

Caspar Szulc:

Your health, your story, the podcast, Hey everybody, Caspar Szulc here from innovative medicine, discussing an important topic on today's show depression. You'd be inhuman to have lived a whole life without some depressive moods, but a growing number of patients are actually suffering from depression on a more chronic level. It's gotten to the point where one in six Americans are taking medication to alleviate, feeling sad, anxious, stuck, or unable to focus or sleep. And the age we're putting children on antidepressant medications continues to slide downwards, but are we going about treating depression all wrong? Today's guest is an osteopathic physician board certified in psychiatry and a diplomat of the American board of integrative holistic medicine. She combines conventional medical training with evidence-based holistic methods that include breath, work, meditation, yoga, emotional freedom, technique, mind, body medicine, nutrition, and exercise at her private practice, Mindful Psychiatry. Her new book, which will be the topic of discussion today. Debunks a lot of myths about depression and offer simple tips and techniques, the balanced body, mind, and spirit and alleviate depression. This is the story of healing depression without medication with dr. Jodie Skillicorn.

Caspar Szulc:

I really enjoyed reading this book, 'Healing Depression without Medication'. And before we get into the details of really what was talked about throughout and presented, I wanted to hear more about your story that led you to write this book and maybe present some you know, more outside of the box ideas because this isn't conventional approach. And one thing that I read in the beginning that really resonated with me is your transformation and why you got into this because it was very correlated to someone I know very well. My father who was a conventional doctor and moved into integrative medicine. And I heard a lot of things that he told me in your story. So could you share that and just tell us, how did you get out of conventional psychiatry and what led you to really write this book

Jodie Skillicorn, DO:

Primarily led me to write this book is just hearing similar stories over and over and over and over again. And the stories were people coming in, who've been on medications maybe for years, decades, even a lifetime sometimes. And when we kind of dig through the story and actually spend time together.

Caspar Szulc:

Yeah.

Jodie Skillicorn, DO:

On at that time, there was always a Lake, there was always something that was happening. And it wasn't just a random event. It wasn't as if the neurochemistry just suddenly decided to go clunk and broken forever. Right. It was never like that. There was always a story. Usually a story of some kind of trauma or loss or huge change going on in the life, a divorce, a death or even just a transition from being a college student to getting married and right. It could be good things too, but it's stressful and that stress and then they would end up on these medicines and be told quickly labeled with a diagnosis of pathology, told basically their brain was broken and then carrying that for the rest of their lives and being fearful of it, coming back, whatever it is cause they're broken and never realizing rape that what they're going through is really very normal one often. Or even if something was needed at the time, it they're not the same person. They were 15 years ago, 30 years ago, 50 years ago. And that there's so many other options out there and these are never, ever presented to people. You can therapy, which is known to be the number one choice, really, even by psychiatrist, but it's never offered rarely. Right. And even if it is

it's, here's the pill that's, what's really going to work. And then yeah, you could go try some therapy if you want to on the side.

Caspar Szulc:

Right. And the depression is so prevalent right now. And, and I feel it's, it's affecting almost everyone, at least that definition, but you know, there is this, I'm a school of thought process that psychiatry is about providing antidepressants. So holistic psychiatry, something you write about, not many people I think have heard of there's psychiatry, there's maybe psychology, there's holistic medicine, but it's kind of a mixture. Right? Can you go into what that would? How would you define holistic psychiatry?

Jodie Skillicorn, DO:

Yeah. So I define it as, so if there's lots of words now there's integrative and functional, right? So there's all these and most people kind of go with the integrative, but I see holistic as I like it because it's the whole person, right? It's mind, body, spirit, it's all together. And it's looking at their whole life as a whole person as an individual, not as, you know, as if one person has depression as the same as another person who has depression, who's the same rate. It's not the same. There's no one etiology, likewise for almost any disease. I mean, sure. A strep throat infection, simple thing. Some things are, but most have been accruing over years based on lifestyle and diet and exercise and connections and all these other things and mental illnesses or mental issues are no different.

Caspar Szulc:

Right. And I think one of the things you bring up that I believe defines it you know, very well is this guy to balancing mind, body, and soul, because a lot of what we talk about, even when we speak of functional medicine of integrated those words, they are poorly defined, but I think they have some correlations. And normally they're too, a little bit more biochemistry lab things, right? More body, I would say maybe some minds, but not that much soul. Right. And a lot of what you spoke about was soul here and from everything I've learned over years and years of being in medicine and traveling around the world is that his soul is really the largest part. If you look at AI chemical medicine and everything they taught in the past and thousands of years of medicine, it starts with the soul. And so can you go into a little bit of what's going on right now that are causing people to be depressed depressive and where is that starting in the soul?

