

Speaker 1:

Hi, this is Dr. Robert Hedaya, and I'd like to share with you a little bit about the approach we take here at the Center for Whole Psychiatry and Brain Recovery. This is a case of what apparently looks like Bipolar Disorder, but in our situation, we always attempt to get to the root causes of the problems as you'll see in this slide presentation, which should be about five to seven minutes long.

This is a 18 year old female who in 2012 first came to see me with a rapidly cycling Bipolar Disorder; it was pretty severe. At times, she felt suicidal, she'd been hospitalized a few times, and she had a somewhat unusual presentation; she was having visual hallucinations and illusions, and she had failure of a variety of medications that were tried. The family history showed that there was a lot of neuro-psychiatric disorders. As you can see here, she herself had alcohol induced seizures, which suggested the possibility of temporal lobe difficulties. She had some inflammatory problems, including the sinusitis and perhaps some auto immune disorders, because she also had symptoms of narcolepsy, which is actually part of an auto immune disorder. Her diet was poor with a lot of simple carbohydrates as is often the case for people who are in college.

Her laboratory showed a great deal of inflammation, gastrointestinal difficulties, nutritional deficits, hypothyroidism, and her adrenal axis, which is the stress response gland in the body and which controls inflammation as well as the stress response was quite low.

Genetic evaluation showed that she had sensitivity to clearing mold and biotoxins as well as support the idea that she had marked narcolepsy and some other genes that are relevant.

We treated her with correction of her gastrointestinal problems. She had mold in her dormitory, which we removed clear the nasal polyp, treated her with some nutrients, supported her adrenals, put her on thyroid hormone, changed her medication to Lamictal, treated an infection, which she had, which was active, and gave her some Nuvigil.

She did quite well and was free of any symptoms of Bipolar Disorder, or a good amount of time. At that point in time, it seemed that the diagnosis of Bipolar Disorder was founded on an immune system problem, which was worsened by hormonal and nutritional factors.

The problem actually re-reemerged and the patient returned to me several years later.

I'm going to skip this slide here.

She came back to me in 2016 and she was having severe mood instability. She was diagnosed with hereditary Angioedema. She was having fevers for about an hour a day. She did quite well when she was given corticosteroids, which fits with her adrenal problem, which we had diagnosed four years earlier. She was on anti-histamines during this period of time. She felt pretty well, but as soon as those medications were done, her anaphylaxis and need for an epi-pen, et cetera, returned and she was basically home bound; that she was unable to leave home. I saw her in consultation and spent about three hours with her, and it was only actually about two and a half hours into the interview that her mother remembered that her other daughter had hereditary Angioedema with this near anaphylactic reactions after she had a tick born infection and Lyme Disease, and in fact, this patient had a bullseye rash two days before the onset of her Angioedema, and she lived in a Lyme endemic area.

I did some research and the patient in fact had what's called the C1q-inhibitor defect, the genetic defect in which her compliment system was impaired, and she would have difficulty handling almost any inflammatory stimulus, which was in fact, the case, as we knew from the mold and the mycoplasma infection, which she had several years earlier.

Any immune insult causes a failure of the system, which causes a vascular permeability problems, dysregulation of the chemistry in the brain, and the glial cells in the brain, reduction in the

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production of serotonin, and too much glutamate production, which downstream will cause hormonal dysregulation. So we treated the Lyme Disease, giving support to all the other systems and she did quite well. The final diagnosis really is that she had a chronic immune and cephalitis meaning an inflammation in the brain presenting as Bipolar Disorder. Now, the thing of concern is that she also has a gene called APOE4, which you see down here at the bottom. The APOE4 puts her at risk for Alzheimer's Disease. So this young woman needs to have a low inflammation lifestyle, a really good diet, good exercise, good lifestyle, and that she would be able to then eliminate the mood swings, keep her medication load very low, and delay, or prevent the onset of Alzheimer's Disease.

In her case, at the beginning, we conceived of her situation like this, and then with further information, we saw that there were other factors, mold, Lyme, Bipolar Disorder, Angioedema, and various genetics. Down the road, we see that in 30 years, or 40 years, we could see a case of Dementia. So it's critical, really critical that she be educated so that she can effectively prevent, or delay the onset of any Dementia, and also have a life, which she's quite capable of having that is productive and satisfying with very little medication.

Thank you for listening and have a good day.