Transcript of "Dr. Julie Holland: Sex, Ecstasy & Antidepressants - #231"

Bulletproof Radio podcast #231

Warning and Disclaimer

The statements in this report have not been evaluated by the FDA (U.S. Food & Drug Administration).

Information provided here and products sold on bulletproofexec.com and/or upgradedself.com and/or betterbabybook.com are not intended to diagnose, treat, cure, or prevent any disease.

The information provided by these sites and/or by this report is not a substitute for a face-to-face consultation with your physician, and should not be construed as medical advice of any sort. It is a list of resources for further self-research and work with your physician.

We certify that at least one statement on the above-mentioned web sites and/or in this report is wrong. By using any of this information, or reading it, you are accepting responsibility for your own health and health decisions and expressly release The Bulletproof Executive and its employees, partners, and vendors from from any and all liability whatsoever, including that arising from negligence.

Do not run with scissors. Hot drinks may be hot and burn you.

If you do not agree to the above conditions, please do not read further and delete this document.

Dave Asprey: Hey, everyone. It's Dave Asprey with Bulletproof Radio. Today's cool fact of the day is that when women who were unhappy or stressed were diagnosed with hysteria, a common treatment was for their physician to give them a pelvic massage to induce hysterical paroxysm, which we would call an orgasm today. This is actually why vibrators were invented in the late 1800s, for your doctor to use on you. That's a hilarious cool fact of the day, you got to admit.

Today's guest is Julie Holland. She's an American psycho-pharmacologist, a psychiatrist, and an author of 4 books, including one that has the best title ever, called Moody Bitches: The Truth About the Drugs You're Taking, the Sleep You're Missing and the Sex You're Not Having and What's Really Making You Crazy, as well as Weekends at Bellevue, which is about 9 years working a shift at a psych ER. She's also been on CNN, National Geographic, a whole bunch of other TV things, Dr. Oz, and basically she's famous and writes books with cool titles and we have lots of fun stuff to talk about. Julie, welcome to the show.

Julie Holland: Thanks, Dave. Thanks for having me.

Dave Asprey: Now, I'm trying to figure out where to start a discussion with you.

Julie Holland: Where to start.

Dave Asprey: Because you've written a really extensive research paper on MDMA and a whole book called Ecstasy: The Complete Guide, so you've really been open, as a psychiatrist, a psycho...?

Julie Holland: Psycho-pharmacologist.

Dave Asprey: I was just thinking was it pharmacologist? By the way, when I made $6 million when I was 26, my dream was to quit my job and then go get a degree in psychopharmacology because it sounded so cool and I knew nothing about it. Then I lost my $6 million and I've been working for 20 years ever since, but it was a good idea.

Julie Holland: My condolences. It does sound cool. My mother, when she tells people what I do, she never says I'm a psychiatrist. She always says psycho-pharmacologist, so she thinks it sounds more impressive. I also think that psychiatrist sort of gives the impression that people are lying on their couch talking about their mothers, what they dreamt last night, and I don't tend to delve into that territory.

Dave Asprey: When people are listening, I'm sure some people don't know exactly what a psycho-pharmacologist is. Walk me through the differences between what you do and what the people with the couches do.

Julie Holland: Well, I really focus on the biology and the chemistry of the brain, as little as we know about the way the brain works. I try to stay focused on the machine. How are you sleeping? How is your energy level? How is your appetite? Are you 40? How is your libido and mood? But the thing about a woman's mood is it will naturally fluctuate over the course of a 28-day cycle, assuming that she is sort of a free-range woman who's not taking hormones. I don't rely too much on mood to really diagnose psychiatric disorders. I rely on much more, the machinery, on the biology and how people are doing. Also I look at the genetics, family history is really important when it comes to psychiatric disorders.

What I do is I have a prescription pad. I do have a couch. I like people to be comfortable and we do a lot of talking, but I don't focus so much on childhood traumas and negative thinking. I really try to focus as much as I can on the pharmacology of the brain. Especially, a lot of people will come to me and they've already been on different medications, so it's important for me to know what meds you've taken, what responses you've had, what's worked for you, and really importantly, what's worked for family members? As much as a diagnosis runs in family, treatment response really runs in family, so it's important for me, if you've

got a sister who's been on 8 different medications and the 9th one was the winner, we may just want to start with that. It's important for me to know that.

I prescribe antidepressants and anti-anxiety meds, and very rarely, antipsychotics for mood disorders, which puts me in a league with a lot of other doctors in America. 1 out of 4 women in America now is taking a psychiatric medication, and about 80% of the psych meds in America are prescribed by doctors who aren't psychiatrists, who aren't psycho-pharms, who are GPs or internists or family medicine doctors. The problem there is that it's very easy to reach for a prescription pad and hand over a prescription. It's much harder to really take the time and it really takes an hour, even an hour and a half to do an initial evaluation and understand what's going on with a patient.

In a family practice situation, you've got maybe 6 or 10 minutes where you're getting a sense of the symptoms and the history and you're writing a prescription. It's very easy to hand over a prescription and that's the end of the appointment. The patient comes back and then you've got sort of a customer. One of the things I say in Moody Bitches is that big pharma is sort of creating customers and not necessarily looking for cures. These medicines, people take them for years and years, and the thing they realize is they have a lot of trouble coming off the medicine. This is what one of the things that I'm doing more and more now, is people are coming to me wanting to get off the medicines that they've been on for decades, and it's very challenging work, but I think it's really important.

Dave Asprey: There are a group of people listening who are going to say, "Oh, basically this is a form of pill pushing," and all that, but it sounds like you're getting people off of it and I know just from having looked at the body of your work, you wrote The Cavewoman's Guide to Good Health for Glamour Magazine, which is kind of the opposite of what a pill pusher would write, because you don't

qualify as a pill pusher. You qualify as someone who uses all the tools at her disposal. What are the types of things that you recommend people do when they're not going to be using drugs to stabilize their mood, which sometimes drugs can change your life in the best possible way when foods don't work. What are all the things you look at that aren't pharmaceutical?

Julie Holland: A few things there. There are people who really need meds. There are people who have Bipolar Disorder, or Schizophrenia, or just crippling major depressive disorders and they need anti-depressants and I absolutely will prescribe them for them. But there are people where you're getting into the sort of cosmetic psychopharmacology area, where it's like do you have a deviated septum or do you just want your nose to look better? Where people don't necessarily have a major psychiatric disorder or a major mood disorder but they feel kind of lousy.

They come to me ... 20 years ago when I started being a psycho-pharm, people came to me with symptoms and they didn't quite know what to do. They didn't know what they needed. What's happened in the last 20 years is that because of directed consumer advertising, women are coming to me, as opposed to saying, "I'm waking up at 3 in the morning and I don't know what to do," they're coming to me now and they're saying, "I don't know what the difference is between Effexor and Wellbutrin and I don't know whether I should be on an SSRI or a mood stabilizer. My friend is taking Zoloft; my Pilates instructor says Lamictal is great. I don't know which one of these medicines to take."

That's really different. Now when people come to me and they want meds, sometimes I will give them the medicines the need. The truth is by the time they get to me, they usually really do need medication. They've been seeing a therapist. The therapist thinks they need medicines, so I may start a medicine, but it's a little more of a bait and switch now where, "Okay, you want to be on an anti-depressant. I will give you an antidepressant, but now that

you're on it and feeling better, let's talk about what you ate for breakfast. Let's talk about the fact that you're only sleeping 6 hours when you really need 8 or 9. Let's talk about the fact that you get no sunlight. You never go outside. You're not in nature. You're not having sex."