Jodie Skillicorn, DO:

I mean, I think if we turn the soul, I think it's becoming disconnected in every way. I think we've become disconnected. Our minds have become disconnected from our bodies. I think we've become disconnected from the world around us nature. And we spend so much time indoors on technology and, you know, just getting outside is shown to decrease depression significantly. And I think that is part of the soul. We need those connections. We need connections with others. We need meaningful connections, not just texting or FaceTime, although it's right now during this pandemic, I am eternally grateful for these resources and to be able to connect in those ways, but it needs to be more than that for our, for our spirit. And and then just really kind of, I think the other piece is to me, soul and heart kind of come together. And so really learning to kind of come into the heart rather than just our heads all the time. Our heads are always spinning with all these stories and all these imagine catastrophes, but our heart kind of, when we settle down and kind of just tune in, I think everything becomes softer and clearer and quieter, and we can really see what our soul needs, but we can't see that when we're all caught up in craziness and busy-ness and doing, and

Caspar Szulc:

Yeah, yeah. I completely agree that the heart is a place that a lot of people don't get in touch with and they've, they've lost that and they are in their head. But speaking of the head, that's where most of medicine looks like when we turn to depression and a lot of you know, doctors. And what we believe is that there is this neurochemical imbalance, which you go into in the book and basically say that is a myth. And can you go into that a little bit more because I know so many patients that truly believe and have been told over and over, by doctors, psychiatrists, that this is a neurochemical imbalance in your brain and you can't do anything about it except take medication.

Jodie Skillicorn, DO:

Yeah, absolutely. I think that's the most dangerous myth we have. So there's been 50 years of research. We've been trying to validate this theory and it has never been validated and there's tons of evidence to refute it. And what the best I could see was if you kind of put a bunch of studies together is roughly a quarter of the population, whether they have a history of depression or any other mental illness or not, have low serotonin, or low norepinephrine, dopamine, and all these different neural transmitters we talk about. But a quarter have high again, whether they have so-called mental illness or whether they don't. And the rest of us are in the middle suggesting there is no normal. And it's so complex. It's not as if we just have serotonin and norepinephrine and dopamine, which is what primarily the antidepressants work on.

Jodie Skillicorn, DO:

There's hundreds of things in our body that act as neurotransmitters and hormones, and that are all interacting in this really complex dance. And to think it's these simple things is slightly delusional, right? And I think we've kind of been sold as bill of goods by the pharmaceutical companies, because even the early founders of the theory didn't buy it. They thought it was a way to kind of conceive of the problem, but even they thought it was preposterously simple to think it was just one thing. And so it's not to say that neurochemistry doesn't ever play a role, but I think if you back up and go further down river, you find that it's out of balance because of stress, because of toxins, because of these other aspects that have caused it to go out of balance. So it's part of the puzzle, but it's not a consistent finding by any means.

Jodie Skillicorn, DO:

And what the problem with it is is it disempowers people. In fact, in my book, I mentioned the sham neurochemistry neurotransmitter test. And so basically they took two groups of people and they had them do a sham Sliwa test and they took them back and they all had them wait appropriate amount of time as if it was really being tested. And then they brought them back. And half of them were told, showing a graph with all the intricacies of modern labs and technology about how their labs were off. And this is why you're depressed. And then the other group was shown petroli normal. Like you're, that's not what it is, something else that's going on. And what they found was not only was there no difference in terms of stigma, which is often the argument used to promote this theory. But the group that was told it was an imbalance were less likely to seek other, you know, to be motivated, to get therapy, to seek, to figure out what really was out of balance in their lives and what they could change and empower themselves with. And the other group was much more apt to be more motivated and take steps to do what they needed to do to figure out what was really going on. So I find, I think the beautiful part is, so then it's not, we're not victims of this neurochemistry or of our genetics, but rather we have

power to shift things. And if we give people that power, that's part of healing. And that's part of, again, that's

Caspar Szulc:

Getting into the soul, reading the book there, there was a lot of this that, that you do have the power that, that so much is there. And you put a lot of research into it too, which I enjoyed. I, you know because it shows that there is this power in the placebo as well. I mean, so much of what I read there, these studies are so often actually one of the studies that you brought up, I actually gave a talk a little while back and brought up the placebo effect. And Ted Kaptchuk a professor at Harvard made this study on the IDs, or, and he actually told them this is a placebo and they still reacted as if it were the best drugs on the market, basically incredible. But why do we so kind of push it off? Why is conventional medicine? And so many people when this information is out there, you're presenting these studies as well in this book. Why is it that we're so reluctant to actually, you know, broach the subject and say, okay, yes, the placebo side is important. Let's not try and push it away. Let's utilize it because we're seeing it so powerful. And in many cases, these drugs do not do any better than the placebo effect. So what is it that people are so stuck on? Gimme the pill placebo effect is BS you know, all of these things, what is it?

Jodie Skillicorn, DO:

I mean, now you're going to make me, so, I mean, I think part of it is the power of the pharmaceutical companies and the power of money and the power and power itself. And is if we acknowledge that if we acknowledge the power of placebo, well, one pharmaceutical businesses are going to make a whole lot less money. And I mean, I hate to be that synagogue, but I mean, that is part of what it is, and we're just not taught about it. We're not, we're also just not told in our society, I guess. I think we're kind of coming back to the soul again, we're not taught about our own power and the power of the mind and it's and I hope that becomes the conversation of the future, but it's just, it's not one we're comfortable with now. And I think as I'm thinking about it, right, even it's scary in a way, cause it doesn't mean we have a lot of responsibility.

