The Dangers of Antidepressants:
A Special Interview with Dr. Hyla Cass

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

HC: Dr. Hyla Cass

DM: Depression is a very serious health problem and can be terminal, as up to 30,000 people who are depressed commit suicide every year. But are antidepressants the best approach? Hi, this is Dr. Mercola, helping you to take control of your health. Today, we are joined by Dr. Hyla Cass, who is going to enlighten us on this topic. I’ve known Dr. Cass for a while. She is a practicing physician of integrative medicine and psychiatry. She appears regularly on TV and radio shows and is an associate editor of Total Health Magazine. She’s also served on the boards of California Citizens for Health and ACAM or the American College for Advancement in Medicine, which I was a member of for some time.

So, welcome and thank you for joining us today.

HC: It’s a real pleasure. Thank you for inviting me.

DM: We’re just delighted to have you. Why don’t you provide our viewers and listeners with some background on how you first became interested in natural therapies and prevention strategies, which we know is, of course, the better approach than the traditional one or the conventional one, [which] would be a more accurate statement. Give us your story.

HC: Okay. My story is… Do you want the long version or the short version? I’ll just start at the beginning.

DM: Okay.

HC: I was born into a medical family. I came by it really naturally, because my dad was a doctor and he practiced in our house, which people did on those days. Maybe they still do, I don’t know. This was in Toronto.

DM: The Marcus Welby type.

HC: It was great. We had a whole section of the house. The whole downstairs, the whole basement was an office. I was his assistant. I was four years old, five years old, or whatever. When I was a little kid, I’d answer the door. I would be down in the waiting room with his patients and him. I got to see firsthand what medicine was about, what healing was about, how it was when a doctor cared about his patients – and he cared. That was the model I had.

DM: Perfect.

HC: When it became time for me to decide on what I was going to do when I grow up, he suggested, “Hey, why don’t you be a doctor?” I thought I was going to be a nurse. I was close. It’s not like I was
going to be an artist or something. Well, actually, I did want to be an artist, but that was another story. But he said, “Hey, you don’t have to be a nurse. You can be a doctor.” I said, “Really? Because I didn’t have a role model.”

He said, “Come on over.” He took me to Women’s College Hospital in Toronto and said, “I want you to meet some of my friends.” I met some of his women colleagues. Sure enough, they were doctors. They have families. He said, “See, they have families. They have husbands. They have kids. You can do it.” Well, if they can do it, I can do it. I’m eternally grateful to him. He role-modeled me when I was younger. He took me by the hand when I was older. I went through medical school, and it was really kind of… I was home.

**DM:** Was he practicing natural medicine? I mean, he was obviously…

**HC:** He was a general practitioner (GP) in the old days. They thought what they had was natural medicine.

**DM:** Oh, come on, they had drugs back then. Your dad’s not from the 1800s.

**HC:** It’s not the 1800s, but penicillin came in just during that time.

**DM:** 1940, yeah.

**HC:** Yeah. Well not before. It came in the ‘40s, but there weren’t the plethora of drugs that we have now.

**DM:** Oh, sure.

**HC:** Doctors really relied on their own judgment. It wasn’t just pill for every ill.

**DM:** Or practicing defensive medicine, so you don’t get a lawsuit.

**HC:** Exactly. It was very homey and comfortable. A lot of what really happened was the doctor-patient relationship. That really got me set in a certain way. And then by the way, University of Toronto – at least at that time, I can’t speak for it now because I haven’t been back for a while; I live in Los Angeles – it was very humane. We were taught right from the get-go to be very kind to the patients, to listen, and to be nurturing and caring. In fact, when I came to the US to intern at County Hospital, it was a bit of a culture shock because I had…

**DM:** Which county? L.A. County?

**HC:** Los Angeles County. Yeah. It was really kind of like… I was shocked because I was used to being really nice to patients. I continued to be nice to patients, by the way. But I can’t say the same for my colleagues. It was really…

**DM:** Clearly, even though they have that perspective, they were really teaching – for the last hundred years, more than hundred years – this process that really focuses on using drugs as its primary strategy for the alleviation of all this health woes. You came out brainwashed, but, you know. How did you make the transition to more natural medicine?

**HC:** I began to notice. It’s kind of interesting. When you just kind of open your eyes and look beyond what’s right in front of you – and it is right in front of you. I began to notice that what people ate and how they lived actually influenced their health. People who were eating junk were not doing very well. People who were eating better, dropping the junk and eating more healthfully, more natural foods actually were feeling better, doing better, were healthier (have less colds, flus and all the rest), and were nicer people.
It’s interesting. When you’re eating junk, your moods are not very good because you don’t have the raw materials there to make your brain work properly. All of these were my observations and then I began to look around and find other doctors who are doing the similar thing. I discovered Dr. Abram Hoffer, who became one of my mentors. A wonderful man.

**DM:** Another Canadian.

**HC:** Another Canadian. [He] died in his 90s in Victoria with all his faculties still. What an amazing man. I began studying with people who knew how to intervene in a more natural way. I was seeing that the medications – and this was while I was already in my residency. I did my residency at Cedars-Sinai Medical Center. I began to notice that medications have side effects. And by the way, at Cedars-Sinai, I was trained in a more psychoanalytic way. That’s actually good. I have to give them credit.