There are lots of things that go into somebody feeling lousy. Even though the anti-depressants can make you feel a lot better, they don't really look at the core reasons for why the malaise? Why are you feeling so lousy? In Moody Bitches, I focused quite a bit on the things that I did write about in that Glamour article, the Cavewoman's Guide to Good Health. That article really was sort of the beginning of me writing Moody Bitches. It was this idea that if you look back to the Paleo times, and you look at what cavemen did and how much they slept and what they ate, and how they were with their bodies and how often they may have sex or with whom, there's a lot of things that we're doing now with the way we live that aren't really natural for our bodies. We're spending way too much time indoors, under fluorescent lights, recycled air, we're not out in nature, we're not getting sunshine.

We're not moving our bodies. We're not in our bodies. If we're at work, we're sitting at a desk, we're at the computer, we're hunched over our Smartphones. It's not natural. It's not how we were designed, and also we were designed to be having sex with multiple partners. I talk quite a bit in Moody Bitches about monogamy and the constraints of monogamy and how that is going to have a negative impact for most women on their libido. Everyone has this idea that men are designed for novelty and novelty is what arouses men, but the truth is it's absolutely what's good for the goose is good for the gander or vice versa, that women are aroused by novelty also. I talk quite a bit about monogamy and how challenging that can be, to stay in a long-term monogamous relationship.

Dave Asprey: It's interesting. Over the last couple of years, Chris Ryan who wrote Sex at Dawn has been a guest on the show and there's a couple of other people with kind of the same general perspective, like biologically maybe that isn't working so well. But we also live in kind of an environment, a society where that's normal and that's what a lot of people are doing, in terms of just having monogamy. When someone lies down on your couch and you have your prescription pad ready, how do you address that with a patient who's probably monogamous? I'm just trying to imagine how the conversation with your psychiatrist goes. "Maybe you should be seeing other people," and you've been married for 20 years. What's up with that?

Julie Holland: First of all, look, I have been with my partner, Jeremy, for 20 years. We've been married for 16 years, so it's something that we struggle with and I'm very familiar with. First of all, when I start talking to my patients about sex, I let them know that I enjoy talking about sex and that they should feel open. I'm not judgmental, they can tell me anything, but actually the thing that kind of freaks me out the most is when my patients tell me that they're in a loveless marriage or a sexless marriage, or they've been with the same partner for a long time and they're not having any sex at all. I hear that a lot. One of the major complaints of my patients is low libido.

First of all, a good chunk of the anti-depressants, anything that's going to increase serotonin, like the SSRIs or the SNRIs, you're talking about medicines like Prozac, Paxil, Zoloft, Lexapro. Then the SNRIs, which are like Effexor and Cymbalta, all of those medicines make you less horny and make it harder to climax, especially for women. They make it take longer, they decrease sexual response, they decrease desire and they make it really difficult to climax. I talk in Moody Bitches quite a bit about, it's a very high price to pay to be feeling better. If you can manage your mood without taking anti-depressants, then your libido is going to

be in better shape. The other issue is that women are taking oral contraceptives, which decrease libido in 2 ways.

First of all, you don't ovulate when you're taking things like the pill, so you're missing out on that 1 or 2 days in the cycle where you're guaranteed to be horny. But the other thing is that the longer you're taking oral hormones, the lower your testosterone levels are. Testosterone is really the thing that fuels libido for men and for women, so with lower and lower testosterone levels over time, you're less and less horny. I call it the dirty little secret of the pill, that it really cuts your libido and it cuts your sexual response. It cuts desire, and the antidepressants, not only do they make you less horny and less capable of enjoying sex fully, but they make you less interested in looking for a mate or evaluating mates.

There's really interesting animal studies where they give these rats or mice SSRIs and the mice don't flirt with the male mice. The female mice, they stay to themselves. They don't go over to where the males are. They don't do the little "come hither" posture where they stick their butt up in the air. There are interesting human studies that are being conducted now and the data is being organized, but they haven't been published yet, but showing that women on antidepressants, they look at men differently, they evaluate men differently. They spend less time gazing at their face. They're more likely to sort of right swipe away. They're rejecting potential mates because of this high serotonin levels of the anti-depressants they're giving them.

Dave Asprey: Wow. That's a pretty big indictment against the pill. Not to mention that little cancer thing from studies that have come out about odds of getting cancer later in life, particularly breast cancer and the whole pheromone thing, where you pick the wrong mate because they smell wrong when you're on the pill.

Julie Holland: Yeah, well the pheromone thing is huge. I actually write about this in Moody Bitches.

Dave Asprey: Oh, you did talk about that? Okay. I forgot.

Julie Holland: It's a really big deal. Yeah, that being on the pill, one of the ways that we choose or select a mate is based on their genetics and our genetics and what you want. Say you're resistant to 5 illnesses and a guy, somebody else is resistant to 5 illnesses and they're 5 different illnesses. That means when you get together your kids potentially could be resistant to 10 illnesses. That's what you want. You want different genetic capabilities so that your kids have more. This kind of mate selection is done primarily by smell and by pheromones. Pheromones help you pick the right genetically appropriate mate. When you're on oral contraceptives, you end up picking somebody who's similar to you as opposed to different, so you don't have as much genetic, the vigor of a hybrid.

You're not going to get this vigorous hybrid when you have kids. You're going to get kids who are also just immune to 5 things instead of 10. You end up picking somebody who's more like a brother than an other, somebody who's more genetically similar than you want. Then what happens is that when women go off the pill, sometimes the mate doesn't smell right to them anymore. What I actually encourage my patients to do is if you're at the point where you're shopping for a husband, where you're really looking for a mate, you want to settle down, you want to have kids, it's really best to do that kind of behavior off the pill.

I understand it's inconvenient to be off the pill when you're trying on mates for size, but it's better to use a non-hormonal form of birth control to do that. The problem is there are very few non-hormonal forms of birth control. It's very hard to get a diaphragm and the cervical cap is like non-existent, which freaks me out. The documentary, Who Killed the Electric Car? I want to know who killed the cervical cap because this was a great, cheap, reusable for decades, non-hormonal form of birth control. It would be nice if it were more available. Big pharm has really taken over and

doctors just push the pill. Then you have women who are on a combination of oral contraceptives and antidepressants, where you get the double whammy where they have very estrogen levels, high serotonin levels.

They're not very horny, they're testosterone is low, they're pheromone processing is screwed up and they have no libido. It's very difficult to climax, and you get into sort of a nun-hermit situation there. You're not interested in sex. One of the things that a woman's orgasm does for her is it helps her evaluate partners. Somebody who is willing to take the time to be selfless and committed to that other person's pleasure, that's a really important quality in a mate as somebody who's going to help you raise your kids. If you can't climax, if you're not that interested in sex, like don't bother, it's too hard, just don't worry about me, you're missing out on one important measure of a partner.

Dave Asprey: I'm still thinking about your cervical cap comment and so here's the challenge, because 100,000 people will hear this or something. Either somebody listening, figure out the way to 3D print a BPA free cervical cap and let's just not have to prescribe any of this crap or someone else start the company that says, "Oh, it's totally legal to ship into the US a cervical cap for personal use." If they're made anywhere on the planet properly, then people could get them and since we have this cool thing called the mail, there's actually no reason for there not to be cervical caps and if you want to make a lot of money, this is a great business idea, no joke, because there is a lot of evidence that this is a good idea. If big companies won't do it because of regulation, "Oh no, we'll have to just go around regulation," because that's what's fun.

