

FREE FORUM with TERRENCE McNALLY - A WORLD THAT JUST MIGHT WORK

DR. ANDREA WEIL - SPONTANEOUS HEALING

Transcript - Conversation recorded 03-28-2003

Hello, I'm McNally: and welcome to Free Forum. Sure, we've made great strides with hygiene, infectious diseases, and emergency medical care. So our life expectancy goes up. But we're also critically challenging our health by what we do with our air, water, soil, and food. Our children, their schools, our cities, our poor, our prisons. And by the amount of physical and emotional stress, violence, and loneliness we're willing to tolerate in the ways we live and work together.

With most of us living in a constant state of uncertainty, disconnection, and distraction, we are taking our own lives by not paying attention to them. We're chronically stressed, sleep deprived, poorly nourished, with a sick healthcare system. We've lost faith in government and now in business and the market as well. If we mention 9/11 and the war in Iraq, well, it's time to talk to the doctor.

And today it's my privilege to have as my guest, Doctor Andrew Weil, a popular leader in the emergence of a new vision of health and healthcare. What he calls Integrative Medicine.

Here on Free Forum, we explore the lives, the work, and the ideas of individuals that I suspect hold pieces of the puzzle of a world that just might work. We look at new, innovative, and provocative models in business, environment, health, science, politics, and media. All based on the fact that I believe we can do better. And I want to find out how.

The show streams weekly on the Progressive Voices Network on TuneIn.com Podcasts are available anytime anywhere on Apple Podcasts, Spotify, most major podcast sites and at my site, terrencemcnally.net.

To join me in interviewing Dr. Weil, I'm going to bring in someone whose been a guest herself on this show in the past. Dr. Hyla Cass, assistant clinical professor at UCLA School of Medicine and author of *Natural Highs: How to Feel Good All the Time*. Dr. Cass started out with a normal medical training, but I can't say a normal MD's outlook. She's always been a curious explorer as well as a healer. And her practices have evolved over the years to deal with the whole mind, body, and spirit, as naturally and safely as possible.

Thank you for joining us, Dr. Cass.

Cass:
Great to be here.

McNally:

Weil:., a Harvard Medical School graduate also holds a Harvard degree in Biology. A clinical professor of Internal Medicine, he is the founder and director of the Program of Integrative Medicine at the University of Arizona's Health Sciences Center in Tucson, where he's training a new generation of physicians.

Weil has recently established a non-profit organization, the Polaris Foundation, to advance the cause of integrative medicine to Public Policy, education, and research.

Dr. Weil is an internationally recognized expert on medicinal herbs, mind/body interactions, and integrative medicine. A frequent guest on Larry King Live and Oprah, he's also hosted his own PBS television specials.

In addition, Dr. Weil is the author of eight books, including the national best-sellers: Spontaneous Healing, Eight Weeks to Optimum Health, and Eating Well For Optimum Health.

Dr. Weil is a proponent, as I've said, of integrative medicine, which combines the best ideas and practices of alternative and conventional medicine in order to maximize the body's natural healing mechanisms.

Welcome, Dr. Weil.

Weil:
Hello.

McNally:

My first question, always on Free Forum, is about people's path to the work that they do. That is, I want listeners to know the people as well as the ideas and the work. So weave the story: childhood... you know, memories, turning points, mentors.

Weil:

Yeah. I often get asked on talk shows: At what point did you convert? As if people can't imagine that a doctor would be interested in healing and nature except as a result of some kind of personal health crisis. I've never had a personal health crisis. I've always been relatively healthy. I've known how to take care of things in myself.

But when I look back, I think that my ideas really go back to earliest childhood. You know, this is who I am. I grew up in a road house in Philadelphia, quite disconnected from nature. But I was always intensely curious. I had a love of plants. Something that I got from my mother, which she got from her mother, that eventually lead me to be a botany major at Harvard.

I think that's the study of plants... Actually, the plant world has been a defining characteristic. Its really forced me to look at the relations that we have with nature.

