

Shrink Rap Radio #260: Whole Psychiatry with Robert Hedaya, MD

David Van Nuys Ph.D. Interviews Robert Hedaya, MD

(transcribed from www.ShrinkRapRadio.com by Jeremy Devens)

Excerpt: *What I like to say is to make a Big Mac, you need a special sauce and the sesame seed bun and the lettuce and the pickle, etc, you've gotta have the ingredients to make a Big Mac, in the same way, you've gotta have the ingredients to make neurotransmitters, so you've got to have tryptophan, you've got to have tyrosine, B-6, B-12, folic acid, copper, zinc, these are basic nutrients that you have to have, and if you don't have them, you're not going to make enough serotonin or dopamine or norepinephrine.*

Dr. Dave: That was the voice my guest, Dr. Robert Hedaya, talking about the approach he founded, Whole Psychiatry. Robert J Hedaya, MD is the founder of the National Center for Whole Psychiatry in Chevy Chase, Maryland. Dr Hedaya believes that better mental and physical health can be achieved with *less* medication by correcting bodily systems and getting to the roots of ill health. Using traditional and integrative approaches, Dr Hedaya assesses digestion, nutrition, immune function, inflammation, detoxification, oxidative stress, hormones and genetics in every person he evaluates. Although he is a certified psychopharmacologist, through this method Dr Hedaya has found that his patients can achieve better physical and mental health, with less medication.

He is an active member of the Endocrine Society, a Distinguished Fellow of the American Psychiatric Association, a former Board Member of the Suburban Maryland Psychiatric Society, and board certified by the American Boards of Psychiatry and Neurology, Adolescent Psychiatry, and Clinical Psychopharmacology. Dr. Hedaya has been a consultant to the National Institutes for Mental Health, and is a Clinical Professor of Psychiatry at Georgetown University Medical Center, where he teaches courses on psychoendocrinology, affective disorders and cognitive behavioral therapy. He has received the

“Outstanding Teacher of the Year Award” on three occasions from Georgetown University Medical Center. He is the author of three books: Depression: Advancing the Treatment Paradigm (2008, IFM.ORG), and the Antidepressant Survival Program (2000, Crown) and Understanding Biological Psychiatry (1996, Norton). He has been featured in the local and national media (20/20, 60 minutes, New York Times, Washington Post, etc.) on multiple occasions and is a frequent nationally and internationally recognized speaker. He has an active blog on WholePsychiatry.com as well as psychologytoday.com.

Now, here’s the interview

Dr Robert Hedaya, welcome to Shrink Rap Radio.

Robert Hedaya: Thank you.

Dr. Dave: I am really happy to have this opportunity to meet with you and to discuss your work. If I recall correctly, your wife is a psychologist and a listener to Shrink Rap Radio and she wrote suggesting that you’d make an excellent guest.

Hedaya: That’s correct.

Dr. Dave: (laughs). It’s interesting to hear from a psychologist who is recommending her husband rather than herself.

Hedaya: Right.

Dr. Dave: Evidently she holds you and your work in high esteem. Over the past 40 years or so there have been a variety of therapies which characterize themselves as holistic. As a physician and a psychiatrist you founded an approach that you call Whole Psychiatry, so we’ll start in the obvious place, what is Whole Psychiatry and what necessitated it? And if you’d like to lead in with some of your background and how you evolved in that direction, that would be great too.

Hedaya: That’s a great question. First, Whole Psychiatry is an amalgam between traditional psychiatry, which involves diagnosis and

psychological assessment and the use of psychopharmacology, as well as the use of alternative methods or methods that really focus on trying to get the body to work. Basically, what I've learned is that the physiology strongly effects the mind. If someone comes in to see me, I'll spend about 2 1/2 hours with them, I'll do a physical examination. I look at the standard stuff, but I also look at digestion, the immune system, detoxification, infection, inflammation, hormones, genetics, epigenetics and biochemistry. All of these things enable me to often achieve my goal, which is getting people well with as little medication as possible.

So, what nodes on the matrix I develop are causing problems, and we work to treat them with diet or meditation or cranial-sacral therapy or psychotherapy, a variety of things, sometimes medication, even though I try to avoid that.