Caspar Szulc:

I think that's the scariest part because you know, I work at a clinic myself, I help run it. My father's been in medicine forever and we push this idea that you are empowered, but you're responsible and you have the power. Once you take that and you're not in victim hood state, you have the power to change, but then you also have the responsibility which scares people. It is, it is so much easier. And if you're told by many experts, quote unquote, that this is the only way you're going to get better and it's easier for you to then why wouldn't you, we're in a vicious cycle.

Jodie Skillicorn, DO:

We are. I mean, if I could solve all my problems with a pill every morning, you know, I mean, why bother with all the rest of the things I do in my life? Right? It is simpler. Yeah, I think that is a big piece of it.

Caspar Szulc:

And in the book, you, you did a great job also of showing that, you know, the pills, there are no magic pills and that when you do start to take responsibility, it doesn't have to be overwhelming when you have help with someone, right. Such as yourself and others. And then you start to build on those tools. Now, one of the tools, and one of the ways that, that you looked at depression was through diet and,

and I was even not surprised, but, but definitely I'm happy to see that you wrote about the microbiome and that's one of those things that's become very big right now, probiotics, everything else. And I had an expert from volume who does the genetic testing, talking all about the microbiome, but what are the connections? Because we know the connections, the GI symptoms to other symptoms, but what are the connections to depression and the microbiome that you found?

Jodie Skillicorn, DO:

Yeah. So there's a direct connection. I don't think we fully know mine, but there is certainly a connection via the vehicle nerve, which goes from the gut up to the brain. And it's a constant bi-directional conversation. And so literally with every bite of food, we take routining the balance of the microbiome and we're changing that conversation. And so I think small shifts, aren't going to be much of a change in the conversation, but if we're just eating, you know, the standard American diet of, you know, lots of sugar and fat and processed foods and aren't offering our body real nutrients, right. We shift that balance. So that there's the more, the less healthy bacteria, the ones that cause inflammation and all kinds of things, but they're also sending a message of, we don't really know what the message is, I guess, but the message I think of it as just dis-ease right. There's some things off balance which causes inflammation in and of itself because our body's trying to figure out what that is. And then that sends a message back down, which causes a microbiome to get more distressed, which sends another message back up. And so it's just this constant energetic information to not just the vehicle dirt, but I think it's energetic information that's being passed throughout the body as a whole. And the brain is part of the body.

Caspar Szulc:

Yes. And, and you did bring this up as well as not just what you eat, how you eat, but if you were to tell a patient to is dealing with depressive state, how to eat, what would you recommend?

Jodie Skillicorn, DO:

So I go simple. And when I start wherever they're at, which sometimes can be, I had one person who had drank three liters of Coca Cola every day. And so our first step was just getting down to two liters. Right? So it all depends where you're at, but basically I love Michael Pollan's advice. It's so simple and it's just covers it all. I think you can read all these data that his, his simple formula is eat food. I eat real food. That's not processed, but you can actually know where it came from and know the ingredients and to eat mostly plants, you know, that I'm not and Mo and not too much and really a con that's. It really does come down to that simple statement. I think when we really look at it for different people, there may be different needs and slightly different variations without question turning point,

Caspar Szulc:

Right? Because it's so simple. And, and you, you brought up a good point here is that you don't need to go from where you are and become a vegan to be healthy overnight. That's not realistic. It's not going to happen. Even, like you said, going from three to two liters is a right step. It's a hole to your step. Is it healthy? Probably not yet, but you're moving in the right direction. So you can get there right now. One of the things that was brought up, I mentioned that we'll be interviewing you and a friend reached out to me and said, Hey, can you ask a question for me? Because I have this hypothesis that vegans are slightly more depressive state than the normal population. And it may be a nutritional deficiency. It may be a sadness for animals being slaughtered or something. Have you seen anything of that nature or is there any correlation to having a truly vegan plant based diet and depression?

Jodie Skillicorn, DO:

I haven't seen it, but what I can say are two, two thoughts come to me. One is if it's not a well balanced vegan diet. And and I, and usually anyone who does come in to me, that's vegan though. I use, I almost always put them on a B complex cause that what I worry about the most and little, the 12 for example, is associated with depression. So if our B vitamins are low, that can be a trigger. But I also see some vegans who eat nothing about processed food. So, you know, they're compensating with all kinds. And even now that, you know, like all these plant burgers and stuff, and you look at the ingredients and, Oh my God, like at first I was super excited. I was like, Oh, a plant burger, that's super easy. And then I looked at the ingredients like, Oh my God, I'm not putting that in my body. No offense to it's so true that

Caspar Szulc:

People sometimes get so stuck on the labels of what they are that they're vegan. That they're KIDO, that they're everything, they're not focused on the quality of what they're eating and that's, or even how they're eating. Are they truly enjoying it? Are they releasing? Are they in a parasympathetic state while they eat that allows them to buy a pair of styluses that pushes the food down or sympathetics, they they're nervous, stressed, and that's also affect your digestion. Absolutely. What are some of the supplements that you would advise, or maybe you could say the deficiencies you found in depressive patients?

