

Healing of Dissociative Identity Disorder, Borderline Personality Traits, and Bipolar Disorder Through Lifestyle Interventions: A Case Report

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ABSTRACT

Background • This case report illustrates that the use of a series of lifestyle interventions delivered via the “Vital Mind Reset” online program led to the resolution of disabling psychiatric symptoms.

Summary • A 40-year-old, married, Caucasian female, with onset of suicidal ideation as a teenager, was treated with antidepressants and was later formally diagnosed with dissociative identity disorder (DID), borderline personality traits, and bipolar disorder (BD). In the ensuing years, the patient was treated with 35 psychiatric medications. Additionally, she experienced numerous hospitalizations and received over 30 electroconvulsive therapy (ECT) treatments. Despite this extensive conventional treatment, she reported limited gains. In October 2017, the patient committed to the Vital Mind Reset (VMR) online program and implemented a series of lifestyle changes over 44 days, starting with 30 days of dietary, meditation, and lifestyle protocols, followed by

supplementation. Notably, the patient has since resolved both physical and psychiatric symptoms including fatigue, acne, migraines, cold sweats, dizziness, nausea, blood sugar crashes, resting tremors, brain fog, anxiety, depression, suicidal ideation, auditory hallucinations, and delusions. In this patient’s case, hypertension, bradycardia, headaches, increased frequency of mania, tremors, insomnia, and weight gain accompanied her medications. This case exemplifies the dramatic resolution of disabling psychiatric symptoms after engagement in the lifestyle interventions outlined in the VMR program, medication taper, and supplementation. When medication demonstrates limited clinical yield and a plethora of side effects, tapering combined with lifestyle interventions and supplementation should be considered as first-line therapy. This case is evidence of the potential for healing and resolution of severe and persistent psychiatric illness with dietary and lifestyle changes. (*Adv Mind Body Med.* 2020;34(3):4-10.)

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INTRODUCTION

This is a case of dramatic clinical remission following medication tapering and the completion of a 44-day Vital Mind Reset (VMR) online program involving the engagement of lifestyle interventions including dietary changes, meditation, and detoxification. As standard medications failed to achieve clinical remission, this patient’s case represents a promising alternative therapeutic path for other patients who experience limited gains from medication. Notably, the patient had been trialed on approximately 35 psychiatric medications with limited efficacy and, in some

cases, debilitating side effects. Given this patient’s clinical outcome, tapering combined with the VMR intervention should be considered as a first-line therapy for these patients. This case may also serve to inform practitioners of the potential for healing and resolution of severe and persistent psychiatric illness.

The patient was first treated with antidepressants three years after the start of suicidal ideation and after experiencing physical, mental, and sexual abuse. The standard of care in psychiatry allows for comorbidity of multiple diagnoses, including dissociative identity disorder (DID), borderline personality traits, and bipolar disorder (BD), to be addressed with polypharmaceutical interventions and psychotherapy for chronic management. When these interventions did not relieve symptoms, the patient underwent electroconvulsive therapy (ECT). This case exemplifies the impact that lifestyle interventions such as dietary changes, mindfulness practices, and detoxification can have on the gut-brain axis. These interventions led to a resolution of psychiatric symptoms and an increase in meaningful work and community involvement.

Timeline.

- 1990 (Age 13): First suicidal ideation.
- 1993 (Age 16): Started on antidepressants for the first time in a medication trial lasting six weeks.
- 1993-1995 (Age 16-18): Treated in an adolescent group therapy program for abuse survivors.
- 1995 (Age 18): Referred to a psychiatrist for depression.
- 1996 (Age 19): Hospitalized for supervised medication.
- 1996/1997 (Age 20): Absence seizures confirmed by EEG.
- 1997 (Age 20): Birth of first child (girl).
- 1999 (Age 22): Began dissociative disorder program with confirmed diagnosis of dissociative disorder and somatization symptoms through clinical interview and high scoring on the Dissociative Experiences Scale.
- 2000 (Age 23): Hospitalization for ongoing treatment of dissociative disorder and depression with suicidal ideation.
- 2004 (Age 27): Birth of second child (girl).
- 2006 (Age 29): Birth of third child (boy).
- 2013 (Age 36): Started intensive use of video games as an escapist technique.
- February 2017 (Age 39): Abrupt discontinuation of atomoxetine (Strattera).
- September 2017 (Age 40): Learned of the Vital Mind Reset program and committed to starting the program in October 2017.
- November 2017: Vital Mind Reset program is completed and final medication taper began.
- September 2019 (Age 42): Completed final medication taper.