So to answer the question of how this came about, there's a story I like to tell. It's been an evolution. It started back in 1985 when a woman I was treating who was about 50 came to me about panic attacks, which she had never had before. In taking a history, she had one daughter, she had marriage problems and she was having panic attacks and her daughter was going off to college, and I thought there was probably a separation anxiety. I began with Cognitive Therapy, which was, at the time, cutting edge, that didn't work. I said, well, let's try some medication and we went through three different medicines. A year into the treatment, she pages me on a Saturday night with a panic attack. I thought, you know, I must be missing something here because panic attacks are pretty straight forward and easy to treat. So I went to the office early Monday morning and looked at her chart. I had done a little blood work initially and I saw in the chart that the size of her red blood cells were a little large. The normal range was 80 to 100 and she was 101. When I originally did it I thought, "well, it's a little bit out of the range, and I don't really know what it means anyway," so I ignored it.

Dr. Dave: Right.

Hedaya: So a year later I thought I better look into this. Sure enough, it turned out to be evidence of a B-12 deficiency and I put her on B-12 and immediately after the first injection, the panic was gone.

I was able to look back and say obviously I'm missing things, so what else am I missing. That really started me on the path of a questioning why people aren't getting well. Why do we have revolving door psychiatry? Why is it that every patient comes in with a history of having seen several psychiatrists or psychologists? Why is it that they're on multiple medications now?

The answers gradually came to me through study and practice. In about 1996, after I wrote my first book, I really was on the edge of chronic fatigue syndrome myself.

Dr. Dave: Mhmm.

Hedaya: So that propelled me to start to look at what I could do for myself, and that pushed me into a field called functional medicine. So I went for training and treated myself and had a full recovery and became very active; mountain biking, etc, and eventually wrote my second book. I started using it with my patients and was astounded with the results. So that's what I've been doing, and that's really my mission.

Dr. Dave: Wow, that's a great answer, and there's so many places I'd like to hook on to in that answer. First of all, I just want to underscore that you got curious about what was going on with that patient and that 1 point difference in terms of detecting that B-12 deficiency and the difference that made. It brought to mind my wife's constant complaint about physicians in general that we encounter, that they seem to lack curiosity.

Hedaya: Right.

Dr. Dave: They've already got their mind made up about so many things and they don't have that kind of curiosity that you showed.

Hedaya: Yeah, I think it's true. There was a study, you probably heard of it, patients walk into the doctor's office and within the first minute the doctor has already made the diagnosis.

Dr. Dave: Mhmm.

Hedaya: What I learned in my training is that you have to be able to tolerate uncertainty. When I was being trained in psychiatry, we would see a lot of patients, but on Wednesdays we had a series of lectures, and at 12pm, the explanation for psychological problems was behavioral, at 1pm it was a biochemical explanation and at 2pm it was a family systems explanation and at 3pm it was a psychoanalytic explanation. (Laughs) What's going on here? They can't all be right or they can't all be wrong.

Dr. Dave: Yeah.

Hedaya: So I had to hold the tension, and it was very difficult, because you're treating people and it's kind of like "What tool do I use here?" I had to hold that tension for about three years, and finally at the end I was able to integrate them into a psychological model, and basically what it amounted to was pretty simple; you look at a problem, and what you see is a manifestation of, of course, your paradigm, but what kind of lens you use. If you use a high-powered lens, you see the biochemistry. If you use a very low-powered lens, you see the family. If you use an even lower-powered lens, you see the culture. It really depends on what power lens you use.

So what I strive to do is use different powers of lens in every assessment, so I can work with things using different modalities and different tools. That's important. The other point I want to make that is really important is that if we look at the example I gave of the red blood cells and me ignoring a one point difference, which is kind of how I was trained. Now I realize, you don't have a MCV (blood cell size) of 99 one day and 101 the next day and you're abnormal. You don't have a glucose

of 99 Sunday and 101 on Monday morning, therefore you are now diabetic on Monday morning. It's a grayscale. As you move away from your norm, you're moving towards illness.

