EP\_1263\_DREW\_RAMSEY\_AUDIO

**Dave:** If

you're gonna spend an hour in a spin class under Floris and Lights with somebody yelling at you to stand up and sweat versus an hour at Burning Man Dancing, I'll take the Burning Man dancing every single time, and it's probably better for my brain, right?

**Drew:** Someone who doesn't pick up a little ukulele or guitar or sit down on the piano or singing in the car with themselves, just think it's like a missed opportunity of a really powerful neuroplastic tool, which is using more music in our lives.

**Dave:** You might think there's something wrong with your brain, and maybe that's because someone wants you to think there is

**Drew:** radical truth. We have a. A mental health epidemic on our hands.

**Dave:** Studies show that people today are more anxious, more distracted, and more exhausted than ever, and it's not an accident.

Your food hijacked your neurotransmitters, manipulated your mental health. A billion dollar industry that doesn't want you to ask the right questions. Dr. Jude Ramsey has spent decades inside the system and now he's exposing it. The real reason depression rates have doubled and why the standard treatments aren't working, how food movement and connection can rewire your brain without a prescription.

The psychedelics, pharmaceuticals and brain hacks that actually work and the ones that are pure marketing, this isn't just about mental health, it's about mental sovereignty, because if you don't own your mind, the world will rent it out. Your thoughts create your reality. So what reality will you

**Drew:** choose to

build?

I don't need you to exercise for 150 minutes a week. To beat clinical depression. I'd like you to go dancing this Friday night because there are some interesting studies looking at, you know, movement. All movement is great.

**Dave:** What does it do to you, Brian? You are listening to the Human Upgrade with Dave Asprey.

Is it true that only crazy people become psychiatrists?

**Drew:** No, I don't think that's necessarily true. I mean, I think by crazy you mean like, struggling with their feelings or struggling with, you know, their thoughts. I think to, you know, some extent, usually a lot of us, there are people in your life and your family that influenced or inspired you.

Or based on seeing people struggle with their mental health that led you into the field. And then I think. Dave, if we're honest. And I like, I, I think let's just be honest on the, uh, together, mental health now. And the reason this book is out is that it's something we all have to be thinking about differently.

Like there are a lot of debates, appreciate some of those debates, a lot of evidence, but some of the simple stuff about what's eroding our mental health, not to deny all the cool new stuff. There's a lot of new science in the book, but simple stuff that, um, we're missing. It's a huge problem. It's something that people have to start addressing really.

Today. And so, you know, I think everybody right now when I, we think about what are the major symptoms, like what are the major conditions in America, right? Anxiety disorders, 40 million Americans, I, I think everybody over the past five years has felt more anxiety, fearfulness insecurity. So, we look at, you know, things like mood, like depression in teens, we go from 8%.

When I finished residency, like 20 2004, up to 14% of teens now one in 20. Or I'm sorry. Uh, now, uh, 20%, so one in five. So, you know, there's, there's a lot we need to do to attend to our mental health. But I think to, to your question, all of us in mental health care about people who are struggling with their mental health, they're in a lot of ways our most vulnerable because, you know, when you're reality testing is off, or when you have psychotic symptoms or when you can't stop whatever it is, drinking, gambling, porn, it's horrible.

And so getting help from somebody who has a sense of that empathy for that but you know, that's what we in psychiatry are trained to do.

**Dave:** It's really cool seeing the arc of your books. And I, I love the idea of a nutritional psychiatrist. 'cause it, this kind of flies in the face of a lot of traditional psychiatry.

Many years ago when I was dealing with it turns out I had substantial anxiety that I didn't. Understand, because it had always been there very likely. There's some genetic, nutritional catecholamine things, but I also was born with a cord wrapped around my neck. So I had PTSD like symptoms kind of running throughout my life until I did some deep healing work on that.

And just the, the transformation that I've had is, is profound. And I also know that if you give me certain foods, I'm a dick. Like, like my, my ability to regulate my emotions drops dramatically. And I thought I was nuts from this, especially in the early thousands before I started writing about biohacking and all.

And I read a book, and I wish I could remember its name. It was about, a guy who was a psychiatrist and he had three people who thought they were Jesus. And if he took them away from certain foods and from secondhand smoke, they stopped thinking they were Jesus. Because they were just having this strong brain inflammatory thing.

This has to be back in the sixties, and I just realized, oh, there's some environmental variables that are affecting my brain. So how much is the environment around us, the we'll say, the chemical environment around us affecting our psychiatry today?

**Drew:** So let's start with psychiatry is our internal chemical environment.

There's a lot of debate around sort of chemical balance, and I'm a physician. I think it's all chemicals and molecules up there. That's my sense of it. And when you shift them and influence them it changes how we feel, how we think. People have had a lot of experiences that the simplest one is probably alcohol.

But you know, that's a, that's an example I think of chemical balance. I think what, what you're describing and talking about is how we've shifted a lens in terms of how we think in psychiatry. And it's, I think all of my books have really tried to help people think beyond, you know, very simple terms of mental health.

Mental health is obviously, it's complex like human consciousness. It's like, wow, what else does something that cool? All the other parts of the body seems like you can find in Home Depot, right. Pumps, filters right muscle. But the brain, human consciousness generator in aisle L 10. No, it's, uh, it's, it's, so, it's really wonderful.

It's wild. We get no education culturally in some ways how to care for it, especially again, based on all this new science. So you're talking about cases some of the, you know, I think, uh, uh, rare cases, but, but really great examples of where things like inflammation can cause psychotic symptoms. Dr.

Fasano at Harvard and then Emily Deans, one of my colleagues in evolutionary psychiatry sort of talked about this idea of like, Hey. There for some people, uh, a lot more than others, there are sensitivities to certain things in our environments. People struggle with a variety of things, you know, besides gluten that cause inflammation.

And so I try to get into that and, and use inflammation. There. There are three frameworks in healing the modern brain. Kinda ask everybody like, Hey, is uh, your friendly psychiatrist? I want you to up level when I meet people and they're like, haha, Prozac. It's like, I'm very, very handy with Prozac great medicine if you use it, right?

But what I'm really, it is, it's like nobody thinks about Prozac. I,

**Dave:** I'm handy with Prozac. That's just a great quote. And for listeners there with this audience, there are a lot of people who have a judgment against pharmaceuticals. And,

**Drew:** uh, Dave, I wanna hear your thought on this because, um, okay. I've seen some of your content about some pharmaceuticals you like, and I think it's really interesting.

**Dave:** It's like, look guys, if you have a tool, if. It's just a tool. And if you have a shovel, like you might cut some worms, right? You might get a sore back, but you could dig a hole, right? And there's nothing wrong with the shovel. You could also hit someone in the face with it. So it's how you use it. And what are the risks and what are the benefits?

So I have zero issues with any pharmaceutical drug whatsoever. I just don't like misuse of pharmaceuticals. I also don't like misuse of anything else. So. To say, I'm gonna have restricted tools, or I'm gonna have a, a religious belief set that says I will not use pharmaceuticals to make my life better, or to extend my longevity, or to increase my intelligence.

I think it's shortsighted and it's like taking away technology. It's the same as that first caveman who's like, look, I found fire. And the guy next to him was like, oh, I'm not gonna use fire. It's technology. And I, that guy is extinct and the other guys are great, great, great, great, great, great, great grandfather.

That's, so, that's how

**Drew:** you open up a superhuman talking about fog. Who finds a fire? Dang. So got fire. Fire can burn you. And well, I think a lot of us maybe think of us, uh, you and I as on different ends of a spectrum in some way. And I realized as I was preparing for this, that you and I both love farming and love animals.

That was very clear. We both have families, we both care about science and technology and. I think you and I are both really in awe of how much there is to know how much science is coming out, how much we're learning, and then how much there is potentially to do. So it's a really, I I try to remind people it's an exciting time if you are contending with your mental health.