**DM:** Is that a Jungian model?

**HC:** It’s Freudian. I certainly don’t practice that way now, but it was a good basis. It was understanding that there’s an unconscious and that we have a lot of scripts in us that are unconscious. And when we make them conscious, we actually are liberated and we can go on and live really fulfilling lives. I began to look at how people live. First of all, at their psyche, but also how their lifestyle was – what they were eating and drinking, their attitudes. So many things go into being healthy.

This was way before there was what’s called now holistic health. I was kind of a lone voice in the wilderness, you know, kind of the way health food people but they were called health nuts. Nonetheless, I began pursuing the use of nutritional supplements rather than medication, and lo and behold, I saw my patients did a lot better.

**DM:** And when was this in relation to when you started practicing? Was it right off the bat or did it take five to 10 years?

**HC:** It was pretty much at the beginning, because when I began practicing, the selective serotonin reuptake inhibitors (SSRIs) were just coming out. We had the tricyclics, which had a lot of side effects. The truth is the SSRIs have side effects, too. That’s kind of not a great argument for switching to the SSRIs, but I guess it’s a good economic argument for the pharmaceutical industry because they could sell more drugs.

**DM:** Just for those who don’t know the tricyclics, what is the classic tricyclic that you would use? Nortriptyline or amitriptyline?

**HC:** Nortriptyline, amitriptyline, Tofranil, or Anafranil. These were drugs…

**DM:** And the SSRIs are like Prozac, Paxil, and all those ones. Those are the newer drugs.

**HC:** Zoloft, Celexa, and Lexapro.

**DM:** Right.

**HC:** They all have side effects. It would be okay if the side effects were worth it, but most of the time they’re not worth it. People are put on these antidepressants willy-nilly. Somebody comes in complaining that they’re tired and not feeling quite right, “Oh, here’s a prescription for an antidepressant.” Because the doctors have been brainwashed by the pharmaceutical industry that this is the way to do it, and the doctors are very busy and they don’t have time to really sort it all out.

What I have learned to do is to sort it out, to really listen to people. Figure out what’s going on as the root cause of their depression, anxiety, or lack of sleep, and treating it at that level. You get a much better
response. It’s not like, “Well, we use some supplements unless it’s really serious. When it’s not serious, we use the drugs.” It’s not like that. You don’t have to come in with a heavy artillery. The truth is the heavy artillery knocks you out and does a lot of bad things. Ultimately, it can actually cause brain damage, and that’s scary. I don’t want to scare people out there because if you want an antidepressant, don’t just go off of it. Please, you have to go off of it gradually.

DM: Sure, under guided supervision.

HC: Absolutely, under guided supervision. And then also to take some nutritional supplements along with it to help ease the transition. Going off cold turkey is bad. It’s dangerous. Believe me, you don’t want to do it. A lot of people who have done it get so frightened that they go back on the medication. They never want to go off it again even though they’re not really happy on it because of all the side effects: the sexual side effects, the lack of emotions, the kind of emotion flatness that you get from SSRIs, not to mention restlessness, inability to sleep or maybe being too sleepy, and even suicide and homicide.

[----- 10:00 -----]

And this is so scary when you think of what these medications do. They are not candy. They’re not to be handed out the way they are. That’s really disturbing. That really is disturbing to me. I’m so happy to have this opportunity for us to talk about this, because people think, “Well, my doctor knows what he or she is doing.” Well, they kind of do and kind of don’t. I think it’s up to people to educate themselves.

DM: And you’re well qualified to comment on this because you are a practicing psychiatrist, and this is your primary focus. When we’ve written articles about the dangers of antidepressants before, the common response in the forum topics is that there are a number of people who believed that their whole life changed and improved when they were on antidepressants, and that if it weren’t for them, they don’t know what they would do. There’s a large percentage of population who believe this. I’m wondering how you would address that.

HC: It’s belief.

DM: Okay. It’s good perspective.

HC: As it happens… It’s okay that there’s a placebo effect. It is placebo effect. It’s “the dummy pill” effect, and it’s very powerful. We heal ourselves. Look, even if we have surgical wound and it’s sewn up, what do you think is healing it? The surgeon didn’t heal it. The surgeon put the sides together, sew the sides together, so that the body could take over. And it’s your body’s neurotransmitters that take over.

DM: On a surgical knowledge, it was always the Band-Aid that did it.

HC: There you go. It’s a good question. Here we are with these miracle bodies that we have. What we have to do is feed them right and treat them right, and we’ll get the most wonderful results. On the other hand, if we use medications and use them too much or in the wrong instances, which is in most cases, you’re just going to cause trouble. You’re going to cause these side effects, really some of the very dangerous, and not ever deal with the root cause. I’m sorry. Can I ask something?

DM: Go ahead, continue.

HC: When you or I am addressing a patient, what are we doing? We’re looking at the root cause. We’re looking at… Well, why is that depression occurring? Now, sure, we can go look at… I mean, I’m trained psychoanalytically, so I can say I can look at what happened with their mother, their father, their brother, or their sister. That’s true and that’s very important.
We need to look at our psychodynamics. But what I’m also looking at and what I learned to look at is nutritional status. Looking at: is there an infection? Is there a deficiency? Is there a toxicity? Is there mercury toxicity? Is there a Vitamin B12 deficiency? Is there an iron deficiency? Anemia, for heaven’s sake. That’s straight medical.

There are so many medical issues that actually present as depression. When a doctor just hands you a prescription for an SSRI, they are not doing you a favor unless they’ve given you a really thorough medical workup, looking for anemia, a thyroid issue, an adrenal issue, or some kind of hormonal imbalance. So many things can be going wrong.

