

[195: Resiliency Radio with Dr. Jill: Solutions for Anxiety and Depression with Dr. Peter Bongiorno](#)

00:17

Dr. Jill: When I really knew something was wrong was when I started having trouble walking up the stairs. I was supposed to be grateful and happy and healing and well and thriving, but I did not feel that way. I was so sick. Like always, I wanted to find an answer, and I had to figure it out. And I had to figure it out to save my own life. So I dove in.

00:43

James Maskell: Jill is the leading voice in biotoxin illness and chronic conditions that are driven by toxicity.

00:48

Bree Argetsinger: Oh my gosh, you're dealing with mold? You have to work with Dr. Jill Carnahan.

00:52

Patient 1: Dr. Jill is the first person that actually began to shed some light on the problem.

00:57

Dr. Jill: What I do is listen to the patient, and we together talk about what else is possible.

01:04

Patient 2: I don't know why I'm crying.

01:07

Patient 3: She saved my life.

01:11

Dr. Jill: The deepest lessons and most profound insights come in the suffering, come in the dark moments. Self-compassion is the healing transition that shifts something inside of us. It's actually the thing that we need most in order to heal.

01:30

Narrator: *Doctor/Patient*—available now at DoctorPatientMovie.com.

Dr. Jill 01:40

Welcome to Resiliency Radio, your go-to podcast for the most cutting-edge insights in functional and integrative medicine. I'm Dr. Jill, your host. In each episode, we delve deep into the heart of healing and personal transformation. Join us as we connect with renowned experts, thought leaders, and innovators who are at the forefront of medical research and practice, empowering you with knowledge and inspiration on your journey to optimal health.

Today I have a special guest, Dr. Peter Bongiorno. Is that how I say your name?

Dr. Peter Bongiorno 02:09

Bongiorno!

Dr. Jill 02:10

Bongiorno. Beautiful, beautiful.

Dr. Peter Bongiorno 02:12

Very Italian. [laughs]

Dr. Jill 02:13

Yes, I love it. It's fun just to say it. Dr. Bongiorno.

His passion is to bring effective holistic healing to the practice of mental health. He has thriving practices in both New York City and Long Island, established in 2004. Prior to earning his naturopathic doctorate at Bastyr University, he researched as a predoctoral fellow at the National Institutes of Mental Health and Yale University's Department of Pharmacology. He authored the first textbook on integrative medicine for depression in 2008. Since then, he's authored numerous papers, textbook chapters, and books on the topic of integrative medicine and teaches the naturopathic and functional medicine community about how to effectively heal mood using natural medicines.

I am so excited! Right beside me here, I've got your new book.

Dr. Peter Bongiorno 02:59

Oh, thank you!

Dr. Jill 02:59

I'll hold it up so that everyone can see that.

Dr. Peter Bongiorno 01:23

That's an honor.

Dr. Jill 03:02

Yes. Grab this. And before we jump into your story, I just want to say the topic is so timely. I think the statistic was in 2022—maybe a 400-increased diagnosis and treatment like prescriptions for SSRIs and medications for depression. We're going to dive into that today. If you're here listening and have struggled or have a loved one who's struggling, there are answers for you, and we've got the expert on board. Before we jump into the answers, tell us a little bit about your journey into medicine, especially into the world of mental health.

Dr. Peter Bongiorno 03:39

Sure. Well, thank you for that kind, kind introduction. And thank you for the work you're doing and to your listeners for spending their valuable time with us.

Dr. Peter Bongiorno 03:48

So, I graduated college. I had a degree in biology. Also a double major—I had a degree in English literature, which is kind of the hallmark of somebody who doesn't know what they want to do with their life. I thought I wanted to go to medical school. But having experience with medicine—I did volunteering at hospitals and worked at doctor's offices—at the time, I wasn't sure it was what I wanted to do. It didn't feel right. I didn't know what felt right. The only thing I really loved, besides school, was playing music. So I did what my immigrant Italian parents wanted me to do, which was join a rock band instead of going to medical school. So I did that for a little while.

Dr. Jill 04:37

That's amazing!—because normally the parents are...

Dr. Peter Bongiorno 04:41

No, that was a joke. They did not want me to do that. They were not happy. Dad, I apologize. I ended up doing research for a while. I was down at the National Institutes of Health. And a girlfriend of mine had multiple sclerosis. We were both, I think, in our early 20s—about 23—and she was getting very sick. She had the chronic progressive type. She found out about a naturopathic doctor. I was at the NIH trying to figure out what I wanted to do. I was thinking: "Maybe I'll get an MD, PhD, or do lab work." She went to this person, who I thought was probably a quack who did naturopathic medicine. I learned a lot. I basically learned that diet has a lot to do with MS.