And I know that's maybe not the best soundbite, but it's an exciting time because we know more, we have more, you know, when people ask me about antidepressant risk, I have more longer term data. And then I have 21, 22 years of prescribing myself along with my colleagues to get a sense of the best next steps.

And so, you know, there, there's a lot when it comes again to these frameworks, neuroplasticity. That's like a new idea, right? Talk with me. Let's do some mental fitness work. And remarkably, your brain grows more, your brain repairs more and surprising stuff, right? Well, well, in the book, one of the tenets of mental fitness is connection.

We talk a lot about the social isolation epidemic. As a clinician, I meet with people and as I'm listening, I, I'm, I'm thinking about your kind of web of connection. I talk about this in the book and really encouraging people to get explicit. Uh, you, you know, Dave, I think we're the same age. I think you're.

Uh, I'm, I'm about to turn 51. You're 51. And so I'm,

**Dave:** I'm actually 52, but I identify as being about 40 because that's my lab tests. Say

**Drew:** That's what Your lab,

**Dave:** what do you think? My lab,

**Drew:** what do you think my labs tests say?

**Dave:** How am I doing? You, you're looking pretty good, but I, I feel like you just aged me. It, it's kind like when you gender someone, but you just aged me so.

**Drew:** Well, I think this is it gonna be fun for us. I, I had this idea that we should meet every year 'cause we're the same age and I do, you know, I, I follow my tenants. I, I eat, I sleep. Yeah. I try and love, I try and be a healer. I try and think about my purpose purpose. You know, I think I, I, I struggle like, most people in certain ways, as you're saying, there are lots and lots of tools and how we assess these tools and think about these tools are something that you know, everybody's doing a little differently.

I think one of the reasons I wanna write about tenants is like these principles, like I don't, we all agree on. It's like, simple country farm boy in me, like. Everybody knows sleep is good. Everybody knows higher quality nutrition is good. Could

**Dave:** you imagine if we were around and it was say the 1950s, we'd be, oh, let's have some benzos.

They're still doing ice. Pick lobotomies for people. And if you were anxious, you probably just needed to shut the F up. I mean, it was, it was a completely different world. And we have people going, oh, it's so stressful. We have all of these amazing pieces of knowledge about how our environment affects our happiness.

There's good research. You can get to the research without going to the library, and you can go into any of the AI models and say, could you explain what this vitamin might do for my whatever? And it'll just tell you without even having to go read my blog or read anything. And it's. It's the best time ever to be changing the state of your brain because everything you could possibly want can be found.

And 25 years ago when my brain was failing, getting the knowledge and the information, it was very difficult. And I did brain scans at all this weird stuff and figured my stuff out. But it costs a lot of money and took a lot of time. And for most people listening, you could read something like your new book and healing the modern brain.

Here's the 10 things you need to know and how much each of them applies to you. You, you can figure that out.

**Drew:** I hope so. I mean, that's the hope in the book is to explain a principle, a tenant, and talk about the science of how it affects your brain. Quite specifically to share a few studies to think about ranging from the nutrition where people know me as one of the early nutritional psychiatrists eat to be depression and anxiety was really a fun book to write to kind of share this new science.

And for the first time in history, ever randomized clinical trials. Right? Our gold standard in medicine, we have 7, 8, 9 of them around how a Mediterranean style diet can help patients who have clinical depression helping. Uh. More than a third of them go into full remission, particularly, you know, the one I think you'd like is the AMEND trial, which was Young Men with Depression in Australia.

And 36% of them went into full remission from their depression. And it was a small trial, but great trial. And a hundred percent of them had sun improvement. And it was only, it was only two counseling sessions. And so, you know, you see data like that and then you see it reflected on the front lines right here on my couches.

You're sitting with patients and you throw in a few questions or. I've got, uh, one of my young guys in New York will send me pictures when he cooks something nice for he and his, his girlfriend. And I mean it, you could see I always light up, right? It's like you got some 20 something guy and he's like, Hey, here's, here's some nutrient dense food.

Here's fish with a little pesto sauce. I mean, it, it's really, uh, it's fun to see how people, again, can take these ideas, apply them into their everyday life, and then again, learn some of this new science of how things like isolation and engagement and even going out in nature affect brain structure and brain function.

**Dave:** It, there's something a little scary, and it's in the title of your book, is it Healing the Modern Brain? What does neuroimaging tell us about modern brains versus non-modern brains?

**Drew:** Modern brains are up against a new set of challenges. And I, I, I hope it's not too scary, but I wanted to sound a bit of an alarm.

As, as a psychiatrist, a lot of people don't want to ever meet me, and they meet me usually at the worst moments in their life where someone's maybe convinced them, they've quote unquote, hit rock bottom maybe, or it's just, you know, finally come time. And I'm, I'm very handy in your corner well before that as all, are all my colleagues.

There's a lot we know about mental fitness and prevention of mental health disorders. Just like physical health, you know, I mean, everybody listening, especially your audience, right? Everybody's got some stuff that you know you should be doing for your body, right? Whether it's your strength and building muscle, your flexibility, working your core, everybody knows a bunch of exercises, whether you're doing them or not.

We don't have the same frameworks for our mental health. And so I want to be really specific. Hey, if you don't work on connection, let's look at the data. What happens to us? We're more isolated than ever. Right? They, they estimate the health effects of being lonely or about the health effects of smoking three quarters of a pack a day.

Uh, uh, so are you saying that

**Dave:** if, if you have friends, people can start smoking and the risk won't change?

**Drew:** That's no. I don't think that's quite how the number works, but I think, think it's checking, but I think it's a good question. It's like, no, we're smoking in a group. It's okay. It's okay. You know, I hope more than fear, I literally like empower people and, and move beyond.

Again, there's a lot of debate in mental health meds, nomads, there's a lot of debate in mental health about diagnosis and psychiatry and I treat patients. People are suffering. You need ideas and help around what to eat. Today at dinner, most people are struggling with a notion, you know, if you're not an exerciser runner, weightlifter.

I, I have good advice for you in the book 'cause I don't need you to exercise for 150 minutes a week to beat clinical depression. In fact Dave, and I'd like you to go dancing this Friday night because there are some interesting studies looking at, you know, movement. All movement is great, exercise is great for a brain health in our mental health, but there is a study looking at types of movement and, and it made lots of press, but I loved it.

It showed that going dancing is one of these things that's really great for our mental health. It makes sense to me. It always feels good to get out on the dance floor a little bit, usually with people. And so, again, I, I hope expanding the notion of exercise to movement, you know, expanding some of our notions of what we need to do to take care of our.

Health again, addresses what you say. The scary part, the modern brain folks, you're up against something differently, uh, or that you need to address differently. And, and I think everybody knows that. And, and we talk about the mental health epidemic. It's like mental health awareness month. Love it. Great. If you don't turn it into mental health action month, IE you are doing stuff for the mental health of yourself and your community.

I, I think the awareness isn't translating into what it needs to. We've got to do more for our mental health.

**Dave:** It's funny, another guest on the show who talks about neuroplasticity, uh, my friend Lisa Wimberger, every time she sees me, she's like, Dave, you need to go do zoo, which is kind of like an ecstatic Brazilian interpretive dance thing. So it's on my to-do list. And I will say if you're gonna spend an hour in a spin class under floor, some lights with somebody yelling at you to stand up and sweat versus an hour at Burning Man dancing.

I'll take the Burning Man dancing every single time, and it's probably better for my brain. Right.

**Drew:** Well, I, I've not been to Burning Man. I think there's probably a lot going on there that influences your brain. From what I've heard, a few things that increase

**Dave:** neuroplasticity chemically that happens

**Drew:** that it seems like, it seems people are often smiling when they leave, except that year with all the mud.

That, that seems a little challenging. Yeah, that's a lot. Uh, that was not a good come down, I would say. Neuroplasticity going dancing, zoo dancing. It's funny. Part of my, um, I've been influenced by great clinicians and really good friends and colleagues and one on my team, Samantha Re, Columbia trained social worker.

