



# Nutrition: The Missing Link in Mental Health Treatment

with  
Dr. Leslie Korn

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Transcript of Video 3:  
A New Diet that Shows Promise for Mental  
Health Symptoms, Plus 2 Case Studies

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## TRANSCRIPT OF VIDEO 3: A NEW DIET THAT SHOWS PROMISE FOR MENTAL HEALTH SYMPTOMS, PLUS 2 CASE STUDIES

**Juliet Austin:** Hi, Leslie. Great to see you again.

**Dr. Leslie Korn:** Hi.

**Juliet Austin:** Here we are in our final video in our free training series. We're going to ask you a few more questions about some interesting topics, and then we're going to hopefully hear from you on some case studies on some clients that have had some significant improvement by changing their nutrition.

Before we do that, I was just saying that I'm a bit of a health nut, and I listen to health podcasts every day, practically. Lately, I've been following these people that are getting more popular, it seems this — they call it the carnivore diet, sometimes called the zero-carb diet, even though they acknowledge that's not really accurate because you still eat some carbs and meat.

There's a couple of people that are on podcasts that have been going the rounds, and these Facebook pages are growing exponentially as well, with tens of thousands of people on them. A couple of examples: one is this woman — and this is not just these people, many, many, many people are saying the same things that have happened to them. There's no research on this, but these are anecdotal studies, I mean, stories.

One example is this young woman who was diagnosed with juvenile arthritis when she was young. By the time she was 17, she had either one or two hip replacements, one or two ankle replacements because of her arthritis. She suffered from severe depression, sometimes couldn't get out of bed for weeks, days. She was on all kinds of anti-depressants, all

kinds of things that, some might have helped a bit, some didn't.

In this one woman's case that I'm thinking of, she actually sort of started experimenting with diets. First, she didn't think diets had anything to do with mental health, and she started experimenting with vegetarianism, veganism, all these ones, and didn't get any results until she went keto, which is high, healthy fat and then stayed with some limited — sorry, vegetables that are limited in carbs.

She got some improvement, and many of these people will say the same thing. And then finally, when they cut out all vegetables and fruit, of course, they got absolute, like 100% relief from arthritis symptoms and depression. Some of them, it's taken it seems several months, but some in a matter of 3 to 4 weeks, they noticed improvements.

Again, there's no research on the carnivore diets, at least I don't think so, and there's people speculating about what that can be. Obviously, it's happening for some people, so do you think it would be that it's getting rid of the inflammation, there must be some genetic things that are for these people? What do you think about that?

**Dr. Leslie Korn:** Well if some people are benefiting from this — I'm not familiar with any population that eliminates all carbohydrates traditionally in the world. Even these are people that would be more analogous genetically to, let's say, the Inuit people of the northern climates. If you think about the diets around environment, people in the northern climes have higher fat and meat intake.

And people — and I mean people genetically evolved, not necessarily moved there — and then people in the southern climes tend to be more on the vegetarian side. It just makes sense; you need more fat on your body and more fat to burn in a colder environment.

Now, there's no question that people can benefit from a very high-fat, high-protein diet. It's usually more high-fat than the protein itself because high-protein can at times, with some populations, be hard

on the kidneys. But the other thing that's at work here, and that's why studying diet can be so complex, is that people —

Let's take arthritis since you gave that as an example. Arthritis and pain and inflammation can come from not just the refined carbohydrates, but it can come from certain types of vegetables, the Solanaceae vegetables: tomatoes, potatoes, and eggplant. These are well-known inflammatory foods.

And so, is it that they've cut out every vegetable, or they've cut out the culprits within all the vegetables? And that they could do well with some, let's say, the leafy greens.

Now back to this concept of metabolism and genetics, the people of the northern climes would be called fast oxidizers. That means they burn carbohydrates very quickly and they do well with a very acid diet, and that's what this high-fat, moderate-meat, high-carnivore diet is.