Dr. Peter Bongiorno 05:37

I remember the fellow told me: "When you get a chance, you're at NIH, go look up this study. It's by this guy named Swank." It's about a 40-year study from the 40s to the early 80s, where he took multiple sclerosis patients and divided them into two groups. One group got the standard of care. The other group got a very low-saturated and high-polyunsaturated diet and a multiple vitamin [supplement], basically. The group that got the low-saturated and high-polyunsaturated healthy fat diet did really well. They went on to have much lower exacerbation rates than the group that just had the standard of care.

Dr. Peter Bongiorno 06:18

I remember looking at this, I was at the NIH, thinking to myself: "Wow! We've been to a couple of neurologists. No one talked about this." This was in the early '90s. Functional medicine was just being birthed, so nobody was talking about it. So that was my 'Aha!' moment, where I thought: "Okay. This is interesting to me. This makes sense and maybe it could even make a difference." So I decided to go to naturopathic school, and that's how I got started.

Dr. Peter Bongiorno 06:47

Then, when I graduated in 2003 and got to New York, I noticed that most of my patients were on some kind of benzodiazepine, anti-anxiety medication, anti-depressant, or something for their mood. Their mood was intolerable to them, and they got drugged for it. There wasn't a lot of literature out there about integrative medicine for depression. The little bit that was out there said: "You can't

mix natural medicines and drugs. Don't do that. It's dangerous." And not much else. That's why I started culling that information.

Dr. Peter Bongiorno 07:26

A mentor of mine back at NIH did a textbook on depression and had me write the 'Complementary and Alternative Medicine' section, which was what it was called at the time. From there, I said: "Well, I have all this information about what's available. I'm going to keep working on this." That's how I got really excited about it. I saw people getting better as I learned more about it. It just took off from there. It's been 21 years now.

Dr. Jill 07:54

Wow! We have a parallel journey. I graduated in 2003 from medical school as well. One of the things, as I hear you talk, that's so interesting, and I saw this as well—I'd love your comments on this because we see it—[was that] whether it's nutritional research or integrative modalities, I think one reason we don't see it is that it's not as well funded by pharmaceuticals because there's usually not a big blockbuster drug. It's a nutrient that's free, inexpensive, or generic. But any thoughts as to why—for you in naturopathic medicine and me in allopathic medicine—we had to go digging? The research is out there and it's now coming out. But why do you think it is that we don't get exposed to... because there is data on some of this stuff, and more and more and more coming out. But in both of our trainings, I think there was less of it than was actually out there. I want the people out there listening to know why they're maybe not hearing about things other than drugs.

Dr. Peter Bongiorno 08:50

I think the perfect example is a study a couple of years ago out of the University of Copenhagen. They studied exercise in joggers: People who did mild jogging, moderate or a lot of jogging—excessive. What they found was that [with] people who did mild to moderate jogging, which was not much—I apologize, I don't have the numbers in my head anymore, but it might have been like 30 or 40 minutes, two or three times a day [at] a very slow to mid pace—the men lived about 6.2 years longer and the women lived 5.3 years longer. People who jogged excessively did not live as long.

Dr. Peter Bongiorno 09:34

Think about that. If there were a drug that could extend your life by 5.3 to 6.2 years, not only without side effects but with so many benefits for your health—cardiovascular health, weight, how you look, your skin—it would be the biggest blockbuster drug. It would be all over the place. I know I would buy it. It would make billions and billions of dollars. Yet we do have something, it's called moderate exercise, which has been proven to do that. Yet I didn't see it on the news. It's amazing to me.

Dr. Peter Bongiorno 10:15

You asked the question, 'Why?' I was at a conference a few weeks ago, and I was speaking to a woman from India. She told me that she was very impressed with how the United States, in 200 years, became such a superpower. We were able to do so many things and grow this country from such a young country to such a strong country and become a leader in the world in such a short period of time. She also said, which I never thought about, that unfortunately, that push towards capitalism begets the situation where you're going to really talk about the things that have to do with making money.

Dr. Jill 11:04

You hit that nail on the head. Even back in medical school, I remember we learned [about] the big pharmaceutical drugs. But with so many other things—like diet, lifestyle, and exercise, which we'll go into today—the standard line from the professor was: "Well, your patients probably won't want to do this, but..." And it might be an afterthought. We go in there assuming that patients won't want to exercise and won't want to eat right. How ridiculous is that? So, many doctors have this jaded mentality: "Patients won't want to change their diet." Why not ask? Why not delve into it?

