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Neuroscience For Clinical Medicine and Neuropsychiatry

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## DIET AND MENTAL HEALTH

Nutrition is a factor in physical health and mental wellbeing and the media offer daily information from sources that suggest everyone should adhere to a particular diet or exercise program and/or vitamin, mineral and supplement regimen as a panacea. Persons who suggest a specific program for everyone ignore Aristotle's wise advice: "Just because something is good for somebody doesn't mean it is good for everybody."

Good personal habits are necessary for productive living; however, universal application of a particular dietary regimen, supplements or medications fail to account for the fact that people are physiologically diverse and require individualized treatment. This realization has resulted in a new emphasis on translational neuroscience and personalized treatment of persons with genetically based variations in brain activity, which cause persistent mental disorders.

Lack of a way to identify differences in brain activity that underlie these disorders, psychiatry separated from clinical medicine in the nineteenth century and substituted psychological terms as if they were the same as medical diagnoses. Yet, they are not.

Psychiatric diagnoses are merely clinical descriptions of persons' symptoms and compensatory behaviors. Terms such as major depression, bipolar disorder, substance dependence, post-traumatic stress disorder, attention deficit hyperactivity disorder, anorexia, bulimia, schizophrenia, etc. are concepts and do not inform doctors about relevant brain variations like an eye doctor can measure astigmatism in a patient's right eye and prescribe a corrective lens.

Recent research in basic neuroscience reveals that most of the brain's energy is used by automatic circuits in the deep brain that work 24/7 to help us adapt and keep us alive. To fathom and understand these automatic circuits, brain imaging must be done with voluntary physical systems at rest. These developments require a transition from the psychiatric model to an inclusive physiologic approach that includes measures of individual brain activity. Such an approach is a way to detect and measure a patient's resting state neurophysiology, identify presence of a physical variance and reason its type.

Then, a patient's EEG and quantitative EEG (QEEG) data are used like a lab test to select a medical regimen that has been restorative for previously treated patients with similar neurophysiology and EEG/QEEG data. The last step in this objective, medical approach is to monitor each patient's progress in the resting state as their regimen achieves brain - body balance.

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Hamlin Emory, M.D. is a pioneer in the integration of physical findings with functional brain measures that are not accessible by traditional physical or psychological assessment. He applies an inclusive physical systems model, an EEG/QEEG medication correlation database begun in 1987 and the organizing framework of homeostasis to bring each patient into homeostasis or brain-body balance. A leading practitioner of Clinical Neuroscience and NeuroIntegrative Medicine, he practices in the Century City area of Los Angeles. For more information, log onto [www.emoryinstitute.org](http://www.emoryinstitute.org) or [www.dremory.com](http://www.dremory.com) . To schedule a consult, contact [office@dremory.com](mailto:office@dremory.com) or call (310)277-7711