But you remember Dr. Atkins back in the 80s? The Atkins diet. This was the type of diet that he promoted, where you lived on all protein and all animal protein, and maybe you had even half a salad a day. That was it. And you got rid of all carbs.

Actually, that has been researched, and this is very similar, Juliet, to what you're talking about. They ridiculed Dr. Atkins, but they've done good research on these really heavy carnivore diets and shown that they actually lower cholesterol. They lower blood lipids, they lower blood sugar, so they're very good for people with diabetes and inflammation.

So, there's a lot to it. The only caveat is that if it's not right for you, you'll know it right away. And so again to proceed from, "What do I need for my body?"

**Juliet Austin:** Yeah, I think that that makes sense. Let's switch here, and here's a couple of examples of some of the people that you've worked with that have had

significant success by changing their mental health. Maybe you can start with one and then give us another example after that, Leslie.

**Dr. Leslie Korn:** Sure. I'm thinking of a very lovely woman with whom I worked; her name was Joan. She had a very stressful job, and we were doing a lot of counseling around managing a stressful work environment, an oppressive boss. And over time — and she was 45, so she was perimenopausal moving towards menopause — her anxiety and her depression started to increase.

We know stress is really the foundation for depression as well, and stress affects the ability of the body to handle inflammation as well. So, there was a lot going on with her. We worked for several months together about coping, and we did our basic psychotherapeutic work.

And I said to her one day, "You know, Joan, I have a feeling that if you were willing, if you're ready and open and willing to make some dietary changes, I think you could start feeling even better than you've begun to feel."

And she said, "I'm open to this." So, I did a Food Mood Diary with her. And what I noticed is that — I began right off the top with her.

I said, "Joan, whatever you're doing, no shame. Please, don't worry, we're really going to look at this objectively.

I really subscribe to the self-medication theory of food, and when we choose certain foods, it's because our brain and body feel like we need some change. And so, what I want to do is find out what you're using, why you're using it and is it helpful or is it hurting? And let's find some real beneficial foods."

Because I didn't want her to feel ashamed — There's so much shame people feel about what they eat, when they eat, and how they're preparing it. So, we had a wonderful conversation about this diary. What

I noticed is, she was drinking coffee and creamer in the morning. So right away, there's nothing particularly wrong with coffee. Coffee is a good mood booster in small amounts. Once you get beyond 2 cups a day, it can turn into anxiety-producing, and it can exacerbate insomnia. But in small quantities, it's quite good for you, actually.

But she was using all of these artificial sweeteners in her coffee. And so I said, "Joan, right away, how would you feel about using a couple of tablespoons of whole cream in your coffee?"

And her eyes went wide. She said, "Really, would that be good for me? I thought that would be bad for my cholesterol."

I said, "Do not worry about that. I think you're going to enjoy it, and it'll be much better for you than these chemicals that could be really playing with your mood." And I said then, "You know, Joan you've complained to me in this diary about pain when you're drinking coffee in the morning.

But I notice you're not eating anything until 2 hours later at the office, and you're grabbing a doughnut. Then you start to feel cranky by 11:00. How would you feel if you ate some breakfast with the coffee? I think it would soothe your gut and it would give you a little bit of fuel to work with."

Then I like to use the metaphor of the car because, in many ways, we're trying to fuel our own particular car, our own engine, and help it run smoothly without starting and stopping throughout the day.

So, she began with some simple changes. She said, "Well, I'm not really hungry in the morning, but I could see taking a couple of boiled eggs with me and having them at 10."

So, I said, "Great, let's do that." So, she began to make a few of these changes, and she noticed that her mood and her energy stabilized by 10:00 and 11:00 in the morning. She wasn't feeling irritable, which is a big sign of hypoglycemia, of needing more protein and fat.

Then she described in the mood diary that she would go out for lunch, and she had a salad. She was very pleased, and I encouraged her that this was very beneficial. But then she had a prepared salad dressing, fruit cocktail, and a Diet Coke.