PATIENT INFORMATION

Social and Family History

The patient is a 40-year-old female with a history of sexual abuse by a neighbor at the age of 16 in addition to a history of physical abuse by her father and mental abuse by her mother. Though she has a history of abusive relationships with men, the patient married at the age of 18 and is currently in a non-abusive relationship. During the patient's hospitalizations, her daughter was in the custody of her parents.

Since that time, the patient has had two more children. There were complications with her third pregnancy, and she was given a 50% chance of delivering a live infant. Her son spent 15 days in the NICU after birth and is currently healthy. All three children are currently under her care.

As a result of fatigue, the patient would sleep in until the afternoon and did not have the energy to go out with her friends. She would experience multiple hypoglycemic episodes which resulted in the consumption of sugary snacks such as chocolate bars. Her husband did the cooking for the family because the patient had difficulty deciding what to make. After her last two children were born, she reported developing a video game addiction (starting around 2013) and would play video games until dinner. She would continue to play video games until 1 am and reported using them as "an escape."

She was not working when her youngest was born, but returned close to full time work in April 2013. She decreased to part-time hours in 2016.

The patient has a family history of ulcers, gout, and kidney stones. Her oldest daughter and her great-grandmother have been diagnosed with celiac disease. Her oldest daughter also has type 1 diabetes and hypothyroidism.

Psychiatric History

Past Medication Trials Including Adverse Reactions:

- Serzone: Little effect.
- Luvox: Little effect.
- Manerix: Discontinued due to rash, high blood pressure and bradycardia.
- Venlafaxine (Effexor): Adverse reaction of headaches at higher doses and mania.
- Wellbutrin: Discontinued due to a grand mal seizure thought to be related to Wellbutrin initiation.
- Epival: Discontinued due to tremor and headaches.
- Lithium: Discontinued due to tremor and kidney problems. Was initial trigger for hypothyroidism.
- Risperdal: Adverse reaction of galactorrhea.
- Dalmane: Adverse reaction of insomnia.
- Imipramine
- Desyrel (Trazodone)
 - ◆ Started: December 2007 (Also took as a teenager)
- Cymbalta (Duloxetine): Adverse reaction of weight gain and constipation.
 - ◆ Started: June 2009
- Desipramine: Adverse reaction of sedation.
- Strattera (Atomoxetine): Adverse reaction of tachycardia for which she was sent for an EKG.
- Tegretol (Carbamazepine): Adverse reaction of nausea.
- Ativan (Lorazepam)
- Buspar (Buspirone)
- Dexedrine (Dextroamphetamine)
- Zyprexa (Olanzapine): Adverse reactions of 60 lb weight gain and insulin resistance.
- Clozapine
- Prozac 80 mg: No relief of depression.
- Paxil: No effect.
- Clonazepam 1.5 mg QHS
- Celexa 20 g QD
- Cipralext (escitalopram) 5 mg
 - ◆ Taken for 2 weeks in July 2014
- Haldol 1 mg QHS
- Lamotrigine/Epizol/Lamictal 150 mg BID. Lamotrigine 250 mg BID. Lamotrigine 350 mg BID.
 - ◆ Experienced impaired short-term memory, word replacement, difficulty with word retrieval, and hair loss.
- Zoloft (Sertraline): Adverse reactions of night sweats, brain fog, and poor relations with husband.
 - ◆ Discontinued in 2007
- Nortriptyline.
- Mellaril 75 mg QHS. Mellaril 50 mg.
- Imovane 7.5 mg

- Rivotril 0.5 mg
- Periactin 4-8 mg QHS
- Aventyl 125 mg QHS
- Seroquel 25-50 mg QHS

Additional Non-Psychiatric Medications:

- Synthroid 0.1 mg QD
 - ◆ OCP
 - ◆ Hasn't used in over 14 years.
- Lactulose 30 mg BID
 - ◆ Hasn't used in about 10 years.
- Pulmicort inhaler 2 puffs Q12H PRN
 - ◆ Hasn't used in 12 years.