Julie Holland: There isn't even any regulation. I actually looked into this.

Dave Asprey: You did? Okay.

Julie Holland: I was trying to convince one of my nieces. I was like, "I have a million dollar idea for you. I think that there are women who would like a non-hormonal form of birth control that they don't need to go to a doctor and they can just fit it themselves." You can also use it for menstrual blood, sorry to gross people out. But there are things like diva cups and you can use a cervical cap as a diva cup. You're not adding to the landfill. You have a reusable little rubber thimble-shaped device that can work as a barrier. Especially if you combine that with withdrawal, you're in very good shape. The cervical cap, if you're not using withdrawal, it's somewhere between 80 and 90% effective, so you may need to combine it with withdrawal, but for most people, withdrawals not a problem, especially if you're a grownup. Sorry to get graphic here.

Dave Asprey: That's fine.

Julie Holland: I like to talk about sex.

Dave Asprey: You know, it's funny. Here on Bulletproof Radio, we actually like women, and so if you don't talk about things that affect women, then they don't know about them.

Julie Holland: I'm glad you like women. Good. I'm glad.

Dave Asprey: It's fine. My first book was about fertility and pregnancy, so that's fine. We can talk about that all day long. The other interesting thing, and I get this question all the time, what's the best form of birth control? Number one is not the pill because if you're a woman who's been on the pill for a long time, you've probably forgot what it feels like when you ovulate, which can be uncomfortable, but it's also definitely going to be the time when you're most attractive to men and you could walk into a bar and every head will turn. I'm not sure we even know all the signals your body's sending out, but pretty much they all say, "Come do me now." It's kind of good for your self-image there, to just realize

how attractive you are, even though half of it may be neuro-hormonal or something.

Julie Holland: Yeah, Chris Ryan talks a lot about this in Sex at Dawn. He talks about not only are women more attractive to men when they're ovulating, women are kind of more attracted to themselves. They feel prettier. They dress up a little bit more, a little bit more jewelry or they put on the red dress that maybe they don't feel comfortable in the rest of their cycle. I took a lot of anthropology courses when I was at Penn and they kept telling me that a baboon has an obvious, overt signal of when she's ovulating. Her butt is bright red. You can't miss it. Women are covert signalers, human women, we don't have any overt signals. It's all covert. It's all hidden, but to me it's not so covert. It's not so hidden. I think a woman who's free-range and who is ovulating, you can feel yourself ovulating. This free-range thing is something new I'm trying out.

Dave Asprey: What is a free-range woman? Is she grass-fed?

Julie Holland: A free-range woman is grass-fed. She gets outside in nature. She's not taking exogenous hormones. She lets her own natural ebb and flow of her hormones dictate her sexual behavior and I am free-range now. There was a time when I was on the pill, but I definitely know when I'm fertile. I see the way I'm acting, I see the way other people respond to me. I know the way that I feel. It's not so covert. That's nature. Nature, obviously, you're designed to be horny when you're fertile. That's just logical. It may be a little bit inconvenient if you're trying to not get pregnant.

Dave Asprey: Have you seen the studies about IQ and ovulation?

Julie Holland: No. Does a woman's IQ go up or what?

Dave Asprey: Well, it depends.

Julie Holland: Does she get stupid?

Dave Asprey: My wife's a physician who runs a fertility coaching practice and it turns out women who are above average intelligent, get dumber when they ovulate, and women who are below average intelligence get smarter when they ovulate.

Julie Holland: That makes sense.

Dave Asprey: You approach the norm, which is like whatever's going to help to get you ... Who would have expected that? I can't quote the source of the study other than Dr. Alannah told me, but it's from a reliable source because she read it somewhere.

Julie Holland: Well, I like that. I'll make sure my daughter doesn't take her SATs when she's fertile then, I guess.

Dave Asprey: There's something to be said for that.

Julie Holland: It's logical. That makes sense to me. That's what I love about nature. It all makes sense. When it comes to human behavior, the body is very wise and so I hate that we're sort of thinking we can one-up the body and there won't be any, like it's a free lunch. There's definitely going to be a drawback when you start monkeying around with something as exquisitely calibrated as hormones and neurochemicals.

Dave Asprey: There's also, Bree Schaaf came on the show a while back, she's an Olympic athlete and uses an extreme low carb, ketosis diet to turn off some of the hormonal fluctuations because her performance as an athlete was so varying when she had her cycle. She was like, "I can use food to turn off my cycle. Then I can kick ass all the time."

Julie Holland: Right.

Dave Asprey: Yeah, so there's a very big swing and guys don't have a swing nearly as big like that. In your book you make the point that kind of women's inherent moodiness, and some of this is just monthly cyclical moodiness, that it's a strength and not a weakness. What's your perspective on that? Because I think you have a point there.

Julie Holland: Look, I'm not talking about mood disorders being a strength and I'm not talking about always being in a bad mood as a strength. The truth is that if a woman is naturally cycling, she's going to go through phases where she is more accommodating and less accommodating, where she is more sensitive and less sensitive. A few days before your period, PMS, you get more easily annoyed, you're kind of irritable, you may cry more easily. You feel things more deeply. If somebody hurts your feelings, you really feel it more. Whereas when you're mid-cycle ovulation, you're sort of easy, breezy. "That's okay, I'll take care of it. Don't worry. I got it covered," very accommodating.

It's good to have these 2 poles and everything in between because if you're accommodating all the time, if your estrogen levels are constantly high when you're on the pill or if you're on antidepressants and your serotonin levels are constantly high, it's like, "Okay, I'll take care of it. Don't worry. I got it covered. That's fine. Nothing bothers me. I'm good." At some point, there's going to be some resentment or explosion. You can only accommodate for so long. You can only bend for so long. Eventually you're going to break. With this natural cycling, if you have episodes a few days a month where you're like, "Wait a minute. That's not okay. I'm not going to do that. Why don't you do it yourself? I've got enough on my plate," it's a chance to make some changes in your life and clean up your house.

When the uterus fluffs up and then sloughs off its lining every month, it's kind of like it's nesting. It's making a new nest for a potential egg. If you have the opportunity to clean your house every month where you can make changes in who you're hanging

out with and what you're putting up with every month, those things will help you have a clean house. They'll help you have a better life. The other issue is just this sensitivity, emotionality, being empathic, being connected, being intuitive. These are some of the greatest assets that women have and if you're on antidepressants, you're really going to be decreasing your capacity for empathy, how connected you are, how sensitive you are, how emotionally expressive you are. There are some men who really need emotional expression to know how their behavior is affecting you.

There was one study that showed that a man is right about 40% of the time in knowing whether his partner is upset or not. If she's not crying. Honestly, he'd be better off flipping a coin. 40% not so great. Sometimes you need to cry and express your emotions so that people around you can learn how to be emotionally correct. For instance, if your kids hurt your feelings or they scare you with how reckless they are and you're crying, they can see how their behavior affects you. If your husband says something insensitive, and you start to get upset and you start to cry, he can see that he's done something to upset you. That potentially changes other people's behavior. Otherwise you're really getting into the situation where you're enabling bad behavior.