And I said, “Well, Joan, the salad is excellent. But how would you feel about not having that sugar-rich salad dressing and even asking at the restaurant for just a little olive oil and vinegar? Did you know that vinegar is so good for decreasing anxiety?” — because she presented with symptoms of depression, anxiety, and insomnia.

So, she said, “Oh, I could do that.”

And I said even further, and we did this down the road, “If you want, you could make your own salad dressing at home, that’s what I do. And bring a little bottle with you, keep it in the fridge at work, and then just take it and put it on your salad when you go out with your girlfriends.” Because going out for lunch was a social time for her and that was very beneficial, but we had to kind of work with what she was exposed to.

And I suggested that she make her salad dressing with a little olive oil and a little hemp oil, some garlic, and vinegar. She loved it, and she ended up sharing it with her girlfriends. So, she began to feel like she could share some of her new knowledge, which was also very good for her self-esteem, which had plummeted since her divorce.

So, we went from there, and I said, “Joan, just one more thing. How about adding a little steak, or a little chicken, or maybe a piece of salmon to that salad midday? That’s where you really need your support to sustain you through the afternoon.”

And she said, “I’ll do that.” Now in the afternoon part of the diary, she was once again grabbing some sweets in the afternoon and having more coffee. And this I thought could be contributing not only to her moodiness and her depression but also to her challenge falling asleep at night.

Now one of the things that happen — and I suspected this was happening with her, and we did a lab test to demonstrate it — is that once women's hormones start to go down as we prepare for perimenopause and menopause, also what goes down are some of our neurotransmitters. So, we need even more protein to counteract that, but it also makes us more vulnerable to anxiety.

And I suspected that the combination of her lifestyle and the divorce, the food that she was eating, and her hormones were all contributing to her anxiety. This is what we had to just tackle one step at a time.

So, I said, "I've got this great recipe." She loved Reese's Peanut Butter Cups. I said, "Joan, I am going to give you the most fabulous recipe to make a mocha peanut butter smoothie."

Now, I love almond butter, but I didn't want to push her too far. It wasn't going to be the worst thing for her to have peanut butter for a while, we'd get to that. I wasn't going to jump in with kombucha right away; she was eating Big Mac, so let's go step by step.

So, I gave her this wonderful recipe where she could mix a little bit of espresso, but not too much, a little bit of organic cocoa, some coconut fat, and some blueberries — anti-inflammatory — and some wonderful ingredients.

She was so excited about this, making this every afternoon at work. And then she got all the girlfriends making it as well, and some of the men at work as well. So, she was satisfied, she had a gentle mood booster, but one that was wasn't going to exacerbate the anxiety, and she began to feel in control of her life.

So, the challenge is, you well raised, Juliet, is how do we manage these dietary changes without feeling like we're sacrificing and suffering? And how do we sustain them? I think the way we do it is by satisfying our sweet tooth.



I had her add stevia to sweeten it rather than sugar, and so she was very satisfied. And yet there was the added piece that she felt that she was in control, and she was doing something good for herself that didn't involve giving something up. It was actually a plus 1, in that sense.

And so, then we were tackling her sleep, and that was going to be a little bit longer-term because sleep disruption is often a long-term response to chronic stress. And this is something I teach about when we talk about circadian rhythm and how we balance that out with nutrition. It's actually, now the research shows it underlies bipolar disorder, so there's lots of implication for balancing out that biological rhythm, which really gets disrupted under stress.

So, I worked with her with some licorice root tea, which helps balance out the hypothalamic-pituitary-adrenal axis. And then at night, I recommended an herbal compound that was comprised of valerian, hops, and passion flower, which targets the gamma receptors, the same receptors that the benzodiazepines target. But it's a little gentler and without the side effects.

And we had to begin with a pretty strong dose, but it helped her fall asleep. So, the idea of reducing the stimulants and increasing the natural sedatives gave her much better sleep, improved her mood. And step by step, she started making changes in her diet that, for her, required increasing protein, increased the good-quality fats, and reduced those sugars that were really disrupting her mood.