Jodie Skillicorn, DO:

So the first one here in Ohio, I always look at is actually a mega threes. The brain 60% fat, the brain needs that for, to function. Every neuron right is covered with a layer of fat. And so it's essential. And we, you know, I grew up in the heart of the low fat diet phase, everything I ate when I was in high school and college was low fat, and I don't think it was hurting me at all. You don't think clearly, and I didn't know it cause it was my norm, but looking back but so it's a critical, and there's lots of studies showing associations between low and mega threes and depression, especially postpartum depression. So anyone even calls me with postpartum depression before I ever been seeing them. I'm like, just start Omega threes, please. It's also hugely associated with suicidality and especially, and aggression and even violent suicidality, so much more violent means of it.

Jodie Skillicorn, DO:

So that's one huge one. Vitamin D I think definitely, especially again, here in Ohio, we live in without any ability to convert vitamin D from basically October to may, no matter how sunny it is. And so I think vitamin D is critical not only for depression, but just our immune system. It's all related again, to decrease inflammation and to improve our immune system. I think magnesium is also, there's been a hundred years of research now showing a connection between magnesium and depression. The latest studies suggest it can really help with depression quickly actually, but it doesn't last, but I think that's because our soil and right, we just aren't getting enough magnesium. So when we stop it, it's not as if, ah, it's not working. It's just, we kind of keep probably needing it. Most of us are deficient. And I think the best way to get that, I actually now advise people just to do the lotions. I used to do the pills, but I just heard the lotions are much more bioavailable. I don't know what your thoughts are on that. But so those are sort of the top and then probiotics as well, especially with more of the anxious depression and depending on the diet, if, if someone has a really healthy diet with lots of fermented foods and stuff like that, you know, I don't think it's important, but I think for the most people who come to see me, a probiotic is important as well.

Caspar Szulc:

Yeah. And a lot of the things you brought up, aren't just in the depressive population, meeting those deficiencies, but across the board, right? We see them in just patients with neurological GI symptoms. I think a part of it is what you said. We're eating foods that are grown in somewhat depleted soils are nonorganic or rushed or processed. In some ways they aren't bioavailable to us. We don't have gut permeability that allows them to kind of, you know, do this. So, so there's so many of these factors and then we have more stress or utilizing more nutrients. We are deficient magnesium, almost every single patient that comes into our center. That's tested is, is deficient magnesium. It's just across the board. Even if you're healthy, you could be an athlete and eating a lot and you're still deficient. So it shows,

Jodie Skillicorn, DO:

I noticed when I don't take it. Yeah. I'll forget for long periods of time. And then I'll be like, Oh, something's not quite right. And yeah, it really does make a difference.

Caspar Szulc:

I wish I could say that we don't need supplements because we should get that fruit from food. And I always like to say the simpler, the better people always ask, what do you want? And I say, Oh, just a few things. They are to supplement what I'm doing, but we're moving more and more in this age where we will need more supplements. Correct.

Jodie Skillicorn, DO:

Yeah. Unfortunately, if we keep, if agriculture remains the same and I mean, I think even organic foods, right. They've shown that the nutrients in it just because of the soil it's grown in is, you know, not, not nearly as many nutrients as it used to be. So unfortunately I would love to just be able to just get it from my food too.

Caspar Szulc:

Speaking of soil and things like pesticides and everything. You're the third person in a row that I've interviewed. And I read this in the book that spoke about, about soil and that need to get your hands into play in it. You let your children do it. The owner's association I heard came to you.

Jodie Skillicorn, DO:

Yeah.

Caspar Szulc:

Should put a little you know, pesticide fertilizer.

Jodie Skillicorn, DO:

Yeah. A little too many dandy lions out in our yard tomorrow association decided we didn't want to have to fight the homeowner's association.

Caspar Szulc:

Tell me about why is that important? Because some people listen, they're probably like, all right, why are they talking about dirt and soil and depression? Like where is that correlation

Jodie Skillicorn, DO:

Again? We're back to the microbiome. We have to get these healthy bacteria into our bodies. And I think, well, I don't think there's studies linking, you know, somebody's parents. Oh my gosh, my kid's school. I see right. They live on Parral and Oh my gosh, these days, you know, it's only gonna get worse now. I mean, everyone, every single box that comes into people's houses now is by some people, you know, covered with this stuff, but it destroys our microbiome. And that's our immune system. That's what keeps us healthy. And so if we don't get those exposures, when we're young, it just doesn't develop like it should. And if we're constantly using, Parral only is it not developing, but it's that I think that leads, well, those studies show that it leads to allergies and asthma as I watched who has allergies and who doesn't there just seemed to be very strong correlation between, you know, parents that are very worried about not always but often

Caspar Szulc:

Interesting because when you have an awareness of something, it's like, when you drive a car, you start noticing those cars out there, right? Yes. When you have an awareness of what things like antibiotics or antiseptic soaps, or, you know, Purell does, and you start to realize that those childrens have some issues and you're seeing the correlation, you're how you see it. But if you don't know that you won't link the two, so I will set awareness is so important. It's critical because without that you say, well, it can't be this, this is healthy. Can't be that. But no, when you have that awareness, understand the skin, microbiome is incredibly critical for health are immune and allergies are immune disorder in some way. So, you know, those two really link. So it's vitally important to have that awareness. Now, as someone that's grown up with a psychologist, my mother was a psychologist and holistic as well.