Dr. Peter Bongiorno 11:35

Right. Or some of the literature I remember reading also said, "But compliance will be low." It's the same thing you're saying. And you say: "Wait a second. But maybe that's what we need to work on. Maybe we need to get them inspired about it or explain how it works." I remember in naturopathic school, we learned the word doctor means teacher. If we don't teach and talk about it, why would anyone be interested?—because they don't believe it works.

Dr. Jill 12:05

Yes. So let's start with some of that. I loved your book. I thought it was a great outline. And interestingly, a local church that I attend asked me to talk about mental health. I happened to get your book right around the time. It was such a great piece to look at for all the research and stuff that you've put together. I want to encourage people to grab a copy because everything's in here.

Dr. Peter Bongiorno 12:24

Oh, thank you! Thank you. And I just want to let people know if they're interested: That is a textbook, so it's written at a slightly higher level. It's friendly enough to read, but it was designed for professionals. I do have two books for the public as well.

Dr. Jill 12:41

Oh, I didn't even know that. This is great. We have a lot of physician and practitioner listeners. But I agree. Of course, I'm a practitioner, so it was easy and wonderful for me. But I think it's well-written for any person.

Dr. Jill 12:56

So let's talk about sleep. I want to go through some of the things: Exercise, sleep, and lifestyle. But if people ask me about my superpower or things that are non-negotiable for me, my life has always been grounded in really good sleep. I remember back to the years of grade school and slumber parties where the girls would get together and stay up all night. I would literally get home and get sick every time—always—because for my constitution, I needed seven or eight hours of sleep. I just did not do well. Finally, my mom was like: "You can't go anymore." And I kind of agreed. I just didn't do well.

Dr. Jill 13:30

But since then—I'm in my 40s now—I will say no to invitations. My travel and flight schedules are built around the fact that I want to get good sleep because I know that when I get good sleep, I can do almost anything. Let's talk about that in relation to anxiety and depression and why, I feel, we need to start with quality sleep.

Dr. Peter Bongiorno 13:50

Absolutely. It's interesting because if you read all my books, the book you have and the books for the public too, the first chapter—

Dr. Jill 12:22

Mention the name really quickly so that if people are like, "What's the name of the book for the public?" they can grab that.

Dr. Peter Bongiorno 14:04

If you don't mind, I'll show them.

Dr. Jill 14:05

Please do, yes.

Dr. Peter Bongiorno 14:06

This one's called *How Come They're Happy and I'm Not*. This is the book for depression and general mood. This one is *Put Anxiety Behind You*, which is a book for anxiety.

Dr. Jill 14:20

And we'll put all the links if you're listening, wherever you're listening, to all of those.

Dr. Peter Bongiorno 14:27

If you notice in the book you have, when I talk about treatment plans, I put sleep on the top because sleep has got to be number one. It's interesting; about three or four years ago, one of the psychiatry journals came out with a couple of papers talking about how important sleep was. I remember thinking: "Wow, they're talking about it like this is new information." It's like, "Of course it's important!"

Dr. Peter Bongiorno 14:55

I know when I don't sleep, my mood goes down. My blood sugar is all over the place. My blood pressure goes up. I just don't feel good. I need good sleep. I love napping, when I can take a nap. It doesn't happen every day. Sleep is when our bodies detox. It's when they fix things. The mitochondria, which are the energy packs in our bodies, get rebuilt and recycled. Our bodies do so much good. The digestive tract cleans out. So, we need to sleep.

Dr. Jill 15:27

My history is that I need good sleep. If I don't get good sleep, I'm an emotional

wreck. Can you talk about that? And I don't know if this is women, men, or both, or if you've seen any correlation. It's almost like the ability to control and live in life and not fall apart at the slightest spill of milk—analogy. When we don't sleep, we have this very difficult emotional regulation. Can you talk a little bit about why that might be and why people might suffer more from overwhelm, anxiety, and depression when they aren't sleeping?

Dr. Peter Bongiorno 15:58

Sure. I think there are a few reasons. If I had to pick a simple way to think about it, an animal that doesn't go to sleep is either getting chased or has got to find food or it's going to die. I think the primitive brain back here has this mechanism of: Oh, I didn't sleep; it must be bad times; let me stay really stressed out. So our bodies are going to be on high alert and stressed. Our mood is going to change because we're not interested in enjoying life; we're interested in protecting ourselves. I think that is a mechanism we all have that happens when we don't sleep.