And within 3 months, not only did her depression and anxiety alleviate — I also suggested some vitamins and minerals and some other things to integrate — but a lot of her aches and pains changed too.

As you know, we see this in our work: many people present with depression and pain. They go hand in hand because the source is the same: inflammation. So, you really improve pain and depression when you reduce that inflammatory process.

So that's one success story that I could share with you right off the top.

And the wonderful thing is, she then became an educator herself. She really jumped on the bandwagon and started sharing what she had learned with her children, she shared it with her friends, and then they all could support each other because these changes are part of being part of groups of people and families who are doing — Whatever the changes are, we benefit from doing it as part of a group.

**Juliet Austin:** What's really standing out for me in that story is a couple of things. One is how it wasn't like major changes you were asking her to make. She made some, and she made them gradually over time, and for some people that seems to work best.

And then the other piece is that just the relationship between her having more control over her food, making her feel better about herself, and also feeling more in control of her life — just the relationship between those two, the parallel of that, is the interesting aspect of it.

Before we get into another story, I want to make sure I don't forget to ask you this. Obviously, some of these things that we're talking about in this video series, people could try or implement or talk to a nutritionist or a naturopath or someone who specializes in these areas of nutrition and mental health.

But what about psychotherapists? What should — They're not going to be nutritionists, they're not naturopaths. What do you think they can do with some of this information?

**Dr. Leslie Korn:** In the course and in my books as well, I walk psychotherapists through this process. There's so much that we can do as psychotherapists that comes under the rubric of psychoeducation. You don't need a nutrition degree to suggest that maybe drinking 6 cups of coffee a day is

contributing to your insomnia.

Or, just like we might recommend — We know that if you get some aerobics exercise, you're going to feel better. It's going to increase your happiness chemicals in the brain. And so, there's a lot that we can do.

Did you know that green tea has an amino acid in it that helps you relax? And one of the benefits of green tea is that it gives you a little energy, but it also keeps it a calm energy. So these are the ways that I teach psychotherapists to begin with their clients with very basic psychoeducational approaches.

I'm not suggesting that a psychotherapist say, "Well if you're going to give up coffee, you should try a thousand milligrams of tyrosine and amino acid in the afternoon," because you don't have that information, even though you can learn that information. That may be something that you'd refer to a clinician unless you decided you yourself wanted to study that. However, you might learn that —

Did you know that Rhodiola tea is a natural stimulant but without the side effects of coffee? And that might make a better afternoon tea for you. Or did you know that Dr. Korn's cherry caramel smoothie will increase your melatonin when you want to go to sleep? And that's a great smoothie to drink before you sleep.

So again, you're not having to rely on complex knowledge, but you can do a great deal. And when your client embraces these changes and says, "I want more," you have a decision to make. Do I want to get more training? Or do I want to know the field out there so I can make an appropriate referral?

And we do that all the time. Many of us aren't going to be prescribing psychotropics, but we may decide — well, I wouldn't — but some people may decide that they want to refer out for a psychotropic. Let me give a better example — I'm not a big believer in psychotropics.

How about biofeedback? I don't practice biofeedback, but I know when

my client will benefit from it. I might begin with her with meditation, relaxation response, but then I might think, “She needs a more sophisticated approach and maybe will benefit from neurofeedback to help her with the PTSD.”

We can regard nutrition in the same way. We can begin with psychoed, and as the needs become more complex, we know who to refer to and for what reason.

**Juliet Austin:** That’s a great answer. Let’s hear one more case example before we wrap up here, Leslie, if you have another one.

**Dr. Leslie Korn:** I worked with a young woman who had been on Ritalin for 10 years. She was a — now a college student, and she came to me because she was suddenly feeling quite anxious, and she also wanted to eliminate the medications. And I asked her, “What’s changed in your life besides starting at school that might be causing some anxiety?”

