



# **Biochemical Imbalances: The Root Cause of Mental Health Disorders**

**Dr. Albert Mensah**



# Biochemical Imbalances: The Root Cause of Mental Health Disorders

**Rebekah Kelley:** Welcome to the Humanized Podcast, Your Health Personalized. I'm your host, Rebekah Kelley. Today we're going to be talking about the role of biochemical imbalances as the root cause of mental disorders. We have a great guest today, Dr. Albert Mensah. But before I introduce Dr. Mensah, I want to remind everyone to subscribe, to get all of our variety of casts in audio, video, and transcription at [HumanizedHealth.com](https://HumanizedHealth.com). I also like to thank our lead sponsor Village Green Apothecary at [MyVillageGreen.com](https://MyVillageGreen.com).

Our guest, Dr. Albert Mensah, specializes in treating mental health disorders through biochemical lab testing and individualized, targeted, nutrient therapy. He is the co-founder of [Mensah Medical](https://MensahMedical.com) in Warrenville, Illinois, an integrative health clinic, as well as the Mensah Research Institute, a not-for-profit organization dedicated to conducting, supporting and presenting research that provides scientific evidence of the efficacy of targeted nutrient therapy. Dr. Mensah, thanks so much for being here.



**Dr. Albert Mensah:** My absolute pleasure. Thank you for having me.

**Rebekah Kelley:** I'd like to focus on your unique approach to mental health disorders. What is advanced nutrient therapy? I've got to admit, I haven't heard about this for mental health. I've seen many therapists and no one's ever mentioned this to me before. So this is new.

**Dr. Albert Mensah:** Well, it's new. And at the same time, it's old. Somewhere along the line medicine went in the wrong direction. It kind of left the direction it was going in originally. And that time came about, really, thanks to the great Dr. Lister, who invented Listerine. But it was actually more about his uncovering the truth about something called bacteria, a not-as-of-yet heard of strange, invisible creature that could cause people to become ill.

# Biochemical Imbalances: The Root Cause of Mental Health Disorders

He presented this to surgeons and suggested that they should clean their equipment before surgeries and in-between surgeries. And they laughed at him. So these invisible things, blah, blah, blah. And then the microscope was invented. And guess what they found? Bacteria. Now, at that point in time, the world shifted from looking at internal causes, to the world of outside invaders.

But what we have to come back to is, why is the mind being affected this way in the first place? What we see is that most of the time, this idea of mental health has nothing to do with the mind at all. It starts with the brain. Dysregulation in the brain, an inability for the pieces that all need to work together, not working, leads to emotional and cognitive challenges. The way I like to put it is, if you own a car, you get in your car and anybody who knows you says, "Oh, that's Rebekah coming down the street." But if Rebekah is trapped in her car, and her car is on fire. Nobody says, "Rebekah is on fire." They say, "Her car's on fire, she's trapped, and she can't get out!" That's the world we operate in with regard to mental health.

That's when pharmacotherapy began. That's when drug developments began. So we left the world of what's wrong internally, to protecting ourselves from outside invaders. That was a big disservice. In the old days, a lot of that was called alchemy.

Now we're slowly coming back to these concepts of metals and dysregulations, using metals for treatment. Basically looking at what's wrong, what the imbalances are in the system, as opposed to just saying, gosh, we don't know what it is. It's not a bacteria. It's not a virus. So we don't know.

Even the term "mental health" suggests we don't know – because the mind is a construct that incorporates everything from, depending on your religious beliefs, a soul, a heart, a lung, a kidney, the GI tract, and bacteria in the GI tract. All these things put together create emotional well-being, or non-emotional well-being, or emotional dysregulation.

But instead of saying, "There's something wrong with Rebekah's car," we say, "There's something wrong with Rebekah." That's the wrong attitude.