Dr. Peter Bongiorno 16:39

Even one or two nights can be enough to make us feel pretty crummy. And of course, if you're already predisposed to anxiety or depression or have issues with bipolar and changes in mood, then it's going to exacerbate it even more. Some people can handle it better than others. I don't think anyone feels great. But poor sleep definitely changes our brains and puts us in that mode. We're not going to feel good until we get sleep. Then we get sleep and we feel like ourselves again. We're like: "Ah, I should have gotten sleep!"

Dr. Jill (pre-recording) 17:12

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also

collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

Dr. Jill 18:08

Yes, it changes everything. It's a whole different view of the world. So let's move to [the topic of] exercise—you touched on that—because there have been lots and lots of studies. I think some of the most powerful studies are around activity, movement, and exercise. And I love that you mentioned the Copenhagen study. What I found is that the super high intensity can actually not be great. Talk about types of exercise, how much exercise, and what the studies and research support for mood.

Dr. Peter Bongiorno 18:33

Absolutely. There's no question [about] the benefits of exercise. Head-to-head studies with the major leading drugs for depression show that exercise does work just as well and has less side effects. It takes a little longer to work sometimes, but when you stop either the exercise or the medication, the exercise benefits last longer. So there's no question.

Dr. Peter Bongiorno 18:55

When you think about it, what does exercise do? It raises serotonin, dopamine, and norepinephrine—the things that the drugs do, but it does it naturally. There are so many reasons why it's worth trying exercise. For your listeners listening out there—I've worked with many patients who are depressed, and I know they're thinking this—I can hear them saying: "Well, if I weren't depressed, I would go exercise."

Dr. Jill 19:20

Correct. I was thinking that. Yes. How do we get motivated?

Dr. Peter Bongiorno 19:23

Absolutely. For some people who have very low adrenal function, they don't have the energy. Maybe their iron or vitamin D [levels] are low or their adrenals aren't working. If they go out and exercise, they could feel worse because they're going to burn energy they don't have. So for some people, getting out and moving can be really helpful. For other people, they may have to figure out whether just a gentle walk is the best.

Dr. Peter Bongiorno 19:52

So you have to really listen to your body and work with a practitioner who can help you figure out: "Maybe you're not ready for exercise. Maybe we'll just start with a walk, a little Tai Chi, and then move on to more strenuous work once you're in a stronger place." And that's where doing the right testing can help—looking at your adrenal function, the levels of your vitamins, iron, and B12, and all of those things that could play a role in why your energy is so low.

Dr. Jill 20:22

That makes so much sense. I treat a lot of women and a lot of women over 40 who are either perimenopausal or in menopause. I feel like many of them, including myself at that age, have to shift from high-intensity or some really intense protocol to more walking, hiking, or moving. A lot of your tips talk about getting outside, your feet touching the earth, and being in nature. What effect does that have on mood and why is that important?

Dr. Peter Bongiorno 20:52

I love thinking about that. Did you know Dr. Stephen Sinatra, a cardiologist? He was such a proponent of grounding. I remember learning a lot of that from him. Our bodies are made to be out in nature. We are animals. Animals do really well in nature. I have a beautiful dog. He sits around during the day. He's fine, his mood is okay, and he sleeps a lot. Then, as soon as I say, "Hey, you want to go take a walk?" he gets so excited because that's where his body wants to be—outside, sniffing things, and out in the sun. We're the same. We want that. That helps our serotonin go up. It helps our dopamine and norepinephrine go up. Those are the things that help our mood. Even though most of us spend most of our time indoors, we are made to be outside and go outside.

Dr. Peter Bongiorno 21:48

Nature provides so many signals to keep our bodies healthy. There are things that come from trees called phytoncides. We breathe them in and they get into our bloodstream and lower inflammation. They lower cortisol levels when they're too high, or they'll raise cortisol a little bit when they're too low. Nature's so balancing for us. We're just made to be in nature.

Dr. Jill 22:11

Wow, it sounds like trees as adaptogens, right? How beautiful!

Dr. Peter Bongiorno 22:15

I remember one of my teachers, Dr. Mitchell at Bastyr—he was one of the founders of Bastyr, the naturopathic school in Seattle—would tell us: "Just go outside; sit next to a tree. Look at the tree. Talk to it. Breathe next to it. Listen to it breathe." The idea was that we just need to be part of nature. And the more we are part of nature, the more our bodies will regulate themselves.

Dr. Jill 22:43

Yes, I love this. And what we've seen is that post-pandemic—especially, I think, the younger generations who have been through this and through school and isolated and all of these things—there's definitely an uptick in depression. There's also an uptick in inflammation related to old viruses, reactivation, and mold exposure. That's one thing during the pandemic. All of a sudden, everybody's in their houses. And if their houses happen to have toxic chemicals or are off-gassing...