And it was a great shock to go from being a botomy major as an undergraduate to going to Harvard Medical School and to see how disconnected that system was from nature. And even in pharmacology, where we're being taught to use drugs that come from plants, the professors really had no knowledge of the plants from which the drugs came.

And then I think of when I look back, I also always was interested in the mind and consciousness. I remember coming across a book on hypnosis when I was a teenager that fascinated me and eventually lead me to take a course in medical hypnosis that was one of the most interesting useful courses I ever took.

When I finished my basic clinical training, it was very clear to me that I didn't want to take further training in that system of medicine. It seemed to me that it did too much harm and it didn't really get to the root of illness. So I was sure I didn't' want to practice conventional medicine, but I didn't know what I wanted to do in its place. And I found ways to travel around the world, live in other cultures, look at other perspectives on healing. Eventually my car broke down in Arizona and I settled there. I put together my own synthesis, which I first called Natural and Preventive Medicine and now called Integrative Medicine.

McNally:

Okay. And you say that integrative medicine has a much larger perspective. I'm quoting you: In a mission. In simply teaching doctors to prescribe herbs or acupuncture. What is that?

Weil:

Yeah, you know, when I travel around the country, I think one of the tasks that I really have, is to get people to distinguish integrative medicine and complimentary and alternative medicine, which is now called CAM. And this is the acronym used by the Federal government. We have a national center of CAM.

CAM is about modalities. It's all these things that are not taught in medical school: herbs, acupuncture, hypnosis, and a whole list. I think integrative medicine is a much larger mission than that. The first is to restore the connection of medicine with nature, which has been lost in the 20th century. I think great medical systems, great medical philosophers, have always recognized that the roots of healing are in nature. And therefore, I think if you want to understand healing, if you want to foster it, you have to live in a right relationship with nature, I think we do not do that currently and we certainly do not do that in medicine.

Just as one example. I think you can see that there's a great deal of anti-herbal sentiment and paranoia voiced in the media and certainly in the academic media. And there is a general message put out there that the products of nature are suspect. That they're wild, uncontrolled, likely to hurt you, whereas the products of man's pharmaceutical laboratories are safe because they're scientific and pure. And it's just the other way around. So we have some turning around to do there.

A second great emphasis of integrative medicine as you mentioned is on the natural healing potential of the organism. And I think this is a huge philosophical shift because most people - and this is doctors and patients alike - imagine that if you're sick, help has to come from out there. You know, we put things into people, we do interventions. And my sense very strongly is that healing comes from within. The treatment at best can facilitate healing; can activate healing. But the origins of healing are internal. And I think good medicine begins with that recognition that the potential of healing is within the organism.

As an example that I often use in teaching medical students and physicians, which is that if you have a patient with an acute bacterial pneumonia whose critically ill, and you put them in a hospital , give them intravenous antibiotics and 36 hours later, they're out of danger, it's very tempting to think that the antibiotics were the source of the cure.

In fact, what antibiotics do in that situation is to knock populations of germs down to a level where the immune system can take over and finish a job that it was unable to do because it was overwhelmed. And to me, that's a model for how all of our treatments work when they work. So that philosophical shift is very important.

Another aspect of integrative medicine is really emphasizing the doctor/patient relationship. That there is a magic in that interpersonal interaction which can access healing. And that if the healthcare system is moving in a direction that sabotages that relationship, then the healthcare system has to go. You know, if the healthcare system only gives you 5 or 10 minutes to see a patient, it's unlikely that you can form the kind of relationship that fosters healing. So something's got to change there.

And I think yet another aspect of integrative medicine is that it really emphasizes what's called Whole Person Medicine. I mean, this is from the old holistic medical movement that people are more than just physical bodies, they're also mental/emotional beings and spiritual entities and community members. And those other aspects of human life have to be taken account in understanding health and healing.

So these are all parts of a larger scope of integrative medicine and then the introduction of complimentary alternative medical techniques. You know, that is in some ways the secondary part of it to me.

McNally:

It fits within that model once you take that approach.