Personal History of Substance Abuse

	Age of First Use	Most Intensive Use	Current Use
Cocaine	N/A	N/A	N/A
Marijuana	N/A	N/A	N/A
Alcohol	N/A	N/A	N/A
Cigarettes	N/A	N/A	N/A
Other	N/A	N/A	N/A

Psychiatric Hospitalizations

The patient has a history of 18 psychiatric hospitalizations prior to starting in the dissociative disorder program. Her initial ECT treatments were completed prior to the dissociative identity disorder diagnosis after the birth of her first daughter due to severe suicidality and postpartum depression. Her daughter was 4 months old when she received the first of the 13 or 14 ECT treatments. A second set of ECT treatments were given a few months after that discharge.

She described experiencing multiple "alters," a word used to describe the different "parts" of herself. She reported that while experiencing these different alters, it felt like the personalities existed independently and it was almost constant that at least one of them would be experiencing suicidal ideation or depression. She was treated with medication and psychotherapy during hospitalization, and when these did not relieve the depression and suicidal ideation felt by her entire system of alters, she was given electroconvulsive therapy (ECT), resulting in some amelioration after 6 treatments. These were the last ECT treatments she had. In total, she has had over 30 ECT treatments spread throughout 3 separate hospitalizations. The patient has a history of self-harm, involving cutting, and multiple suicide attempts including walking on light rail tracks, use of a dinner knife, drug overdose, and insulin injection.

Her most recent hospitalizations were in 2000 and 2001. In 2000, she was admitted for dissociative disorder with depression and suicidal ideation. During this hospitalization, she was given ECT, medication, and psychotherapy. She was also given instruction on self-care and diabetes treatment. Differences among her alters were noted in changes in handwriting, behavior, and variations in dexterity and handedness.

Psychotherapy was initiated with a suicidal alter, and the patient's Prozac was increased from a dose of 80 mg because it had not alleviated depressive symptoms. During this hospitalization, the patient experienced suicidal ideation and admitted noncompliance with medications. She was given Wellbutrin, which was subsequently discontinued due to an adverse reaction. Later in the hospitalization, she was given an increased dose of Lamictal to stabilize her mood after she started feeling grandiose. Epival was discontinued due to adverse reactions. The patient spent large portions of her day in bed and was notably lethargic.

At discharge the patient was on Lamotrigine, Zoloft, and Nortriptyline, tolerating these medications well. She also took Mellaril as needed for flashbacks.

The patient was readmitted for suicidal ideation and depressed mood in 2001, several weeks after her last discharge. Several days prior to admission, she called a crisis team and then attempted suicide by overdosing on Ativan. On admission she reported decreased appetite, 6 pound weight loss, lack of interest, decreased concentration and energy, and feelings of guilt about disappointing her husband. Sleep was normal. She was well groomed. She experienced auditory hallucinations but no delusions or paranoid ideation.

At this hospitalization she was continued on Lamictal 150 mg BID, Synthroid 0.1 mg QD, Clonazepam 1.5 mg QHS, Nortriptyline 125 mg QHS, Celexa 20 mg QD, and Haldol 1 mg QHS in addition to inhalers for asthma. Her Lamictal was then increased to 250 mg BID, and she was started on Imovane 7.5 mg and Mellaril 75 mg QHS. Haldol was discontinued. Two weeks later, Mellaril was decreased to 50 mg, and Rivotril was decreased to 0.5 mg. At discharge she was prescribed Periactin 4-8 mg QHS for flashbacks.

The patient experienced a significant decrease in mood when switching from Zoloft to Celexa. ECT ended 3 weeks prior to this admission. While in the hospital, the patient was advised to use journaling to cope with her feelings, which helped stabilize impulsive behavior. However, behavioral issues with staff and other patients were reported. Her mood remained low, and she continued to sleep excessively. Several episodes of amnesia were reported. Mood increased about 3 weeks into admission, and better self-care was noted. Due to nightmares and flashbacks, she was given Periactin with a future consideration of using Clonidine. She was discharged with future plans of outpatient follow-up, continuation in the dissociative program, and initiation of dialectical behavior therapy. Medications on discharge were Synthroid 0.1 mg QD, Aventyl 125 mg QHS, Celexa 20 mg QAM, Imovane 7.5 mg QHS, Lamictal 350 mg BID, Mellaril 50 mg QHS, Periactin 3 mg QHS, Lactulose 30 mg BID, Pulmicort inhaler 2 puffs Q12H PRN.