The example that I give ... I wrote an op ed for the New York Times called Medicating Women's Feelings, and I talked about a patient of mine who called me from work. She's crying because her boss was a complete dick to her and betrayed her and humiliated her in front of her staff. She's going to her office and she's crying and she's calling her psychiatrist and being like, "We have to increase my dose on the anti-depressants because I can't be seen crying at work." I was like, "I understand that you can't be seen crying at work, but let's talk for a minute about what made you cry." She tells me this horrible story of this very bad behavior of her boss and I was like, "Well, if we just increase your meds so that that behavior doesn't bother you, you are enabling that bad behavior."

What we need to do more of, what women need to do more of us feel that something is wrong and say that something is wrong.

If you feel something, say something. There's this big campaign in New York City, if you see something, say something. What I'm saying to women is feel your feelings, feel that something is wrong, and then you need to sort of try to calmly communicate to this other person, "You did something that upset me," or "You did something that hurt my feelings." If you're just medicating away all these bad feelings, there's no chance for any corrective behavior to happen. I really feel strongly that the world right now has got an imbalance of yang energy. There's a sort of yin and yang and it doesn't have to be about men and women. It is a sort of receptive energy versus this penetrative energy. I think about yang energy as sort of like a cancer of yang on the planet. You see war and rape and drive-by shootings and corporate malfeasance, corporate greed. These to me are the excess of yang energy penetrative energy.

What the world needs more of is cooperation instead of competition and feeling connected. We're on the same team, we're all in this together. We're all on the same planet. Be more receptive, more empathic, more connected, more emotionally expressive, not so repressive. For centuries, men have been encouraged to repress their yin energy and men are told, little boys are told, "Man up, Johnny. Don't be a pussy. Only girls cry," and this kind of thing. Boys get messages like this, over verbal messages and subliminal messages, subconscious messages, but they are told, "You need to put away this whole emotional thing. It's not going to work." What's happening now is women are getting those same messages. Women in the workplace, big pharma, there are a lot of people who are telling women, "Don't be hysterical. Don't be emotional. Emotions are bad. You want to be hyper-rational."

The anti-depressants and to some degree, the oral contraceptives, they create this hyper-rational state, especially when they work together. Estrogen and serotonin are yolked to some degree. When you're on the pill, you're estrogen's higher, therefore your serotonin's going to be higher. When you're on anti-depressants your serotonin's higher. Serotonin is all about, "It's okay. It's fine. Don't worry. I got this." Estrogen is totally about accommodating. When you're in this PMS state and your estrogen is low, your serotonin is low, you're less accommodating, you feel your feelings more. I think in general, I want to encourage more yin energy to balance out the yang, more feminine emotional, empathic, connected, expressive energy.

It's not just about women and men. Everybody has the capacity to be more emotionally receptive, emotionally expressive, to be more sensitive. It would behoove all of us to engender more yin energy. I'm really worried that big pharma targets women, makes them feel vulnerable, makes them feel like their emotions are a pathology. That their sadness or their anxiety or their irritability or their fear, that these are things to be medicated away, that they're bad, they're pathological, they leave you vulnerable and I'm afraid that women are totally buying into this because we are so worried about being hysterical, being labeled hysterical.

Dave Asprey: That's a really interesting point. One of the things that I've come across over all this weird bio-hacking was a long time ago, geez, quite a long time ago, I was working with actually the head of the American Pre and Perinatal Psychology Association, he was the founder of it. She's like, "Well, you're feeling some kind of discomfort. You're feeling something." I'm like, "Yeah, I'm feeling pretty pissed off right now." She goes, "No, there's something other than anger." I'm like, "No, not really. I'm just pretty angry right now." It took like a day at this retreat, working with her and finally she goes, "Well, okay. Is there any other feeling?" I'm like, "Yeah, my stomach feels a little weird." She goes, "Oh, that actually

has a name." I'm like, "Really?" She goes, "Yeah, that's called fear." I'm like, "Really?"

Because you can be so hyper-rational that you just ignore all the emotional inputs and those are part of your bio-sensing system that tells you what's going on in the world around you and if you're going to walk into this building and you just feel weird, and your body's telling you, "Don't do that," there's probably a reason. It could be that there's terrorists in there and it could be that there's toxic mold in there or it could be no rational reason and you just go in. But if you ignore the signal, then you lose the opportunity to use it and I've interviewed Mark Divine, Navy Seal commander and he's like, "Absolutely you know when someone's pointing a gun at you from across the valley." We don't exactly know how, but you just know and that just knowing is kind of useful as a human being.

Julie Holland: It's very useful. We were all bred to have, and you call it a sixth sense or something, but we have more than just our vision and our hearing to keep us safe, but we've been taught, especially men to put that away. You don't want to feel fear, you don't want to be sad. Men get a pass on anger. It's kind of interesting you bring up anger because a lot of men are comfortable expressing anger. Women do not get a pass on anger and a lot of women when they get angry, they will cry. Now a woman will cry if she's sad about something, or if she feels left out, or if she sees injustice, but it's also if she sees the poignancy of humanity or if she sees justice, or if she's angry or frustrated. There are lots of reasons why a woman will cry. We are taught to not express anger.

Freud's whole theory was that depression was this repressed anger and anger pushed inward. Gabor Maté, who's an amazing, amazing author, he writes about, it's called When the Body Says No. He writes about women who are so worried about being good girls and not making any waves and not making anybody angry, not being angry themselves, but they get sick. It's a big stress on

the body to not feel your emotions. I understand that some people need anti-depressants to function, but the problem now is that more and more women are taking anti-depressants because they don't want to feel sad or scared or angry. It's just not doing anybody any favors to stop feeling these things. They're important signals. It's like I say, "Don't put the alarm on mute." If you're feeling this, it's for a reason. The one time that I got punched in the face at Bellevue, right before I got punched, I made a joke about it.

I said something like, "Oh, you know, I've been here 8 years, I haven't gotten tagged yet. I'm due." Then I went out and I got punched in the face, like there was some part of me that knew I was walking into a situation where I was about to get punched. When I taught at Bellevue, I would always say to people, "If you are talking to a patient and you're fantasizing about him hitting you or kicking you, that means something. Because right now I'm talking to you and you're not thinking that." Listen to that thought, feel that. If the hair on the back of your neck is standing up, it's for a reason. We are animals and we are designed to sense danger, but we're so busy pushing that down and trying to not feel it.

Dave Asprey: I have found using biofeedback and neurofeedback has made me way more aware that, "Oh, look, there's a connection between something going on in my body and something that's outside my body." There's this huge value in doing that, which has guided me towards a lot of the bio-acting things. The whole point of biohacking is you change the environment around you so that you have control of your biology. You said something at the beginning of the interview that I didn't really point out, but I thought was interesting is you said that you don't spend so much time talking about childhood trauma and things like that that can contribute to behaviors and that seems really wise.
Because if you have biology, neurochemistry that's not working, and you don't have enough energy, you're not going to get much benefit from trying to solve this programming level thing because

your hardware's broken. Before you can go in and fix a childhood trauma, you should have functioning hormones and you should have functioning mitochondria and the ability to wake up and feel normal in the morning because if you're not there what's the point of working on this stuff because the work will be very difficult and it probably won't stick. That's been my experience as well.

Julie Holland: Well, a few things about that. First of all, it's not like I'm to my patients, "Talk to the hand. I don't care about your trauma." I absolutely explore trauma and it's important to know that. One of the things that I do in my spare time is I'm the medical monitor for MDMA Assisted Psychotherapy Research that treats Post-Traumatic Stress Disorder by using MDMA, better known as Ecstasy within the context of therapy as a catalyst to make the therapy go deeper and get to the malignant thing that needs to be pulled out and examined. It is true that there's some people, their trauma is really going to drive a lot of their behavior and make things very chaotic, so it does need to be addressed, but more importantly yes, what you're saying about the hardware and the software, if you upgrade your hardware and then you put all your old software on it, you don't have a new computer. Optimally you do want to upgrade everything.