WEIL::

It fits within that model; yeah.

McNally: Hyla.

CASS:

You've always been an inspiration to me. I'm so glad you're there. And I remember years talking about the placebo effect. When you're talking now how antibiotics aren't doing the healing, they're allowing the healing to take place. In fact, what heals is our own resources. We heal ourselves.

And that's why the placebo effect needs to be induced. And that's why for one thing, the doctor/patient relationship is so important. And you're one of the first people for me who so clearly defined the placebo effect. As that's what heals. Don't say 'just the placebo.' Don't minimize it the way conventional medicine does, but really honor it.

WEIL::

Yeah, in conventional medicine, we regard the placebo effect as a nuisance. It messes up our data. So we're always trying to worry about how to eliminate the placebo effect.

To me, the placebo effect is what we're trying to do in medicine. Now, that's healing from within un-mixed up from the direct effects of treatment, which are likely to be toxic. So in my view, the ideal medicine is that which produces the maximum placebo response for the minimum intervention. You know, that less is more, that the least intervention produces the maximum healing response.

And that's whatever the circumstances call for. If you're dealing with somebody whose critically ill or dealing with disease that involves a vital organ that's moving very quickly, then your interventions have to be more drastic. But I think that the ideas you start off with, the least impactful intervention that's going to give you the maximum healing response.

McNally:

Yeah. One quick thing. Your first book that really broke was that Spontaneous Healing. And I don't think when that came out, that I realized when I first saw it, this is really what you were talking about, isn't it?

WEIL::

That is really what I'm talking about. And that's the whole concept of Spontaneous Healing. I also find that it's easier in some ways to talk with kids about the concept of the body's healing system than it is with my colleagues. You know, if you talk about the body's healing system, the natural healing power, it's very easy for scientifically trained doctors to dismiss that as New Age woo-woo.

You know, it's not New Age woo-woo. It's biology. And if you have a child who has a cut, you can say you know, watch what happens over the next few days. It's very easy to plant the seed of the concept of the body as an internal mechanism of diagnosing itself, of repairing itself; regeneration. To me, that's the most exciting aspect of medicine and biology.

CASS:

What's interesting about that is conventional medicine and sort of conventional wisdom say: Well that's not scientific. When in fact, it is most scientific. We actually look at the cell. We can look at the cells replicate, we can look at the immune cells coming to take away the infection in a cut and watch the repair happen, which is quite a miracle.

McNally:

That's biology...

CASS:

And science.

WEIL::

And also in Spontaneous Healing, another example I use was that even if you go to the level of DNA, and this is just a big molecule that's on the border of life and non-life. That molecule has within it these capacities to self-diagnose, to regenerate, to repair. If a strand of DNA is broken by an ultra-violet light ray, for example, instantly, the molecule knows that the change's happened. It elaborates enzymes, repair enzymes that cut and paste the broken strand. So even at the molecular level you see that.

CASS:

What I find so strange is the lack of credence that's given to integrative medicine, to self-healing, to the use of herbs and the so-called alternatives to pharmaceuticals when there's actually quite a bit of research. I'd like you to comment on that.

WEIL::

Well, again, I think I have a unique perspective on that coming from the world of botany and botanical medicine because I've been very aware over the years of the vast body of scientific literature that exists in places that medical doctors in our society don't look.

So for example, there's a journal called Plant America that's been published for years in Germany. A very good respected purity journal in which a lot of natural product research on the positive effects of botanical remedies has been published. I know hardly any American doctors who've ever heard of the journal Plant America, much less looked at it.

So you know, often when I talk to audiences and physicians, there's a reflexive response that, oh, there's no data and all this is anecdote. I think the first problem is to bring the data to the attention of people. A lot of this information exists out there.

McNally:

Yeah, you say... You mention that when you speak to physicians, I in the media notice that every time a television show deals with something that's not mainstream technological medicine, they always include the guy almost from Central Casting who says: Yes, yes. But there's no research.

WEIL::

Right.