Physical Exam and Medications.

Per patient:
 Height: 5'8"
 Weight: 149 lbs

Medications and Supplements at Time Of Program

Initiation

- Buspirone (Buspar)
 - ◆ Initial dosage of 40 mg per day
 - ◆ Tapering off of Buspar and takes 10 mg BID
- Lamotrigine (Lamictal)
 - ◆ Initial dosage of 300 mg per day
 - ◆ Tapering off of Lamictal and takes 75 mg in the morning and 100 mg at night
- Natural desiccated thyroid: 180 mcg per day
- Vitamin D: 5000 IU per day
- 1000 mg tryptophan qhs
- 6 mg melatonin qhs
- EstrAval botanical supplement

Surgeries

1981: Two surgeries for urinary incontinence and infection.

Typical Day's Diet

Before intervention:

Breakfast: Bowl of cereal and a cup of coffee

Lunch: Leftovers or a sandwich (peanut butter and pickle or peanut butter and jam), occasionally skipped lunch

Dinner: Pasta, hamburger helper, macaroni

Snacks: chocolate bars (approximately 2 per day), chips, popcorn, ice cream (would consume 1 container over 2 days)

After intervention:

Breakfast: KB Smoothie with mixed fruit, frozen banana, collagen hydrolysate, sprouted nut butter, pastured egg yolks, coconut oil, raw cocoa powder, fermented coconut water

Lunch: Egg whites, leftover stew/supper

Dinner: Chicken, bacon and Brussels sprout skillet, meat and vegetables

Snacks: Dried apricots, Nakd bars, baby carrots, fruit

Mental Status Examination

Diagnostic Assessment

- Formulation
 - ◆ Dissociative identity disorder
 - ◆ Borderline personality traits
 - ◆ Bipolar disorder

Laboratory Testing

Laboratory testing at the last 2 psychiatric hospitalizations revealed normal CBC, electrolytes, iron status, TSH, fasting glucose, hemoglobin A1c, and liver function tests. Urinalysis showed presence of some red and white cells at the patient's 2000 hospitalization, but was normal at her 2001 hospitalization. At her 2001 hospitalization, she had an elevated cortisol level, elevated nortriptyline level (745), and a random glucose of 5.9.

INTERVENTIONS

After an accidental, abrupt discontinuation of Strattera in February 2017, the patient reported a better "sense of feeling real" and realized how much the medication had "disconnected her." However, following the discontinuation, the patient experienced severe brain fog and began to worry about losing her job. This experience, in addition to the realization that she was "never going to succeed at killing [herself] so [she had] to learn how to live," prompted her to commit to the Vital Mind Reset (VMR) online program in October 2017.

The patient's chief concerns at the beginning of the intervention were depression, anxiety, brain fog, and blood sugar crashes. She also reported constipation, occasional nocturnal enuresis, migraines, acne, cold sweats prior to menses, catastrophic thinking, dizziness, nausea, resting tremor, and dropping things multiple times per day. She demonstrated problematic video gaming which kept her from spending time with her family or obtaining adequate sleep.

A series of lifestyle interventions was made over 44 days. At the beginning of the intervention, the patient was taking 1 g of tryptophan, 6 mg of melatonin, 180 mcg natural desiccated thyroid, 300 mg Lamictal, and 40 mg Buspar.

The daily meditation portion of the program began on October 1st and she continued this for the rest of the program.

Notably, she reported losing interest in gaming after 2 weeks of being on the program.

Starting on October 16th, the diet portion of the program began and a breakfast smoothie (called the KB Smoothie) consisting of half a cup of frozen fruit, 8 ounces of fermented coconut water, 3 tablespoons of collagen hydrolysate, 1 tablespoon of sprouted nut butter (or sunbutter), 3 pastured egg yolks, 1 tablespoon of coconut oil, 1-2 tablespoons of ghee, and 1-2 tablespoons of raw cocoa powder replaced her typical breakfast of cereal and coffee. The patient had tried this smoothie previously, when she first discovered Dr. Brogan's website mid-2017.