Dr. Jill 23:09

Maybe let's shift a little bit to that as far as toxic chemicals or the foods that we're eating. I always say: "Clean air, clean water, clean food." If those things aren't in place, how could that affect our mood? And what could we do about it?

Dr. Peter Bongiorno 23:25

Yes, toxic chemicals. One of the examples is something like fluoride. We know that fluoride will come into our body and replace minerals that we need, like iodine, and not allow organ systems like the thyroid, for example, to do their job. Mercury, which can come from different areas of the environment, can also do the same thing—displace magnesium. When there isn't enough magnesium around, it can take hold even better in our bodies. It can affect our hearts. It can affect our nervous systems. There are phthalates, which are hormonal. They can affect the hormones in our bodies, especially things like estrogen levels, and change how estrogens work in our bodies.

Dr. Peter Bongiorno 24:11

All of these chemicals act similar to things in our body, but not in a good way. They block what our natural body molecules should be doing, and that's why they're toxic

to us. They all do it in a different way, but the load of toxins is becoming greater and greater and greater.

Dr. Peter Bongiorno 24:37

I'm especially concerned about the data on pollution. Pollution kills, by itself, about 8.3 million people globally in a year. On its own! When we think about the numbers for COVID—of course that was a concern and an awful time—those numbers pale in comparison to what pollution is doing every year to us.

Dr. Jill 25:06

Yes. It is a big deal. I always say the air, which is why clean air matters, is the most... Walter Crinnion, who's probably someone you've learned from as well—

Dr. Peter Bongiorno 25:13

Yes, he was my teacher.

Dr. Jill 25:15

He's just amazing. He would always say that 80% of our environmental toxic load is from the air that we breathe. That always surprised me, but it kind of doesn't because of all these articles on nanoparticulate from exhaust, combustion, and petroleum products. It's really, really affecting our brains. It's because it's so small. We inhale it and it goes directly into our bloodstream through the alveoli and boom, it's in our tissues.

Dr. Peter Bongiorno 25:37

Maybe in one or two million years, our bodies will get better adapted to block them out, but not right now.

Dr. Jill 25:42

Yes. It's so important. You mentioned hormones. In my mind, I think about adrenals, thyroid, male and female hormones. We know all of these have a pretty profound effect on mood. Say the average 30-year-old or 50-year-old woman. What kind of lab tests would you want to be sure they ask their doctor about before they just assume they need an SSRI to rule out any other organic or hormonal causes of depression or anxiety?

Dr. Peter Bongiorno 26:16

When I was in school, which was about 25 years ago, I was a student following other doctors around. I remember one of the first patients I saw with depression. It was a woman who came in. I remember that my clinical advisor was Dr. Wallace. A great doctor. He's still at Bastyr. An excellent person. I remember that he found that the iron levels of this woman were low. She had been on an SSRI for at least two years. She couldn't get off it, but she was having a lot of side effects. Basically, he tested her iron and gave her iron. She came in about a month and a half later. He checked in on her. She said a number of things, [including] how good she was feeling, and she said: "Oh, and by the way, I stopped that medication." And I'm not telling people they should stop it.

Dr. Jill 27:02

Right, right. But she did it on her own.

Dr. Peter Bongiorno 27:06

So that wasn't a great idea. But the fact is that once she had the proper iron levels, her body could carry oxygen to her brain. Iron is so important in how your body carries oxygen. So for her, it wasn't a hormonal issue. She needed some basics.

Dr. Peter Bongiorno 27:26

But the question you asked is about a typical 30-year-old or 50-year-old woman who's maybe depressed. What I've learned is that there is no typical 30- or 50-year-old woman. We all have these factors that are involved in what can affect our mood. It could be the mitochondria. It could be our digestive tract. It could be inflammation. Like I said before, it could be all those low nutrients. So the best we can do is check.

Dr. Peter Bongiorno 27:58

In my book, I have a list of a first set of labs that you can rip the page out of, bring it to your doctor, and say: "Hey, Doc. I really appreciate you looking at these." Hopefully, they'll be amenable to doing that because there are no one, two, three, or four things to look at. There are probably about 30 or 40 things to look at. And you mentioned all the environmental stuff too. There's the stuff going on inside the body. There's the stuff going on outside the body. There are the stressors that are

going on. Sleep or exercise habits could be an issue. One direction or another. There are a lot of things to look at.