CASS:

Or they show some incontrovertible research that's really much much better than some that's been done on drugs. And the conclusion is: Well, the results are inconclusive and we need more research in this area.

WEIL::

Or, even funnier, that these are the results, which look very good, but don't consider doing this without asking your doctor. What good does it do to ask your doctor about something your doctor knows nothing about! You know, there's whole vast areas of medical knowledge that aren't taught in their medical schools. Botanical medicine being one.

McNally:

But that whole idea that your doctor doesn't know something...

WEIL::

Right... Exactly.

McNally:

That's a new one.

CASS:

And then the doctor not knowing, brings up the doctor's own fear of not knowing. And so they're dismissive.

ANDREW WEIL,MD

You know, I'm actively involved, as you mentioned, in training doctors and developing new curriculum models of medical education. And I have always taught physicians and medical students to say 'I don't know' when you don't know something. And I think patients really respect you for saying that.

McNally:

Can I ask you... You're mentioning that you're now putting attention to physician doctors. In a book you wrote in '83 on health and healing. You say that in your entire formal medical training, you never heard a good answer to the question 'What is health.' Or perhaps it wasn't even asked. Two questions. What is health? And would that statement still be true today?

WEIL::

Okay. To me, health is a temporary dynamic state of equilibrium in which all of the internal forces of the body are relatively balanced with all the external forces on it. And I emphasize this is temporary and dynamic because the equilibrium state is constantly breaking down and being reformed as conditions change. But I think the essence there is balance. It's a quality of balance and wholeness.

What I do find still, I think, if you ask the average doctor: What is health? Either you get a blank stare or people will say: The absence of disease. Which is a very unhelpful formulation especially since disease means an absence of ease. So... you know, you're not getting anywhere with that. And I also noted that if you look at many of the alternative medical systems... I mean, even if I don't agree with them, even if I think their theories are wrong and their practices are stupid, they're often given power by the fact that there is a central philosophical concept of what health is.

For example, an orthodox chiropractor would say that health is a condition of balance circulation of blood and nervous energy that is related to spinal alignment. And that if that balance is not there, you can correct it by realigning the spine. I think in many of these systems...

Or a Chinese practitioner would say that health is the balance flow of energy chi around the pathways of the body. You know, I may not agree with those concepts, but there's a concept there that gives some kind of theoretical unity and strength. I think one of the weaknesses of allopathic medicine, it doesn't have a sense of that. I mean, all they can say is health is the absence of disease.

McNally:

Yeah. No vision, no place that you can hope to attain.

CASS:

You've been a real catalyst, a real agent for change in the whole field of medicine. It's very impressive. You have a huge grassroots following and now in the medical world, medical profession, and medical schools. And it has to be an amazing piece of work to get that going; to actually begin infiltrate.

And I say... to infiltrate the medical schools because they are bastions of conservatism. And aside from that, there's also the pharmaceutical hold on medical education. So I'd like you to comment on two things about how successful you have been with the medical school environment; with academia. And what role the pharmaceutical industry has played in either supporting or not supporting what you've been doing.

WEIL::

I think I've been very successful within academia. The Program in Integrative Medicine that I created and directed at the University of Arizona is almost 10 years old. We've

graduated 20-some residential fellows, physicians who've been through an intensive two-year training who are now all over the country and in Canada. Most of them starting these kinds of programs at other medical institutions.

We've graduated 45 associate fellows who've taken a two-year distance learning program. And we have another 100-and-some following them. This now includes people from a number of other countries as well. And these are being trained to be leaders in clinical practice. We do research, we teach undergraduate medical students. We are beginning to train health professionals in the military through a Department of Defense appropriation.

We're creating a joint family practice, Integrative Medicine Residency Fellowship Program that's going to be done at sites all over the country. So I think we've done a lot. And even more impressive, we've been instrumental in helping to create a body called a Consortia of Academic Health Centers for Academic Medicine. We now have 16-member medical schools. This includes medical schools like Duke, Harvard, Georgetown, Columbia, UC San Francisco, University of Minnesota; and schools of that caliber.