And she said, “Well, I’ve joined a group of people, and I’ve become a vegan.”

And I thought to myself, “Hmm.” I wonder if giving up a lot of animal protein and a lot of fats and increasing carbohydrates — because remember, a lot of vegans and vegetarians are eating way too many refined carbs, they don’t often think about the sugar and all that they’re getting.

And for this young woman, she had 2 goals: one is decreased anxiety and the other was get off Ritalin. And so I said to her, “Well, it may be that your body needs a little bit more animal protein.”

And she said, “Oh no, I don’t want to eat any animals.”

And I said, “Well, I understand, I feel the same way. But maybe we could identify ways to give thanks to the animal that has given its life to

support your life.”

And she said, “Oh no, I don’t want to do that.”

And I thought okay, then I’m going to work with this because the biochemical response I was looking for was to acidify her body a little bit more. We hear a lot in nutrition about alkalizing with lots of vegetables, but there are some people that need to acidify. So, I said, “Well, how would you feel about taking an apple cider vinegar bath and putting a lot of apple cider vinegar on your vegetables and your salads and everything you’re eating?”

“Well, I could do that.” So, she started doing this because she could absorb the acid and that would have — Well, it wasn’t as much as I would have liked with having a nice cup of bone broth or pho. It was enough to start turning around to anxiety, and this then built a little bit of confidence in what I was suggesting to her.

She said, “I’m feeling better. I still don’t want to eat any meat, though.”

I said, “That’s all right. We’ll put that aside for a while. How about if we begin with some vitamins and nutrients?”

And she said, “Oh, I could take some vitamins.” But she experienced problems with focus.

And so I said, “Why don’t we get the vitamins that I’m suggesting, including magnesium, which helps you relax and helps you focus? And how about some B vitamins? They’re very good for neurology, for brain function and focus as well. And let’s think about what is the Ritalin doing to your brain, and I’m going to come up with an amino acid compound that will give your brain some of the same nutrients that the Ritalin is doing.”

She said, “That’s great, but I can’t even organize my vitamins.”

So, I said, “Come on in, and during our session, we will sit at the table,

and we'll organize your vitamins into little packets together." So, then it was psychoed — here's what you do, taking out, and actually consider it your moment of self-care and meditation.

I could come up against the resistance. She wasn't going to eat meat, but she was able to make some changes. She took some vitamins. She started to decrease the use of Ritalin, milligram by milligram, and then we stabilized her.

This is a whole approach to eliminating pharmaceuticals. We don't have time to go into it all now, but it's just a general process where again, you start decreasing the pharmaceutical as you increase the same nutrients that are going to do to the brain what the pharmaceutical does until you're reliant on those nutrients combined with the behavioral interventions, the psychotherapeutic interventions, that we do.

So that was a little bit of our approach. And over time, I was glad to say within 6 months, she was off of Ritalin. Then she'd gained so much confidence in how much better she felt.

She said, "You know, Dr. Korn, I'm willing to try a little bone broth. I don't want" — she doesn't want any animal — "But I'll sip some of that."

I said, "That's great, you do that," and then our work continued from there. So that's just a little bit about how we worked together.

**Juliet Austin:** That's a great story as well Leslie.

Leslie, thank you. I can't thank you enough for what you've done in this free training series and the valuable information that you've given us. I just want to thank you again for doing that, and we will look forward to our next conversation.

**Dr. Leslie Korn:** I'm very excited, and I'm so excited to work with you both. Thank you so

much for inviting me.

**Clinton Power:** We hope you've enjoyed our free training series with Dr. Leslie Korn. Please leave a comment below and let us know what's your biggest takeaway from this free training on nutrition and mental health. And if you leave us a comment, we'll send you a bonus transcript of this video. And finally, keep an eye on your inbox because very soon, we'll be sending you a special opportunity to train further with Dr. Leslie Korn.