Gluten sensitivity. Well, it’s not only finding that we’re getting to find out about it, but it’s that our gluten level in our grains is much higher than it ever was. It’s really a combination here. Here we can have someone with severe depression, suicidal depression. They go off of gluten – and you have to go off it really well; you can’t just go off just a little. You can’t do it with a touch. You have to really, really do it. You go off gluten, and lo and behold, within…

DM: It’s like it can’t be a little bit of bread.

HC: Right.

DM: You have to go off of it completely.

HC: You have to be real about it. So, you go off of gluten. And I see these people who actually resisted me when I said, “You really need to go off gluten – completely.” What happens is they become normal. They start to feel good. They have a good mood. The depression, it turned out was really due to gluten sensitivity. And you’re like, “How can gluten jump into your brain and cause that? What is going on?”

It has to do with inflammation. When gluten is inflaming your gut, it’s also inflaming your brain. Whatever’s going on in your gut is also going on in your brain. They’re very connected. The gut is the second brain. In fact, there are more serotonin receptors in the gut than anywhere else in the whole body. What I’m saying is, to kind of summarize, it can be gluten sensitivity, thyroid imbalance, anemia, some kind of infection, Lyme disease, or chronic fatigue syndrome. Many, many medical issues will present as depression.

Depression is a symptom. Depression is not a condition. It’s not an illness; it’s simply a symptom. If somebody came in with a stomachache to a doctor, the doctor would just say, “Here, take an aspirin. That will get your stomachache better.” That’s not good medicine. You would expect to get a physical exam, maybe get an X-ray, maybe even get a barium swallow, whatever you need. You would have an evaluation.

Well, with the brain, guess what? That doesn’t happen. We have this three-pound organ, a very sophisticated organ, the control center of our whole body, and it does not get evaluated. No one looks at it. You have a symptom of depression, anxiety, or insomnia, and you get a prescription. That’s crazy. That is not good medicine. I’m saying I’m not even practicing alternative medicine; I’m practicing good medicine. Would you agree?

DM: Yes. I totally would agree. One of the reasons that people were so reluctant to get off of the gluten is that it’s also an addiction, because there are gluteomorphin receptors or gluteomorphins.

HC: Gluteomorphin.

DM: Gluteomorphin, receptors that stimulate. These are the same as the opioid receptors.
HC: Yeah. It’s our heroine. It’s our opium. We love it. This is why autistic children... Try to get an autistic child off of their beloved macaroni and cheese. Oh, my heavens.

DM: Sure.

HC: Because they’re addicted to the gluteomorphins and the caseomorphins, which is the dairy. How many times have you heard of an autistic child where that’s all they want to eat? Because they’re getting high from it.

DM: Oh yeah. I’ve treated many autistic children. The other component is when they’re eating a junk food, which you didn’t allude to but I’m sure you’ll agree, it impacts the gut microbiome, the second brain. The communication between the brain and the gut is impaired and can contribute to things like anxiety and depression. You’ve got to clean up the gut; otherwise, you’ll have no chance of getting healthy emotionally and mentally.

HC: We’re learning so much more about the gut microbiome. It’s brilliant. I mean, we knew way back that, yes, we need probiotics. Yes, we have maybe four to five pounds of friendly bacteria in the gut. We have more bacteria than we have cells in our body. We have trillions of these bacteria, and it can sound kind of yucky like, “We’ve got bacteria crawling around in us? Eew.” But the truth is they’re our friends. They do a tremendous amount. They’re the ones that are actually giving a lot of the orders.

If you have an imbalance in those bacteria, you can end up with a lot of different medical issues – from obesity, to psychosis, to autism, to depression, on and on. But we’re learning more and more about how specific these bacteria, these specific microbacteria that comprise the microbiome. That means the little bugs that live in us, that little community. There is actually a correlation between them and how we function and our health.

They took rats and they exchanged... They had fat rats and skinny rats, and they exchanged the microbiome. The fat rats got skinny and skinny rats got fat. How about that? They’ve taken autistic children and have done implants. Actually, that was fecal implants, which is another story. It’s probably a story for another time. But that contained a healthy microbiome and actually reversed a lot of the symptoms of autism.

There are amazing, miraculous things we can do in manipulating and treating the microbiome appropriately and not killing it off with, say, antibiotics, high doses of steroids, and other things that actually kill these friendly bacteria that are supposed to be taking care of us.

DM: Sure. It makes perfect sense to focus on these strategies to improve the health. Even if it didn’t work for the mental and emotional health, which it does, it would still be a wise choice. There are basically no downsides. Are there ever any instances that do you think it’s appropriate or indicated to use these types of medications, the antidepressants or antipsychotics? Is it an alternative if someone has failed this aggressive natural therapy intervention or if they’re suicidal? I mean, are there any indications from your perspective?

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HC: Boy, that is such a big question because I always think, “What if I missed? What did I not find here,” rather than, “Well, I guess this is a case for medication.” Now, at the same time, if someone is in a bipolar crisis, they’re manic. They’re going to do harm to themselves or to others with their mania. They’re out of control. Yeah, maybe I will give them an antipsychotic as a temporary measure, but it wouldn’t be my first line of defense in general. There are times when I would use it, but really again use it temporarily. Because if you use it on going, you’re going to create an addiction or a tolerance to the product that when you try to get off it, you’ll really have problems. You’ll have terrible withdrawal.
Yeah, there are times. For somebody severely depressed, maybe temporarily use an antidepressant. But still, I think that if we use the right doses of specific herbs and supplements, and get the right, exactly the right diagnosis, the right biological, biochemical diagnosis, we probably won’t need to use the meds.