One of the chapters in Moody Bitches that's very important to me that I had to fight to keep in, was this chapter on inflammation. The title of the chapter is Inflammation is the Key to Everything. Because if your brain isn't working, it's true that your mood is going to be lousy, no matter what, whether you have a history of trauma or not. I talk a lot about anti-inflammatory activities, which is things like stress reduction or yoga or mindfulness and also adopting an anti-inflammatory diet. I'm pretty anti white powders. I really encourage my patients to give up sugar and flour as much as they possibly can, and a lot of them too, I think dairy is not doing them any favors. For some people, it's definitely pro-inflammatory. We talk a lot about decreasing inflammation.

Exercise decreases inflammation, and meditation and being outside in nature, getting enough sunshine.

If you have low Vitamin D levels, that's a proinflammatory state. I can't tell you how many patients come to me and they're like, "Oh, my doctor said I have low Vitamin D levels." I'm like, "Of course you do. Everyone in America does. You're not alone in this." I said, "Did your doctor tell you to go outside and be in the sunshine and get some fresh air and exercise?" They're like, "No. The doctor gave me a prescription for Vitamin D." It's so aggravating. "Oh, take a pill," as opposed to, "Change your behavior." But a couple more things. One thing I talk about in Moody Bitches quite a bit is cannabis. I edited a book on pot called The Pot Book and cannabis is an ancient, medicinal herb that has great anti-inflammatory properties. If you're trying to adopt an anti-inflammatory regimen, there is a place for cannabis in that regimen.

It doesn't have to be that you're getting high every day. It could be that you're juicing the whole plant or you're just taking CBD. There are ways to take advantage of the cannabis anti-inflammatory properties without necessarily getting altered. Although, I will say that for some people there is a place for being altered, and that it can really affect their anxiety level or their depression, or it can help them sleep. I'm also the medical monitor of a study looking to treat Post-Traumatic Stress Disorder in veterans with cannabis, and different strains of cannabis and wondering if maybe a high CBD strain would be better for treating the anxiety and insomnia.

Dave Asprey: Different strains do different things.

Julie Holland: Absolutely.

Dave Asprey: Even things like oregano for inflammation, there's Mediterranean versus Mexican, and they're just different compounds. They just kind of are similar, so understanding the nuances in any kind of food or plant really matters.

Julie Holland: Right. Things like turmeric or ginger, we make this it's like a drink that some people call the Elixir of Life, but it's a turmeric, ginger, lemon sort of combination. I've just been doing everything I can to be anti-inflammatory because this is kind of the point I forgot to make. There is a huge body of research now that is linking inflammation with depression, inflammation with anxiety, inflammation with insomnia. Part of the way of getting the machinery working better and decreasing inflammation, one of the many results besides lowering your risk for things like Alzheimer's, or cancer or arthritis is that you're going to lower your risk for depression and anxiety as well. When I was writing Moody Bitches, I spent about a month per chapter. In February, I'd be reading about the stuff that I was going to write in March and I'd been writing about stuff that I'd read about in January.

I tried to do a chapter a month. When I got to inflammation, I went down this wormhole for about 3 months where I was like, "God, there's so much information." I started calling all these experts, and I feel like I could do a whole book on inflammation. It's really important. I think one of the reasons why people love Paleo diets and why it really helps their mood is that the anti-inflammatory properties of the diet and the behavior really affect your mood and really improve your mood and your anxiety level. Also, insomnia, there's definitely a connection between sleep deprivation and inflammation, and also obesity. Just getting more sleep is a good anti-inflammatory exercise that also can help you lose weight. When you're in a proinflammatory state, you're not going to lose weight. You're just going to get fatter and fatter and then the fat ends up being pro-inflammatory, so it really cycles on itself. I talk about all this stuff in Moody Bitches.

Dave Asprey: I was a 300 pounder awhile back.

Julie Holland: Really?

Dave Asprey: Oh, yeah, and I've had a lifetime of high inflammation, and pretty much the Bulletproof Diet, same thing. Every little thing in there, it's like, how do you make this less inflammatory or anti-inflammatory? There's so many little things you could do with food and yeah, turmeric and ginger, I use those every day. In fact, if you make a tea, you can add the Brain Octane Oil stuff I make. It's a C-8 MCT, so an extract of coconut oil that's more rapidly absorbed, but it drives absorption of herbs. If you take ginger with that stuff, you start sweating because it brings it in so much more than just a ginger tea. It's cool.

Julie Holland: Yeah. When I have that turmeric-ginger drink, I go to Bikram Yoga sometime and this one time I drank it and went to Bikram, and I sweat twice as much as I'd ever sweat. I was like, "What's going on? I guess the ginger's thermogenic." I didn't even really know, but yeah, that'll definitely make you sweat. I'm also pretty big on hemp seed oil. I really love coconut oil. I talk about coconut oil a lot in Moody Bitches. It's also really a great sexual lubricant. I don't necessarily recommend hemp seed oil for sex, but I do recommend taking hemp seed oil internally because I think it's got a really good ratio over Omega-6 to Omega-3 fatty acids.

Dave Asprey: You're not worried about excessive Omega-6 or heat stability and all that? I'm just having a hard time finding unoxidized Omega-6's and even then you don't want too many of them.

Julie Holland: Right. My understanding is that the hemp seed oil gives you a better ratio than flaxseed oil does.

Dave Asprey: Oh, yeah. That's true, but I guess I just flat out don't recommend flax seed oil for most people because it's so oxidized, but okay. I get it. Yeah, I would say hemp is way superior to flax.

Julie Holland: Right, and it may be that coconut oil and your particular brand of coconut oil are even better.

Dave Asprey: I don't even sell plain coconut oil. I tell people that coconut oil's very affordable. You can get Lauric acid because it's 50% of coconut oil, so just go out there and buy some coconut oil. What I use is about 6% of coconut oil which raises your ketones and causes stable energy in the brain. It's not really coconut oil.

Julie Holland: Well, you'll have to send me a sample.

Dave Asprey: I'll absolutely send you some. It makes a difference and it's one of the ingredients in Bulletproof Coffee. One of the things that's interesting is that one of the many contributors to adrenal stress and moods is just brain energy. If you have a little bit of hypoglycemia, you have not enough energy to fuel your pre-frontal cortex, well of course you're going to have more problems just adjusting and managing your moods.

Julie Holland: Regulating your mood, right. Yeah. I definitely talk about the frontal inhibition, that there are these higher cortical centers that dampen down the emotional centers and how important it is to keep those online. The other thing I remember I wanted to talk to you about with this digging up trauma, is this idea of neuroplasticity. It's true that the anti-depressants do increase neuroplasticity, but so does exercise.

Dave Asprey: Yeah, or blueberries.

Julie Holland: Right. There's other ways to do it, but this idea that if you're going to keep going back to where you got hurt, I understand you had a terrible, traumatic childhood but if we're going to spend hour after hour, week after week, talking about how terrible your childhood was, over and over, you're going to lay down pretty deep grooves in your neuroanatomy, where it's going to be easy to feel crappy over and over. What you really want to do is practice spending time feeling good. Focus on feeling good. Whenever you do feel good, you need to take extra time to fully feel that and pay attention to it. We pay attention to feeling bad and that stuff

sticks, so there is this whole power of positive thinking and it has to do with neuroplasticity, where you're really better off learning to be happy, practicing being happy, focusing on gratitude and things like that, instead of making these deeper ruts by talking about where you got hurt over and over again.