And in order to be part of that group, the dean or chancellor has to request membership. There has to be an institutional commitment to move the school in this direction, there has to be a program in place that covers at least two of the three areas of teaching, research, and clinical services. So there's a movement happening and it's actually... it's quite gratifying to be getting letters now from deans of medical schools saying: Can we be part of this?

And you know, they get a sense that the train is leaving the station and this is now fashionable and they want to be in it even if they don't know what to do. So I think it's also worth noting the reason this has been possible has an awful lot to do with the economic collapse of the healthcare system.

I've been writing and saying the same things about medicine, medical education, healthcare, for 25 years. And for much of that time, I was completely ignored by my colleagues. I began to get a large following in the general public but very few of my colleagues paid any attention to me, and certainly not deans or chancellors in medical schools. Its only been in I'd say the past 5 years that I've been taken serious by academic college. And I think the reason for that is that the economics of medicine have become impossible.

And also, there is a rising level of physician discontent. As you know, large number of doctors are now leaving the practice of medicine because its become so unsatisfying. So for me, the lesson is that the way institutions move is not by an ideological argument. They move when their pocketbooks are squeezed and economics forces them into a certain direction.

So although the collapse of the healthcare system and the unhappiness of doctors... I mean all this is causing a lot of chaos and suffering. You know, bring it on. It's out of that the potential of change is happening.

Your other question about the pharmaceutical industry, I have less to say about. I have not taken that on, I have not tangled with that industry directly. In the years when I was in private practice, I often said that for every prescription I wrote for pharmaceuticals, I gave out 40 or so recommendations for botanicals. and other natural remedies. And I found that very satisfying. I never saw a single adverse reaction to any botanical I recommended to a patient.

I am very skeptical of the products of the pharmaceutical industry. I'm extremely conservative about my use of pharmaceutical drugs. Meaning that I don't jump on the bandwagon of new drugs. You know, I want to see a drug out there for some time and establish a record of safety before I'm willing to use it.

I think the influence of the pharmaceutical industry in the practice of medicine is intense. And as you know Hyla, that we in medical school get objective information about drugs in our second year, which is immediately forgotten. And when we get into the world of practice, most of the information we use about drugs comes from the industry. You know, and it's not objective information.

So I think we'll have to wait and see how that plays out. You know, my sense is that as the market gets big enough for natural products, I would expect that the pharmaceutical companies are going to move into that area and figure out ways to make money from it. And I can see both good and bad happening from that.

McNally:

Yeah, let me ask you, because this plays out something you just said. You said that when the healthcare industry is in economic crisis, it looks for new opportunities. Michael Learner in an earlier talk today mentioned there are teachable moments... And that creates a teachable moment.

But there's a counter-intuitive thought, which says to me: How are we going to change this paradigm of healthcare when money's so tight? Because change costs money. So how is that playing out for WEIL::

Right... I think a crucial step is to show that integrative medicine saves money. And everyone assumes that. I mean, we assume that a lot of our interventions are cheaper and safer and more effective. I think we need data to show that. And one of the difficulties is that nobody seems willing to put out money to do outcomes research. You know, what we want to do is...

Let's say you have a patient with rheumatoid arthritis. We want to be able to show that giving an integrative treatment plan, that would involve a mind/body intervention, herbal remedies, change of diet, proper exercise regimen, maybe use of

Chinese medicine or homeopathy; that whole package produces a better outcome than maintaining people long-term on immuno-suppressive drugs, for example.

But the Federal government has only been willing to fund research on single interventions. You know, we'll look at the use of fever few in treating rheumatoid arthritis, for example. They're unwilling to think in these larger terms.

We desperately need that kind of research. We want to be able to show an insurance company, for example, that the first approach saves money. The other issue is that... for instance, in our clinic in the University of Arizona, a new patient is seen for 90 minutes on the first occasion. They take a very complete history.

You talk to the head of an HMO about using 90 minutes of a physician's time, their eyes glaze over. You know, that's their most valuable resource and they want to condense that down as much as possible.