# Biochemical Imbalances: The Root Cause of Mental Health Disorders

What we've now come to understand, thanks to the work of, the great pioneer Carl Pfeiffer, and Linus Pauling, and Dr. William Walsh, who worked with Pfeiffer, is that there are actual biochemical imbalances. There are the things that go wrong in the system of the brain that lead to these emotional dysregulations. They lead to things like anxiety, depression, schizophrenia, bipolar disorder, and ADHD, to say the least. How else are you going to end up with somebody who says, "I have a wonderful life. I've got a wonderful spouse. I have finances. Everything was taken care of for me, but I'm depressed and I don't know why. I have no outside reason for depression."

This is just one example. Where we're coming to now is getting back to where we were originally before the outside invaders came into play. And now we've expanded upon that work and we've got great vision and understanding about cause and effect.

**Rebekah Kelley:** How effective is it then?

**Dr. Albert Mensah:** 85% on average. That's right. 85% on average.

**Rebekah Kelley:** Medication can't even promise that, right?

**Dr. Albert Mensah:** No, it can't. Because here's one of the differences. In order to do what we do, not only do we do a good personal history, but also a family history, a virtual biochemical genetic tree. And then we actually test. So we've got objective data that we work with. The world of psychiatry and psychology has no objective data. Basically, they say, "Oh, gee, don't worry about the time your dog died. Then you'll be better in 32 hours..."

So now we're able to actually test. Then, based upon that testing and based on the history, we put together a solid protocol that addresses those chemical imbalances, using the very same natural parts that are problematic in the first place.

We don't sit around and say, "Gosh, your car broke down again." (I like cars, so I always go with a car analogy.) And nobody says, "Let me talk to your car and maybe it'll start again." What do you do?

# Biochemical Imbalances: The Root Cause of Mental Health Disorders

You take the car into the shop. They diagnose the problem and they treat it. You take the human body into the shop, we just call it a hospital. They run tests; they identify the problem. Then they treat it. It's the same for the human brain. You've got to identify the problem, create a protocol around it and treat the condition. Same process standardized.

**Rebekah Kelley:** What are some common imbalances? What conditions do they lead to? How are they treated?

**Dr. Albert Mensah:** Let's just talk about some very common conditions. The most common conditions that almost any psychiatrist, psychologist or therapist is going to encounter will be anxiety and depression. Depression, big time. It can be seasonal. It can be a seasonal affective disorder. It can be depression that is major depression, stemming from a variety of causes. It can be depression that's situational. Now, situational depression, on the other hand, is more often than not, exactly what most people think, it's oftentimes more of a mental health issue. But depression that's been there for life, whether it's been there for decades or even several years, generally is not an issue of thinking. It is a problem in terms of the chemical imbalances that are present.

So anything from a methylation disorder to a zinc imbalance, or a copper dysregulation, or what we call pyrrole disorder. Everyone knows about vitamin D. Then of course there are a whole boatload of challenges, like thyroid conditions. These are just a few examples of some of the key imbalances that lead to these conditions.

Now what's also very important is the fact that it's not usually just one chemical imbalance. Most of the time it's a combination. This is why a lay person can't guess their way into helping themselves. You've got to know how these things work together, how they compound each other, and which one is actually the major chemical imbalance. These are just some of the examples of imbalances that can lead to schizophrenia, bipolar disorder and things like that.

**Rebekah Kelley:** It's complicated.

**Dr. Albert Mensah:** It is.

# Biochemical Imbalances: The Root Cause of Mental Health Disorders

**Rebekah Kelley:** What role would diet play in all of this?

**Dr. Albert Mensah:** That's a great question. And it is a loaded question. Many people don't like the answer. But I'm not many people, and my job is to take care of you, and everybody else out there. Diet is not what we've been taught. Diet is not about lovely breakfast, lunch, dinner cereals, you know, blah, blah, blah. It's not that at all.

When you've got a mental health disorder, and we're just going to call it that for simple terms, you test. Existing chemical imbalances can be exacerbated by the wrong diet. But what many people do NOT want to hear is that a high vegetable diet can make you sicker, or even suicidal.