Dr. Peter Bongiorno 28:34

What I've learned over the years is that I am not smart enough to figure out what's really causing mood issues in a person. But what I do know is that if I look at all these factors and keep track of them and start making changes in a way that a person can do in their life and their schedule and make it work for them, then the body figures it out. The body has the wisdom and it can figure it out. And we're just supporting it with what we know.

Dr. Jill 29:04

Yes. I don't know about you, but I remember, in the beginning, in the early years of integrative medicine, I would do a protocol and check the thyroid or the hormones and try to fix what I could. The patient would come back 30 days later and be like: "Doc, I'm better!" I'm like, "Really?" It really works, right?

Dr. Peter Bongiorno 29:20

[laughter] "I wonder why!" [inaudible].

Dr. Jill 29:22

Yes. It's almost amazing to see the results because this stuff really works. Now, of course, I expect it to work. But in the very beginning, I'm like: "Really? It worked?"

Dr. Peter Bongiorno 29:33

And I have to say that just getting to know you and reading your book—they say a lot of it has to do with the doctor-patient relationship—you exude such amazing energy, and that's healing too. So for people listening out there, you want to pick a practitioner who you feel you harmonize with, who you're getting good energy from, and who cares. And I know you do. And I'm sure that has a lot to do with the healing powers there.

Dr. Jill 30:02

Aw, thank you! That's the most kind thing anyone's ever said in public on the podcast. I'm sure your patients feel it as well. But when we meet the patient with this unconditional loving container—like, "Tell me about your story" and "I want to

hear [about] who you are"—and they really feel seen and heard, I know that's the secret weapon because that's the foundation. When you have that trust, then all of a sudden, you build this relationship like, "I have this advice." And it's back and forth, as you know. It's not like I tell patients, "You have to do this!" It's: "Let's talk about what will work into your lifestyle. How does this work?" But at the foundation is that trust. And I really love my patients. I'm sure you exude the same thing. I genuinely love what I do. I love the people that get in front of me. And I know that's a huge secret to healing.

Dr. Peter Bongiorno 30:49

Absolutely. It's such an honor to be with patients. I know that my first visit is an hour and a half. I've heard, so many times, the patient saying, by the end: "Nobody knows this much about me." That's such an honor. What could be more of an honor than to have somebody really tell you about their life and be vulnerable to you so they can get the help and the healing they're looking for?

Dr. Jill 31:18

It's a sacred space, isn't it?

Dr. Peter Bongiorno 31:20

Oh, my gosh! Even when I'm tired or don't feel so great in the morning, by the end of the day, I'm excited and enthused because you meet all these wonderful people and get to share that experience with them.

Dr. Jill 31:32

And then, when they come back well, you're like: "This is amazing!"

So let's talk just briefly. I want to talk about some of the core nutrients you mentioned, like iron and magnesium, to make sure that patients can get those in their diet and maybe some diet tips. But before I do, I just want to touch on screens, screen time, and mobile phones because I feel like this is one of those things that's not really talked about as much. Although, Dr. Anna Lembke's come out a lot about it. They're addictive. Our devices are created to be addictive machines. What happens is that we get these dopamine loops—stuck to the phone instead of human interaction. Along with that, social connection is so critical to mood! Let's talk about that. How do we disconnect from devices and connect socially for our improvement in anxiety and depression?

Dr. Peter Bongiorno 32:16

Yes, no question. That's such a big topic, and it's even bigger after COVID. I see, especially in my younger patients—my teenagers and early 20s patients—that it's such a factor. And like you said, we're exposed to this bright light and these quick-moving things. It changes our dopamine levels. And then, when we don't have it, our body's like... When you go look at a tree, it's not doing that, so it's not going to stimulate that dopamine. So we feel bored. We don't get the excitement in real life that we get from these screens. That will predispose us to depression, anxiety, and things because we're [like]: "Oh, why isn't this thing moving?" Well, it's because it's real. It's not fake. It doesn't have this bright, screaming light at us. It's so important for us to realize.

