. As a Jew from New York, these are my people, these neurotic people. So orthorexia, right, I have helped so many people by just getting them to give up crappy food. And I have treated and helped people with so much depression and anxiety and ADHD and bipolar disorder with those changes. But man, have I created a lot of orthorexics along the way. So I'm still in my own life doing soul searching around what is a tolerable cost of doing business with that? I think zero. So orthorexia is a huge problem. And the more we've opened people's eyes to the fact that, hey, the food business is garbage, get conscious around this, it's made people obsessive, and then that's counter therapeutic and not good for your health and not good for your anti-aging protocol to just be obsessive about how you eat and start declining social invitations.

Similarly, with sleep trackers, I see the [inaudible 00:27:46] effect with sleep trackers all the time where someone's like, I never actually recommend these sleep trackers for this reason, but someone will say, "Okay, my sleep tracker said I had a good night of sleep. It's going to be a great day." But then when it says, "You thought you've got seven hours of sleep, but you actually got six hours of sleep because you were tossing and turning at 3:00 AM, even though you weren't aware of it," they're like, "Oh man, I'm going to have a terrible day and I have an important meeting today." You wouldn't have known that, and so you end up kind of hexing yourself and having a [inaudible 00:28:12] or the

expectation is you won't feel well now that you know you didn't sleep well. So my encouragement is people throw the phone out the window and it should have nothing to do with the bed or sleep.

And I think with anti-aging and doing things perfectly, it's sort of trite, but I think the way you really nail perfection is by being just perfectly imperfect. That satisfiers are happier and healthier than maximizers. So I think it's helpful to have all this information, but at the very end of the day, you actually need balance and ease and a kind of ability to be humble and laugh at yourself as you're putting these things into practice. So 80% of the time, get it more or less right, and 20% of the time, be really comfortable saying and never overthink it or look back.

Dave:

Sounds like a really relaxing thing to do and I think it's an important message for people who read the book. I put more in Super Human than you are going to do. Here's the thing. I don't do everything in the book every day. And what I do do though, is I was like, all right. If I was going to have my coffee this morning, what can I put in my coffee? I was going to put something in my coffee. What can I put in there that's going to give me more benefits and less harm. So it's just the stuff you were already thinking about. You're going to put some food on your plate. Did you want it to be a glyphosate muffin or did you want it to be something that was going to do more for you? So it's that calmness. I don't want you to think you have to do everything. The deal is aging is death by a thousand cuts. Take less cuts, make them less deeper and heal them faster and magically your quality of life goes up. You'll probably be less anxious, less depressed. If you're still anxious and depressed, go talk to Ellen, go talk to someone, go do the work on that front, because that is going to make you old. There. Now I made people afraid of being crazy. Was that bad, too?

Ellen:

And to recognize that glyphosate muffin is a cut, but so is stressing about the glyphosate muffin. So you have to kind of know when you can be precious about your food and when it's counter therapeutic. For me, if I get an invitation to go over to someone's house for dinner, I might tell them like, "Hey, gluten-free, dairy-free. Obviously no glyphosate should go without saying," but if I show up and it's pasta and it's wine, I'll make a judgment call in a moment. But often being fed food that was lovingly made by someone who cares about me and is trying to give me a delight for my senses, then the self-loving therapeutic choice in that moment is to eat the pasta.

Dave:

I absolutely love that mindset. And if you recognize, you know what, this isn't the best choice, but I'm not eating a bowl of cyanide either, that's going to lower your stress. And if you say, I can take an insight and just kind of block this, so I'm going to be kind to myself as kind as I can. That mindset will make you live longer. And I really wanted to include you in this series because I think that you really embody that. So thank you for interviewing with me today.

Ellen:

Dave, thank you so much.

Dave:

Your website is Ellen Vora, E-L-L-E-N-V-O-R-A.com, and you've got some cool stuff up there. So if you listened to this, you enjoyed it, you connected with what Ellen was saying, check her out.

Ellen:

Thanks so much.