



The End of Mental Illness

Cheng Ruan, MD
with **Daniel Amen, MD**



Cheng Ruan, MD

Hello everyone. I'm incredibly, incredibly proud to present Daniel Amen, MD into the show. So that's a seamen's mission is to end mental illness by creating a revolution in Brain health. Amen is a physician adult and child psychiatrist and the founder of Amen Clinics with multiple locations across the US. And they have the world's largest database, largest database, 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 BrainMD, a fast growing science based nutraceutical company and Amen University. He was between thousands of medical and mental health professionals on methods in brain development. And in addition he's produced 16 national public television shows about the brain and his online videos on brain and mental health have been viewed over 300 million times. Dr. Amen is also that 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," "I am Healing ADD," and many, many more. His most recent book, "You Happier" was published March of 2022 and is now a national best seller. So I'm super excited for you guys to have a chance to hear him speak and hear us talk about brain health and what that really means to both of us. Dr. Amen, thank you so much for taking the time out of your busy schedule and welcome to the show.

Daniel Amen, MD

Well, thank you so much for having me, it makes me happy to see you and happy to participate.

Cheng Ruan, MD

Yeah. So this is not the first time we talked. We actually our previous conversation was to a few 1000 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. So that's kind of what I want to talk about today. Is that okay?



Daniel Amen, MD

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 gonna have trouble getting out of for generations to come if we don't create a new paradigm. Right? Absolutely.

Cheng Ruan, MD

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 in the United 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.

Daniel Amen, MD

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% increased 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 that 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 hit 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 organ between our ears because it runs everything and, you know, your depression is likely not a PROzac deficiency. It 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 our psychiatry.

Cheng Ruan, MD

Absolutely. And some people are doubting, really the link between brain health and mental health and just want to throw out a couple of statistics here about the pandemic. So, ever since the pandemic, there's been a 17% increase in Alzheimer's and dementia related deaths. And one in three seniors dies with Alzheimer's or another dementia as well. And then 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 for to connect the two in clinics?

Daniel Amen, MD

We do a study called Spect, you had one which I love, 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 PET 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 diagnose 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 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. It's. You know why has cardiology made the dramatic advances it has? Or oncology 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 why? 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 just right.

Cheng Ruan, MD

And I think there's a 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 or diabetes or heart disease, right? But people are ashamed for having anxiety and panic disorder is bipolar and schizoaffective disorders, etcetera, etcetera. But how do you think the effect of labeling and shaming has been on mental health issues and brain health issues.

Daniel Amen, MD

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 psychiatry's 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 amen clinics over the last 30 years. What we learned is most psychiatric issues are not mental health issues at all. Their brain health issues that steal 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 compliance 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 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 in 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 to 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 there, 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 heart's risk factors and they go after each one as soon as possible. Well, that's what we should do for psychiatry is what we should do for brain health. No, 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 he had, I've 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 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.



Cheng Ruan, MD

You know, one thing that I've really noticed and I started doing QEEGs A few years ago, we've done about 7000 of them and looking at some QEEGs by the way, are for those who don't know are basically electrical sensors that we have on people's brains were actually able to look at the brain conductivity in every portion the brain under stress under arrest, eyes open, eyes closed. So it's like a stress test of the brain that there's 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 were able to capture is infections, chronic sinus disease, sinusitis, paradoxical infections. Dental infections were able to see people maybe having sleep or sleep apnea, lowering the oxygen delivery to the brain and nighttime, which is a huge detriment 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 of the levers. We started to see the brain balance 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?

Daniel Amen, MD

I was like, I'm a psychiatrist. Why do I care about toxoplasmosis or why do I care about Lyme or COVID? 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 vaxxer. I'm a thoughtful vaxxer. 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 hear one thing from the government and we are sick as a society and we need to do better at getting healthy America 4% of the world's Population and 16% of the world's COVID deaths. And in our bright minds Paradigm the second I is immunity and infections. The first I is inflammation, which is where we put periodontal disease, which if you, you don't take care of your gums. See no psychiatrist is saying, plus except us. We're like, you have two plus because if you don't take care of your guns, you're gonna have systemic inflammation and you're going to have a mental health problem.

Cheng Ruan, MD

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 were able to see that and it takes time. Certainly it's not like the next day thing, but it certainly takes time. But I think there really is a new hope for the treatment of what's labeled as, you know, mental health disorders. If we pull in this label of a brain health disorder, well, what else is really surrounding the brain that

we are levels, levels that we can pull? I think the biggest issue that people come especially into 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 they perceive to be memory loss where they perceive to be attention deficit, right? And that stigma really needs to go away because it really delays care for a lot of people, 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 then that's that's not a great thing, right?

Daniel Amen, MD

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 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 gonna go see my clinical neuroscientists, that's a better term. I think for psychiatry, I'm gonna go see my clinical neuroscientist and get my brain better.

And that way I'm more likely to get promoted or I'm less likely to get divorced or more likely to live to 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.

Cheng Ruan, MD

Right. Absolutely. And women too, actually not just men, right?