Dr. Peter Bongiorno 33:14

Look, we can't get rid of technology, right? It's here. I always have a joke; I'm like: "Oh, those computers—it's a fad. They're not going to last!" But it's a joke because, look, they're lasting. So we have to see: How much time do we really spend on the computer? How do we feel? If you don't feel good, is it possible that that's a factor? If I had to pick a place, most importantly, I would say it's probably in the evening before bed. Maybe pick a half hour before bed, an hour if you can, and just shut the screens. I have patients put on an orange light bulb. And maybe read an actual book by an orange light bulb and let your melatonin come in so you can sleep. Now we're going full circle, right back to sleep. Because they will stop us from doing that. And then we wonder why we can't get into those deeper stages of sleep. Sometimes the body is exhausted and will go down, but we don't get into a deep sleep because we're still revved. So we need that time. Getting rid of the screens before bed would be ideal. I still buy a newspaper. I try to read a paper from time to time. I try not to do everything on the computer. So much has to be done, but—

Dr. Jill 34:35

I love real books. I'm always like, "This is such a treat!"—to disconnect. My little tip has been to shut off all notifications during the day. When I'm trying to do a block of productive time, I'll put the phone in a different room because studies show that having it at your desk, even if you don't look at it, is distracting for our brains. It's hard, but I think sometimes we have to take these extreme measures.

Dr. Peter Bongiorno 35:01

Yes, it makes a lot of sense.

Dr. Jill 35:04

Yes. So nutrients and food—where would you start with the optimal diet for depression? What are some of the core things there?

Dr. Peter Bongiorno 35:09

The first step is water. That's probably the first nutrient. Many of us can be very dehydrated. It's been shown that water increases longevity. Water increases things like serotonin in your brain. You can't get tryptophan into your brain and make serotonin if you're not hydrated. So even before food, water.

Dr. Peter Bongiorno 35:30

If I had to pick a second for mood—these are, of course, very general recommendations—making sure people are getting enough protein. Proteins break down to amino acids. Amino acids help you make neurotransmitters. Oftentimes, we don't get enough protein. Protein is really good for balancing blood sugar—which is also going to be important for triggering the stress system—and anxiety and depression as well. So, eating regular meals.

Dr. Peter Bongiorno 36:00

I know some people do well with more intermittent fasting, but I've also seen that many of my patients who have mood issues need to eat more regularly. They almost have to do the opposite. For some people, if intermittent fasting works for them and they stay healthy, that's great. But for other people, especially if you have mood issues and get affected by drops in blood sugar, it's probably better to eat more frequent meals [with] protein, healthy fat, and a little bit of healthy carbs at each meal. That could be a testament to the cortisol levels because cortisol helps your liver put sugar into your blood so your brain feels happy. Sometimes for people who don't eat and their blood sugar drops, it's really because their cortisol system isn't working for them or their liver. It's a little different for everybody, but I like the idea of good quality food throughout the day.

Dr. Peter Bongiorno 36:58

If I had to pick one diet, not knowing a person's sensitivities or even their preferences, I would probably start with a Mediterranean-style diet. It seems to be the healthiest. It seems to be the one most associated with longevity. Not just because it's part of my Sicilian background, but because the data is really there. There are so many great studies, starting from studies out of Spain in the early 2000s, about the Mediterranean diet and how it can help prevent and treat mood disorders.

Dr. Jill 37:33

Yes. I love that you say that because I couldn't agree more. There are so many camps: Carnivore, paleo, vegan, and everything in between. And they do have a place. I still use all [inaudible].

Dr. Peter Bongiorno 37:42

Absolutely, me too.

Dr. Jill 37:44

But I actually love that because I feel the same. Plants are still core. We know from Dan Buettner's research on the blue zones, which are those centenarians that live over a hundred, that they all have legumes and local cuisine. Also, you mentioned the Mediterranean [diet]. That has a lot of healthy oils, which are what our brains are made of—the fatty acids and the oils. So I really love that overview of the diet.

Dr. Jill 38:06

One little tip that I have done for probably 20 years—because I had Crohn's, so I always had some malabsorption issues—is free amino acids. I've taken them as a supplement because they're the building blocks of protein. I still do protein, but I think that for those people who maybe have a little bit more trouble getting that, sometimes you can supplement like that. What we learned is that those are all precursors of norepinephrine, epinephrine, dopamine, serotonin, and anandamides, as you well know. You really do need those.

Dr. Jill 38:33

For the last few minutes, let's talk a little bit about supplements. You and I both use a lot of supplements. I feel like I can often do the same thing as a drug with the right balance and blend of supplements. Where would you start? Maybe give us

some examples of some key things that you might try for anxiety and then maybe for depression.

Dr. Peter Bongiorno 38:51

Yes. And again, another bold statement: You could do the same things as you can with a drug. I know the drug companies probably don't want to hear that, but you're right. Supplements, when used properly, can be very powerful. What I usually like to tell people, even before we get started with the supplements, is that supplements are part of a bigger picture of working with sleep, exercise, the right foods, working on your stress, working on relaxation, getting out into nature, and detoxing when necessary. Then the right supplements can really support all those phases for you.