**DM:** Well, let’s step into that area now because you had mentioned that you were a student of Dr. Hoffer. I’ve interviewed Dr. Andrew Saul before, who also worked with him closely.

**HC:** Yeah.

**DM:** And we discussed the use of high-dose niacin for psychosis. I don’t recall if it was indicated for depression. I’m sure you would know. But do you ever find high-dose niacin useful? If you do, can you indicate when and maybe some of the other supplements like specific amino acids like tryptophan, tyrosine, or one of these other components.

**HC:** Sure. With psychosis… And I have to say that Dr. Hoffer was really a genius. He had studied biochemistry, had his PhD in biochemistry before he went to med school. His specialty was Vitamin B research. This is a very interesting piece of synchronicity. When he ended up being head of this very large provincial hospital in Saskatchewan, he and Dr. Humphry Osmond, when they were running this hospital, he knew about niacin. He took some back ward patients, gave them increasing doses of niacin, sometimes even like 3,000 milligrams. But gradually raising it, because you get quite a flush from it. Raising the levels actually got them better. These back ward patients left the state hospital.

Now, in those days (this was in the ‘50s), people were put in the back wards and they stayed there. It’s kind of horrifying. It’s like you didn’t talk about them again. Family has put them away, and that was it. He was getting these people out – getting into the community, getting married, having jobs, and paying taxes. That’s how he determined that somebody was well: having a family, having a job, and paying taxes. He’s right. He really did some miracles there.

What happened? He was actually dissed, totally dissed. He was all dissed by the American Psychiatric Association (APA), which, at that point, seemed to be more interested in drugs. I wonder why. I think it was highly political because what he did was really quite miraculous. There’s no refuting to it. He took these patients and made them well. As long as they continue to take their niacin, they were okay, as well as vitamin C. Whereas, take psychotic patients now, if they stop their medication they may or may not relapse.

This brings up another issue, that is we’re seeing a lot more relapsing than we used to have in psychosis and depression. It may be due to the meds. Because in the old days, people would – not even that old days, but before people were on meds to the extent that they are – they would have a depressive episode, and it would last a month or two or three, whenever it would lasted. The person would come through it and not necessarily have another one or not have another one that soon. But we’re having chronic relapsing depression and psychosis now.

Moreover, we’re having more bipolar illness than we ever had. Something is going on. The medications are actually changing the brain. This is what is so scary. We have people who start off being depressed, being put on antidepressants for their depression, end up becoming bipolar, and then they’re placed on a whole cocktail of medication. And they’re kept on that cocktail indefinitely and that kind of ends their life. Bless those who are able to continue to work and function. If people are, that’s fine. More power to you. But I’m seeing a lot of people who just end up not being able to reenter society properly. They’re never the same. They’re just on a lot of meds, and they’re relapsing all the time.

It’s a very difficult situation as opposed to… Let me just tell you what those of us who are practicing natural medicine see: you can take people who are “bipolar” and put them on variety of nutritional supplements like fish oil (omega-3 fatty acids), inositol, tryptophan, whatever they need for their
particular situation. They may have gluten sensitivity. You take them off their gluten. In fact, there’s a lot of bipolar related to Lyme disease. Treat the Lyme disease, which is not easy to treat. But what I’m saying is you treat the person medically. You treat the underlying cause, and then you don’t need to be on this whole cocktail of medication with a chronic relapsing bipolar illness.

I have to say I’ve had patients who when they watch their food intake, they eat properly, and they keep their circadian rhythm regulated – i.e. they go to bed at the same time every night, they get enough sleep, they eat well, they exercise, and take their nutritional supplements – they do not relapse. And these are people who had been relapsing before. Once they discover natural medicine and do it the natural way, they are so much better.

DM: That is terrific.

HC: Yeah.

DM: I believe the last time I looked (I could be incorrect), about 10 percent of the population is depressed. Is that a fair estimate? Or 10 percent are taking medications?

HC: Yeah. Actually 11 percent, and that’s not a recent one. Yeah, you’re right.

DM: They’re taking medications or they’re depressed?

HC: They’re taking medications.

DM: Okay. So, 10 percent are taking medications. There’s probably 20 percent that are depressed.

HC: Right.

DM: Obviously, a large number. In the US alone, that would be 60 million people, which far exceeds the capacity of natural psychiatrists to address?

HC: There’s a very few of us.

DM: Yeah. What would you guess? Probably under a hundred, right?

HC: Yeah. The good news is that naturopaths and MDs who practice natural medicine can do a great job.

DM: Yeah, primary care.

HC: A primary care natural physician can do a really good job here.

DM: Yeah, that’s part of the answer, but still that’s a limited number of people. As part of the American College for Advancement in Medicine (ACAM), a longtime member of ACAM, which is one of the groups of natural medicine physicians, you’re quite familiar with the resources out there. I’m wondering if you could recommend a strategy for someone who is depressed, currently taking medication, and wants to get off of it.

I mean, you’ve properly addressed the caution previously that they should not do this by themselves. Please do not stop your medications. It needs to be done under guided supervision. Can you outline a process that you would recommend? Obviously, they could see you if they were local. But there are 60 million people out there just in the US.

HC: Yeah, we’re dealing with…
DM: A massive number. We need strategies that people can implement to help them overcome this crutch of the medicine, which isn’t really solving the problem.