Dave Asprey: Have you experimented with or do you recommend the EMDR, the Eye Movement Dissociative Reflex kind of therapy?

Julie Holland: I definitely do recommend eye movement therapy to people. I have somebody who I work with and I send people to. Yeah, I totally buy into that. I work with a lot of different therapists, and I have a couple who are particularly gifted at working with PTSD, and some use EMDR and some use some other whole brain, what's the word? Where you're wanting to get your whole brain working, like left and right synchronizing.

Dave Asprey: Yeah, Hemi-Coherence?

Julie Holland: Yeah. Hemi-Coherence. I'm in Manhattan.

Dave Asprey: There's everything there.

Julie Holland: I've got lots of options for different referrals and therapy. What I wish I could do more, people ask me all the time, I get emails, I get voice mails a lot, people wanting to know where they can do MDMA-assisted psychotherapy. There's a lot of people out there who have Post-Traumatic Stress Disorder who would potentially benefit from MDMA-assisted psychotherapy. There are no venues right now for that, and I know that there are some underground therapists out there. I don't know who they are and I'm not comfortable referring to them and that's not really what's...

Dave Asprey: It puts your license at risk.

Julie Holland: ... My line of work. I do want to keep my license. But you know, there's just a few studies going on in America and there's one in Canada that's gearing up and there's one in Spain that got shut down and may be starting again, but there's little pockets of research going on, but it would be nice if eventually more people who wanted had access to things like MDMA-assisted psychotherapy. I know a lot of people are interested in Ayahuasca and they find Ayahuasca rituals helpful in cleansing.

Dave Asprey: I did, yeah.

Julie Holland: You did?

Dave Asprey: We also had Rick Doblin from MAPS, on the show, actually. He was a double-header, talking about some of this stuff. The bottom line is if you're using this stuff in a healing, therapeutic setting, for almost any of the hallucinogens, there is a case to be made, a very strong one, that it ought to be legal with a licensed professional helping you out. Just banning them reflexively, it just doesn't make any sense at this point.

Julie Holland: Right. Well, look, I think we can agree pretty easily that our nation's drug laws don't make sense. They're not about sense.

Dave Asprey: To a point.

Julie Holland: I mean, if you have things like cigarettes and alcohol that kill half a million people a year and they're totally legal and unscheduled and then you have something like cannabis which kills no one that's in Schedule 1, clearly our scheduling is not based on science. It's not based on logic. It's based on fear and politics and also it was based on xenophobia. A lot of the drug scheduling was this idea that the Mexican migrant workers are going to rape your white women and things like that. One of the reasons why I call pot cannabis and not marijuana is that marijuana was this racist slur that was created as part of the campaign to take cannabis

away from the doctors and make it illegal. The doctors didn't want this and it took them awhile to realize that marijuana and cannabis were the same thing, because the doctors were recommending cannabis to their patients.

The doctors were actually misrepresented on the floor of Congress, where somebody said, "Oh, yeah, we talked to the AMA and they're for this," which was a lie. I guy named Woodward, I think, or Woodard. There's terrible history. Cannabis is an ancient medicinal plant. It's been around for thousands of years. It's only been illegal since the late '30s or early '40s, but just because you make something illegal doesn't mean that you take away all of its therapeutical effects. Certainly when it comes to certain hallucinogens, there's really interesting research going on now with Psilocybin, which is the active ingredient in magic mushrooms, and with Ayahuasca or with LSD. There are plenty of hallucinogens that can help people tap into the areas they need to go and explore in order to heal.

They're not legal and it's very hard to do research on them. It's impossible to prescribe them or to work with them, and I really appreciate the work that Rick Doblin is doing, because it's hard work. I've known Rick since 1985, so it's 30 years now. The thing I've said to him from the very beginning is, "You and I need to watch our cholesterol and our blood pressure because we want to be around to see the fruits of our labors." This is going to be a long haul. This is definitely a long game. He's making tremendous strides and headway. I always picture him as like this guy with a motorcycle helmet on smashing his head into a brick wall over and over and over. Like, "It's cracking. It's chipping. You're doing it. Keep doing it." So far his head seems okay. It's been long grueling work and it's literally his life's work that he wants to see these medicines be available to people.
I edited 2 books, one on ecstasy and one on cannabis. One on MDMA called Ecstasy: The Complete Guide, and one on cannabis called The Pot Book, and these 2 books are both non-profit books

where all the proceeds fund clinical research and the people who are directing the monies, the checks are made out to MAPS. They're made out to Rick. His work is really important. The research, the MDMA psychotherapy studies that he is helping to enable are really well designed, safe studies, that are having really impressive results. The same with the Psilocybin studies that Heffter is funding. They're getting really impressive results. These are power tools that are dangerous potentially in incapable hands. But in people who are trained to work with them, they are great catalysts that can make psychotherapy go faster, go deeper and be much more efficient.

Good psychotherapy takes years and there's fits and starts and you get to plateaus and then you quit and then you come back and you get to these areas where you keep not wanting to go to. But if you have these Schedule 1 drugs as catalysts, it's sort of like anesthesia with a patient, where you can really get to the malignant thing, and you can go where you need to go and examine that malignant thing and remove it and reassemble somebody without that malignant thing. It is sort of like psychosurgery. It's much faster and much more efficient, so I'm really interested in these Schedule 1 medicines.

Dave Asprey: There's also Stan Grof, who used LSD on 10,000 patients, and I've done work with him twice, not with LSD, because it's not legal...

Julie Holland: As a holistic...

Dave Asprey: Yeah, but it's amazing. The guy's in his mid to late '80s and still going strong.

Julie Holland: Right. Still lecturing around the world.

Dave Asprey: Yeah, and he's helped so many people and people, "What? LSD? That stuff makes you crazy." Well, he was using it to make people uncrazy in therapeutic doses in a therapeutic setting. Taking it and going to Disneyland is a really, really bad idea on so many

different levels, but I am offended that any agency says that the people I work with to manage my biology are not allowed to use certain tools because they don't like them. It's just petty and mean.

Julie Holland: Right. These are non-toxic ... You're talking about LSD, Psilocybin, I'll set aside MDMA, because there are toxicity issues at higher doses, but even with MDMA, FDA has sanctioned studies because they know that a single oral dose of pure MDMA given once or twice or maybe 3 times in the lifetime of a patient does not carry more risk than the potential benefits of doing the therapy. Certainly the Psilocybin studies or LSD, these are not toxic molecules. There may be behavioral toxicity if you think the traffic lights are so pretty you don't realize the red light means you shouldn't cross the street, but they're not toxic to the brain and body. Take alcohol, which is completely neuro-toxic and toxic to the liver and if you're a heavy drinker for years, you will get dementia.

Your brain does not look good. You will lose your balance, you will lose your memory. You don't see that with these other medicines. Now MDMA is sort of a different issue because first of all, if you're buying Ecstasy or Molly, I hate that name, and we can get into why, at a club, you have no idea whether it's MDMA. If you're overheating or if you're overhydrating, which is a real problem with MDMA. A lot of the high profile deaths with Ecstasy involved just one hit or a tablet and a half or something, but the person drank a gallon of water.

Dave Asprey: Without salt.