Jodie Skillicorn, DO:

Sorry, my kids say, Oh, my mom's a psychotherapist. You know what? I get that too, for a lot of people. But my mother always respect those boundaries. Maybe she was doing it in her head internally and doing it. But anytime I started to go down that, well, maybe you could just take a breath. They'll be like, Oh, stop us one day. They will thank you for that.

Caspar Szulc:

This, because I was taught at an early age EFT tapping when I had some traumatic moments in my life, EMDR came into play. And these are therapies you talked about. Can you go a little bit more into, what are the therapies that you've employed in your practice for depressive patients?

Jodie Skillicorn, DO:

Yeah. So those are two of the big ones I do EMDR and almost everyone. So that's do you want me to, yeah. If you could go into that, cause I don't think many people do know about that. Okay. So EMDR was developed primarily really for traumas. Although I find trauma is a big term and there's lots of little traumas just in daily lives. So I, I routinely use it on a daily basis for myself as well. But it's basically, so it's eye movement, desensitization and reprocessing, a big clunky label that doesn't even really apply that much anymore. But the idea was the developer Francine Shapiro was kind of, she was in grad school for psychology and she was just thinking about a problem. And apparently her eyes started to kind of move back and forth. And she kind of noticed that the problem resolved and this ended up in her thesis and this whole development.

Jodie Skillicorn, DO:

But since then, I think the research shown that it's not so much the eye movement, but rather it's bilateral stimulation. So it's activating the right and the left side of the brains. And that's important because with small and large traumas, trauma often gets locked in the nonverbal part of the brain. Like I think any of us can think of a time where we were hit in the head or hit by rear ended by a car and right. It's not on a verbal experience. It's very much in the body, a visceral experience. And so that's, and so it becomes very difficult to articulate and to put that into language. And so the left side of the brain that the more literal logical language side of the brain doesn't have access to that. And the right side of the brain where the trauma often gets stored is very much always in the present.

Jodie Skillicorn, DO:

Like there's no sense of past and future. So it's as if you can get triggered and it's as if it's happening all over again right here right now, there's no sense of it being in the past. So with this bilateral stimulation, by activating both sides of the brains, while you're focusing on a particular issue, it's sort of, it connects the two, I, I, this is how I think of it anyway, so that they can communicate better so that you then can have a narrative, like it happened in the past. And it's sort of like a picture like, yes, this happened to me and yes, it was horrible, but it's over now and I'm in the present and I'm okay. And so it allows that process to happen as long as a little stepping back. I think it also just, I use the, the, the vibrators, that's what I used.

Jodie Skillicorn, DO:

People just hold a little so it vibrates back and forth. But I also, I find that that's just very soothing to the nervous system. And in fact, a lot of my patients use it then while they're telling their stories, even if we're not doing EMDR officially just to calm their nervous system, as they're telling it and to help integrate as they're telling the story. So it's being worked through just in the telling of it. Right. And so as far as EFT goes tapping, have you utilized that with the group and good results? Yeah, so I, I loved having, cause it gives people, right. You don't need me. Although with EMDR, I often teach people just, you know, you can do the same thing. You can just tap back and forth on your own body and have a very similar effect. The butterfly hike is one I love when people are stressed, that's just so soothing.

Jodie Skillicorn, DO:

But yeah, EFT is another one. So using the acupressure points and while thinking about a problem and it's great because it's a tool anyone can use any time. I remember even when I was going to take my oral boards and they were shipping us off on a bus and there are all of us going someplace, we didn't know where we were going and it started tapping cause I was so anxious and the person next to me asked about what I was doing. And as soon as she was tapping and soon, like a whole bunch of people were like tapping on the bus cause it's just to bring our anxiety down. It's, it's, it's really effective that way. I think for bigger traumas, I have luck with EMDR, but I think other people who are really good at UFT get similar results, I just kind of prefer the, the feel and the, I align better with EMDR. I think, yeah.

Caspar Szulc:

I would agree with that as well. I mean, what I've seen here and what my mother has seen is that that's a wonderful tool. EFT is a wonderful tool at home and you know, it, it can be whenever you want, you could go into it and start tapping and see some relief, but for the more traumatic PTSD type, you know, associations EMDR has been found to be, you know, quite profound in some cases, how do you feel about hypnosis?

Jodie Skillicorn, DO:

So I do hypnosis as well. Although not as often because I really prefer the EMDR. Although I often combine the two. So I might, if someone's just stuck way too much in their head, I may kind of have them just go down just a little bit into a hypnotic state and that can help the MDR move along. But I think it's another powerful way of accessing information that we can't normally access on the left side of the brain. Right? Getting into that intuitive side, getting into our bodies. I'm remembering things that we can't, we don't have access to in our normal state. I think he would be very powerful,

Caspar Szulc:

Right. And another one I want to bring up that's that's gaining popularity is the use of psychedelics and microdosing or others. And I, myself, I'm a little conflicted on this. I've had a lot of patients, especially younger ones that are going through some, you know, issues you could say traumas of their own and want to turn to some psychedelic or going into the rain forest then and you know, tapping in and they've heard wonderful stories. And I've spoken to people who have actually said it opened me up to new possibilities and all these things. What are your thoughts on psychedelics as a psychiatrist, holistic psychiatrist?