We had a little office together in New York City on 73rd and Broadway, this very famous building in New York, the, and Sonia. And we had this like secret little, uh, kind of studio office. And Samantha came in one morning and she had a big smile on her face. Kinda little glistening, just looked extra happy.

And I kept thinking like I was a little, like glitter on her cheek. And I was like, Samantha is there a little, uh, glitter on her cheek. She said like, you know, yeah. She said, you caught me. I was at Daybreaker.

**Dave:** Oh yeah.

**Drew:** And, uh, and Samantha, um, early influence helped, helped me stop drinking about four years ago.

Samantha's, uh, not drank. I hope I can say that, uh, for a long time. And there's a big sober dance party again to start the day. Dancing, moving, being together, being optimistic. And so one of these ways, I think when we pay attention, we see people around us who have aspects of mental fitness, who can inspire us, who when we're struggling, we can kind of hang on to a little bit to get to that next step.

And so

**Dave:** I first heard about Daybreaker like maybe 10 years ago. They have a rave that starts at sunrise and it's totally sober. So it's circadian aligned and no one's drinking. And I thought, this is kind of crazy, but we'd bring coffee to it because these people definitely need coffee. And now Mickey, one of the founders of that lives down the street from me here in Austin.

We, we hang out and it's, it's a really powerful thing because the dancing and the movement in the community, especially with the sun rising, it does something to your brain. What does it do to your brain? I.

**Drew:** So, a few things. When we're removing our body like that, we release things called myokines. I write about them in healing the modern brain, and we talk a lot about endorphins.

Endorphins are great. We talk about endocannabinoids, right? These are kind of, if cannabis binds to a set of receptors in our brain, it's the endocannabinoid system. And then myokines also induce brain growth via BDNF. And so BD NF is kind of like master control molecule. I think everybody in the biohacking space knows a lot about bd NF.

It's not a perfect biomarker, but I think about it as a very hopeful, I call it like the molecule of hope. Which is, hey, whether you're having a senior moment or you wanna learn Japanese next month, or you need to recover from a trauma the tenant I get into in the book of unburdening, all of those are possible because of neuroplasticity, your brain's ability to grow, heal, and repair itself.

And, and it's something, again, when we think in that model, when we approach diet through the brain's, the most important asset, what do we eat to best support brain health? We pick a different set of foods. Same thing. When we think about, again, moving instead of just being down on ourselves that, you know, I, I can't, I can't bench like 3 25 or probably even 2 25.

I mean, it's just not, but I move a lot. I skin up the mountain. I try to, uh, you know, get out and be really active outside as much as possible. The idea that, you know, that that really counts and that creates a lot of neuroplasticity. So, again, what is happening when Dave's out dancing at Burning Band?

Let's not who, who knows exactly what is taking, we won't go over the. Other neuroplastic compounds, but the dancing, the moving, and then also the connecting, right? Because usually when you're at these events, you're with other people. You're connecting, you're, you're feeling that humanistic sense that there are things that we all agree on.

Music's good, dancing's good. So, those are some of the ways that, again, movement and specific dancing are. Then there's a music effect, right? Which, which is also just again, one of those, uh, screening questions or one of the things when I, I think about, um, the tenet of engagement. I'll ask people on a meeting, I tell me a little bit about your hobbies, and I'm listening for instruments, music, singing, and, and sometimes, you know, a lot of times you don't hear that in the modern world.

And it's a sign for me, something's going on. People stop listening to tunes stop expanding, and their kind of lexicon of the music. They're listening to someone who doesn't, you know, pick up a little ukulele or guitar or sit down on the piano or, you know, sing in the car with themselves. I just think it's, it's like a.

Missed opportunity of a really powerful neuroplastic tool, which is using more music in our lives.

**Dave:** How has the role of sex and relationships changed with the modern brain? I.

**Drew:** Well, sex has changed because the need for sexually explicit content is just, it's ubiquitous now. And so a lot of the young men and some young women I'm treating, you know, that that kind of difference between meaningful connection and sexual stimulation.

Uh, there's a lot of work some men have to do in kind of separating that. There is such a, a, a quick dopamine and, and, you know, all the good film chemicals that you can really end up locked in your room with a lot of pornography or a lot of chatting or a lot of video games. So I think that's certainly changed things.

I, I work with a lot of young women and, uh, I was just out horseback riding with like a group of young women. So, you know, I try as a psychiatrist, I always like to like listen in to the young folks and, you know, I hear a lot of things like people going out on dates and men just sort of talking, not listening.

I think maybe that's not anything that's new. Relationships have changed. I think that the constructs have changed. You know, it's a little different here where I am in, in Wyoming where not as much has shifted. Where when I was in New York, the kind of, um, polyamory movement was taking off and people were kind of considering a lot of different relational constructs.

So all that's kind of new and it, and, and the, the part that's changed the most is the explicit talk about it and, and your ability to find information. And so I love what you highlighted highlighted earlier of, you know, we know more about mental health. You wanna learn about mental health and the privacy of your own home.

You want to find some influencers with bipolar disorder who really gonna help you navigate things. Yeah, it's easy to do, have to search away. But you know, you always also have this where this endless information becomes in some ways another person in your relationship. My wife was on Reddit this morning and I like stuck my face in front of the phone and I was like, oh, I'm your favorite Reddit feed, aren't I?

So it's, uh, let's break this down, Dave. What's going on with sex and relationship? I think we know more about sex, sexual desire, sexual pleasure. I absolutely love this movement going on right now where kind of, um, my matriarchs, uh, the sort of perimenopausal and menopausal women are kind of being recognized as like incredibly I dunno the right way to say this, incredibly vivacious and hot.

And, and there's something about the kind of power going on there. I, I, I, uh, I think is awesome. I'm a big fan and so, I get. More explicit talk, more information. And then I, I think more interruptions, right? I see a lot more people who, um, they do not think about the opportunity cost of optionality enough.

And that part of a great relationship is, is the sorting out how to make it work and being there for someone and being in service. And you know, love doesn't always make sense in a way that I think is, is confusing in the modern world.

**Dave:** One of the most powerful things I've ever heard from a, a therapist was I, I said, well, there's no reason for me to be afraid right now.

And she just laughed and said, uh, fears and emotion. It doesn't have to be logical. I'm like, ah, so I, I just put all of sex and relationships in the not very logical side of things. They, they can make sense and there's ways to navigate them in tools, but if you think that you're a meat robot and that there's a truth table for relationships, it doesn't feel like that's a functional way to exist.

I

**Drew:** think it back gets back to your question earlier of, you know, do mental health clinicians to psychiatrists, do we have to struggle with our mental health to be good? It's something sometimes my patients really wanna know. It's like, hey, I'm, I'm really in a dark spot. Do you have any idea what this is like other than listening?

And I think you're speaking about a place where that isn't often talked about and maybe a little misunderstood about therapy. Therapy usually starts when you get to the point of saying it. And a lot of people feel the saying of it, you know, like what you just said. I'm feeling fearful, but I don't have anything to be scared of.

That actually doesn't in that moment necessarily change it. It starts the change, right? It's the beginning of a set of awareness. It's the beginning of a, a path towards something. But I think it's one of those disappointing pointing moments in therapists. We have a big, in therapy, we have a big aha moment.

And it doesn't necessarily always change how we feel.

**Dave:** That happens a lot. And I, I've spent a lot of time doing, you know, shamanic work and going to monasteries and hooking computers up to my head to figure out how to integrate those two. And I'm very happy with where I am now, where I, I can change how I feel and if I'm feeling uncomfortable about something, like there are tools to go in and, well, why, and what and how, and then how do I sit with that?

And if you have a supportive community and relationships around you where you can talk about it instead of bottling it up, it feels like, like there's, there's a path and something that's really inspiring for me. So, like we both said, we're about 50, right? So when we were teenagers, if you tried to share your feelings, you would probably get in a fist fight, right?