Julie Holland: Right. MDMA causes you to retain water. If you're a pre-menopausal woman, you're already retaining water. Women are more susceptible to overhydration and the risks of overhydration with Ecstasy than men are. Everyone is sort of equally susceptible to this overheating, heat stroke thing that can happen. But in the

therapeutic setting, where you know it's MDMA, you're not overhydrating, you're not overheating, the risks are much more manageable, and especially if you're not taking ultra-high doses weekend after weekend, which unfortunately that's what some people are doing. This issue with Molly and the mythology around Molly is very frustrating for me. I was just talking to somebody the other day, these kids. They're like, "Oh, Molly isn't Ecstasy. Molly's pure." It's like, that's what they want you to think. It was really a re-branding where people were having tablets or powder, which was adulterated.

People weren't having good MDMA experiences, so they decided if they call it Molly, which is like this sweet girl with freckles and braids, it's a name that evokes something pure and innocent. It's still Ecstasy. It still may or may not be MDMA. If you think a white powder is more pure than a pressed tablet, you're an idiot. It's more easy to adulterate a white powder. At least with a tablet, once it's a tablet you're done adulterating it. With a white powder, anybody can step on at any step of the line, from the dealer to the middle man, to whoever's selling it next, can add things to increase how much money they make selling it. A white powder is not more pure. Calling it Molly doesn't make it any better than calling it MDMA or Ecstasy. But in a therapeutic setting, this is a non-issue. The drug substitution, which is one of the biggest risks, is completely a non-issue.

Dave Asprey: This is such a fascinating conversation. I want to go further on the pharmaceutical side, but there's one other mood stabilizing or unstabilizing thing I wanted to ask you if you had experience with. When I was filming Moldy, the documentary that we released this week about toxic mold in the environment, one of the things that came up was the concept of mold rage. Someone goes into an environment where there's a water-damaged building, they breathe this stuff, and suddenly their ability to regulate their emotions goes kind of out the window and they're just angry or pissed off. One of the things that happened was my producer was

sensitive to mold and she went into a really moldy basement after Hurricane Sandy. She went in during filming, so this place still had toxic mold and she came out and had a full-blown PTSD attack. As in literally shaking, crying, unable to function.

Julie Holland: Did you film it?

Dave Asprey: She was so tweaked, we kept interviewing the guy we were interviewing, he was a chiropractor who lived in that house, poor guy.

Julie Holland: It's like turn the camera around.

Dave Asprey: I regret that we did, but literally, I had to just put my arm around her and just hold her for a half hour until she could stop shaking. That was massive PTSD that was induced by an environmental chemical. How much of that is going on with mood instability and things like that?

Julie Holland: Well, who knows? There's a few reasons why we don't know. The first thing to keep in mind is almost all psychiatric research is funded by drug companies. If there's not a daily dose, there's not going to be any research behind it. Who's going to fund these studies? The government would have to be pressured considerably to fund these studies, so the truth is that we don't know what's going on with mold or with a lot of other environmental toxins. I definitely had patients been exposed. I just had one a few weeks ago, who's, they lived by this lab and the lab was having a fire and he's like, "What is a lab burning?" It was this horrible smell, it got into his apartment.
It's toxic fumes and toxic gas, and he's had neurological symptoms ever since. I know Mount Sinai had this environmental studies department for a while and then I heard that maybe they closed it. We need more environmental studies. There's no question that things like mold are an issue and the question about whether EMFs have any effect on behavior, I think there were things that

got cut out of Moody Bitches. I have to say I looked at electromagnetic frequencies a lot and just the whole issue of WiFi and the wireless generation that we're in and whether that has any effect on the brain. Some of that stuff was just felt to be too wonky and was cut out.

Dave Asprey: It drives me nuts. I have EMF devices embedded in the chairs in the Bulletproof Coffee Shop in Santa Monica that change, they're totally unregulated and they're legal but they change health for the better. They increase stem cell proliferation and things like that. They increase nitric oxide synthesis. If you have more nitric oxide, it changes your brain because you get more blood in your brain.

Julie Holland: Right.

Dave Asprey: To argue that they don't have an effect biologically when there are companies manufacturing EMF devices, I have 6 of them in my human hacking facility that change, and you can feel what they do to your body. Then people have the audacity to say, "There's no effect because they don't heat your tissues." What planet are they on? I could stick it to their head and they'd feel it.

Julie Holland: Right. Well, I mean that's actually one of the really interesting, cool things going on now is people doing these stems, which they're putting it on their earlobes, DIY electro-convulsive therapy to a small degree. It seems to really work and I wonder if big pharma is worried about this. The other issue that I talk about a little bit in Moody Bitches, but not as much as I wanted to was plastics, and how the endocrine disrupting qualities of a lot of the things that we use every day and totally take for granted.

When I was researching Moody Bitches, first we went through this phase, where we were like, "Forget the wireless phones. We want the old corded phones and forget the electric blankets. We're getting rid of everything EMF in the house." Then I was going

through this phase where we were getting rid of everything plastic in the house. It's a little crazy making to try to make your environment as safe as it can be. I get that people get a little nutty. The other thing people get nutty about is food. There's actually a diagnosis now called Orthorexia, which is the idea that you're so worried about what you take in that you're getting neurotic and nutty about it. I imagine you know the book, The 24 Hour Body? It's a Timothy Ferriss book.

Dave Asprey: The 4-Hour Body. Absolutely. Tim's been on the show a couple of times.

Julie Holland: Oh, sorry, the 4-Hour Body.

Dave Asprey: Yeah.

Julie Holland: That book really was one of my earliest references for the food part, the food chapter of Moody Bitches and looking at the Paleo diet and I found it very helpful personally and I really recommend that slow carb diet to people just as a place to start. I haven't got totally nutty with all the biohacking. I have to admit that women really come to my office and they want the meds. They come to me and they know what they want and they're so bombarded by advertising. The thing I sort of compare it to, I don't know if you saw the ad for the Apple Watch, but they did something, it was kind of evil genius. Right in the beginning of the ad where they start showing you 8, 12 different versions of the watch. Right off the bat, you're not thinking, "I wonder if I should get this watch or not." You're like, "Oh, should I get the silver one, or oh, there's a diamond one. That looks nice. Oh maybe this leather one." You're not thinking, "Do I need this? Do I want this?" You're thinking, "Which one should I get?"

What's happening now is that women are getting so bombarded with drug advertising in women's magazines, on daytime talk shows, and the doctors too. When I read a medical journal, there's

only one kind of advertising in that journal. It's drug ads. They're full page ads, they're multi-page ads, and when I read the articles, they're paid for by the drug companies. It's really important that people start to understand, we can't trust medical journals anymore and that is really the sad truth. There's tremendous bias in how the studies are conducted, how the studies are reported, and they're almost all funded by big pharma. Big pharma is not only laughing all the way to the bank and selling a lot of meds, but they're creating new diagnoses because they have new meds that they want to sell. I mean, the most horrific example, it's driving me crazy right now, is this diagnosis called Binge Eating Disorder, which there are full page ads for doctors everywhere saying, "Your patients may have Binge Eating Disorder, but they may be ashamed to tell you, so you have to specifically ask them about it."