HC: Right. I think, first of all, it’s good to have the cooperation of the prescribing physician, and that maybe or may not be forthcoming. Some doctors are happy to help you to withdraw if they know that you’re going to be responsible about it. Others don’t want to bother, or they really don’t believe that you can get off the medication.

DM: It wouldn’t make sense to withdraw unless you’re implementing some other strategy like the diagnostic regimen you recommended or an implementation of some supplement. You just can’t stop. You have to substitute it with something that’s going to address the cause.

HC: Absolutely, yeah. I think you have to do your own reading. There’s also ACAM. It’s www.ACAM.org. You can go online and look for a physician in your area because the ACAM doctors should be able to handle these kinds of issues.


HC: I’m still on the board, and we’re doing really good work. It’s an important organization. Come on back. Because we provide providers. We provide doctors of various sorts, including not just MDs but DOs, and other kinds of health practitioners for the population because there are not going to be enough MDs to go around.

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What do we do? Enroll your doctor if you can to start lowering the drug. And there are protocols. Doctors should know what they are, and that is basically a gradual reduction. There are number of books out there. I know Dr. Glenn Mullin from Harvard wrote a book on how to withdraw. He gave a schedule. And at the same time, start taking a multivitamin. Start taking low doses. If it’s an SSRI that you’re going off of, you can actually go on low doses of 5-Hydroxytryptophan (5-HTP). Now, I’m saying this with a caveat, because you’re supposed to be “under doctor’s supervision” if you’re taking SSRI and 5-HTP. The truth is there’s not really a danger, but there is theoretical danger.

DM: Is 5-HTP available without a prescription?

HC: Yes.

DM: Okay.

HC: 5-Hydroxytryptophan, yes. Or you can use tryptophan, too, but 5-HTP is a little more concentrated.

DM: Yeah, and as an interesting aside… I’m sure you were practicing when this happened…

HC: I was. Yes.

DM: I believe it was in the ‘70s or the ‘80s when the tryptophan was contaminated due to a bad batch of – and they are still in denial about this – genetically engineered food. It was genetically engineered bacteria that produced tryptophan. It killed 80 patients from eosinophilia-myalgia syndrome (EMS). The FDA used that. They were in total delusional denial saying that it wasn’t even on the radar. They just said that the supplements are bad. They used it to leverage this whole tirade against that, which was really a challenge, and they got a legislation pass in the ‘90s to overcome that. It was really the first documented disaster. And to this day, they say there’s no problem with GMOs, and yet they ignore the 80 people who died.
HC: That was a GMO. And what that was really bad was it was one company that did it and they had no business doing it. They had no business making tryptophan, that particular company. They’ve never done it before. They were doing it with GMOs because they wanted to save money. That was just bad. At the same time, by the way, tryptophan was never removed from infant formula, never removed from parenteral formula. Okay? It was always available even though it wasn’t available over-the-counter. What was also going on at that time was, guess what? SSRIs just came out, and SSRIs raise serotonin so does tryptophan.

DM: Competitors.

HC: Figure it out. That’s really the story. Because if tryptophan was such a terribly dangerous product, it wouldn’t be in feeding [products]. It’s called parenteral feeding. It’s the cans of food you give to older people who are not able to eat regular food. It’s more concentrated.

DM: Yeah, so long with the high-fructose corn syrup (HFCS).

HC: Oh, yeah. That’s really one of the mainstays, the high-fructose corn syrup. It’s insane. The crap they put in that stuff.

DM: Ensure, it should be outlawed. It should be banned.

HC: I didn’t want to state the name but, yeah, you got it. Thank you. You said it.

DM: Yeah.

HC: Yeah. Ensure had it. Baby formula had it. But for some reason, it was going to be toxic when people bought it at the health food store. People who had been taking tryptophan for depression and for sleep and who were really doing well on it had it suddenly taken away. Let me tell you, there were actually suicides. There were documented suicides as a result.

DM: Because it works.

HC: I know. Because people had sudden withdrawal from… They didn’t really go into withdrawal, but when they went into was they didn’t have their levels of serotonin that they needed. It was a real disaster. Some years later, 5-HTP made from Griffonia, an African plant, came on the market to replace tryptophan. Then eventually tryptophan did get back on the market, but at that point, people were already using 5-HTP. Now we have a choice between the two.

DM: I remember back then that the only way we can get tryptophan for patients was with a prescription. It was the only way you can get it, because it was totally illegal to buy it in a health food store.

HC: You can get it for your pets.

DM: Yeah.

HC: That was another trick.

DM: Yes. It’s a workaround even for raw milk, too, typically.

HC: Yeah.

DM: That’s a good strategy because that really is an important one. Thank you for sharing that because there are so many people. I mean, 11 percent of the population. That’s just sad. It really is. Yes, we go through stressful times. Stress and emotions are clearly important contributors. But a large part of it is just
due to our lifestyle and 80 percent of that relates to the foods that we eat. Lack of proper diet and exercise. These are massively important.

**HC:** Yeah.

**DM:** But maybe you can address the other one, which is good. Because you can have the best exercise regimen in the world and the best diet couldn’t be better, but if you’re sleeping four and a half hours a night, why don’t you tell us about the complications from that, from a psychiatric perspective?