That's a perspective that, currently, modern medicine doesn't have. It's either you have an illness or you don't have an illness. They're not really working with the function of the system. It's kind of like a bank balance. The balance diminishes over time and you write a big check and it bounces, but if you have a big balance you can afford to take health risks.

Dr. Dave: Does this relate to functional medicine? One of the key components you mentioned, what is functional medicine, and how does it relate to what you're saying now?

Hedaya: The nontraditional part of what I'm saying is functional medicine. It's an approach to chronic illness, which is really most of what's bankrupting our healthcare system right now. The approach is dynamic and looks at function, it's not static, it's not that you're in this box or you're not in this box. The analogy I often use with my patients is let's say you have a car and you want to assess your shock absorber. You can take a ruler or measuring tape and measure it, or you can push on the car and see what kind of wave pattern you get, and that will tell you about the functional reserve of the shock absorbers. The same applies to our adrenal glands and our gastrointestinal system, etc. Functional medicine looks at the function and the reserve of the organ systems and body systems and psychological systems and tries to improve and increase that reserve by treating the underlying metabolic issues that might be getting in the way. What I do is add in the psychological, social and spiritual aspects.

Dr. Dave: Okay, well you raised the question of the economics of medicine today, which is, of course, driving us all crazy. So your initial consultation takes 2 1/2 hours, and you talk about getting the whole picture, which I love; the symptoms, the person, the biology, the

psychology, the interpersonal situation, the family, the community, the culture *and* spirituality. That's a lot. I would think some psychiatrists would think that such an approach would be unrealistic, especially in today's economy.

Hedaya: I'm fortunate that I can do it. I made a choice when medicare came out in 1991, when physicians were hiring lawyers to be able to sign on to panels and one of the managed care companies sent me a contract that said they'd pay me x dollars per hour, hold back 20% and pay me back that 20% at the end of the year if I've done what they asked, and they'd tell me how many sessions I can treat a patient...

I'm just not personally able to do that. I strive to do the highest quality work I can do, so that's what I'm going to do. If people don't want that, then I will leave medicine. I'm fortunate in being able to do that. I'm trying to practice the best medicine I can. Obviously, it takes a lot of time, and you can easily say that it's not cost-effective, but that's untrue. If you spend 2 1/2 or 3 hours with someone, and if you do a thorough work up, and if they implement what you're asking them to implement, then what happens is not only does the psychological health improve, but their physical health improves, and the result of all of that is that their family system and their work improve as well, because they're more functional, happier people. The ripple effect, the downstream effect over time, makes it very cost effective.

If you take the current model: come in, see the doctor, get a medicine. Then what happens is you pay in terms of side-effects. For example, the psychiatric medications, probably 95% of them cause weight gain and push people into metabolic system and eventually diabetes. That's associated with osteoporosis and cardiovascular disease. The very treatment, over the long haul, whether it's 5, 10 or 15 years, actually produces the problems we're trying to avoid.

So you can take big picture, my model is more costly up front, but much less costly in the long run.

Dr. Dave: By the way, I'll call your attention to [an interesting article in the New Yorker](#) magazine where the writer talks about some pioneering efforts to study the people who are consuming the most in terms of medical services. 1% or 5% of the people are consuming 80 to 95% of the resources. The traditional insurance company approach to that is to reduce the amount of services they offer people as a way to control that. The researchers decided to find a way to give these 1% to 5% of people all the treatment, attention and care that they need and focus on them, and showed that in the long run, that will be less expensive.

Hedaya: Yeah, I think that's agreeing with my point. There's a lot of evidence and studies supporting it, but we really do need a much larger study, or maybe several studies to document it, but I know in terms of my patients, that is what I see.

Dr. Dave: Yeah, and just to have a medical person spend 2 1/2 hours with you, that's healing in itself.

Hedaya: It is!

Dr. Dave: Yeah, it's so rare, and people really crave attention to their situation, to their lives, to their needs. So that kind of communicates a caring, I think, on a powerful level.

