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William L Wilson

University of Minnesota, USA

The diet-brain connection

Over the past 50 years or so, many common psychiatric and brain disorders have been dramatically increasing in incidence at approximately the same rate. Many studies have suggested that these conditions might also be co-morbid and perhaps somehow connected. In the early 2000s Hudson and Pope from Harvard proposed that 14 such conditions were actually part of the same disease process they called Affective Spectrum disorder (ASD), which included major depressive disorder (MDD), attention-deficit/hyperactivity disorder, bulimia nervosa, cataplexy, dysthymic disorder, fibromyalgia, generalized anxiety disorder, irritable bowel syndrome, migraine, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder, premenstrual dysphoric disorder, and social phobia. Because they never discovered the triggers or pathology of ASD, their concept never gained wide traction. This year the Brainstorm Consortium published an article in Science suggesting that 10 similar common psychiatric disorders were strongly connected, but common neurological conditions appeared not to share this connection. Over several decades we have noted that common brain dysfunction symptoms typical for these psychiatric conditions seem to correlate very strongly with metabolic problems like obesity, metabolic syndrome, and type 2 diabetes. Direct measurements of body composition were used to measure obesity. We proposed a new disease model called Carbohydrate Associated Reversible Brain syndrome or CARB syndrome to account for these connections. The primary trigger of CARB syndrome appears to be long-term exposure to highly processed food. We used this new model to develop very effective treatment protocols that appear to be capable of preventing, treating and completely reversing the disease.

Biography

William L Wilson, MD has completed his MD degree from the University of Minnesota and simultaneously did basic research working under Franz Halberg at the Halberg Chronobiology Center. He then completed his Family Practice Residency at Regions Hospital in St. Paul, MN. Since then he has worked in multiple clinical settings where he successfully used the CARB syndrome model to effectively treat patients with complex combinations of medical and psychiatric disorders. He has published numerous papers in peer-reviewed journals concerning CARB syndrome and other common chronic medical disorders.

docww@aol.com

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