Like that, that's not something that you would do as a 16-year-old in the eighties or whatever.

**Drew:** I think I really got like picked on, so, uh, yeah. Yeah. But what fist I got picked on, but then I would get back, um, so maybe a little, a little tougher than I am. I was raised in a house of non-violence, so it was a little conflictual as a young man,

**Dave:** it depends on the, on the school you're going to as well.

I went to a pretty tough school, so had a knife pulled on me and stuff, so I, I wouldn't recommend that it, it's just that there's, that, that aspect of, of the Clint Eastwood toughness. And I have a bunch of friends in their thirties in Austin here, and I watch how they communicate with each other in friend groups and with their partners and man, the.

Ability to talk about emotional states and felt states and to listen. I wish I'd had those skills when I was 30, like I had to work on those. Is this a shift in society? Are just, are younger people actually better at emotions than older people?

**Drew:** Yeah, I think, I think that there's a lot more awareness. I see some of the young folks in my life, my cousin Max and Nate, these young guys have a crew of guys in their thirties.

They're around the country, maybe there's some college friends, some high school friends, and you can tell it's really important to them to keep the group checking in with one another to get together. It feels like there's a lot more explicit talk about things like mental health. Diagnoses. You know, if you have a DHD, your friends know it.

You know, it's if you're struggling with depression, maybe people check in. A lot more people are concerned. So I do think there's a shift. It's been really a lot of fun for me to, to help out a little bit with that. Men's Health magazine has myself and Greg Scott Brown, a psychiatry colleague of mine.

We've had this series Friday sessions where we interview men about male mental health. And so we've interviewed, uh, you know, a hundred, 150 men and women about male mental health. Like what is it, how is it changing? And we hear a lot about this, right? More openness, more encouragement. I think some men experience this as a little bit of like a higher bar.

You know that, that there's a little more expected of you now more listening, more thoughtfulness, you know, maybe you know, do, do a little therapy or if you're in Dave's camp, a little shamanic work maybe, but a sense of not being in a relationship simply as a box full of need or as a protector if you're a man.

As my publisher Karen said, you know, I don't need your paycheck and I don't need you to protect me, but I do have some needs. So first tenant, Dave, the first tenant. I ask everybody, and I think it comes from working with a lot of young men. I'm really blessed in my practice. I get to see a lot of men that, that we think about self-awareness.

And not with, we have to change everything about ourselves, but we do need to know and own more of who we are often. And, and that's really the, the beginning of mental fitness is really identifying ways that all of us can do things like externalize, right? Think about that. Our challenges and our problems like outside of us, we're so often it's very disempowering notion, and I hope healing the modern brain really helps people see, hey, I think there's a lot in your day-to-day that was within your control, and I think we can all agree if you attend to it, things can improve for your mental fitness and your mental health.

**Dave:** Let's get a little further into the book. If I'm feeling anxious or depressed, should I get a fecal matter transplant?

**Drew:** Well, Dave, I mean, I think of the people I know and I mean, I just met you, but I think probably you maybe already have had a fecal matter transplant. You know, Dave's talking about this idea that, just that one time at Burning

**Dave:** Man,

**Drew:** it was just that one.

I was like that you called it afterwards. Right. But the, uh. Fecal matter Slic comes again from one of the one, okay. I have to

**Dave:** pause for one second here. So you're unflappable because you're a psychiatrist and you interview people all the time. And I got you to stumble there for a second with that comment.

So I, I just think

**Drew:** have no, Dave, I mean, you've got me to stumble a few times in my life. My relationship with you is, is, um, as my team would tell you, is, is long. I've, uh, I, it's, it's so, you know, uh, I've been, I've been thinking about you at this moment quite a bit. I learned about this interview as the, you know, I kind of believe at this point, um, and, uh, there's a way that young observed mm-hmm.

That as we get older, as we approach transcendence, that more moments of synchronicity happen to us. Yeah. More kind of strange things, things you couldn't, um, ever anticipate. This happened to me in the middle of the pandemic. I went, I was, uh, on our farm in Indiana, and, and prior to that I've been traveling back and forth to my practice in New York and I was on the farm and I, I, I got invited to do a video with the Institute for Integrative Nutrition and the pandemic was clearing up.

So I went and, and I'm going to a part of the city I never go to, and I've been in the city this like the first time, and I hear Dr. Ramsey and I look and, and I see a woman that I don't know, and she's coming towards me. Well, this maybe you've had these moments that already's one of those moments. They're like, oh, like who is this?

And it's the wife of one of my patients. They've just gotten married and, and I'm thinking, how is it. You know, of all the places I could be in that moment, all the places she could be, we just sort like bump into each other. And, and so, you got me down this rabbit hole, Dave, of, of moments of synchronicity and how we age.

And I don't actually remember your question here. You're saying I'm, I'm Flappable psychiatrist, you know, I'm, I I think you could make you, I was flap all kinds of

**Dave:** ways. I made an offhanded comment there about fecal matter transplants. And, and one thing I, I appreciate just when you first got on, you have a really smooth tone like a, a professional voice.

Your, your voice and your nervous system are well regulated. Right. And you can pick that up. And so I, I dropped the random at Burning Man thing, and I can, I just watched the gears in your brain go like, like not mesh properly for a second because it was so random. And that was amusing and fun. So, anyway, sorry.

**Drew:** Well, I, you know, I, I, I think part of the gears you see turning is that the microbiome is a give one of these new ideas and it's one of the big lenses. I thought you were setting me up. It's one of the big lenses, the book. I was, but I see like, hey. That it, we think about neuroplasticity is one we talked about.

We think about mm-hmm. Inflammation. Everybody's talking about inflammation. How does inflammation relate to your brain? Well, when all the alarms are going off in your body, they also are going off in your brain. You have a whole specialized immune system in your brain, right? Your brain can't make pus and your brain can't swell.

I mean, it can, but it not a good idea. If it does, you're in trouble. Yeah. You're in real trouble. There's not a lot of room up there. So your, your, your brain's kind of always sensing and you know, obviously wanting to be in a well-regulated state with inflammation, that's not happening for a lot of people.

We know from the new science, again, looking at things like inflammation I see studies like 30 to 40% of patients with this awful work treatment resistant depression. I've never seen anybody resist a good treatment for depression. Depression's awful. But people who haven't ta it's awful, right? Yeah. All it's like, they come in, they've tried lots of things, but they're called treatment resistant.

I'm like, that, that's just really not fair. You say that, you know, we should be a little bit more honest, that we haven't properly cared for you yet. We haven't healed you yet. Um, so yeah. Anyway, these patients have excess inflammation, right? Their inflammatory markers are higher. Everybody knows when you're sick, right?

When you've got a the cold or flu, you have a lot more kind of sad, depressed, fatigued, irritable thoughts, right? Classic symptoms of depression. And so the microbiome again, I think your audience is really quite aware, is this new lens, a new way that we can think about a new lever? So, as, as David was saying, you know, if I show up anxious and, and I'm feeling overwhelmed, you know, what are some of the tenants quickly that you're gonna think about?

I'm gonna look, you know, as a nutritional psychiatrist, I'm gonna hear about, not not just what you're eating, but what your relationship with food is like. You, you've disclosed a history with obesity. You have a lot of, I'm gonna call it trauma around body shape. Body size eating, right. So I'd wanna like.

Really hear about that and get to know you before I start saying, you know, Dave, I think you should eat a lot of sauerkraut for your microbiome. Um, I, you know, I'd wanna, maybe you're like our friend Amber and Mayer of the Micro, he's sort of the godfather of the microbiome. He has these, he's from this like quaint German village and he has these like stories of like sauerkraut back in the day in a little like, you know, ski village in Germany.