Hedaya: Yeah. I just had a patient that came in Tuesday and that's exactly what she said. She said she was tired. She had been on four or five medicines for depression and anxiety. She said, "I go to the doctor, they talk to me for five minutes, they don't even know me, then they throw medicine at me," and she goes home and either she takes one or two doses and has side effects or she doesn't take it, but they keep prescribing it because they looked at her prescription records from the pharmacy and the doctor kept renewing it every time she'd visit him. He was an internist, and the internists have really been trained by the drug companies and the managed care companies to assess depression and anxiety and use psychopharmacology or a referral to a therapist.

Really, for a lot of people, they're doing it to service, both in the short run and in the long run, that maybe a part of all these warnings, these black box warnings for antidepressants, that they can cause suicide, have you heard of that?

Dr. Dave: Yeah. Particularly with young people, and particularly when people are first starting to take the antidepressants, as they start to feel reenergized, the theory is that they're feeling good enough now to kill themselves, they have enough energy to do it.

Hedaya: Yeah. It's that, and it's also an agitation. As a result of the medications, sometimes there's a mania. All of this is avoidable if someone takes a really careful history and gets collateral history, you know, from mother, father, sister, brother, friend, and then has a relationship established so they are closely following up how the patient feels, whether it's a phone call, or checking in a week later, that's the appropriate care. Without that care, that's what you're going to see; suicidal attempts, and it's preventable.

Dr. Dave: Earlier you mentioned your own struggle with chronic fatigue syndrome. I take it you've gotten over that. I'm particularly interested because I have a son who has been wrestling with that for some years. Were you able to get over that?

Hedaya: Yeah, I was. I really became alarmed because, first of all, I didn't know much about it and I was told by a colleague that I was on the edge of chronic fatigue syndrome. That got my attention. I did a little research and some tests on myself, and I saw that one of my white blood cells, the natural killer cells, were really functioning at a very low level. My adrenal glands were functioning at a low level. My thyroid was functioning at a low level. I was getting sick all the time; very frequent sinus infections and so on. I did more research and I radically changed my diet, and I tested myself and my hormones and nutrition, and the one thing that I left out that I'm dealing with now is mercury. Through that

and all those measures and gradually increasing my activity level, I recovered completely and, actually, was in better shape than ever.

There are some people for whom that won't work, and we don't really know why, but for a very substantial percentage of people with chronic fatigue syndrome, that does work. So, the way I look at it is even if you put all those things into place and the person doesn't get substantially better, then you can go the next step and I would refer them to an immunologist that can work with antiviral drugs and things like that. So you've got the foundation in place before you take those kind of steps.

Dr. Dave: Okay. I notice that detoxification is a frequent part of your treatment approach. What toxins are you referring to and how do you get your patients to detox?

Hedaya: I went to a conference on detoxification about three years ago, we spent five days looking into it and by the end I was pretty sure we should all be dead (laughs).

Dr. Dave: (Laughs).

Hedaya: It was pretty astounding.

Dr. Dave: Are you talking about environmental toxins?

Hedaya: Yeah, environmental toxins, and mercury, heavy metals. The National Institute of Health found over 900 new-to-nature chemicals and about 300 of these are found in newborns. With all these new chemicals, some of which are carcinogens, there is no way we could know what they will do in combination as they are in our own bodies.

So the best thing you can do is to have support for your liver. Try to strain out your gastrointestinal health, eliminate heavy metals if you have them in your system, and avoid exposure as much as possible to the chemicals. It's not really possible to avoid exposure completely, but you can not use pesticides, you can avoid drinking from plastic bottles, try to use glass, and educate yourself on these things and do the best you can,

but we can't really avoid it. The main thing is get out what you can get out and put in good stuff to help your body, particularly your liver, detoxify.

Dr. Dave: So how does one support their liver?

Hedaya: There are a number of nutrients you can use, anything from ALA to milk thistle to certain amino acids to acetylcysteine, or selenium. Manganese, magnesium. There are many things that could go into this kind of approach, but it's easy to do, there are products on the market that will support your liver and enable you to detoxify a lot of these chemicals. Keeping your weight down is really important. One thing people often do is, let's say you're 20 pounds overweight and you decide to lose weight, many of these toxins are stored in your fat cells, they're fat soluble. If you begin a diet, a lot of the fat is released into your bloodstream, and with it these chemicals, so you're actually getting a toxic dump from your own stores, your own fat stores, so it's very, very important to support your detoxification system if you're losing weight. That's extremely important, and usually not done. You see people going on fasts or severe restrictions, and it's not healthy from a toxicity point of view.