Jodie Skillicorn, DO:

I think they terrify me because, so, I mean, let me start with saying, I think in the right time and place, they can be incredibly powerful, right? Without question that these, these, these drugs, these have been used throughout time in, in a situation where there's a containment and safety and it's part of the culture and it's part of a ritual and there's just a safe container around it. And in those circumstances, I have no doubt that it's incredibly powerful tool. Unfortunately, in our society, we don't do things that way. And I do know of some people who do use these tools in a container like that, there's two therapists in the room, there's ours that they spend together and it's, and there could honest, like they're just good caring people. And so they create that container. But my fear is that is not how we do things in this country.

Jodie Skillicorn, DO:

And what's going to happen instead is it's going to be handed out just like opioids and it's going to be quick fix and, and people are going to suffer. And I've seen that already. I've seen three patients who have gone to one to an ayahuasca clinic, one, two, Mmm. Were they both ayahuasca anyway, in all three cases they had massive breakdowns and ended up, you know, a, in a hospital on a whole bunch of psychiatric medications and traumatized by the whole experience. And right. And it was one of those quick, like, just go, you know, there was no container. And more than that, I fear because it makes vulnerable patients really vulnerable for the wrong people.

Caspar Szulc:

Yeah. It seems that there is of course a benefit as there is to almost anything out there. It's a tool. There is, you know, a pro and a con to it, and there are benefits to it, but it seems that you can't rely on it. And for specific people, it can absolutely have some positive effects. But what you mentioned is very big as the context of how it's being used. And a lot of people just think they'll go down to the rain forest and, and, you know, trip out and suddenly be connected and all their problems will disappear. Whereas I've been to [inaudible] in Peru and they would see this as, okay, here's an American in my lane, you know, go ahead and strip out. But if you kill yourself, then that's what the God's will, you know, and original containment. It's not like that shaman will suddenly be your friend or, you know, your therapist. And

he's seeing nature as this is what the will is of this too, for you to lose your mind. Possibly. Yeah. It's, it's, it's an interesting subject. And I do appreciate your take on it because it isn't a black or white. It's not a yes or no. But, but I do think that too many people are leaning towards it in this effort to say, Oh, that's the magic thing. That'll get me, they'll break me through.

Jodie Skillicorn, DO:

And I think that's where the pharmaceutical companies are going to even, I mean, you know, it's a, it got through fast rush without many clinical trials. And a lot of them were quite negative that have been done, but none of that's being, you know, we need a quick, you know, it's all, well, we need a quick fix for depression. So we're going to rush this through, but lots and lots of people are gonna pay the price.

Caspar Szulc:

Yeah. There, there are no quick fixes to true healing, right. There are quick fixes to, to symptomatic relief, to, you know, sweeping it under the rug, but not, and especially with something like depression, I would probably think that it's a longer process at all. Yeah. Well, I mean, some of the studies we're looking at two minute results. Wow. Oh, is that a result? That's a state for temporary state of being for two minutes. Yeah. It seems we're getting shorter and shorter. I was just speaking with my marketing director and they were like, if we can't get this down to 15 seconds, we're going to lose their attention. It's like, yeah, I can't even, you know, speak a sentence Vincent 15 seconds. And you're telling me to describe something, you know, that requires maybe years of understanding and 15 seconds. Okay. That's where our attention span has gotten to.

Caspar Szulc:

Unfortunately now in the book, there's a, there's a quite large section on connections, whether that is with others, with nature. And we brought this up earlier. So I need to ask you, because we're currently in a state of quarantine, I'm in New York, myself, where, where it's been quite strict, it's the epicenter of things. And people have been in some ways very strict about not leaving their home at all and, and, you know, and losing a lot of that connection. Of course we have zoom calls, but it's not the same. Are you worried at all that this may lead to more depression? This quarantine?

Jodie Skillicorn, DO:

Well, I, well, one, we're sort of, sort of slowly coming out of it here. So most of the country's kind of coming out, I think. Yeah. I mean, it's, I think the biggest risk of, for those that are already alone, literally alone, right in their apartments, afraid to leave their apartments. Those are the people I, I think are going to be most deeply are, are, and art will continue to be most deeply affected. And especially those that are anxious. So anxious that even as things open up, they're afraid to kind of step outside because they're just inundated with so much fear right. In the media and everything else. And yes, we have to be careful, but it's also, I think, essential to not get so caught up in that fear mindset, you know, we have to control what we can control and the rest we really kind of have to, you know, let go of, and you know, you can see people I've been encouraging people now that it's warming up, you know, just go and hang out in the front line, six feet apart, you know, and just, but connect and in real life person or go on a hike and just stay, you know, keep distance outside.

Jodie Skillicorn, DO:

But yeah, I mean, lack of connections, is it as big a risk factor? Not just for, you know, depression, but physical illness as well. There it's hugely correlated.

Caspar Szulc:

Yeah. I think you know, it's been said that loneliness is basically, you know a higher risk of dying prematurely than smoking and eating poorly. It's, it's really, it's what it's saying is it's a potent potent factor in your health.

