Introduction to Dr. Daniel Amen

Hello everyone. I'm incredibly, incredibly proud to present Doctor Daniel Almond to the show. So that's Amman's mission is to end mental illness by creating a revolution in brain health, to take him in as a physician, adult and child psychiatrist, and the founder of Amman clinics with multiple locations across the US.

And they have the world's largest database, largest database of brain scans for psychiatry, totaling more than over 200,000 Spect scans. One of them is actually my own brain, which I'll talk about on patients from over 155 different countries.

Really cool. He's the founder of brain M. D., a fast growing science based nutraceutical company, and Amman University. He will stream thousands of medical and mental health professionals on methods in brain development and in it.

In addition, he's produced 1616 national public television shows about the brain and his online videos on brain and mental health have viewed over 300 million times.

That's the aim. And is also, if that's not enough, it's also a 12 time New York Times best selling author, including Change Your Brain, Change Your Life, The End of Mental Illness, healing Aids, and many, many more.

His most recent book, you Happier, was published March of 2022 and is now a national bestseller. So I'm super excited for you guys have a chance to hear him speak and hear his talk about brain health and what that really means to both of us.

After Ayman, thank you so much for taking the time out of your busy schedule and welcome to the show. Well, thank you so much for having me. It makes me happy to see you and happy to participate.

Yeah. So we this is not the first time we've talked. We asked. Our previous conversation was to a few thousand doctors, before and, both of us are really kind of set on this goal of redefining the stigma of, you know, quote unquote, mental health.

Mental Health Stigma and the Brain Health Paradigm

So that's kind of what I want to talk about today. Is that okay? Absolutely. Because we're in a mess, making diagnoses based on symptom clusters with no biological data and then drugging people.

It's happening all over the world. It's creating a disaster that we're going to have trouble getting out of for generations to come if we don't create a new paradigm.

Right? Absolutely. And what a perfect time to talk about paradigms, because you know, I just looked at some statistics. So every 14 minutes someone commits suicide in the United States, every eight minutes someone dies of a drug overdose.

And anxiety states, that's a really scary number. And over half the population in the United States will at least struggle with, you know, a label mental health issue at some point in their lives.

I mean, let's talk about the enormous economic and social impact that this means for the United States. First. Wow. And those statistics are actually before the pandemic.

So everything is worse from, suicide, deaths from drugs, alcohol and I don't know, it's like 65% of the population is struggling. And if you get Covid, you have a 25% increase chance of having a brand new mental health diagnosis within four months.

And it's craziness. And we can do so much better. Both you and I know there's a better paradigm than we need biological information, and we need to implement brain health strategies, diet, exercise, learning how to not believe every stupid thing you think, not letting children into soccer balls with their head.

I mean, really having a reverence for the brain, right? It's not a term most people use when it comes to science, but we really need to Revere this 3 pound organ between our ears because it runs everything.

And, you know, your depression is likely not a Prozac deficiency. Has so many different causes, just like chest pain. Right? You would never give someone a diagnosis of chest pain because it doesn't tell you what's causing it, and it doesn't tell you what to do for it.

I think we need to have that same mindset for psychiatry. Absolutely. And, and some people are doubting really the link between brain health and mental health.

I just want to throw out a couple statistics here about the pandemic. And so ever since the pandemic, there's been a 17% increase in, Alzheimer's and dementia related deaths, and 1 in 3 seniors dies with Alzheimer's or another dementia, as well.

And then that has a that has a direct correlation in the timeline with these mental health issues as well. So I think you're right. I think a lot of these what's labeled mental health, it's a symptom of something that's going on, organically.

We really do need a whole lot more data to see what that looks like. So what kind of data are we really looking forward to connect the to? Well, Raman clinics.

We do study called Spect. You had one which I love. Yep. And Spect stands for single photon emission computed tomography to Nuclear medicine study that looks at blood flow and activity, looks at how the brain works.

But I'm under no illusion. It's the only study people can do. I really like quantitative EEG, and we do that in a number of our clinics. I think that can be very helpful.

Arterial spin labeling. But to make diagnoses just on symptom clusters with no biological data, quite frankly, it's insane. And that's how they diagnosed Lincoln with depression in 1840.

And to still perpetuate that model is just archaic thinking that hurts people. Did you know the outcomes in psychiatry are no better than they were in the 1950s?

We have a much higher percentage of the population on disability for mental health diagnoses than we did in the 1950s. That should shame us into doing a better job.

Why Psychiatry Needs Biological Data

It's, you know, why has cardiology made the dramatic advances it has or on college made the dramatic? And can you ever imagine an orthopedic doctor planning to give someone medication without actually evaluating your body?