Dr. Dave: That's interesting, because I have counter-culture friends who will periodically say they're going to detox by going on a fast; a juice fast or some other kind of fast. Is that something that you advocate or not?

Hedaya: Well, let's say you have a friend who is very thin and they do that periodically, I think that's probably fine. If you have someone who has significant fat stores, if they want to do it, they need to do some kind of detox support at the same time, or else I think they're harming their body. They may feel better, but I think they're doing some harm.

Dr. Dave: Okay. Another area that you talk about is inflammation. I recall reading somewhere that inflammation is at the root of a lot of our

ills, including aging, and that most of us have pockets of inflammation. Bring us up to speed on inflammation, if you will.

Hedaya: Yeah. So, I think of infection and inflammation together, as one process. You can have one without the other, but what we're really talking about is the immune system being imbalanced or activated or even deactivated. So when you have an inflammatory stimulus, let's say you get a sinus infection or a sore throat or an infection in your gut, what happens is the chemistry in the body changes, the T cells of the immune system get activated and start secreting various chemicals; they're kind of like hormones, they travel through the body and we call them [cytokines](#) because they help move white blood cells to the infected area. One of the things they do is increase free radicals, and free radicals are good because they can kill viruses and bacteria, but they're also bad because they can do harm to the energy producing functions of the body. So, if there's an imbalance there, you might end up having problems with energy.

The other thing that inflammation anywhere in the body does, is it changes the brain's chemistry. So let me mention a really fascinating experiment. What the researchers did was take 20 normal male volunteers... Now I always thought it's funny to call them "normal male volunteers" because anyone normal wouldn't volunteer (laughs).

Dr. Dave: (Laughs).

Hedaya: But they were college students and I guess they needed the money. So what they did is they took a very, very low dose of something called lipopolysaccharide or LPS. LPS is like the envelope of bacteria, and it's the part of the bacteria that makes you sick. So when you get a cold or an infection and you feel sick, it's because the LPS is activating all these things that make you feel sick. So they took a very, very, very, very low dose of LPS and they injected it intravenously to these men, and then they watched over 10 hours their blood pressure and their pulse and their cortisol, which is a stress hormone, and they tested their mood

and their anxiety and their memory. What they found is that when the hormones of the immune system, the cytokines went up, their anxiety went up, their memory performance went down and their depression went up. This was a tight correlation. It turns out that there are many, many studies now that link so many illnesses to activation of the immune system. From Alzheimer's disease to Parkinson's disease to, of course, chronic illness like diabetes, to osteoporosis, cardiovascular disease. Most all chronic illnesses have inflammation as the pathway that causes damage. Now, what triggers the pathway and where that damage occurs can vary from illness to illness. Inflammation is really critical.

If we talk about Alzheimer's disease for a second, there were ten large studies that were done on people who had autoimmune diseases like rheumatoid arthritis, and in these studies, people would take high doses of things like Aleve and Advil and Ibuprofen, those non-steroidal anti-inflammatories. Very high doses to treat their arthritis or what not. Investigators noticed, by accident, that in these populations, very few people got Alzheimer's disease. It was so remarkable that a study was started to prospectively test this hypothesis. Basically, they treated people with non-steroidal anti-inflammatories at high doses and see if the incidence of Alzheimer's disease was lower.

What happened is the medication that they used was withdrawn by the FDA and there were some questions about the study design, so it never actually happened. I think there's sufficient evidence to say that Alzheimer's disease, whatever the insult is, the pathway is inflammatory, and there's very good evidence that by reducing inflammation you could at least delay it or maybe even prevent it.

Dr. Dave: What would you recommend, in terms of prophylactic approach to lowering the level of inflammation in one's body, generally?