McNally:

But hasn't outcome research been done on that? I mean, isn't there some studies that show that the time... whether a nurse or a doctor spends, is one of the highest correlates with healing?

WEIL::

Right. There is that research. We need a lot more of it. We need to be able to show especially that the integrative approach to particular kinds of conditions is more cost effective. So I think that that's the key to changing that. You know, every one assumes, and I feel quite confident, that we can demonstrate that. And I think that one of the incentives for institutions moving in this direction is that they can save money and also that they can win back customers who are now leaving.

You know, that the clients are going elsewhere because people are so unhappy with conventional medicine. You know, I think the statistics that half the people in the country are using alternative practitioners... I think many of those people, if they had their choice available, would want to go to medically-trained persons who were open-minded and able to help them use these other techniques that are out there.

McNally:

Yeah. Let me just say one more thing for listeners who might not be so clear about it. That when you said that it is hard to get a study of an integrative method, that it... I mean, I want to emphasize that both scientists, academic specialists and so on. They love to isolate. So they want to do away with the placebo effect, they want to do away with... When this person, you said, is taking one specific herb, they actually won't let them do the other things 'cause that would influence this...

WEIL:

And they even get to the herb. They don't want to study the herb in its complexity. They want to take one molecule out of the herb and study that. That is the influence of reductionism in our way of thinking.

McNally:

A lot to overcome.

CASS:

Which is really leading up to the next question, which is the whole system's approach. You've been addressing very much the whole mind, body, spirit, and environment approach to health. And part of it is the economic issue overriding that; this politics, economics, pollution. Many many many factors that Terrence, you mentioned at the beginning of the show. And these all are needing to be addressed. And I know you have been addressing them all along.

One small piece of that that's clear is that the poor don't have access to these. You said half the people are spending money out of pocket. MediCare does not pay for alternative treatments so it's someone who can actually afford even to buy vitamins.

WEIL::

Very true. And I think a potential fatal pitfall for the integrative medicine movement is that it will only serve the affluent. I think that's gotta change. The way it changes is working for equitable reimbursements for these approaches. And the way to do that... I mean, there's various ways. Certainly, one of them is to produce research data showing the people who have the money that it is worth, that they're going to save money by reimbursing in this direction. So you know, I think we all have to work to do that.

CASS:

I'd like to hear your comments on how our technologies have actually very very seriously influenced overall health. I know in my own practice, I'm seeing a great deal of, for example, chemical sensitivity, toxic metal overload, mercury, lead, ADD children who have a lead overload are being given Ritellin.

I know I'm part of the downstream solution, but let's look at some upstream solutions. And I keep wondering as a physician, how we can begin to influence those powers that are affecting our patients, and ourselves, and our planet.

McNally:

Let me piggy-back on that that when Hyla and I have spoken about holistic health, holistic healing, one of the crucial pieces we think, is dealing with root causes. And often these root causes are in the system.

WEIL:

They are. I mean, as one example, look at nutrition. As you know, nutrition is still really not taught in medical schools. It's an area of great ignorance among medical practitioners in this country. Clearly, how we eat is a major influence on health. We're seeing an epidemic of obesity in this country especially among children. We're seeing younger and younger age of development of adult onset diabetes. We're seeing epidemics of behavioral problems that may have nutritional roots or at least nutritional influences.

Trying to change how people eat is very tough especially since you run off against big industry and food technology. You know, people in this country seem obsessed with identifying the one bad category of stuff out there, you know. For a long time it was fat, now it's carbohydrates.

And you know, in my view, there's no category like that that are good or bad. Clearly the problem in the modern diet is processed food and refined food. It's that when we apply technology to nature, the chances are that we're going to reduce the nutritional values of food and increase their dangerous qualities. I think we've done that.

You look at fast food, snack food, junk foods. They're filled with compounds that are not natural, that are not found in nature. They've probably directly influenced our health, both short-term and long-term. And yet there are huge vested interests there that are really tough to go up against.