Your bones? Of course not. Right? That's insane. But we tolerate. And what I'm not sure. This, paradigm in psychiatry that only benefits the pharmaceutical industry and the people who are making money off the current paradigm, it's it's just right.

And I think there's stigma that's there, right, with mental health issues for people who are labeled mental health issues, there's a lot of shaming that's really going on.

You know, I mean, no one's really shamed for having cancer, diabetes or heart disease, right? But people are people are shamed for having society and panic disorders and bipolar and schizoaffective disorder, etc., etc..

But how do you think the effect of labeling, and, and shaming has been on mental health issues and brain health issues? It's huge. I've always hated the term mental illness.

I remember in 1979 when I decided to be a psychiatrist, I told my dad that, and he asked me why I didn't want to be a real doctor, why I wanted to be a nut doctor and hang out with nuts all day long.

So my own father was shaming me because this is what I wanted to do. And I think the stigma of psychiatry spoke in the sense that it doesn't act like a medical specialty.

No other medical specialty doesn't look at the organ it treats. And because they don't really see it as a brain health issue, mental health, when you call someone mental, you shame them.

When you call them a brain, you elevate them. And, based on 200,000 scans we've seen. So we're about 204,000 scans we've done at home and clinics over the last 30 years.

What we learned is most psychiatric issues are not mental health issues at all. They're brain health issues that still on people's minds. And this one idea changes everything.

Get your brain right and your mind will follow. And when you have that paradigm in your head, people see their problems as medical and not moral. It decreases shame and guilt.

It increases complex science because everybody wants a better brain and it increases forgiveness and compassion from families. And I love that. So when I started doing imaging almost to immediately, the shame would go away.

The compliance would go up, people would get better faster. And that's why we've seen people from 155 countries. The world is ready for a new paradigm.

And, you know, since the pandemic, so many people are coming out talking about their mental health struggles. And I want us to change the conversation to brain health, because if it's brain health, then, you see the brain is an organ and then you realize you have to take care of that organ, which means you need to feed it, right?

And you need exercise for your brain, and you need to decrease the risk factors. Right. Most people see cardiologists. And I know you see a lot of, cardiology patients.

Most people see cardiologists have never had a heart attack. Right. They're there to prevent them. I see a day in psychiatry where we do the same thing.

And how do cardiologists prevent heart attacks? They know the hearts risk factors, and they go after each one as soon as possible. Well, that's what we should do for psychiatrists.

What we should do for brain health is know the brain's risk factors. And I created a mnemonic with my team called Bright Minds. So bright minds are the 11 risk factors that steal your mind.

So for example B is for blood flow, low blood flows, the number one brain imaging predictor of Alzheimer's disease. When I was in medical school, my grandfather had a heart attack and I loved my grandfather make me cry.

I was named after him. He was my best friend when I was growing up and had I never seen him depressed, he was the happiest, kindest, most consistent person in my life.

But then after his heart attack, he got depressed. And I mean, it was bad. He was crying, he wasn't sleeping. He was had dark thoughts. And it just taught me that if you don't get good blood flow to your brain, you're much more likely to be depressed.

And that's, you know, obviously it's a vascular problem. And getting blood flow in your heart, right is essential for brain and mental health. You know, one thing that I've really noticed, and I started doing Q eggs a few years ago.

We've done about 7000 of them. And looking at sub two eggs, by the way, are for those who don't know, are basically, electrical, sensors that we have on people's brains, we're actually able to look at the brain conductivity in every portion of the brain.

Under stress, under arrest, eyes open, eyes closed.

Bright Minds Risk Factors and Brain Health

So it's like a stress test of the brain that there is a lot of things that are categorized as mental health, that has something else that's really going on.

And, you know, some of the patterns we're able to capture is infections, chronic sinus disease, sinusitis, periodontal infections, dental infections. We're able to see people maybe having sleep or sleep apnea, lowering the oxygen delivery to the brain and night nighttime, which is a huge detriments, and decreasing oxygenation.

So all these things are not shameful things. All these things are actual diagnoses that we pursue. And the more we pursue them, the more we can pull each the lever.

We start to see the brain, balance and become better. And that's such a beautiful thing to see. And I'm sure you see that on the Spect scans as well. Right?

I was like, I'm a psychiatrist. Why do I care about toxoplasmosis? Or why do I care about Lyme or covet? Because they damage your brain. I have, a bunch of before and after Covid scans, and Covid causes inflammation in the brain.