**HC:** Sleep is essential. Sleep is divided into particular zones. There are different levels of sleep: alpha, beta, delta, and theta. All of these, we need to go through. And we need to go through rapid eye movement (REM) sleep to have dreams. We need to restore the body and restore the mind during sleep. It’s not like, “Oh, well, sleep is pretty useless. We’re not doing anything.” And in this “got it, have it, get it done world,” we tend to not want to sleep because we want to do it all. But the truth is…

**DM:** There’s so much to do.

**HC:** We’re going to be way, way more efficient if we are sleeping. So get your seven hours. Some people need eight hours. Get your sleep. That will actually make you much more efficient during the day. You won’t have the accidents, the slipping or all the mind slips I mean. Or actually accidental slips. You really can hurt yourself from lack of sleep.

**DM:** Or others. It’s regularly in the news where some public transportation operators were not getting enough sleep and they crashed the vehicle…

**HC:** They fell asleep at the wheel.

**DM:** I was just at O’Hare recently, and the whole road of O’Hare was cut down because one of the buses just went straight in the middle of a median, just crashed like crazy. They shut down the airport for three hours, and it was due to someone who wasn’t sleeping. It killed a few people.

**HC:** That’s another issue, and that is people being unable to sleep. It’s all nice for me to say, “Oh, you have to get seven hours of sleep,” but they can’t sleep.

**DM:** Eight.

**HC:** Or eight hours, really. What if you can’t sleep? That’s a whole other issue. Again, what’s going on that’s preventing other people from sleeping? Usually it’s high cortisol, and high cortisol is a whole other thing to look at.

**DM:** Would anxiety be more important than cortisol or you think cortisol is more common?

**HC:** Anxiety causes high cortisol and high cortisol…

**DM:** Okay. It’s the same thing.

**HC:** Will cause a difficulty in sleeping. That’s when you wake up at three or four in the morning, and you’re wide awake. You’re thinking about all the things you have to do and what you’re thinking is, “I’m waking up in the middle of the night because I have so much on my mind.” No, what happens is your cortisol is high from your circadian rhythm being off.

Your rhythm of how your cortisol is supposed to be. As a result, you’re waking up in the middle of the night. This cortisol is waking you up and when you wake up, you already have this high cortisol state, and
everything that can possibly worry you is worrying you right then, right in the middle of the night. Not good. It’s really, really hard to fall back to sleep. This is a whole other issue that we need to deal with.

There are various tricks you can do. Actually with women… I’m just cutting right into something that we haven’t even touch on – that’s hormones. But if I have women who are on hormones – and even men on hormones, but they’re on progesterone; I do give progesterone to men. Take a little progesterone and put it on your face or your neck when you’re unable to sleep. It really works.

**DM:** Just don’t do it every night.

**HC:** A little dab. No. Usually you don’t need it every night, but you need it when you wake up. But just using a small amount is really okay.

**DM:** So transdermal progesterone.

**HC:** Yes, progesterone. Exactly. It goes through your skin. The truth is we make progesterone. Now that we’re talking about progesterone, I’m actually going to skip back if I may to the fact that 23 percent of women over the age of 40 are on antidepressants. Is that depressing or what? When you think of it, what conclusion do you draw when you see women over 40 on antidepressants? What’s the conclusion?

**DM:** Well, if they’re a little older, you think menopause has something to do with this or some type of hormonal imbalance?

**HC:** Yes, it’s hormones, because around 40 or so, women are… In fact, it’s starting earlier and earlier now, which is another issue.

**DM:** Really, even below 40?

**HC:** Yeah, we’re having perimenopause. Perimenopause can last for a few years. It doesn’t mean that suddenly you go into menopause. But you go into perimenopause and what do you notice? You notice more premenstrual syndrome (PMS). Women who have never had PMS or mild PMS are suddenly having bad PMS. They are feeling depressed and irritable. They’re yelling at their kids and yelling at their partners. They’re having a very hard time of it. They may be fatigued and feeling like they’re falling apart. What do they do? They go to their doctor, and guess what they get? Surprise: they get a prescription for an antidepressant.

[----- 40:00 -----]

Guess what they shouldn’t get? An antidepressant. They need to get their hormones balanced. And the way they get their hormones balance is all the usual things: good diet, make sure your liver is being able to circulate properly, and being able to detoxify hormones properly so you may need some liver herbs. There are other herbs that are very useful for menopausal and PMS symptoms like dong quai, black cohosh, and so on. And they are well-researched.

You can also move into bioidentical hormones. [They are] very safe particularly progesterone. Very safe. When these women get the hormones that they need, they stop being nervous wrecks. They start to feel good. Their PMS goes away. And it doesn’t take a long time. It may take one or two cycles and they are feeling great. They have a whole new lease on life. And these are women.

This is the bad news: most of them would have been given an antidepressant and they’d end up having a chemical brain, no libido, and all the other side effects that go along with antidepressants. These women would say, “Well, I’ll tolerate them because it’s worth it,” but it’s not worth it. In fact, 30 percent of people leave their antidepressants mostly from the sexual side effects. Can you imagine? You’re
depressed, so you take up a pill for the depression and part of your depression is you don’t have libido. So you take this pill and make it worse.

**DM:** It makes it worse.

**HC:** It makes it worse. You have no libido at all. It’s actually quite… It’s really not funny. It’s quite serious. You have no libido and you have chemical brain. When I say chemical brain, what I mean is – and anyone who has it really knows what I mean – they’re flat. They’re affect is flat. They don’t have the range of emotion that they’re used to having. That’s not… It may be better than all that irritability and depression, but it’s not much fun. They’re not having any fun, and their families and coworkers are not having fun. Keep all that in mind when you’re looking at a woman 40 and over. Look at what you can do naturally and ultimately bioidentical hormones.