So it, you know, those are folks who'd recommend sauerkraut to right away. You, I'd, you know, again, I'd wanna hear more about it, but that would certainly be one of the places that we'd look is thinking about, you know, if you're eating lots of ultra processed food, you're eating lots of french fries these are things that I would wanna think about how to clean up with you.

And then I, I dunno for you, you know, just like looking through your Instagram you know, I'd wanna hear, okay, you're in Austin, like, how's it going? You had a lot of connectivity to nature. Now you're in a little bit more, maybe of an urban environment. And so if I were treating you. You know, I'd wanna think about the transition you're in.

I'd wanna think about ways that's working for you. You know, another thing that therapy often does is we don't. Kind of celebrate. Uh, one of the things I ask in healing the modern brain is that people really pay attention to their knowledge, their wisdom, their wins, and, and that, you know, mental health isn't just all about our symptoms.

It's about our strengths. It's about our progress and our resilience. So I'd wanna hear, I think nature is really one of, for, for me, one of the best grounding things I get out in that big space. If you're in a forest and you take a deep breath and you feel calmer, there's a little data behind these phyto sites, these, uh, molecules that the trees release that again, kind of help regulate and calm the nervous system.

Uh, so, you know, those would be a few of the tenets that quickly, when I'm hearing about anxiety, I'd, i'd, I'd wanna start putting together a little, your personal history, where you are, what's going on in your life, what's changed? A big question. Psychiatry always asks why now? Like, what's going on right now that's causing these symptoms?

And then kind of back into accessible things for you. Low cost. That you like that can again help you build

**Dave:** mental fitness. It's interesting when you mention sauerkraut. I, I identified I had a gut problem. I was on antibiotics every month for about 15 years for chronic strep and sinus infections.

As a young man, as a teenager, I. Uh, so that would set me up. Plus I could tell I had gut problems. Well, because you can tell when you clear the room regularly. So like, all right, I gotta work on this. So I did what you'd expect. You know, I ate sauerkraut and yogurt and all that, and it actually made me much worse so I could connected with Donna Gates, who wrote a book called The Body Ecology Diet, which is basically all autoimmune Paleo and the GAPS Diet came from her work and she was, I, I think she must have been in her, her late seventies.

And she said, oh, well have, have some of this fermented stuff. And I drank it and just like my brain shut down. And she said, oh my God, you're really sensitive to that. Yeah. And I finally learned some sauerkraut is fine, and other sauerkraut has histamine containing bacteria in it. And it has to do with what bacteria are growing, what temperature and what time was it fermented?

And so even to say, oh, all the sauerkrauts the same, it may be that if you eat that one, you feel great. And if you eat that one, you don't. And that it's not like there's a failure, it's just an experiment. So I'm much more resilient and healthy now which is amazing. And I'm sharing that for listeners just to say, look, if something doesn't work, just 'cause it's supposed to work, you can stop doing things that don't work.

Because continuing to do them over and over is just a waste of time.

**Drew:** And I think that's

**Dave:** also,

**Drew:** we see, we, we see that in mental health a lot. You know, there are some things that certainly take a long time and the benefits they're not like normal, but like psychotherapy, the way that you measure and think about benefit and psychotherapy is a little different than like a medication or a supplement.

But I think, Dave, the point you just made is a really important one to mental health that, you know, there's a lot of criticism, right? Say, oh, it's a trial and error. And, and like, well, that, that's true for all of us in all things is trial and error for exercise. Is trial and error in relationships is trial and error professionally and sometimes with medicines, supplements and, and, and these tenets, right?

What's gonna work for you? What really it captures you, you, you highlight a really important point, which is that it's different sometimes at different stages of our lives. That, you know, I'm a big journaler now. I like snuggling with my dog and my, you know, I, I love the sauna. That, that, that looks different than what my mental fitness routine looked like when I was in my twenties and in my thirties.

And so, you know, it's where I like being a clinician. You recommend sauerkraut to someone. This's happened to me who, uh, I was working with a woman had a mast cell sensitivity disorder. Right. And put her in the ER and her brain. Very, yeah. It makes you very humble, right? That, that you need to listen carefully.

That advice, especially in mental health, needs to be quite personalized. And, and that what I hope healing the modern brain helps people see is, you know, things have changed. You were talking about like the fifties earlier, like what's changed? And we just think, well, let's see. Now we have more microplastics in the brain.

You know, all the data about that is finally coming out. It's hard not to bump into endocrine disrupting hormones. And I'm not like a fear-mongering guy. It's just, I remember when we wrote in my first book, the Happiness Diet, we, that we, we took a chapter out. It was like too scary for everybody, but it was the toxin chapter.

I. And this is 2008, 2009. I'm working with this journalist, Tyler Graham, and Tyler's great. Tyler was like, like when Tyler learned that we get a little bit of Omega-3 fats, ingre fed beef, it was like, it was like the, it was the most excited I've ever seen anybody. It was just like, it just one of these guys that like really was putting it together early on around, Hey, we've had a big shift in our food supply and that certainly influences our health and our mental health as part of the story of what's going on.

And so, you know, I, I, I hope the idea that people see is that the modern brain is up against new challenges, right? And, and, and filled with new opportunities.

**Dave:** You write about cognitive resilience, which just makes me happy. The, the whole reason I named my old company that I, I'm not associated with anymore, I called it Bulletproof.

And it was like the state of high performance. Like, I've got this because a lot of my life I didn't feel like I had this. And when I managed to create cognitive resilience for myself, I'm like, wow, I can think and focus and, and summon energy all day long, every day. And if something goes wrong and it's not working, I can probably figure out what it is quickly and turn it back on.

And, and that capacity is necessary for all humans because we created a world with bad light and endocrine disruptors and plastics and all this stuff we just talked about. So what are the tenets specifically for being more resilient in your brain?

**Drew:** And so we get right into, actually use the phrase cognitive resilience.

Uh, it, it's in cognitive reserve. It's funny, Dave, I read the engagement chapter 'cause I felt like it was the one I was softest on literally last night. And so I read the phrase cognitive reserve. So I'm having this like wonderful moment with you of synergy right now. Cognitive reserve in a lot of ways is, is our wisdom that as we age, as we gain more experience, as we live an engaged life.

You know, an example of this is being in therapy or a group or a journaling where you're reflecting on your thinking, you're taking stock. And sometimes it's called mindfulness, right? We want you to focus on certain senses. Mindfulness is one of the techniques to get there, but it's really about trying to be in a present moment, trying to be engaged in your hobbies, in your relationships, in your work.

And, and from that you develop more con, cognitive reserve, right? You develop more skills, as I say, with my patients, you have more wins and you know, and, and wins, uh, is where we build self-esteem from. As you're saying with Bulletproof, that notion like, yeah, I've got this. And it's a, a stance. That can be elusive for all of us at times.

And so engagement is really setting a tenant of, Hey, when you're looking at your life, when you're looking at your week, really think about the level of engagement you have, if there are barriers to that engagement. I find, uh, I like clinical work a lot, and so it's hard for me to carve out space. And so I put breakfast on my schedule because being on mountain time now, I, I kinda start on the East Coast pretty early.

Usually I have like a 6:00 AM patient. And so, I would kind of maybe schedule a second or third patient and I just found I was missing breakfast, very disoriented about what was going on in my kids' lives in a way that just, I was like the worst for me a few years ago. So it sounds simple, right? Put it in the calendar.

I would say my attendance rate at breakfast is like 95% now.

**Dave:** I had breakfast with my kids every single morning when I was home and dinner. I. I, I think probably more than any other C-E-O-I-I know of. It's

**Drew:** my favorite KPI key performance indicator. All you business guys know, like KPII love that phrase.

Yeah. What's the key performance Like? How I love it, especially for daddies and mommies. It's a hard one, but how often are you eating dinner with the family? Mm-hmm. Doesn't have to be one that you, you know, home cook. You get extra points for that. If it's something that's delicious, efficient, and made with love, that's great.

That doesn't always happen. Sometimes we order in pizza, but how'd you learn about that? How did breakfast and dinner become important for you in terms of family time?