And you can see it, which means you know what's your best defense against Covid? It's your immune system, right? I mean, I'm not an anti-vax or I'm a thoughtful boxer, but, you know, who dies from Covid?

People aren't taking care of their body generally, right? Issues with obesity, hypertension, diabetes. And we didn't have one thing from the government, we are sick as a society and we need to do better at getting healthy.

America. 4% of the world's population and 69% of the world's Covid deaths. And in our bright minds paradigm, the second eye is immunity and infections.

The first is inflammation, which is where we put periodontal disease, which if you don't take care of your gums, see, no psychiatrist is saying floss, except us.

We're like, you have to floss, because if you don't take care of your gums, you're going to have systemic inflammation and you're going to have a mental health problem, right?

Absolutely. And when people take care of their gums, take care of the body, take care of the actual infections that are there, things start reversing for the better.

And we're able to to see that. And it takes time. Certainly it's not like a next day thing, but it certainly takes time. But I think there really is a new hope to the treatment of what's labeled as, you know, mental health disorders.

If we pull in this label of a brain health disorder or what else is really surrounding the brain that we, levels, levers that we can pull, I think the biggest issue that people come, especially in our practice with is that, I mean, they come with these particular symptoms and they're almost afraid of not finding not finding something that's causing what they perceive to be panic or what they perceive to be memory loss, what they perceive to be attention deficit.

Right. And, and that stigma really needs to go away because it really delays care for a lot of people. And, you know, some people have chronic like dental infections that can cause a lot of memory issues.

But they're not wanting to seek out help because, well, there's there's a stigma to it. And that's that's not a great

thing. Right. Well, if we can change it to a brain health issue, everybody wants a better brain.

So what if mental health was brain health? Then everybody would want to go see someone. Because with a better brain, your relationships are better, your health is better.

Your money's better, your happiness is better. And if we talk about optimization, everybody wants that. If we talk about labeling, nobody wants that. And so, you know, I think psychiatry has a very serious marketing problem.

And we we can do better. Right? The messaging is, you know, it's like, oh no, I'm not going to see no psychiatrist because I'm not crazy. You know, I've heard that over and over and over again.

But if you go, oh, I'm going to go see my clinical neuroscientist, that's a better term, I think for psychiatry. I'm going to go see my clinical neuroscientists and get my brain better.

That way I'm more likely to get promoted, or I'm less likely to get divorced or more likely to live to. I'm 85, without dementia. Did you know one and two people who lived 85 will be diagnosed with Alzheimer's disease?

I'm not okay with those odds, and I turned 68 in a couple of weeks. I'm totally not okay with those odds and, you know, sort of a fun statistic is 40% of 40 year olds have erectile dysfunction, 70% of 70 year olds have erectile dysfunction.

But did you know if you have blood flow problems anywhere, they're everywhere. That means 40% of 40 year olds have brain dysfunction, 70% of 70 year olds have brain dysfunction.

And if you get on a brain health program, your sex life is better because, you know, one of the first strategies is how can we increase blood flow to your brain?

Well, it happens to happen everywhere else as well, right? Absolutely. And woman two actually, not just men, right? Absolutely. Blood flow is absolutely essential to their sex organs, but also to their brain.

And for women, the end in bright minds is neuro hormone disorders. When women hit menopause, as estrogen and progesterone go low, so does activity of blood flow to their brain goes low.

So hormone replacement can be a very critical brain health strategy. So you recently wrote a book I think it's behind your shoulder as you happier. What was the, motivation behind your latest book there?

When I read the statistic that the Americans are the unhappiest they've been since the Great Depression, despite hundreds of books written on happiness, I wanted to spend a year thinking about and writing about happiness.

And I actually did a study at them clinics where we gave 500 consecutive new patients, the Oxford Happiness Questionnaire, and then we assess their scans, and people who are happy had much better blood flow in their frontal lobes, much better blood flow in the emotional and pleasure centers of the brain.

Happiness, Blood Flow, and the NFL Study

People who are unhappy had significantly lower overall blood flow. I thought that was so important that if you want to be happy, and this is why I did the big NFL study when the NFL was sort of lying.

They had a problem. I've scanned and treated 300 NFL players. They have four times a level of depression as the general population, and you can't damage the brain repeatedly and expect to be happy.

That's it's a scary thought that not only is a repetitive, concussive traumas and stuff like that that can really affect but the actual correlation between blood flow and mood already.

That's proof there that there's a direct correlation that people need to really understand. But let's talk about it. Let's,

let's kind of dive into like the medical treatment and what it is now versus what it really should be.

Right. And so what is the medical treatment currently? And I know you touched upon medicines a little bit earlier in the psychiatry world and the neurology world.