Hedaya: The approach would be, first of all, find out if you have any infections; subtle infections, that could be you had a root canal five years ago. You could have an infection and not know it because you don't

have any nerves there. You could look for other infections, say Lyme disease or chronic sinusitis or exposure to mold or toxins in your environment, things like that. The first thing I do is take a history and see if there is evidence in terms of inflammation. Then I do some blood work to see if there are markers in the blood for inflammation. Then I eliminate the problems and see if the markers come down. The second thing I do is look at the gut, because about 70% of your immune system comes through your gut; every meal you eat, all the bacteria and parasites and what not in your gut are challenging your immune system all the time. So, making sure that the gut is functioning properly is critical to dealing with inflammation, and even psychiatric disorders like mood disorders and OCD, things like that. So I look at the gut carefully with a stool test and a variety of other tests and correct where needed by proper supplements, changing diet, and we can often bring inflammation down.

Those are the major approaches. In addition, you can take antioxidants such as Vitamin C. Don't over-exercise... I think that's a very good approach that will help most people.

Dr. Dave: I've read about some of the things you've mentioned in your blog. One of the things you talked about was that nutritional deficits may play a role in mood disorders. What's been your experience in regard to that?

Hedaya: What I like to say is to make a Big Mac, you need a special sauce and the sesame seed bun and the lettuce and the pickle, etc, you've gotta have the ingredients to make a Big Mac, in the same way, you've gotta have the ingredients to make neurotransmitters, so you've got to have tryptophan, you've got to have tyrosine, B-6, B-12, folic acid, copper, zinc, these are basic nutrients that you have to have, and if you don't have them, you're not going to make enough serotonin or dopamine or norepinephrine. So that's step one, to make sure that the diet is balanced. Step two is make sure the intestine is functioning so that you can digest the food and absorb the nutrients. Step three is to test

to see if you have adequate nutrients, and if you don't replace them. Then, step four would be to eliminate the inflammation, because inflammation from anywhere changes the chemistry in the brain so that you have less serotonin and you have more dopamine and more glutamate. Glutamate causes anxiety and can actually, in high doses, destroy nerve cells.

As you can see, everything is connected to everything.

Dr. Dave: Yes.

Hedaya: That's why I call it whole psychiatry, and I like to reserve a little place in the definition of Whole Psychiatry for not knowing. There's always going to be a lot that we don't know, and we have to be open to that.

Dr. Dave: In fact, you wrote that it's essential that the practitioner of Whole Psychiatry be able to tolerate ambiguity and be open to new learning.

Hedaya: Yeah. I think that's true. What I see... I've been training psychiatrists in this for about 10 years and what I see is... I think it's human nature, people have trouble tolerating uncertainty, and they're comfortable with what they know, and they'd just as soon refer someone out than try to figure things out. I'm not saying you shouldn't refer someone out, but you should really try to expand your knowledge. You can't build a house with a screwdriver, you have to have a lot of tools. You can't help someone improve their health with two tools, like psychotherapy and medication, you have to have a lot of tools. It just seems to be the way people are; they like what they know and as long as they're not getting uncomfortable, they don't really try to learn too much.

Dr. Dave: Yeah, I resonate to what you're saying about holding the tensions, because I'm something of a Jungian, in terms of psychological orientation. Jung and Jungians beat that drum quite a bit, that a marker

of health is to be able to tolerate all of the ambiguities of... Existence. Rather than latching on to a sense of certainty by claim to one thing or another.

Hedaya: Yeah, and I would say it takes a certain kind of mentality. Like the Jungians, being open to the mystery, open to not knowing, being curious, as opposed to the kinds of people medical schools choose, most of whom are great at memorizing facts.

Dr. Dave: Mhmm.

Hedaya: That's a different kind of person, and we need those kind of people, but we definitely need people that are willing to explore and accept the things that may break the paradigm.

Dr. Dave: Now, are you a lonely prophet crying in the wilderness, or have you been able to persuade other psychiatrists to join you in this approach?

Hedaya: (Laughs). I teach in Georgetown, with a friend of mine who is a really traditional psychiatrist, we've been teaching a course on mood disorders since 1985, and about 10 years ago, one of the residents asked him, "Dave, what do your colleagues think of Dr. Hedaya?" and he said, "Well, he's out on a limb, but we're all slowly crawling out there towards him."

Dr. Dave: (Laughs). That's a good way to put it.