**Dave:** I, I read research about how the number of meals you share together as a family has a profound effect on your kids' long-term happiness.

And I just said this is really important. And so we built a regenerative farm and we grew the food for our kids because growing up on a farm with a healthy microbiome and a forest and good grass fed everything and no toxins and lots of family time, it makes for highly resilient, happy kids. But man, it was a lot of work.

**Drew:** It's a lot of work. I mean, that's what my, my parents did though. They moved kind of back to the land as city, city folk. Mm-hmm. To rural Indiana. And so I was raised from age six really until I left the farm 1617, and started my education a very, very rural Indiana. And very much like the existence your kid's had, you know, kind of in the mud, playing with friends, hanging out in the woods.

It, it definitely is with me. It's a wonderful gift you gave them. We then, when our kids were getting moved back, and I talk about this in the book and share some of these stories, because I was in this really, in some ways, unique setting where I was spending a few days a week in New York City where I've been living for 15 plus years.

All of the stimulation and noise and excitement. And, and then I was spending half of the week, a lot of times on our farm in very rural Indiana very different existence, you know, where you know, I'm, I'm out doing farm work. As you said, it is really hard. I think a lot of people commenting on food haven't spent enough time growing it or trying to grow it or trying to grow it at scale.

I mean, it's, it's easy to comment on the food system. Boy, it's, as, you know, it's a lot of work. It's, um, and it's not in any way like linear or predictable work.

**Dave:** So, yeah. Lambing season where you never get to sleep because they keep dropping lambs in the middle of the night is like trying to explain that.

Like, yeah, I'm the CEO of a hundred million dollar food company and coffee company and I gotta go catch a lamb again. It, it was a little bit disconcerting. but I think it was good for cognitive resilience and all the nature and all the stuff we talk about. But there are all these weird systems that, that get disrupted whether you're lucky enough to have that kind of a life or, you know, you're in an apartment with a subway rolling overhead.

Um, one of the things that, that I. I feel like doesn't get enough attention. When we talk about our brains, the neurons are the rock stars. Like, oh yeah, my neurons are firing and they're wiring and they're doing this. But it seems like the caretakers the, the glial cells and astrocytes in the brain are maybe even more important for resilience over time.

Can you walk me through what are the main components of keeping a brain running from inside the brain and how do we manage those?

**Drew:** For sure, and it's a great point, Dave, that there's more going on than neurons. Neurons are, you know, incredible. I think it's the most energetically kind of intensive cell in our body.

It's just like very true though that they require a lot of care. They require a lot of waste management. This whole new glymphatic system that we've discovered, uh, or that researchers discovered just a few years ago of how the brain deals with waste. Um, and so walk me through a little bit of how the brain kind of ends up in a more regulated state, or how does the brain more properly deal with things like inflammation and kind of, again, going through these lenses in healing the modern brain?

How do you get neuroplasticity Right, is kind of the question. And I think a lot of people miss some of the basics. And, and again, that's what these tenets are really here to try and help explain, right? Going into movement, how it increases things like bd NF going into. Connection and making a plan. And, and it is kind of wild to think like, how does things like a more diverse microbiome, how does it influence stuff upstairs up in your brain?

And you see, well, you know, the microbiome is the one of the major regulators of our immune system, as you know. And so if you have a gut that is quite inflamed, if you have dysbiosis right, where the wrong mix of bugs is in your gut, I talk about like quote unquote the good bugs. 'cause I think they're fun passengers that we have, you know, that then leads to glial cells you know, these immune cells in our brain that are much more kind of activated.

And, and so, you know, again, the idea is to have more of a regulated sys uh, system. Right where, whether it's from having a diverse microbiome to having a diverse set of connections and friend group to having more cognitive reserve like we're talking about, of being more engaged and all of these things over time you see bigger more robust brains like talk about this in imaging.

You know, I know that the food and mood data the best, but if you look at structural images of the brain of individuals in their, let's say, sixties, early sixties, and you just divide them into a group that eats more processed foods versus a group that eats a more kind of traditional whole foods diet, you, you just see a significant amount of extra brain shrinkage in the group that's eating more ultra processed foods.

And, and so, you know, it's just one of those things that you can back that all the way up in, in the kind of bent science into astrocyte. Glio function, inflammatory factors. One of my, uh, uh, colleagues, a good friend Jeff Miller, is head of neuroimaging at Columbia, and they're using this I think it's TPSO, which is a inflammatory marker to kind of see when, when are these microglial cells?

I was like, when are they activated in, like, turned on in terms of the immune system in the brain. And they've been able to actually image and connect things like inflammatory response in the brain with significant psychiatric symptoms, like suicidal thoughts and, and kind of thinking about astrocyte, ggl function and neuron function.

One way to approach healing the modern brain is we wanna create the structure within ourselves, whether it's a diverse microbiome whether it's a body that moves. Whether it's some of these body that is getting good sleep, a brain that's good in sleep to kind of deal with waste and inflammation, and then to engage in these other, you know, the tess that I won't say are more elusive, but things like purpose and engagement.

Yeah. Or a little, um, you gotta get some of the basics right first.

**Dave:** If your brain's inflamed, your mitochondrial networks are not working very well, it doesn't even matter if you know your purpose, you won't have any motivation for it.

**Drew:** And yeah, I think that's a, that's a, that's a great point, right? That's kind of sequencing of what goes first in a treatment.

**Dave:** It, it's why when I, I look at the different books I've written. The first one was, how do you eat to get your mitochondria working? Get your body halfway working. And then I wrote my cognitive function book, which is increased. BDNF increase mitochondria. But if your body's jacked and inflamed, you can say, I wanna work on my brain.

It's not gonna work that well. And in, in my career, my brain was failing, my body was jacked. I didn't know it, like it was all messed up. So I started taking smart drugs, like I just have to keep getting a paycheck, so I gotta fix my brain. And it took me a couple years to figure out, well, I'm gonna have to deal with stuff outside the brain to make the brain work.

And that, that helped to inform like, what is the order of operations to upgrading all the systems in there? One of the things that has made the biggest difference for me is understanding cortisol, understanding neurotransmitters and understanding resilience in the brain where if my cortisol is too high or too low, my adaptogen intake is, is off, or if I just don't use them, or if one of my neurotransmitters are off, there's a different felt state for each of those.

How would somebody go about picking adaptogens, picking amino acids and just hacking their neurotransmitters to be happier and more resilient?

**Drew:** Well, I think that the whole biohacking movement is trying to answer that and trying to answer that on an individual basis. I think mental health is hard, whether we're thinking about things like adaptogens or even the psychedelics where there's such a, a mix of reports and then there's such a, in some ways, avoidance often of what's going on mental health-wise.

And so I think there's certainly some things in some neurotransmitters where it's just kind of clear to us, you know, when you are in a state that you're seeking things, you're wanting to read, you're wanting to explore, you know, it's, it's really a sense that your dopamine is in a well-regulated spot as opposed to a time where you know, you're really lacking any motivation, you're not feeling a sense of goal-directed behavior.

And it's often felt as like, quote unquote low energy. How much that gets correlated with like direct amino acid intake, I think is an area of hot debate. You know, that the part, part of as people are. Kind of thinking about and analyzing things like the serotonin theory of depression. You know, one of the things that shifted was, uh, kind of looking at, uh, tryptophan depletion studies and finding that they really weren't as effective as inducing depression.

Just quickly, everybody, tryptophan is the amino acid we used to make serotonin and then melatonin. And, and so the idea is if, you know, don't eat tryptophan, boy, you get depressed. And that's what early studies, maybe indicators show when those are redone. Not so much. And it makes sense because we have so much tryptophan stored.

And so, you know, I think someone like you, Dave, you spent a lot of time, uh, and a a lot of money trying to understand things like cortisol and individual neurotransmitters and, and how certain supplements and adaptogens affect you. And it's not so much the world that I'm in as I, I think just a clinician where some of those things, you know, like, um.