I get a tremendous amount of feedback. First there's shock. Then there's, "Oh, but I don't like eating any other way." I say, "My job is to guide you. You do whatever you want to with that information." But the fact is, for example, if you have a methylation disorder, foods that are rich in folates can actually make your methylation disorder worse. And where are folates present, predominantly? Dark green, leafy vegetables.

Let's say you've got a copper dysmetabolism. 35% of females with postpartum depression, depression anxiety, fibroid tumors, endometriosis, or chronic fatigue have a copper dysmetabolism. So let's look at the foods that are high in copper. You've got broccoli. You've got avocados. You've got kale. Almonds. Sound familiar? These are all favorite foods in salads. So you sit down having your wonderful vegetarian life. For breakfast you have yada yada. For lunch you have a wonderful salad with avocados. For dinner you make sure you have the almonds and the broccoli. You are stacking copper upon copper upon copper into your diet.

That now worsens or exacerbates your anxiety, depression, your situation mentally. And you can't figure out what you're doing wrong. Well, it's not that you're wrong, it's just that you're sort of miscalculating. You don't know that you've got this metal dysmetabolism. Now, based upon testing, you can determine the better way to eat.

# Biochemical Imbalances: The Root Cause of Mental Health Disorders

There are some things that are simply tried and true. Most people don't want to hear this; you are a machine. You're designed to operate in a certain way. You can feed your machine the right things, or you can feed it whatever you want and hope for the best. But if you are, for example, an undermethylated person, a high vegetable diet is not feeding your machine optimally. It can make you suicidal.

In another case, what about somebody who's got the opposite methylation disorder, maybe an overmethylated person. They are designed to eat tons and tons of dark green, leafy vegetables. But an undermethylated person is designed to be a carnivore.

The real irony, which I still haven't figured out in all these years, is that these two opposing chemistries just love to eat the exact opposite way. We've got our big, giant football players out there; overmethylated people are usually pretty thick because methyl leads to creatine, which leads to muscle. And these guys want to go out and eat beef. They want to go out and chop down a giant warehouse full of pterodactyls and T Rexes and cows. But they are the ones who should be eating a diet rich in vegetables, just rich in vegetables.

Now, on the other side of the equation, they want to eat vegetables and they should be eating more protein, animal protein. This is not about philosophy. This is simply about the science.

So diet can make things worse, but you usually can't eat your way purely into health. When you've got these biochemical imbalances, you need several times the recommended daily allowance of many nutrients. There's no way you could eat that in a day. It'd be impossible. It's like an old commercial for Total cereal. You need 13 bowls of Total cereal to equal the amount of zinc in this one capsule. So that's the role food can play. It can be hurtful. It can be beneficial, but it's not always curative.

**Rebekah Kelley:** If you could wrap up and give us a summary of some takeaways based upon what you shared?

# Biochemical Imbalances: The Root Cause of Mental Health Disorders

**Dr. Albert Mensah:** There are some key points here. Number one, I want people to understand that mental health is not about the mind, necessarily. The vast majority of time, there are actual chemical imbalances. There are things that are wrong with the functioning of the brain that are fixable, that are causing these mental health disorders.

Number two, those things are testable. We can actually test for chemical imbalances and we can create a natural, or shall we say even nutraceutical grade approach to treating those conditions. But we are still using the natural elements that you were designed with. We're fixing the parts, as opposed to trying to wrap up duct tape around the parts of the car and hope things go well.

Number three, diet plays a very important role. Diet can be inflammatory. We didn't talk about that, but the wrong diet, based upon your chemistry, can make you worse. You may think you're eating all wonderful and great things that are out there for you, but you can become sicker, sicker, sicker, and suicidal. You've had patients like that. And all we do is find out that they're eating the wrong way. And then on the fun side, Rebekah, I didn't mention this before – I've seen many professional athletes that have found out through chemical testing that they were eating the wrong way. When they ate properly, wow! Their careers shot up in a major league, big direction.

**Rebekah Kelley:** My mind is blown. I'm just trying to process all that. Beautifully said Thank you. Thanks so much, Dr. Mensah. Those are really valuable insights.

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