**DM:** Another way to address that is to normalize the adrenals, and one of the more potent influences on that is stress. I’m wondering if you can comment on the use of meditation to do that.

**HC:** Oh, absolutely, yeah.

**DM:** Let me just give a few words on it, too. Because meditation might cause some people to be a little bit nervous because it’s kind of New Age and all this stuff. I think there is a lot of science to support, but there may be reluctance to embark on that, because you don’t know if you’re doing it right. I mean, how do you get a coach on meditation? You can read books. You can listen to DVDs or tapes.

But there’s a new technology out there called Muse, which is a headband sensor. It’s just a few hundred dollars. It gives you real time feedback to measure your brain wave frequency. You can meditate, and you’ll get feedback to know if you’re doing it properly, which is really intriguing. I’ve been doing it for the last six months, and I’ve noticed some really impressive procedure. I do it about 15 minutes twice a day.

I think it’s a really powerful tool that can have… Especially if you’re waking… I mean, you could use progesterone transdermally to wake up, but it would be far better to address the anxiety and the stressors, which I think meditation might be able to do because it really is more effective at treating the cause than transdermal progesterone would be. I’m wondering if you can comment, now that I’ve said my two cents on the use of meditation…

**HC:** No, really, thank you.

**DM:** In your experience, because I think it could be a really powerful tool.

**HC:** Absolutely. I mean, actually what I do if I wake up at night (I don’t have Muse, but it looks like I might get one) is take some deep breaths. Because when you take a deep breath, it automatically puts you into a calmer state. In that calmer state, it’s easier for you to fall back to sleep.

**DM:** Yeah, and even better than deep breaths are slow breaths. Because I’ve notice when meditating that if I could slow the breathing down, you really get it very slow and you actually increase your partial pressure of carbon dioxide (CO₂). It has enormous psychological benefits. So, slow breathing rather than deep breathing. We’ve actually interviewed someone [who practices] Buteyko. I’m sure you’ve heard of Buteyko before. A lot of practitioners teach that. They focus on the slow breathing where you really get the benefit.

**HC:** Right. That’s fabulous and it’s portable. You have it with you all the time.

**DM:** All the time. It doesn’t cost anything.
HC: You’re breathing is one of the most important… It’s for everything, obviously for survival, but also for stress reduction. It’s essential. We’re so used to being in stress mode that we tend to breathe in pretty shallow way. Relearning how to breathe properly using Buteyko Breathing is very good. And the Muse, great. Paying attention to adrenals, that is something I’m always evaluating in my patients.

By the way, there is something called Adrenal Stress Index (ASI) test, where you can take a saliva sample four different times during the day to see the pattern of your cortisol. I see people whose cortisols are very low in the morning, so they can’t get up. They’re tired. They can barely pull themselves out of bed. During the day, it kind of picks itself up. And then at midnight, it’s way high. They have cortisol at night. They have a reversed cortisol pattern, because it supposed to be high in the morning and low at night. And here they are with the opposite. They have to actually retrain themselves.

This is again where meditation, Muse, or Buteyko Breathing is going to really come in handy to get the pattern back to normal. Something that helps that, too, is to take adaptogens. Adaptogens are herbal products that are put out by many, many different plants all around the world. And conventional medicine, conventional Western medicine doesn’t even look at adaptogens. But they are so useful in helping to lower cortisol and adjust the body to stress, to help us deal with the stresses of everyday life. Take adaptogens, do breathing, meditate, and learn how to self-regulate.

DM: Those are key, important principles. Are there any other really good strategies you’d like to focus on, emphasize, or make some comments on?

HC: How many hours do I have?

DM: Well, let’s just focus on the use of antidepressants. Maybe, perhaps some of the side effects you’ve seen from people who have been on them. I mean, other than the ones you’ve already mentioned like lack of libido, but some of the real significant dangers of being on these for the long term especially.

HC: I mentioned earlier that we’re actually seeing brain damage. It’s one thing that we downregulate. Our serotonin receptors will downregulate with an SSRI, with a serotonin reuptake inhibitor. But what happens, too, is there actually is a shriveling up of certain nerve cells, actual damage. It’s kind of scary, I know, but it’s the truth. When you’re on these drugs for a very long time, you actually can have some pretty difficult damage.

Now, the brain is pretty plastic, too. There’s a lot that we can do to revive the brain and to form new pathways, for example, meditation and neurofeedback. I really like neurofeedback as a method for depression, for all kinds of reestablishing good brain patterns and good thinking. It’s good for post-traumatic stress disorder (PTSD), a traumatic brain injury, which we haven’t touched on so I won’t get into that too much.

We can have brain damage from the SSRIs. We can have suicidal ideation from the SSRIs and homicidal ideation. Now, when you look at all of the school shooters and the mass shooters, first of all, they’ve been on antidepressants far more in proportion than the rest of the population. And you could say, “Well, of course, they’re on antidepressants. They were disturbed and that’s why they did the shooting.” But a comparable number of people who are not on antidepressants and having those kinds of problems did not become school shooters.

The difference was, first of all, they were genetically predisposed but nobody’s looking at genetics when they prescribed medication. These people were either just newly on medication, just increased their dose, changed their dose, or changed the kind of medication. Whatever it was, there was something going on with their meds before the event. And that’s a terrible tragedy. A lot has been suppressed. Aside from the big mass shootings, a lot of homicides, a lot of suicides, and a lot of, whatever you call it, out-of-court settlements for families, and records were sealed.
DM: Yes.