And what should it be for mental health? I mean, how bad it's got is if I was an evil, I would allow people to make 15 to 30 minute zoom appointments and end up on psychiatric medications.

And that's what's happening in the United States. I mean, they can actually make an appointment on an app on their phone where and basically what is happening currently is the doctor will take a brief history.

You'll tell them you're depressed and they'll start you on an SSRI, or you'll tell them you're anxious and they'll start you on a benzo, which is addictive.

Or you'll tell them you can't focus and they'll give you a stimulant for ADHD. So that is the current paradigm. You tell them your symptoms, they give you a diagnosis basically of your symptoms.

Right? I'm depressed. Oh you're depressed. Here's an antidepressant. And they always start with serotonin. Drugs even though they work no better than a placebo.

In large scale studies. It's it's not what's happening now. How it should be is you tell us your history. Like at Avon clinics, people thought 25 pages of information.

We want to know all about your life. You get lab work done because if your thyroid is not right, you're more likely to be depressed. If your ferritin level is low, you're more likely to be anxious and have trouble sleeping and have A. D. D.

right? And I think, you know, why are psychiatrists different than cardiologists? We should be looking at the brain quantitatively. You j spect pat arterial spend labeling.

You know, whatever your doctor is an expert in and then make diagnoses with all of the information. So rather than oh you're depressed. It's like you have depression with low activity in your frontal lobes, or you have depression with high activity in your frontal lobes, or you have depression, but your brain looks toxic.

So we need to go understand why is it toxic? Do you have sleep apnea? Do you have infection? Do you have heavy metal exposure? Have you had general anesthesia, which a lot of people don't know can actually cause cognitive problems and depression.

And so you get a more comprehensive diagnosis and a comprehensive treatment plan. It's not 15 to 30 minutes. You're depressed. Take Lexapro, let me see you in a month.

That is just quite frankly, and malpractice. It's an insane way to treat the brain. There's, lack of education because, you know, it's not like the doctors don't want to do it.

So there's a huge lack of education going through medical school residency on exactly what the trajectory looks like. Correct. Exactly what they're taught to do.

And it's very different.

Current Psychiatric Treatment vs. Comprehensive Care

So I did my psychiatric residency at the Walter Reed Army Medical Center in Washington, DC in 1982, and at the time, they taught us to be whole person doctors that we did therapy, we did grow, we did medication, and it was all in the context of, I am going to take care of your brain and your mind.

And then in the early 90s, insurance companies got together with managed care companies and pharmaceutical companies, and they got we're going to make psychiatrists the prescriber, and we're going to farm out therapy and other thing to a lower cost, lower trained group of individuals.

And they pigeonhole psychiatrists to be pharmaceutical reps. And I wanted absolutely nothing to do with that model. So it's not what we do it in clinics, but in order to pay back your student loans, psychiatrists workforce so that, you know, and you make a better income if all you do is 15 minute medicine, but it's it's just a disaster that is happening in mental health around the world.

Right? It's really a brainless profession. And that's wrong and often say, you know, I was 1930s, 20s, maybe neurology and psychiatry got divorced, used to be the same specialty.

You know, it's well known that Freud was a neurologist at, 1895. He wrote the brain science of my time is not up to the task of explaining patient's symptoms.

I went on to develop psychoanalysis and it was a bad divorce. Right? Neurologist got the brain, psychiatrist got the mind, and psychiatrist lost. Because the brain should be our organ.

That's an interesting story, because I guess I never knew there were married before. Which kind of makes sense. You know, from a holistic point of view.

But I think the other thing is, you know, I work with people with Medicare and insurances and stuff like that, and it is so difficult, so difficult to get insurance coverage for these specific diagnostics.

With but it is very, very, very easy for them to cover the pharmaceutical drugs, and for, for multiple reasons and working with people with insurances and trying to basically, you know, build a portfolio for them for these scans and stuff to get covered.

It's it's becoming a very, you know, almost impossible task. And I think that the way that, where our structure is set up right now, it's not just the US, it's other places in the world as well, is that there is this quote unquote, cost control, that occurs with the insurance companies and it's cost controls to make sure, you know, doctors don't order like, very expensive tests for no reason, stuff like that.

But what it has done, what it has done, I think, is to kind of create robots, of the system of doctors and of patients. And, and that's really concerning your agree.

I do that medicine is not being run by physicians. It's being run by Wall Street. And they're interested in quarterly profits. You know, they want you to feel better fast, but it doesn't last.

And they're creating, the problem we have now in our society where our outcomes are worse than they've ever been. Right, right. Absolutely. So, you know, it's going to be the answer to it is it's it's a bottom up answer rather than a top down answer.