Rhodiola, for example, is something that, you know, can be very handy for some people. I went through a phase of using more St. John's word, especially for people who, for whatever reasons, didn't want to try or, uh, uh, have a trial of a, a pharmaceutical agent. So I certainly think there, there are some things out there with some interesting and significant evidence around them.

And then I think there's stuff where, you know, people have a lot of different responses. Like everybody likes to overdose on melatonin. I find, I find, you know, that can be dangerous. Yeah. Oh, it's, it's, I've found so many patients come in and it's like how they're taking like 10 milligrams, 15 milligrams of melatonin, uh, American Psychiatric Association.

And last time we did a training on sleep, it was 0.5 to one milligram. And then the American Sleep Academy, I think issued a statement saying, Hmm. We need more research before anyone recommends this. And so then you combine that with, you know, everybody's maybe personal experience of, was it the melatonin that really helped you sleep?

For some people that's certainly true. And so again, this mix of our own experience of things, as you said earlier, thinking about the risks and benefits. And then what I like about what you're saying is you have worked to try and understand your brain. And because you're a, a guy with a business and, and, and interest, background interest in science, you, you've done that through a lot of testing, a lot of imaging a lot of things I don't know about.

I think for the average person out there, what I hope healing the modern brain helps 'em see is. That same kind of science you're tapping into neuroplasticity, inflammation. The microbiome is also something in a basic level that is accessible to all of us. There are fermented foods in every grocery store.

There are ways to connect in every community and, and, and really offer my encouragement, like, we gotta kind of get in there and do more of that. You know, that that's the way that I think about, uh, boosting serotonin and getting more dopamine. And in some ways where the book comes from is when you sit with patients who are suffering and you're trying all the regular things and they're eating the good foods, and then they walk in one day and they've got the big smile and you hear the story right there in that moment.

Of of how someone got into a very different mood state. And over time you see these things line up. You see someone had an amazing workout or you see someone had an amazing connection or they had a moment of epiphany in nature. And so that's in a lot of ways with where the tenets come from.

**Dave:** In one of my experiments, uh, having heard that serotonin isn't the cause or low serotonin is not the cause of depression.

I use the compound. I'm not gonna talk about what it is 'cause I don't want people to play around with it. So it was an experimental topical compound, um, that reduces serotonin because excessive serotonin causes inflammation and probably isn't good for you. So I thought I'll just deplete my serotonin a little bit.

I have never felt what clinical depression is like until three days of doing that. Like, why am I here? Like, there's just no point to, it was horrible. I'm like, I gotta stop doing that.

**Drew:** Well there's also people talk to, in clinical practice, it's, it's horrible, but uh. With a lot of MDMA abuse and use on a weekend, we talked about yeah.

You know, there's this horrible phrase, I think suicide Tuesday where people would kind of burn up all of their serotonin, you know, you know, not taking therapeutic doses of MDMA and then, you know, end up really, really depressed in the subsequent days of just as you've kind of depleted your body's reserves.

I think the idea that serotonin is involved in depression, I dunno that I agree with that, Dave, but I think that as you're saying. Uh, you know, if you, if you don't believe that people should really first have periods of low serotonin states and period of high serotonin states, I think serotonin is misunderstood.

People think about it as mood. Serotonin is a, it's a homeostasis molecule, right? Serotonin. And, and when you, again are a prescriber like myself, you prescribe a lot of serotonin medications. And so you see the effects on people, right? And the effects range from really calming and soothing someone, getting them through a depressive episode, to interrupting sleep, to helping with cognition, to interrupting cognition.

Certainly one of the parts of depression, we don't do as good of a job treating a lot of people. Their mood will improve, their anxiety might decrease, their sleep might improve, but some of the cognitive effects are really quite, in some ways challenging to treat in clinical depression. But I think, again, where people have gotten lost, to me it feels like, it's like this debate about SSRIs and I just, to me, it's not a very.

Mm. Like the data's been pretty clear for a while that they really help some people. They don't help a lot of people, uh, you know, uh, for some, some people they can be challenging, uh, or for you know, I wouldn't, I wouldn't say that they're a dangerous medicine class in any way. And, and it's kind of, again, the hope of this book is to get people focused, like eyes on the prize.

Like some people need meds, some people don't. It would be really nice in our country if, especially as most of these are generic medications, they're just accessible and you could try 'em stigma free. Hopefully. We'll get there, Dave. I mean, that's my hope. I don't know,

**Dave:** I've been a huge fan of Saffron extract.

In fact, as far as I can tell, the first commercial formulation with that was one that I made years ago at, at Bulletproof. And Saffron has similar effects to SSRIs and might be an accessible thing to do. Do you have any thoughts on whether people might want to consider using Saffron, even if they aren't depressed?

**Drew:** Uh, you know, uh, it's a great question of whether people can gain benefits from psychotropic medications and supplements even when they don't have symptoms. Right. Is there, uh, extra enhancement? I think that's, you know, a big focus of yours is not just that's what I'm into. Yeah. Right. You're, you don't wanna just have a healthy life until 90, you're wanting to go to 180.

So, yeah. Um, I, I would say that the long-term effects of all these things you know, there's a little bit of a question mark. Saffron is one of those compounds in the kind of quote unquote alternative and complimentary world that does have a little bit of data behind it. And so, you know, like St.

John's work I would say also like Omega-3 fats, even though there's not a big clinical effect, there's a statistically significant effect on depression. Whether people want to try that or not. You know, I always kind of refer people back. I'm like an old school clinician, Dave. I always think that that.

For most people, I hope that they're going to be in partnership with someone because what I find happens a lot in my practice, people come in, they're taking a lot of things and it's not so coordinated. And, and so, that, that's where whether something like saffron or Omega-3 fats or magnesium is good over time, I, I think I've, I've been in the space probably representing food.

Human relationships, journaling, more horseback riding, more getting out in nature, because I just think there's so many people who, you know, have formulated a product or, or have a recommendation. Lots of experts out there. And I guess for me, I, I've hoped to represent something a little maybe different about mental health that I'm not sure whether saffron long-term, what that would do for you.

But I know having more friends going out in nature, more thinking about your sense of purpose you know, connecting with your community, being of service. I know those things are gonna be good for your long-term mental

**Dave:** health. Very well studied, very well explained in your tenets as well. We have time for one more.

One more question. We talked about dopamine earlier. Is nicotine good for your brain?

**Drew:** I don't find that things where your brain gets dependent in, in a way where you can't function as well. Cognitively without it are good for the brain. So like, concern, so sleep isn't good for

**Dave:** the brain.

**Drew:** Well tell me, uh, you know, '

**Dave:** cause if you don't function without it, you have to have it every day or exercise.

We're dependent

**Drew:** on those. Well, I don't know. They're dependent on those. I think if you don't exercise and you know, and I don't, I would say you're dependent on sleep, but that's like a normal physiological function. I think this is something that you get habituated to. Yeah, it's true. That's highly addictive.

That's hard to go without. I think there, there, so I don't consider myself like a nicotine expert. I think there are a lot of people notable people even who are popping a lot of zens and yeah, you, most people, you know, I would say that the long-term cardiovascular effects of nicotine, uh, how you separated those out from the long term effects of smoking in the science or for epidemiologists with stronger me skills than me, but I, I think there's plenty, plenty of data or some data about that.

Dave, that can't be your last question. I think you and I have to resolve, I, I, I think you and I have to resolve for the mal masses, whether kale. Is a low oxalate green or a high oxalate green because everything I read says it's a low oxalate green. And I've just spent way too much of my therapy up upset and upset about pal.

I feel like we, we, we see well ca kale's my spirit vegetable. And I, I mean, I did, I start National Kale

**Dave:** Day kale's a symptom of self-loathing. Drew, you, you didn't know. I don't think it's

**Drew:** true. I don't think I, I, I I don't think it's true. I mean, I'll gonna post in my stories. I, I, I was gonna po we've had a, it's been fun talking to you, Dave.