Dr. Peter Bongiorno 39:31

There are so many supplements out there. That's one of the reasons I like testing, so I'm not guessing what a person needs or doesn't need. The testing can help me make some decisions on supplements. Or sometimes it's just from the things that were handed down to me from other naturopathic doctors years ago—things that they just knew worked and that I see work too.

Dr. Peter Bongiorno 39:53

If I had to pick a few for depression, there are some wonderful supplements like curcumin, which has been shown head-to-head with a number of medications to work just as well with less side effects. SAME, which is an acronym for S-adenosylmethionine, has also been shown to have very good efficacy. I think one thing that is dropping off, which really shouldn't, is St. John's wort. St. John's wort is an amazing herb. It's a beautiful... Speaking of shutting... That was my mother. She heard me. [laughs] St. John's wort is an antiviral. It's good for anxiety. It's good for depression. It's a good way to move your circulatory system. It has so many properties.

Dr. Peter Bongiorno 40:44

I think that in the more conventional world, they think of St. John's wort as another SSRI. In my opinion, based on the research, it has very little of that effect. But it does so many other things in the body. The only thing I would be concerned about is that it does change the processing of other medications in your body. So you really want to be careful if you're taking medications to check on that and make

sure that it's not going to inhibit or make other drugs work more effectively. So those are some of my favorites.

Dr. Peter Bongiorno 41:20

I use a fair amount of nutritional lithium. I think that has a good effect. It's not a strong effect, but I think that along with a few other ones like L-theanine, which is very calming to the nervous system, it can work really well. I use a fair amount of CBD. I think CBD is excellent and works on a number of mechanisms throughout the body, not just for serotonin but [also] for pain, inflammation, sleep, and mitochondrial function. It hits a whole lot of boxes that so many of us with mood issues have going on. Those are just some of them. If there are any others you want to talk about, I'd be happy to talk about them.

Dr. Jill 42:03

No, that's fantastic. And I prefer those over even 5-HTP and tryptophan, which have been around for a long time as serotonin [inaudible].

Dr. Peter Bongiorno 42:14

Which can be really helpful too. I definitely see them work as well with the right patients.

Dr. Jill 42:20

Yes, excellent. Wow, this has been a tremendous overview! And like I said, if you're listening, wherever you're listening to this, I will have links to all of Dr. Bongiorno's books and things. And if you're a practitioner, be sure to get this one. I've got my copy all marked up and it's a wonderful resource.

Dr. Peter Bongiorno 42:37

Oh, thank you! That's an honor. Absolutely. Thank you.

Dr. Jill 42:41

In our last minute or two, I'd love for you to speak directly to the person out there who is listening and has struggled with depression or anxiety for as long as they can remember. Maybe they feel a bit hopeless. Obviously, we give them lots of practical tips. Maybe at the heart level, what would you end with for that person who's been struggling?

Dr. Peter Bongiorno 43:00

Yes, thank you. What I would say is that there are practitioners out there who really, I think, understand the body in a more global way. If you're working with a psychiatrist and medication hasn't quite worked for you, don't give up hope. And certainly don't just stop medications, because sometimes that could be much, much worse. You want to check in with your psychiatrist. But in the meantime, also look for a good functional medicine doctor, a good naturopathic doctor, because there are other factors involved that may not have been looked at yet. When you find the person who can help you organize all those factors, then the body can really start healing itself. So don't give up on that, because the body can absolutely heal itself.

Dr. Peter Bongiorno 43:47

I've seen amazing things over the last 21 years. There aren't quick fixes. If you're not feeling well, don't expect to go in and feel better in a week because they're going to give you some herb or something. It's usually not that quick. But with consistency and understanding your body, really profound shifts can happen. So don't give up. Look for a practitioner who you feel comfortable with. And that'll be the right person for you.

Dr. Jill 44:18

I love it. And where can people find you? Do you have a website or page where people can get more information?

Dr. Peter Bongiorno 42:44

Sure, yes. You can go to my website: DrPeterBongiorno.com. I'm also on Facebook, Instagram, and Twitter.

Dr. Jill 44:41

Perfect! Yes, we will link you up to there. Thank you again, Dr. Bongiorno! And thank you all for joining us today for this episode of *Resiliency Radio*! It has been so fun to dive into optimal holistic health for mood disorders, anxiety, and depression. If you like this episode, be sure to hit like and subscribe so you can stay tuned to future episodes. Thank you again, Dr. Bongiorno, for joining me today!

Dr. Peter Bongiorno 45:07

My honor, thank you. And thank you for all the amazing work you do and for bringing good information to so many people! It helps so many.

