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TOPIC: NEW MIND SCIENCE
INTERVIEW SPEAKING POINTS
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**NOTEWORTHY OVERVIEW: HARD DATA CHANGES PERCEPTIONS,
AND PERCEPTIONS IMPROVE PRACTICE**

Most of the mistakes in thinking are inadequacies of perception,
rather than mistakes of logic. – *Edward de Bono, Nobel Prize Nominee*

Dr. Parker is a Neuroscience Consultant, practicing Child, Adolescent & Adult Psychiatrist - a best selling author at Amazon, [New ADHD Medication Rules](#), [Brain Science & Common Sense](#), lectured nationally for more than 20 years on peer-reviewed science for precise treatment with psychiatric pharmaceuticals, and is on a mission to improve global mind care through an increasingly curious and informed citizenry. Parker Bio and further links in PDF: <http://corebrainjournal.com/bio>

Many critical-thinking neuroscience professionals¹ agree: the current standard of care, based upon diagnosis using behavioral appearances, is woefully outdated and pandemically contributes to global compromise and frequent failure in everyday psychiatric treatment – characterized today by guesswork and more medications.

However, today we also live in a promising Galileo Global Mind Moment with new telescopes to view a different universe: <http://corebrainjournal.com/galileo>

Today psychiatric practice, efficacious as it is at times, must more effectively synchronize with the rapid developments and fresh discoveries in modern neuroscience. Current practice is helpful but needs *measurable* improvement based upon the underlying reality of biomedical brain & body biology.

- Because the current standard for diagnosis & subsequent treatment is cosmetic, the underlying biomedical issues remain overlooked - in favor of a global coefficient of perfunctory, inadequate norms that miss variables present within brain complexity.
- The outcome: innocence & guesswork lead to pervasive unpredictable medical consequences and distrust of the medical mind-care system.

- On the other hand, informed brain function assessments now predictably improve functional target recognition - beyond the current standard of using fixed reductionistic labels as tools for psychiatric medications that mark only behavioral appearances.
- Measurable biomedical imbalances create repeated treatment failures.
- Detailed cost-effective biomedical laboratory perceptions provide fresh maps that now more precisely mark the brain function landscape.
- The biology of advanced functional brain imaging [SPECT], while clinically useful, is not as cost-effective, and only superficially approximates more measurable, more cost-effective, molecular and cellular activities.
- SPECT *blood flow markers* miss the more relevant reality of underlying *cellular neurophysiology*. [I'm certified by the NRC for Single Photon Emission Computed Tomography and have used SPECT imaging since 2003.]
- Molecular and cellular insights bode well as dramatic advances in genetics, measured synaptic activity,² nutrition, immunity challenges, and specific neurotransmitter activities provide globally available answers. What's missing: understandable translations for street value.
- Today we can measure the molecular activities of synaptic transporter proteins to translate them into clinically meaningful observations that help explain previously unexplained clinical conditions – as commonplace as personality disorders. [e.g. Avoidant Personality]
- Those previously untreatable personality disorders could only be treated by years of psychotherapy or psychoanalysis, and now often can begin to resolve with nutrient therapy in weeks.
- “ADHD” is a dramatic, utilitarian, prototypical example of the limitations of behavioral diagnosis. “ADHD” diagnosis is too often associated with accompanying pervasive inaccuracy in the clinical practice of using controlled medications with children and adults.
- The dramatic, obvious impacts of food sensitivities with attendant gastrointestinal imbalances is one of the most commonplace impediments to effective use of psychotropic medications – yet persists as a focus of denial and disrespectful debate amongst subspecialists in medicine who have no awareness of these matters as related to brain function.³
- Since the criteria of most psychiatric diagnoses are so superficial everyone who can read the papers is by default board certified in psychiatry, and medical professionals are not an exception.
- The good news: a coalescent evolution of psychiatry is underway. The polarized split between the dogma of functional medicine and traditional psychiatry has begun, as both groups remain determined to provide the most informed, most predictable, most cost effective care.

¹ Critical Thinkers - References: <http://corebrainjournal.com/critical>

² Dr. William Walsh on Methylation: <http://corebrainjournal.com/115>

³ Dr. Alessio Fasano, Chief Pediatric Gastroenterology, Mass. Gen. Hosp. [Gluten Freedom](http://www.glutenfreedom.com)