Over the rest of the program, the patient continued with the breakfast smoothie, but also removed coffee and other sources of caffeine from her diet. She also began reducing her intake of foods containing gluten.

By day 38, the patient had made the full dietary changes required in the program, which included removing dairy, gluten, processed foods, sugar, soy, corn, legumes, rice, potatoes, and chocolate.

Melatonin was discontinued on October 16th. Tryptophan was discontinued at the end of the program.

Supplements prescribed after 30 days of diet and lifestyle intervention.

- Vitamin D: 5000 IU per day
- Omega-3: 5-10 capsules per day, 6000 DHA target

OUTCOMES AND FOLLOW-UP

After replacing her typical breakfast with the KB Smoothie, the patient's blood sugar crashes resolved, and she no longer felt as hungry. The removal of coffee and other sources of caffeine resulted in a noticeable improvement in energy and a decrease in anxiety. The patient continues to be caffeine-free and has no interest in reintroducing coffee into her daily routine. The third major change was removing gluten from her diet. The impact of this change was highlighted when she inadvertently received food containing gluten while eating out several months later. She reports that after consuming this meal, she began to experience irrational thoughts, experienced anxiety and brain fog, ran a red light, and felt very emotional for a period of 5-10 days.

Eight days after beginning the diet portion of the 44-day program, the patient went to her regularly scheduled appointment with her psychiatrist. The appointment was at the end of October, a time when she typically experienced more depression, and she and her psychiatrist would typically discuss new antidepressant medication options. However, at this appointment, the patient was able to share how well she felt and was not given any new medications.

Since completing the 44-day program, the patient's migraines, acne, cold sweats, anxiety, brain fog, depression, blood sugar crashes, and tremors have resolved. Her menstrual cycle changed in length from 29 days to 25 days. She experiences episodes of dropping things once per month rather than several times per day, and she experiences anxiety and brain fog only on occasions where she has inadvertently consumed gluten. The patient is slowly tapering off of Lamictal and Buspar. She continues to eat according to the VMR guidelines but with the reintroduction of chickpeas and red lentils. She continues to meditate at least once per week. Her heaviest weight since starting on psychiatric medications was 260 lbs. Her weight over the last year post-intervention has dropped from 180 lbs to her current weight of 149 lbs.

She reports working 5 more hours per week since completing the VMR program and is looking forward to switching from part-time to full-time work. She reports being more productive at her job without the brain fog she was previously experiencing. Pre-intervention, the patient found it stressful to commit to events, but since the program, she has enjoyed talking to friends, going to friends' houses more often, getting invited out more frequently, and getting out of the house to participate in various activities.

Overall, the patient found that the diet portion of the VMR program was especially important to how she felt. She reported that discovering how she was affected by gluten and eliminating it from her diet allowed her to heal, and the other components of the program were supportive coping tools. Two other interventions that she found especially helpful were Emotional Freedom Technique (EFT) practices as well as meditation.

Patient's medication taper was completed 9/2019, approximately two years after completing the VMR program.

Table 1. Assessment before, during, and at the completion of the VMR program

	Baseline	Mid-point	Final
Lightness of mood (1=heavy/unhappy, 10=elated/joyful)	5	7	9
Energy level (1=no energy at all, 10=full of energy)	4	6	9
Hunger level (1=no appetite and/or unhealthy cravings, 10=good appetite and/or healthy cravings)	5	7	9
Worry (1=high worry level, 10=calm and relaxed)	4	6	9
Sleep (1=insomnia, 10=sleep soundly through night)	5	4	7
Clarity of thought (1=very foggy/forgetful, 10=sharp and clear mind)	5	9	10
Bowel movements (1=irregular, constipated or diarrhea, 10=regular in frequency and consistency)	1	1	4

DISCUSSION

This case raises multiple important points and challenges the conventional medical model of mental illness as a chronic, recidivistic, likely disabling pathology requiring life-long medication management. Here is a case of a treatment-resistant patient who now enjoys a level of symptom remission and vitality that seems to have been made possible through VMR, medication tapering, and supplementation.