You know... a year ago, when Eating Well For Optimum Health came out, two years ago, one of the women's magazines thought it would be fun to take me around New York and put me in different kinds of restaurants and see how I fared.

And one place that they took me was the McDonalds in Time Square, which I think is the busiest McDonalds in the world; it was in the morning. And I've actually almost never been in a... set food in a McDonalds. I have the distinction of never eating a McDonalds hamburger in my life. But going in there in the morning and looking at piece of sausage and something else. And it was for \$2.99. You know, how can you compete against that? And you talk about the concern of poor people.

There is definitely research showing that in poor neighborhoods, there is greater proliferation of this kind of food and its availability and marketing. I mean, there are heavy forces that we're up against in trying to change environment in that way. But I think, you know, it can be done. I think it is possible to change consciousness, to raise awareness, and I think you work in whatever sphere of influence you have access to.

McNally:

I think in addition to some people being surprised by how best-selling your books were, I think the book Fast Food Nation, by Eric Schlosser last year, shocked. I spoke

to his publishers and they were shocked by how it's still in the top 5 in Los Angeles in paperback a year and a half later.

And he really felt that as he was working on the book and when he begin to speak of it, he could feel the change happening in the way people were viewing these things.

CASS:

Poor people and the lack of education and accessibility to good food among the poor population, I want to comment on an organization I've been involved with, called the Healthy Foundation. I don't know if you're familiar with it.

Where we're actually giving out vitamins to at-risk children ages 2 to 8 or 9 through Head Start Programs, churches, schools. And we're up to 10,000 children a day. And what's remarkable is on an RDI multi-vitamin, which is just the required daily intake, which is quite a small amount, these children have actually improved in their behavior, their ability to focus and learn in school. Their overall health: fewer colds, less absenteeism. Quite amazing. Indicating what tremendous nutritional deficiencies exist here. How simple some of the solutions could be for really pennies a day.

WEIL::

That's great. It reminds me of a study you probably saw that was done some time in the past year in the UK, in prisons; in the prison population of just adding a vitamin supplement. And seeing very significant behavioral changes.

CASS:

Or adding essential fatty acids.

WEIL::

Right, exactly.

CASS:

Very basic... Our kids are not given sufficient essential fatty acids for brain development. And prenatally as well as after birth.

WEIL::

Right... Yep, yep.

McNally:

You spoke about some of the root causes, Hyla. And technologies and chemicals and so on. And you address the food issue. Would you agree with the assessment, that I think we were both sort of saying, which is that these systems that we're embedded in - and as I said at the top of the show - are basically hazardous to our health and that integrative medicine reaches out beyond the doctor and patient...

WEIL:

I would agree with that. And I'd also look deeper. So you know, what are the root causes of that. What is the root of this situation. And this is my prejudice, but I come back to consciousness as being primary and that it's only through changes in consciousness that we see changes in the manifestations of consciousness. Whether that's the institutions... What appear to be these ingrained forces in society.

So you know, my work has been focusing on trying to train a new generation of physicians who I think will go out there and influence how we do research, how we teach medicine, how we practice medicine. I think education is one major way that we can raise awareness, change consciousness.

McNally:

Yeah. We've spoken here for a little over half an hour and we haven't mentioned another thing that I think is impacting people's health, which is the stresses that they felt since 9/11 and terrorism since this long drawn-out rush to war and now war in Iraq. You're around the country a lot, I assume. What are you feeling, seeing?

WEIL::

I think people are edgy, and they're afraid and uncertain. And I also have to say I think that's the world. The world has always been that way. I mean, in fact, there are many times in history when things have been much much worse. You know, you could've been living in a village somewhere and a Mongol hoard was going to sweep down on your village.

So I think it's easy to imagine that we have a corner on stress and anxiety. And that these are features of modern urban life. I'll just tell you one story that actually I wrote this up in Spontaneous Healing.