Then they're advertising to women, saying, "If you sometimes eat more than you want to and then you feel bad about it afterwards, you may have Binge Eating Disorder," which is kind of like saying, "If you're a woman in America, you may have Binge Eating Disorder." How many of us, especially around PMS, where you're going to eat more than you want to and feel terrible about it afterwards. That's a pretty common diagnosis, but the makers of Vyvanse, Shire, who makes Adderall, Adderall's generic now, so they're not going to make much money off the generic Adderall. They still have a brand called Vyvanse, and they're creating another brand of amphetamine that lasts about 16 hours. Adderall tablets last maybe 3 or 4 hours, capsules last 6 to 8 hours, those are generic. Vyvanse lasts maybe 10, 12 hours and they're creating a new amphetamine that lasts 16 hours. They are marketing almost exclusively to women. They've already got the little boys hooked on their study pills, so now they're going after half of the world population, which is women.

All their ads recently now are showing either women with ADHD or women with Binge Eating Disorder and they're going to make millions and maybe billions of dollars on speed, on selling speed.

Big pharma right now is pretty much all about smack and speed. Pain meds, we're 5% of the world's population, America, but we take half of its pills and 80% of its pain meds. We are a nation that is taking a lot of opiates and we're taking stimulants, taking a lot of amphetamines. With smack and speed, big pharma's in good shape. They're going to make lots of money, lots of people taking their daily doses. The other thing nobody wants to talk about is that antidepressants are hard to quit.

I'm not going to say addictive, but I'm going to say that when you take anti-depressants chronically, your brain makes a lot of changes to accommodate that and if you try to get off your anti-depressants, you are not going to like the way you feel and you're going to think, "Oh, I guess that means I really am depressed. I should stay on my meds," instead of thinking, "Wow, I've got a withdrawal syndrome from trying to stop this medicine that I've become completely tolerant to." I'm spending more time now trying to get people off their antidepressants, off their anti-anxiety meds, off their sleeping pills, and it's hard work. Everybody feels lousy. I have tons of patients who stay on their meds only because it's hard to get off them. The daily dose, it's so accepted now, that people take a daily dose, but not by me. I really think that there's a problem with this. My goal, my joke is that Moody Bitches puts me out of business.

Dave Asprey: Well, that's a great goal and there's so much you can say about when professionals do their jobs right, they do reduce demand. I have this crazy thing at the Bulletproof Coffee Shop, I'm going to sell food that makes you not want to eat more.

Julie Holland: Good.

Dave Asprey: But that means I'll sell less food, because it's designed to make you satisfied and stable energy. It's the same general idea. It really will affect the amount of snacks that people buy but I don't care because that's what it's supposed to do.

Julie Holland: Right. You don't care because you're doing good and sometimes doing good is more important than making money. Obviously that's not necessarily a message that people at Shire or Lilly or any of the number of other companies have gotten. You can make money by doing good.

Dave Asprey: It's the only way you should be making money because otherwise it just comes at too high of a cost.

Julie Holland: Right. You're going to hell. You're just going straight to hell. That's all there is to it. There is such a thing as karma, right?

Dave Asprey: I believe so. Julie, that's probably a great note. I wonder if you'll mention it because there's a question I've asked every guest on the show at the end of the show.

Julie Holland: What's that?

Dave Asprey: It's given everything you know, not just your professional, but your whole life's journey, what are your top 3 recommendations for someone that comes to you and says, "Look, I just want to do better at everything I do. I want to perform better, whether it's being a parent, being a Broadway actor, whatever the heck it is," what are the 3 most important pieces of advice or things that you would recommend?

Julie Holland: Well, one thing I say is that the further away you get from nature and from what's natural for you as a social primate, the sicker you're going to be, the sicker biologically and the sicker psychiatrically. Anything that you can do that's in line with nature and with your nature is going to make you feel better. I think for women, I think and men too, I think it's just getting in your body. Be in your body and feel your body and feel your feelings. I think that we're getting very disconnected and we've got a big disconnect where we're in our heads. We're on our computers, we're on our Smartphones, we're totally separated from our

bodies and enjoying being in our bodies, this is definitely true for sex, but also just for movement and for mood. It's be in your body, feel your feelings and just be as natural as you can be, because I think you cannot go wrong with nature and you're not going to do any better than nature.

Dave Asprey: Very, very well said. I love it. That was one, right?

Julie Holland: That's three.

Dave Asprey: Fair enough.

Julie Holland: I got nothing else.

Dave Asprey: Okay. Where can people find out more about you? Moody Bitches is your latest book. They can find that obviously on Amazon or at Barnes & Noble. Where else can they find you?

Julie Holland: It's funny. If I meet somebody at a party, I will say, "Just Google Julie Ecstasy and you'll see lots of stuff," but you can also Google Julie Bitch.

Dave Asprey: Nice. You're winning the SEO awards.

Julie Holland: Right. Moodybitches.com, the potbook.com, weekendsatbellevue.com, there are all these separate websites because I'm not organized enough just to have one. But I'm very easy to find and track down and there's lots of stuff out there. I've got things on YouTube, and I'm not shy.

Dave Asprey: We will include links to all of that in the show notes, so people can come on over to the transcript of this on the Bulletproof website and then we'll just put links to the various properties that we know about for you.

Julie Holland: All right then.

Dave Asprey: Excellent. Thank you so much for being on Bulletproof Radio. It was great fun interviewing you and have an awesome afternoon.

Julie Holland: It was definitely my pleasure. Thanks for having me, Dave.

Dave Asprey: If you enjoyed today's show, you know what to do. Go out and buy Moody Bitches and check it out because it's a book that's worth reading and while you're at it you could click Like on iTunes or you could head on over to Bulletproof and get a new bag of Bulletproof coffee beans or try some Unfair Advantage, and support this kind of work because there's more than 200 of these shows out there full of people like Julie. Have an awesome day.

Featured

Julie Holland

Moody Bitches

Weekends at Bellevue

The Pot Book

Dr. Julie Holland on Facebook

Twitter - @BellevueDoc

Resources

Ecstasy (MDMA)

Psychopharmacology

Libido

The Cave Womans Guide to Good Health - Glamour

Monogamy

Serotonin

Selective serotonin reuptake inhibitor (SSRI)

Testosterone

The Truth About Pheromones

Who Killed the Electric Car?

Cervical cap

Medicating Women's Feelings - New York Times

Yin and Yang

Estrogen

Premenstrual syndrome (PMS)

The antidepressant properties of the ketogenic diet

When the Body Says No by Gabor Mate

Neurofeedback Training for Your Brain

Cannabinoids as novel anti-inflammatory drugs

Post traumatic stress disorder (PTSD)

Cannabidiol (CBD)

Hempseed oil

Adrenal stress

Hypoglycemia

Prefrontal cortex

Eye movement desensitization and reprocessing (EMDR)

Neuroplasticity

MDMA psycho assisted therapy

Ayahuasca

MAPS

Psilocybin

Dr. Stanislav Grof

Nitric oxide

4-Hour Body

Bulletproof

Tim Ferriss: The Tim Ferriss Experiment – #215

Greenwave EMF Filters

Rick Doblin: Psychedelic Healing with Marijuana, MDMA, Psilocybin, & Ayahuasca – #200

The Top 7 Anti-inflammatory Herbs and Spices for Bulletproof Cooking

SEALFIT's founder Mark Divine: Becoming a Bulletproof Warrior – #38

Olympian Bree Schaaf: Staying Bulletproof at Sochi

Christopher Ryan: Sex, Sex Culture & Sex at Dawn

Brain Octane Oil

Upgraded XCT Oil

Bulletproof coffee

NeurOptimal Personal Trainer Bundle

Bulletproof Conference

Moldy Movie

Bulletproof Diet Book

Free Bulletproof Diet Roadmap