Hedaya: I would say I see a change now. I was just asked to talk to the Washington Psychiatric Society and gave a talk in September for a few hours, and people were curious. I think I see the beginning of a change coming. I think that's because A) there's a natural rhythm in medicine, which is about every 50 years the paradigm changes and B) because the current treatments really cause a lot of problems, and they don't work that well. That's not to say they don't work at all, there are plenty of people who do benefit from the traditional approach, but the studies

clearly show that 2/3 of people, for example, with depression, don't respond to medication and therapy, or only partially respond, and that doesn't even take into account the side effects. So our model is sorely in need of updating.

The other thing I'd like to add is that we often think modern medicine is really based in science, but the facts are that there's a lot of publicity now in the medical world that most of the "clinical research" that's been published is biased. The drug companies and the publications don't like to publish trials that show that things aren't working. Everyone wants to find something that worked, so that's what gets published.

So, in fact, what doctors are reading is a very biased literature. Now, what they're showing is that something that seems to work in the beginning, if you follow the results over time, it doesn't seem to really hold up statistically. That's something that crosses all areas of science. What I like to think that I'm doing is trying to work with more time tested things; good diet, good nutrients, good air, good thoughts, good relationships.

Dr. Dave: (Laughs).

Hedaya: You know? The basics.

Dr. Dave: There's also a lot of new evidence in psychology supporting those things. Now, you suggested practicing psychology without functional medicine is tantamount to malpractice. Just to do my due diligence, I don't mean to blindside you here, but [I went on wikipedia to look up functional medicine](#), and the article there reported on a doctor Jeffery Bland citing him as the founder of the institute for functional medicine and that he had two companies that the FTC went after, and he got fined \$45,000 for making false claims in regard to a weight loss product. So I have to ask you to comment on that, if you have anything to say.

Hedaya: Yeah, sure. I know Jeff Bland, we're not friends, but I've heard him speak, and he was actually one of my teachers early on, and this guy is *brilliant*, he's got an encyclopedic mind that's pretty astounding. He has made a lot of money on his medical food products, and the money that he made went into establishing the Institute of Functional Medicine. Without that money, he could not have established the teaching programs, so I think he put it to a lot of good. Then what happened is he split off the Institute of Functional Medicine as a nonprofit organization then he went off on his own.

Now, in terms of the FTC, I'm not aware of what you're saying, but I'm not surprised. I don't know what his claims were, but I know his integrity, and I think that, probably, this would be my guess, his claims were based on biochemistry and biochemical, preclinical studies and extrapolation of results. I like that kind of research, because I feel it's much less biased than clinical research, which has been now shown, you know how journals are full of poorly done studies and poor statistical analysis and results that are not replicable and the studies that don't show much or show negative results are kept out, so when they say you've proposed something that's not provable and not supportable, I think the FTC needs to use a broader lens. That's the state of medicine. Medicine now is a religion. Science is a religion. It's not what we think it is. The established ideas change rapidly. Now, I'm not saying you have appendicitis, don't get the surgery, sure you get the surgery, but heart bypass, for example, 50% of people who have heart bypass develop some cognitive dysfunction afterwards, and it's not shown to extend life, thought it is shown to reduce pain. It's just not what we think it's cracked up to be.

Dr. Dave: Yes, and as you indicated earlier, it's very much influenced by money from big pharma and by political considerations within the professional associations and so on.

Hedaya: Yeah, we have the same problem in medicine that we have in politics, you know, the corporate interest.

Dr. Dave: Yeah.

Hedaya: It's a big problem in the society, really.

Dr. Dave: What if one of my listeners wanted to consult with somebody who was more or less like you, who would spend a lot of time with them and take this functional approach, is there some resource place they can go to find a practitioner in their area?

Hedaya: Yeah, they can [go to the Institute for Functional Medicine and enter their zip code](#). The only caveat I would say is that if there are only a few to choose from, check them out and find the one that would work best for you. Not everyone who practices is great, so you still have to do your due diligence.

Dr. Dave: Okay, this is probably a good place for us to wrap it up. Dr. Robert Hedaya, thanks for being my guest on Shrink Rap Radio.

Hedaya: Thanks very much David, I appreciate it.