Daniel Amen, MD

Absolutely. Blood flow is absolutely essential to their sex organs, but also to their brain. And for women, the end in bright minds is neuron hormone disorders. When women hit menopause as



estrogen and progesterone go low, so does activity and blood flow to their brain goes low. So hormone replacement can be a very critical brain health strategy.

Cheng Ruan, MD

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?

Daniel Amen, MD

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 Amen 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. 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 the level of depression as the general population and you can't damage the brain repeatedly and expect to be happy.

Cheng Ruan, MD

That's a scary thought. That's not only is the repetitive concussive traumas and stuff like that that can really affect it 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 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 medicine a little bit earlier in the psychiatry world and the neurology world and what should it be?

Daniel Amen, MD

I mean how bad it's got is if I was an evil group 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 with. 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 S. S. Ri 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 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 placebo in large scale studies. It's nuts what's happening now. How it should be is you tell us your history. Like at Amen 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 you're fermenting level as well you're more likely to be anxious to have trouble sleeping and have ADD, and I think you know why are psychiatrists different than cardiologists? We should be looking at the brain quantitative EEG, SPAC pat, arterial spin 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 low it's toxic. So we need to go understand why is it toxic? You have sleep apnea. You have infection, 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 15-30 minutes. You're depressed, take Lexapro, let me see you in a month. That is just quite frankly in malpractice. It's it's an insane way to treat the brain.

Cheng Ruan, MD

I think there's a lack of education because you know, it's not like the doctors don't want to do. It's just that there's a huge lack of education going through medical school and residency on exactly what this trajectory looks like, correct exactly what they're talked to do. And it's very different.

Daniel Amen, MD

So I did my psychiatric residency at the Walter Reed Army Medical Center in Washington, D. C. in 1982. And at the time they taught us to be whole person doctors that we did therapy, we did grope, we did medication and it was all in the context of I'm going to take care of your brain and your mind. And then in the early 90's insurance companies got together with managed care companies and pharmaceutical companies and they go, we're gonna make psychiatrists a prescriber. And we're going to farm out therapy. And other thing to a lower cost lower trained group of individuals and the pigeon holed psychiatrist to be pharmaceutical reps. And I wanted absolutely nothing to do with that model. So it's not what we do at Amen clinics, but in order to pay back your student loans psychiatrists were forced so that you know, and you make a better income if all you do is 15 minute med checks. But 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 guess it was the 19 thirties twenties maybe neurology and psychiatry got divorced used to be the same specialty. You know, it's well known that Freud was a neurologist 1895. He wrote the brain science of my time is not up to the task of explaining patient symptoms and went on to develop psychoanalysis and it was a bad divorce, right, neurologist got the brain psychiatrist got the mind and psychiatrists lost because the brain should be our organ.

Cheng Ruan, MD

That's an interesting story because I guess I never knew they 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 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 becoming a very you know almost impossible task. I think that the way that where are structures set up right now. It's not just the U. S. And other places in the world as well is that there is this quote unquote cost control that occurs with insurance companies and this 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 patients and that's really concerning, you agree?

Daniel Amen, MD

I do that. medicine is not being run by physicians. It's being run by Wall Street and they're interested in quarterly profits. It's you know they want you to feel better fast but it doesn't last and they're creating uh the problem we have now in our society where our outcomes are worse than they've ever been. You know it's gonna, the answer to it is 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 in the book is right down the 10 or 20 happiest moments of your life and then plant them around your house. It's a memory strategy where you know that's how memory athletes remember lots of data is there 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 dropped 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've planted around my house, I got a new one last May, the Canadian



Association of Nuclear Medicine, prestigious scientific body that controls packed in Canada came out with new procedure guidelines as if I wrote them uh 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 uh from that body. 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 F. D. A. 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.

Cheng Ruan, MD

Yeah, that's why I think reframing our conversation for mental health, brain health can essentially change everything. And uh I think we're both on a mission to do that, not just the United States but globally as well, you know. So I'm gonna 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?

Daniel Amen, MD

I would study how change happens that I had no idea when I found imaging really added to my clinical practice, 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 our psychiatrist, the only medical doctors never look at the country. 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 costs. And there's been six versions of the DSM that basically the same as it was in 1980. Stage three is somebody creates a new paradigm like we do at amen clinics, we make diagnosis based on detailed histories, imaging and then we use natural ways to heal the brain. Stage four the rejection and that's where I spent 25 years. You know, we did it because our outcomes were better and regarding



patients from all over the world. But I clearly went through hell with my colleagues. You know, hell is often described as separation from God, Hell 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 1-5, we are at 4.6, maybe even 4.7 when you have scientific body 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 of 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.

Cheng Ruan, MD

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 Amen 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 created such a sense of peace within me that that didn't realize I wanted. So I wanna thank you for that.

Daniel Amen, MD

Well, thank you. You know, I feel like we're kindred spirits and we have the same mission and I'm always rooting for you,

Cheng Ruan, MD

Thank you so much and I root for you as well. All right, well, let's conclude our interview with Dr. Amen. 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 Dr. Amen 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, appreciate you.

Daniel Amen, MD

Thank you so much