

NUTRITIONAL NEUROPSYCHIATRY

What happens when you combine the latest scientific information from medical nutrition, neurology, and psychiatry? You get what Dr. Cocores has termed "Nutritional Neuropsychiatry." And what pray tell is Nutritional Neuropsychiatry? It's the study of how some foods help our brain and mind work better, while others decrease brain and mind efficiency. It turns out the same foods that are good for the brain are also good for the rest of the body. In the world of Nutritional Neuropsychiatry, foods and additives fall into two basic categories: over-processed foods and additives and "medicinal foods." Over-processed or "addictive foods" decrease brain and mind function as well as the healthy effects of wholesome and minimally processed foods. Medicinal foods, on the other hand, brighten up our brain and mind.

You don't have to be a Nutritional Neuropsychiatrist to figure out which foods are addictive and which are medicinal. One general method is to determine whether a particular food was available when Columbus arrived in the new world. If it was, it is very likely that it's a medicinal food. If it wasn't, it's most likely addictive. Bagged chips, for example, were not available in 1492 and are therefore likely to be habit forming and unhealthy for your brain, while medicinal fresh corn was available at the time. There are a few exceptions. Popping corn was available even in prehistoric times, but pop corn is addictive for scientific reasons that are given in *BRIGHTFOODS: Discover the Surprising Link between Food and Learning, Memory, Mood, and Performance* (2006), as is done for most other addictive (and medicinal) foods and additives.

If you would rather not use the history method, determine whether a particular food is something you crave or not. We don't crave medicinal foods. We do crave addictive foods. Ice cream, macaroni and cheese, burgers, canned ravioli, and wheat thins, just to name a few, are addictive because people are known to travel out in the middle of the night in search for an all-night convenience store or fast-food drive-by. I have not met anyone that has had this magnitude of craving for a medicinal food like broccoli.

A third measure of whether a food is medicinal is to see how much of it goes down our esophagus and how long it takes to travel down. Cheddar cheese goldfish crackers go down the hatch in large quantities in a relatively short amount of time compared to asparagus. Goldfish crackers are, therefore, addictive. Unsalted asparagus topped with first-press olive oil and lemon, on the other hand, is not usually eaten rapidly in copious amounts and is therefore medicinal.

You are now able to begin classifying for yourself which foods are medicinal, and increase mind and body performance and longevity, and which are addictive and contribute to decreased mind and body performance and disease. Nutritional Neuropsychiatry finds its roots in the "The Recovery Diet," conceived by Dr. Cocores in 1985 and published in 1990 as part of his *800-COCAINE Book of Drug and Alcohol Recovery*. A version of "The Recovery Diet" tailored for smokers appeared in his 1991 textbook, *The Clinical Management of Nicotine Dependence*. The diet was fashioned to help reduce alcohol and drug cravings, and has been presented to more than 30,000 people since 1985. It's been continually updated, and used in conjunction with therapy and medicine to treat every psychiatric condition known. Dr. Cocores used The Mood Diet handout, an outline of *BRIGHTFOODS: Discover the surprising link between food and learning, memory, mood, and performance*, from 2001 until 2005 to treat thousands of patients. In 2003 he redirected his research activities from spiritual psychiatry, which began after 9/11, to writing a Mood Diet pamphlet to support lessons touched on during psychotherapy. That pamphlet forms the basis of *BRIGHTFOODS*, released in

December 2006. Medicinal foods are important additions to treatment. BRIGHTFOODS wasn't designed to replace psychotherapy and psychopharmacology. In general, BRIGHTFOODS can make therapy more productive, accelerate the process of therapy, and help medicines for the mind work better. But it doesn't replace any of these treatments, taken together or separately. In conjunction with psychotherapy and medication, BRIGHTFOODS has been found to calm many of the symptoms psychiatric patients experience and to ease or eliminate many of the less-intense psychiatric and psychosomatic symptoms and behaviors experienced by the general population, including:

- addictions, aggression, Alzheimer's, anxiety, apathy, autism, and attention deficit
- cravings for candy, carbohydrates, cheese, chips, chocolate, cookies, cakes, crispy snacks, ice cream, salty snacks and sweets, compulsions, concentration problems, cramping, crying, and increased sensitivity
- daydreaming, dizziness, depression, and evening bingeing
- fatigue, fears, fibromyalgia, and forgetfulness
- grinding teeth, headaches, hunger, hyperactivity, hypersomnia, and hypertension
- hopelessness, indifference, impulsivity, insomnia, irritability, and irritable bowel syndrome
- lack of energy, laziness, decreased sex drive, and learning disabilities
- memory problems, mental confusion or exhaustion, mild cognitive impairment, as well as mood changes and swings
- nail biting, nervousness, muscle tightness, obsessions, over-sensitivity, panic feelings, paranoia, phobias, PMS, restlessness, and rituals
- seasonal blues, shallow sleeping, shortness of breath, shyness, spacey feelings, and suicidal thoughts
- tension, prolonged tiredness, unreal feelings, and worrying

Addictive foods can cause or intensify all these symptoms, and more. Addictive foods also drive cardiovascular disease, type 2 diabetes, most cancers, being overweight, and obesity.