HC: There’s a lot that we don’t know about. But I really want to tell you that there is an epidemic. We have to be very wise in our use of any kind of medication, particularly the SSRIs and the antipsychotics because a certain percent of the population is going to be susceptible.

[----- 50:00 -----]

DM: Yeah. I used to embrace them when I started practicing, because I was brainwashed when I finished my medical training. I think I probably have thousands, literally thousands of people on antidepressants because that was one my big focus. I studied depression quite a bit, and I realized what pervasive problem it was. I was convinced that drugs were the answer. I got relatively proficient on how to use tricyclics, and this was before the SSRIs came out.

When they first came out, I started using those liberally, too. I remember I got a lawsuit because one of my patients tried to commit suicide, so she sued me. But it turns out she has sued like… She had 15 other lawsuits that she had engaged to before.

HC: It was her thing.

DM: It was a trend for her. I was ultimately… It was dismissed. At the time, I didn’t really understand natural medicine. I thought that the drugs were the best thing since sliced bread. I couldn’t believe that they would do that. But now, looking back, clearly it probably did. Even though she was probably doing it for the wrong reason, she probably had some… There was some truth in her complaint.

HC: Sure. By the way, there are also all these other natural things we can do like Eye Movement Desensitization and Reprocessing (EMDR) and Emotional Freedom Technique (EFT). And EFT is something people can do on their own.

DM: Oh yes, absolutely. Do you use that in your practice?

HC: I do. I learned it quite a while ago. I incorporate that into everything else.

DM: That’s a powerful tool. It’s the closest thing to magic I’ve ever seen in the practice of medicine. I mean, when it works, there’s nothing that comes close. It’s just beyond stupendous.

HC: Yeah, that’s how I moved from being a psychoanalyst to doing more of the energy therapies because it’s doing the same thing, only much, much faster.

DM: Yeah. Why waste time when you don’t have to? You can get to the core of the issue relatively quickly and really treat the cause at the core component, the bioelectrical dysfunction.

HC: Yeah.

DM: It’s a good thing. Alright, well I think we cover a lot of good ground today in giving people some really great concepts to embrace and pursue more in depth. If they want to read more about your work, do you have a website or any books you have written?

HC: I do. I have a website, CassMD.com.

DM: That’s good. You must have starter that one earlier. That’s a hard one to get. That’s five letters. It’s pretty good.

HC: Thank you.
DM: Five letters.

HC: Yeah, I was lucky. I did. I got it a long time ago.

DM: Yeah, because I think those were gone in last century for sure. I think it might be ‘98 or so. The five-letters domains were used up.

HC: Yes. I think I’ll keep it. I have Natural Highs, 8 Weeks to Vibrant Health, and The Addicted Brain: How to Break Free, which is explaining how specifically to get off of addictive substances including medications. That’s all available on my website. I also have a free gift called Reclaim Your Brain, where I talked about the various substances, the different nutritional substances you can use, supplements to help with various conditions – anxiety, depression, memory issues, and so on. It’s kind of a little spread of 40-page book that explains all of that in more detail that I can do right here.

DM: And that’s available on your website?

HC: It’s on my website. That’s a freebie. They can just opt in.

DM: It’s CassMD.com, which is, as I was reflecting as you’re talking, a six letter domain, not a five.

HC: Oh well, but who’s counting?

DM: All right. Well, that’s good. This is terrific. I really thank you for all your work and for promoting these strategies that are so different from the traditional or conventional approach.

HC: Thank goodness.

DM: I’m sure you get some conflicts from your colleagues. Do you ever connect with your conventional colleagues? I mean, do you go to psychiatric conferences?

HC: I do. But what’s interesting is at the psychiatric conferences, I tend to go to the more naturally oriented ones, and they are packed. Packed, packed, packed.

DM: That’s a good sign.

HC: It’s out the door. Because most of them are pretty boring. You have a whole session talking about how people need serotonin, and then how they’re dealing with it is a drug.

DM: Of course.

HC: And then we go to the natural ones with herbs, nutrients, and amino acids, which I didn’t get into a great detail here but I do in the Reclaim Your Brain and in my books, which you’ll find on my website. At the APA, people are starving. Their doctors are actually starving for the information. That’s good sign. I think there is a change. You’re one of the leaders of the change. Thank you.

DM: It’s my passion. It’s easy to do when you’re passionate about it.

HC: Thank you. Because we really have to make a difference at how medicine is practiced. We have to help everyone.

DM: Well, we need to. I wouldn’t disagree with that. Unfortunately, most physicians don’t feel that compelling call, because they are so deluded like I was in the ‘80s and in the early ‘90s even. It’s such an effective brainwash. It got this literally century. over a hundred years of this whole distortion of the truth. It just gets taught from the leaders down to their followers for generations. It’s just so hard to overcome.
But thankfully… I wouldn’t have ever been able to do this without the Internet, because traditional media wouldn’t work. We have this other alternative resources that people can access. Literally with few clicks, they can see, hear, read, and view the other side. That’s why I’m really glad to bring your information to the forefront and to give people an opportunity to review different strategies for this very common illness. You know, 11 percent of the general population and 20 percent of 40 to 60 year old women. It’s a huge thing. All right.

**HC:** You’re doing good. Thank you. Thank you very much.

**DM:** You’re most welcome.

*[END]*