Psychoactive Dietary Exposure

Recent literature has shown growing evidence of the impact that increased intestinal permeability and subsequent immune activation can have on psychiatric disorders such as psychosis, schizophrenia, and bipolar disorder.¹ Moreover, it is common for psychological stress to considerably influence intestinal permeability and overall physiology.² Gut permeability can be compromised by stress, toxic chemicals, or infection and allow proteins like gliadin, a protein found in wheat, barley, and rye that contains peptide sequences highly resistant to digestive enzymes, to enter the body and initiate food protein-based autoimmunity.⁴ Another example is the causal linkage of casein, a protein derived from bovine milk,³ to a range of psychiatric symptomology.^{1,4,5}

Molecular mimicry is one of the primary identified mechanisms for food protein-induced autoimmunity and subsequent psychiatric symptomology.¹ For instance, high

amino acid homology of gliadin and casein to human tissue can trigger the immune system to produce antibodies against these proteins and subsequently host tissue.^{1,4} It is believed that these autoantibodies play a significant role in the pathogenesis of depression and that many psychiatric and autoimmune disorders may share this common pathogenic factor.^{1,4} In a pilot study with recent suicide attempters suffering from major depressive disorder, bipolar disorder, or schizophrenia, it was found that participants had increased levels of immunoglobulin G (IgG) antibodies specific to gliadin compared to a normal healthy control group.¹ When levels of IgG antibodies to whole casein and three casein subunits were measured in individuals with recent-onset psychosis and long-term schizophrenia, it was found that individuals with recent onset psychosis had significantly increased antibody levels to all casein antigens, while schizophrenic individuals had significantly increased levels to both the whole casein and α_2 casein subunit antigens.³ It is possible that these food allergens are playing a central role in the pathogenesis of many psychiatric disorders and that the removal of dairy and gluten-containing foods spared this patient from enduring years of debilitating psychiatric symptoms.

Furthermore, immunoreactivity to gluten is also possible outside of a formal diagnosis of celiac disease (CD) and has been referred to as a non-celiac gluten sensitivity (NCGS).⁶ The diagnosis of CD requires a demonstration of small intestinal enteropathy as well as positive serology to support the diagnosis.⁷ Patients with NCGS do not develop typical antibodies of CD, but instead experience physical and behavioral symptoms after gluten consumption.⁶ Systemic manifestations are often described as ‘foggy mind,’ headache, fatigue, myalgias, and extremity numbness.⁸ These patients typically develop symptoms immediately after gluten ingestion and relapse following gluten challenge within hours to days.⁸ In a study by Brottveit and colleagues, it was found that after gluten challenge, NCGS patients had a significant increase in IFN- γ mRNA levels.⁷ Given this possibility, a trial of strict gluten and dairy avoidance, such as that observed during the VMR program, is a low-risk, potentially high-yield clinical intervention.

Meditation

A critical part of the VMR program is the use of a daily meditation chosen for each module. Recently, the use of mindfulness-based interventions (MBIs) has become a more prevalent means in improving outcomes of patients with psychiatric illnesses.⁹ MBIs refer to brief interventions which incorporate mindfulness meditation practices with goals of bringing the patient towards a state of conscious awareness of the present moment and an acceptance towards these experiences.¹⁰ It has been found that MBIs have the ability to significantly improve self-maintenance, community living skills, coping skills, self-compassion, and self-care.¹¹ When MBIs were given in patients diagnosed with anxiety or major depressive disorder, there were significant benefits

on depressive symptom severity across all studies included in a recent meta-analysis, regardless of the primary presenting problem.¹⁰ These findings validate the indispensable nature of the VMR program’s daily meditations.

Gut Microbiome

Intestinal microbiota have been found to be crucial in maintaining psychoneuroimmunological balance by serving as natural guardians of intestinal epithelium and regulators of gut-associated lymphoid tissue (GALT) function.¹ Pro-inflammatory cytokines produced by GALT in response to threatening antigens increases intestinal permeability, while intestinal microbiota provide a protective effect to tight junctions.¹ It is worth noting that the blood-brain barrier is similarly composed of tight junctions, which can eventually be compromised due to similar mechanics.¹ Excessive intestinal permeability to enteric bacteria is known as “leaky gut” and has been suggested as an organic mechanism of major depression.¹ It is likely that, in addition to addressing stress response through meditation and eliminating antigenic foods, there are therapeutic effects of improving a patient’s microbiome through dietary sources of probiotics (fermented foods) as implemented in the VMR program.