The answer is not coming from Harvard. It's not coming from the CDC. It's not coming from the FDA. The answer is going to come from patients demanding a different way.

And in you happier. I talk about there's this great strategy, and the book is right down the 10 or 20 happiest moments of your life. And then plant them around your house.

It's, memory strategy where, you know, that's how memory athletes remember lots of data is. They're always hooking a piece of information to a place. And, so when I walk in the front door, I see my.

I'm carrying my wife over the threshold, and I almost drop her because the night before, when we were practicing our wedding dance, I almost dropped her.

And it's just it's a fun memory for us. But, of the 20 memories I have planted around my house, I got a new one last May. The Canadian associate of Nuclear Medicine, a prestigious scientific body that controls fact in Canada, came out with new procedure guidelines as if I wrote them, for a wide variety of neurological and psychiatric illnesses.

So when the insurance companies say it's experimental, there's no science. It's total nonsense. And now we can give them the procedure guidelines from, from that body.

Insurance Barriers and the Future of Brain Health

So that helps with insurance. But ultimately patients are going to have to see they need a different way. This is not coming from the FDA or the pharmaceutical industry because quite frankly, they're making billions now and they don't want it to change.

They don't want a new paradigm. Yeah. That's why I think reframing our conversation from mental health to brain health can essentially change everything.

And, I think we're both on a mission to do that, not just United States, but globally as well. You know? And so I'm going to close off, our interview, with one last question for you.

What do you know now that you wish you knew at the very beginning of your career what? I would study how change happens that I had no idea when I found imaging really added to my clinical practice, that that would cause an emotional backlash from my colleagues.

And I wasn't prepared for it. I spent years anxious and upset, like, why are you guys mad at me? I mean, why shouldn't you? Look, you know, why are psychiatrists the only medical doctors never looked at our military and there's actually I read this great book by Thomas Kuhn called The Structure of Scientific Revolution.

I wish I would have read it in 1991. And he basically says, all scientific revolutions go through five stages. One somebody notices a problem like I was diagnosed to make.

I was taught to make a diagnosis of depression. If you have six of these, nine symptoms, you're depressed. And then I should give you an antidepressant.

But I would do that. I mean, I'm a double board certified psychiatrist. I mean, I have great training, but I would do it and put someone on Prozac and all of a sudden they're suicidal.

That made me really unhappy because I like it when people get better. So I noticed a problem. Stage two is the powers that be. Also, notice the problem, but they make small changes so they don't have to change the paradigm.

They protect the paradigm at all cost. And there's been six versions of the DSM that's basically the same as it was in 1980. Stage three is somebody creates a new paradigm like we do it in clinics, we make diagnoses based on detailed histories, imaging, and then we use natural ways to heal the brain stage for the rejection.

And that's where I spent 25 years. You know, we did it because our outcomes were better and we got patients from all over the world.

Scientific Acceptance and Closing Reflections

But I clearly went through hell with my colleagues. You know, hell is often described as separation from God. How on earth is being separated from your group and so understood about being ostracized?

No fun. But stage five is the acceptance and I believe on a scale of 1 to 5, we are at 4.6, maybe even 4.7. When you have scientific bodies saying what you do is the right thing to do.

We've had 10,000 medical and mental health professionals refer to us. We have the best outcomes for anybody

who publishes outcomes, but I wish I knew I still would have done it because I have an oppositional streak in me.

Right when my dad noticed it when I was young and, I still would have done it, but I would have done it with less emotional pain. Gotcha. It's a long time to spend in that rejection phase.

Yeah. Well great. It was wonderful. Beautiful conversation. And I can't wait to actually read your book. I haven't done it yet, but, for those who don't know, I actually got my own experience at the Aymond clinics, and it was quite fabulous.

I'm not revealing any of my results. That's for me and my family personally, but I'll tell you that it's very enlightening, and it created such a sense of peace within me that, that I didn't realize I wanted.

So, thank you for that. Well, thank you. You know, I feel like we're kindred spirits and we have the same mission. And, always rooting for you. Thank you so much.

And I root for you as well. All right, well, let's concludes our interview with Doctor Ayman. Thanks for coming on. For those of you who are watching this, go ahead and buy the book. You.

And not just that book, but one of my favorite, books that that the Eamon wrote is really the book that transformed the way I looked at mental health.

Before. And that's Change Your Brain, Change Your Life, which I think that's the actual title of it. Go ahead and look at that one as well. And so, yeah, thank you for coming on.

I appreciate you. Thank you so much for.