I'm gonna post in my stories the outfit that I've prepared for this interview that I didn't, I wasn't bold enough to wear, but I, I think Kale is a low, oxalate green along with bok choy, at least as far as I can tell. Okay. Let's talk about this.

**Dave:** Okay. I, I am so happy that that you're paying attention and being curious about it.

So, in the history of oxalates, most of the good research was from before 1950. And oxalate isn't that easy to detect in vegetables, and it varies greatly based on the conditions that the plant was grown in. So if you have a stressed plant versus a, a plant that was coddled, you'll get v vastly different amounts of protective chemicals.

And oxalate is a protective chemical. So like, like robusta coffee beans or high-end caffeine versus arabica because they're more attacked by insects. So when it comes to something like kale, some studies of like hydroponic kale will show relatively low, but nothing like, like iceberg or arugula, which are basically free of oxalate.

Kale always has a meaningful amount and the numbers I've seen, and all oxalate numbers are relatively suspect these days. But they'll range from moderately low to moderately high. And this is what I shared when I was on Joe Rogan, like if you insist on eating kale, the lowest oxalate kale would be dyno kale.

The stuff that's kind of bumpy and lacy kale is the highest oxalate. And if you're going to eat it, you could boil it and pour off the water.

**Drew:** No, no, no, no, no. Don't boil your Jesus Christ. Don't boil your kale. Uh, we've, you need, you know, people come to me right here on the Couch for Kale consultation. They do because there's a lot of kale misinformation and is the co-founder of National Kale Day is author of 50 Shades of Kale, the Oh yeah.

Sexiest Kale book ever written by far. Yeah. I think we do need to sort this out because my sense is, first of all, I'm, I'm surprised, but delighted and I think if you and I can come together on Kale America can do anything. But you and I agreeing that Lasana Kale or Dino Kale is the best kale, but I would call it Las nato.

I just think it's a, it's a little bit of a better. Word. That, that makes me happy. Well, I was, when I was gonna come to Austin, 'cause I really wanted to come meet you in person in Austin, to be honest. I was gonna bring my custom travel. I mean, you know, they say it's a modern food, Dave, but it's not you.

You heard about Ancient Rome, how they were down there and they were like doing the archeology thing, right? And they found these urns and, and then they realized, of course, no, they, they were, were using it to cover their genitals, efficacy in nature. Ancient Rome, right? No, no, no. They, they

**Dave:** all walked around, right?

They, they all say all kale Caesar. Okay. That was a solid Dad joke. You, you win on the dad joke front.

**Drew:** I was gonna bring my all kale Caesar kit to you. And, and I thought, and I was like, will he tolerate the laa? Like schade a massage. What? Aboutum citrus. Oh. Like do you think Thallium has like spicy flavor to it?

No. The tha. No, the thallium would, that was like a targeted media came against me. You know what I'm, this is like the worst moment. I'm like a brand new at this. I'm, uh, still a Columbia doctor. We are doing National Kale Day. We've gotten all of the la public schools choking to serve kale. Why didn't

**Dave:** you just give a rude deal?

A rub is like, it's like this grandmother of kale. It's friendly. It's kind, it doesn't punch you in. I gonna agree on when you're looking,

**Drew:** you know, you're, so, you've got such like vegetable all of 'em. 'cause I like all the leafy greens. I gotta be honest with

**Dave:** you. Wow. All right. We're gonna have to, I'm gonna have to buy a mass spectrometer.

We're gonna have to get a large sample of kale and we're gonna have to look at thallium. We're gonna have to look at oxalate.

**Drew:** Let me finish the Thallium story because what happened is there is a guy who had a lab on, I think his houseboat and has a PhD in genetics from the sixties. That is not exactly who I look to for laboratory analysis.

I doubt you do either. Custom lab, I. I think the kale samples were taken near a cement factory. So kale, one of the reasons it is so nutrient dense, why it's such a great example for us of a vegetable, in my opinion, is because it has so many nutrients per calorie. And so because it concentrates things, it can also, if you grow it in thallium lay soil, it's gonna concentrate thallium.

It's actually, it's used for remediation in lands that have toxins because it pulls the toxins out just like it pulls the nutrients out. That doesn't mean that thallium has lots of kale. And so right before we feed all these LA kids, kale, the day before, I think it was a magazine called The Craftsman calls me and asks me essentially how I feel about poisoning the children of la.

And it was just a horrible moment. We'd done so much work to just again, try and get some more vegetables into our school lunches, which I think everybody can agree. School lunch needs help. And it was like. It was like faced with kale backlash, and it really, it bothered me. I'm glad to share it here with you, Dave.

It's a healing moment for me. I've gotten over it. I forgive the craftsman, but I do wanna definitively say, I think that Anado kale's amazing. I think it's a great nutrient dense food. Oh gosh. I don't think you need to, you're concerned about, you're the Kale Marketing Association,

**Dave:** dark conspiracy to take over the country with bitter greens.

I, I am, I'm shocked and offended. Drew.

**Drew:** Dark, dark, dark, leafy greens. I don't think, I think I am the face of kale. I think I did my very best with Jen Elow to write a great book, 50 Shades of Kale, and then Launch National Kale Day Feeding. You know, actually Dave, here's another one. You know, the other before, besides LA's kids.

The Department of Defense, they partnered with us and for National Kale Day, we had kale in every military commissary in America. I've seen so much about the decline of the strength of

**Dave:** the US military, the fact you're single-handedly responsible for that. Drew, I, I am. Oh my gosh,

**Drew:** this is me.

**Dave:** I am that.

That's

**Drew:** why I came here to let everybody know it was me. The thing me,

**Dave:** and I say this in all my stuff, if it works for you, do it. And look at the long term trends and look at the short term trends. I have eaten an insane amount of kale as a vegan and a raw vegan. And I'll just say if you love it and it works for you, but if you're eating it because you feel like you have to.

You probably don't want to. And if you have weird symptoms and if you stop it and they go away, you should pay attention to that. And, and part of the reason I do this is I, people taking green powders used to call me when I was doing individual consulting. I'm like, just stop the green powder and see if your 2:00 PM decline goes away.

And I'm like, wow, that's so weird. I'm like, there was something in there that you didn't like. So I'm willing to be non-denominational about everything and I lower my oxalate as much as I can, which means if I eat kale, if you wanted to bring me your kale Caesar, I would flood it with lemon juice because the citric acid's gonna help to dissolve it.

And I'm gonna put a lot of ideally sheep cheese on it because the calcium will bind to the oxalate. So hopefully it won't shred my gut.

**Drew:** I mean, it sound, it sounds like you're making me a kale salad with some, uh, sheep's feta from your farm. And, and it's a, I gotta say that's a kale salad. We'll, one of those and

**Dave:** we'll get some Bdn f enhancers and we'll have a good old time.

Drew, it's been an absolute pleasure, even the conversation about kale which is fantastic. And thank you for your new book. And for listeners, mental resilience is. Required for the world that we've built and when you have mental resilience, the world we built has some really cool stuff in there. Drew Ramsey, Columbia University, rewiring the modern brain, et cetera, et cetera.

**Drew:** Dave, thanks so much. I really appreciate you having me on. It's great to talk about mental health and brain health and healing the bottom brain with you and I, I appreciate you spreading the word and everything that you shared about 'em. As you say, people taking care of their mental health, that different things work for different people that like.

Yes, let's be non domino, non-denominational about our tools. And some things will work for you and some things won't. And, it's important to take control of your mental health and do something. And, uh, I hope everybody feels encouraged and feels hope in these tenets. And, uh, I look forward to our next

**Dave:** conversation.

You're always welcome to come back on and thank you for stepping out of academia and sharing your life's work with all of us. Keep it up. See you next time on the Human Upgrade Podcast.