CONCLUSION

This case exemplifies dramatic clinical remission of multiple severe and persistent psychiatric symptoms after implementation of the dietary and lifestyle interventions outlined in the VMR online program. In this case, dietary changes, meditation, supplementation, and detoxification enabled the patient to begin tapering of mood stabilizer and anti-anxiety medication treatment. Notably, this patient had been trialed on approximately 35 psychiatric medications with limited efficacy and debilitating side effects. As such, the authors recommend considering VMR-based treatment combined with medication tapering when medication demonstrates limited results. This case is evidence of the potential for healing and resolution of severe and persistent psychiatric illness using low-risk dietary and lifestyle changes.

PATIENT PERSPECTIVE

“October 1, 2017, was the day my life changed.”

“I did a lot of work before VMR just in the way of learning coping skills - but VMR was the piece that allowed me to regain my mind. We are just shells of ourselves without our mind and I am so very grateful to have the opportunity to really discover myself and grow in to my unmedicated self. I still have a long ways to go before I’m off psych meds - but I know I am moving that direction and the growth and everything that has come with that is such a gift.”

“I am happy to say I no longer live with a disability. I still have limited spoons because of my past. I still have memories that are lost forever because of brain damage from ECT. I still

have struggles that may or may not be present for the rest of my life because of what psych meds have done to my body. But I am happy. I am engaged in life and enjoying it. I am growing, and thriving, and connecting with people - and loving every minute of it. And these are things I never would've thought possible or would've imagined having."

"I thought I was living the best life I could - until all of the sudden the veil was pulled back and I saw just how much more there was."

Communication to Kelly Brogan MD 9/19/19:

"The last 2 years have been full of so much transformation for me - and while I've known this on an intellectual level, I didn't see it quite the same way until I read my story in the book and saw not just the truth in it - but also how much has continued to change and shift since the time that I shared that.

A crucial part of this journey for me has been taking back my power and allowing myself to find my own answers. I spent much of my life allowing doctors to hold the power over me - viewing them as having the answers and authority and the ones who could "fix what was wrong." That belief system is part of what kept me stuck in the system of dependency and victimhood - and the self-directed approach and belief in self-authority that is present in VMR is what set the stage for me to start shifting in to my own power and moving out of that old story and in to who I am today.

The last 2 years have been years of immense change and transformation. I know that there is still growth and change ahead of me, but I have the feeling now that I'm at least home in my own body.

I'm 10 days since my last psych med dose now and I've had very little in the way of final withdrawal symptoms so I am grateful for how this process has worked out for me.

Thank you for opening the door and for telling everyone that there is another way possible. And I also want to say thank you for how you are present in the VMR group but mostly from a distance-for me, that distance was really important in the early days so that I didn't transfer the power from one authority figure to another. I feel strongly that taking back personal power is at the heart of what we all need to do, and that it is only when we are comfortable and willing to stand in our own power, that we can begin to heal on a deeper level."

Communication to Tiffany Turner 10/14/2019:

"I thought it might be worth letting you know that I've finished my med taper now - at this point it is just over a month ago since my last dose (Sept 9, 2019) and I am still doing very well. I have discovered a complexity of emotions that wasn't possible to understand while medicated, and so my current state has in many ways evolved to perhaps an even clearer state of health and wellness now that the drugs are out of my body and the worst of the withdrawal is over. I am truly grateful for all the good in my life, and the clarity of

mind and body that I've been left with. Some of my memories and awarenesses from the time while medicated has shifted. I have discovered some stark differences in how memories are formed and recalled now compared to the years I was on meds and just my depth of interaction and understanding of the people and things around me has changed a huge amount. It's amazing in a lot of ways and I am truly grateful to be alive and to have survived those experiences that so many aren't as fortunate to survive."

INFORMED CONSENT

Patient has reviewed this document and consented to all of the information herein.

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