Jodie Skillicorn, DO:

But I think the key, the key thing there is when they're talking about loneliness, the definition of loneliness is the perception of being alone. And I think coming back to the soul, I mean, part of the reality is, is we're not ever really alone. And so part of it is learning to connect with something outside of ourselves. And if you don't believe in a higher power, that's fine, but there's always, you know, just the beauty outside your window, like something bigger to connect with or a purpose or volunteering in some way or helping in some way so that you know, that something bigger than ourselves. And so that creates connection, even if we're at home, right? Part of that is understanding

Caspar Szulc:

That everything is energy, that connection to us and energy. And you bring up the section of the book for energy medicine. And I'm very big on it. I think that's where a lot of starts, whereas soul is of course initiating factors. So much of it is, is based on energetic principles. You bring up acupuncture, acupressure, all these other things that I've been, you know, a part of and you have realized has incredible you know, opportunities to help people. Where would you put energy medicine as far as it goes and is connected to depression? Or is that something you're looking at in your practice and would advise people to look at if they're in a depressive state?

Jodie Skillicorn, DO:

Absolutely. I mean, when I think of depression really, what's the state of it. The state is really stuck energy. I mean, that is what it is ultimately, why it stuck is, can be varied as many as are different people, but it's stuck energy. And so you need to do something to unstick it and that can be moving or walking, running, whatever it is, any kind of movement, right. Can unstick it. Acupuncture is a passive way for someone that doesn't want to move to unstick it. Cause it, you know, it's getting to those meridians, those energy systems and helping them unblock. And you can just lay on a bed and relax while you do it. So there's always that EFT is really just energy, right? EMDR has really, I mean, everything's energy. Medicine is energy. Everything is energy. I mean, that's the bottom line. Yeah. But, but, but even thinking of, so medicine for example is energy, but right. That energy of our belief and I would go back to placebo right. At all, it's all connected in that way.

Caspar Szulc:

Do you see things changing then? Because we're talking about some, I would say novel ideas, but they're not, they're, they're ancient ideas really they've been around for, with us way, way before conventional medicines that are out. What do you think is going to be the breaking point where we start to really adopt these things? And I would say we're moving there, right? Insurance is covering acupuncture. We're looking at more studies that show, we're able to test some more energetic principles now with different technology. Right. Cause that was a big point. How do you prove it? If you only can test biochemistry where energy is way before biochemistry, you're not testing that at all. What do you think we're moving in the right direction? And do you think there will be a tipping point where we start to really embrace the scene? You'll see, in hospitals and conventional medicine, we'll say, okay, let's bring it on.

Jodie Skillicorn, DO:

I hope so. So, so the hopeful part of me is like, yes, like I see all these, you know, people like you and all these other people all around the country that are moving in that direction. And certainly the research is validating all these really old ideas. Right. Really profoundly. And I see the power of the pharmaceutical companies and the power of our system and, and, and our current political state. And I, and it feels like everything's just about everything, right? All of these values, all of these ways of thinking all these old ways of thinking, you've raised that thinking, however you want to define it as the old being maybe more new and the new being whatever, but right there, all, all of it, I think that's, everything's going on right now. They're all head to head and who wins? I don't know, but I guess who wins is kind of where the most energy goes, right?

Jodie Skillicorn, DO:

We, I think we as consumers and we as physicians have a lot of power in shifting that conversation, even though we don't, a lot of doctors, they think don't feel they do, but right. If we feel, if we're stuck in that helpless state, then it's just going to keep staying the way it is. But if more and more people, like you said, the tipping point, if enough people can you see that consumers have most power. Cause they're the most number of people. If enough of them can see the value of it and how and push for it and recognize that what's happening, isn't working. Then I, I find hope in that. And that happens. I don't know. I know

Caspar Szulc:

I'm in the same boat and I'm incredibly hopeful and you see it, you see a, a little bit of a groundswell going up and you see these people talking about your own social media. Maybe you connect with others that are talking about these things and bringing up all these points, but it's still, and you brought this up in the book. It's still an incredibly frustrating for me. When a conventional minded doctor tries a bunch of therapies, they don't work. The person finally goes to a alternative practitioner, gets better, goes back to the doctor and they dismiss it as, no, it wasn't that it must have been some miraculous other thing that happened.

Jodie Skillicorn, DO:

Oh, absolutely. I mean, that's what happens every time, right? Yeah.

Caspar Szulc:

I mean, there, there has to be something in you that says, you know, enough is enough guys give us the acknowledgement. Do you, do you ever fight back against that or do you just let it being continue on your path?

Jodie Skillicorn, DO:

I think I do a little bit of both. Mostly I don't, if someone's truly closed to new ideas, I don't engage because there's just no point, but there's some people where you can see there's like this opening and then those people all kind of gently, you know, nudged a little bit and just be like, well, Hey, there's this study or, Hey, there's this study or so it's just kind of, but someone who's just, there's just people you can tell their energy, just, it just closes down the walls, go up the spines, come out and there's, there's, it's just a waste of energy. And, and if they're not going to see somebody, who's totally made a shift and see that, that may, what they did may have a small piece of that. At least nothing going to convince.

Caspar Szulc:

I always say, I never try and force this on anybody. I try and plant seeds if you're open to it. And I have a little bit of a quarter or two to let those seeds Germany, but it's not about forcing. And I do think we are in a state, unfortunately, where we're very polarized with our opinions and our thoughts. You're either black or white, it's either conventional or completely alternative. It's never, you know, I'm trying to find people in the middle, I'm trying to speak both languages saying, of course we need acute care. And you're saying the same, of course we need antidepressants, but last resort, maybe guys, you know, maybe not go straight into it for the rest of your life, right? Yeah. Yeah. So there's this beautiful place in the middle and you don't have to call it the gray hair. Cause that doesn't sound good.

Caspar Szulc:

But maybe the rainbow where all the colors are there and it's not just black or white where I'd love to meet people, but it can be frustrating at times because we have become polarized. And maybe is there any advice for people that you can give from a, you know, a medical standpoint and a psychiatrist of not being so judgmental, not being stuck in the black and white, not being stuck and right and wrong. Even with coronavirus, what I've seen is you're either in one camp or the other, it's either like a complete hoax and this is all, some big, you know, conspiracy, or this is the worst thing ever. We may all die. I'm never going outside my house again. Yes. Yes. It's so true. And there's very little middle ground. Yeah. Very little. Is there any advice you can give to people because I think they need to hear it. About that.

Jodie Skillicorn, DO:

I mean, all I can say is, and again, you can only reach people that are open to being reached, but right. I think that's where a lot of these same skills that work with depression. Right? So mindfulness and breathing because we get in that place when our amygdala is triggered, right. Where our threat detector is triggered and when we're in that space and right now, in a sense, we're all going in and out of that space. Right. Even if we're not like I'm not personally afraid of coronavirus, but I have fears for other people who are, you know, and not just my own family, but just population in general. So there's fear there, but if we operate from that place, right,

Caspar Szulc:

Okay.

Jodie Skillicorn, DO:

Our frontal lobe isn't really even engaged, right. We're just operating from that very primitive part of our brain. That fight flight freeze part, which isn't a good place to make decisions. And I think often what happens is when our ideas get challenged, whether they're political ideas, whether they're ideas about the pandemic or whether their ideas about medicine, when those get challenged in the way we've always done things, get challenged. That part of our brain gets triggered. And so if we don't have skills Or knowledge about how to kind of reconnect and how to calm our nervous system down and how to come back into this present moment so that our brain can fully use its potential and see a bigger we, it's hard. You can't communicate with someone in that state. It's impossible.

Caspar Szulc:

It's true. It's almost that the consciousness level, isn't there for you to, to actually, you know, you have to be speaking almost the same language to communicate with each other when there's different levels of even conscious understanding you're speaking different languages basically. So it doesn't matter what

you say sometimes to somebody, they just won't accept it. And that's where they are. And you can't be judgmental of them because that's their place and where they are right now, all you could do is hopefully provide them with some ability, look into things, raise or lower cost, whatever it takes so that then you could speak with them. And one of the ways I think to do that is to continuously educate yourself through things like books. And so I would say, read this book, that's my promo spot, but it is it, you know, I read it, I thoroughly enjoyed it because I, I, for me, it was so much, it was kind of, you know really validating a lot of what I speak about and so many others. So it's great to connect with more people like that. You know, where can people learn more about not just the book purchase it, but about you, your practice and everything you have going on.

Jodie Skillicorn, DO:

Yeah. So my website is JodieSkillicorn.com, Jodie, as in J O D I E. You were talking earlier about how everyone, mispronounces your name, but everyone misspells my name. And and then I have actually two Facebook sites. One is mindful psychiatry, where I post stuff, all the time research. And that comes out and then also Dr. Jodie Skillicorn where there's A lot of the same information, but yeah,

Caspar Szulc:

Yeah. I advise people to go there and learn more, especially if you're feeling a little bit depressive, which we may all be feeling that way a little bit during this and fearful. So I wanted to close things out with a quote that I was reading at the end that really hit me. And it says healing, depression lies not a magic pill, but in rebalancing your life and reconnecting the pieces severed by stressors, losses, toxins, and trauma, depression is a wake up call a compass pointing you in a different direction, your direction, not the farmers or mine or anyone. Else's, it points you back to your center back to balance, back to health, back to the body movement, nature, community, purpose, and spirit. There is no end point. And I found that really profound for anyone dealing with anything, whether it's depression or sickness or trauma. So you know, for anyone interested in learning more about what that means in a more clinical sense and what you can do to, to kind of take upon, empower yourself, to get through something. I advise you to read the book, healing, depression without medication. Thank you so much Dr. Skillicorn. This was really a pleasure and wishing you the best and everything moving forward.

Caspar Szulc:

It's really great to see more doctors break the mold of what is expected and share a different perspective on a subject like depression. When you read Dr. Skillicorn's book, you can't help but wonder what else is out there that we've been going about all wrong? You start to question medicine and what we've known to be the right way of going about treating depression and really all diseases. That's just how powerful her messages. Dr. Skillicorn's book, 'Healing Depression,without Medication, a Psychiatrist's Guide to Balancing Body, Mind and Soul' is available on Amazon right now. And if you're enjoying what you're hearing here and learning through your health, your story podcasts, leave us a rating and comment on iTunes, Spotify, anywhere you're listening to this, share this message with others and empower them just as you're empowering yourself to write your own healing story. Thank you.