I had a medical student some years ago; a woman who was unusual. She was very fascinated by Third World peoples and Native Americans. And she was always going off doing interesting things. And after she finished her medical school training, she went for a six-month rotation in a British field hospital in rural Kenya. In an area where she was one of six doctors serving an enormous population of tribal people.

And she went there with very romantic expectations of dealing with elephant typhoid and sleeping sickness. When she came back, she was very sober. She said that 95 percent of what she dealt with were stress-related disorders. The commonest drugs being prescribed were Valium and Tagamet for conditions like neck and back pain, irritable bowel syndrome, gastric or reflux syndrome. I mean, who would've thought that?

McNally:

I'm shocked. How long ago was this?

WEIL:

This was about 10 years ago I'd say.

CASS:

I think what you're dealing with are societies that had been tribal and had had an internal support system. And they would support each other including with food supply and daily activities clashing with so-called modern civilization, technology which they couldn't match and therefore created poverty. So there's a whole...

WEIL::

Now, possible. But actually, some of these people were living fairly traditional lifestyles. There was a great disproportionate of women and men. A lot of the people coming to the clinic were women who a lot of the stress was from the rigid structure of those tribal societies.

So you know, I just think it's easy for us to imagine that stress is a modern phenomenon. I'm not so sure of that. I mean, I think that stress might be part of the nature of human life. And I think as I said, I think the world has always been a hazardous and uncertain place. I think the forms of the hazards and uncertainty change over time. You know, there are particularly horrifying ones we deal with today, but I think that's the nature of the world.

McNally:

Let me ask a little bit about that. As I said, I went back and looked at this Health and Healing, which I found really... To me, I was actually going to ask you whether some of the things you said in it remained the foundation for your later work. And you have said things in your answers that absolutely you said in '83.

But one of the things you wrote in that book was: Why is there evil in the world? That is the supreme question for all religions and philosophies and it must be understood that the question: Why is there sickness? Is just another form of it.

What did you mean by that then? What has that come to mean to you since 9/11 and some of these new things?

WEIL::

I think that this to me is the essential philosophical challenge we face. Is that we would like the world to be a certain way; it's not. There are things out there, there are people that appear to be evil. There are evil acts, there's war. You know, why does this happen? I think you have to come up with some way of explaining this in order to live and not be overwhelmed by despair. And as I said, I think the question of why sickness occurs? Why there is suffering is part of this same question.

And my sense is that we'll never make that go away, you know. And the philosophy... I am very inclined to a Buddhist philosophy. Not institutional Buddhist religion, but Buddhist philosophy, which I think has a sensible view of that. That rather than

getting caught up in the struggle between good and evil, it takes a higher perspective in which it sees good and evil completing some kind of cosmic pattern.

And that if evil is kept in the right place, it is a force for change in the dynamism in the world. That's why when war broke out in Iraq... I think whenever there's a war, it confronts us with this stuff. And the easy response is, you know, that everybody wants peace on earth; a world with no war. I don't think that will ever be. I mean, there's no reason to think that will ever be.

You know, if you look within the human body, there's war constantly. At every level, there are battles being fought. And yet out of this arises the equilibrium of health. So maybe again, that peace arises out of conflict. That you can stabilize conflict in the way that you create peace just as stability rests on chaos.

McNally:

I was going to say that you had said that one of the things about integrative medicine had a vision. It had a vision of health. But what I hear you saying to be even more discerning, is that this vision of health includes darkness.

WEIL::

Absolutely.

McNally:

You quoted Lao Tzu in '83. "One who in preferring light, prefers darkness also. Is in himself an image of the world and being an image of the world is continuously endlessly the dwelling of creation." Now in these days of ecological trauma and so on, there is darkness. How is preferring darkness good for our health as individuals and as a society?

WEIL::

Now remember, it didn't say it's not preferring darkness exclusively. It's one that preferring light also prefers darkness. I think it is acknowledging and integrating darkness rather than trying to make it go away. You know, I think the evil secret is that it leads us to see it as the enemy and to fight it. And I think when you fight things, you make them stronger.

You know, it's like these images from mythology like fighting the giant. And every time the giant touches the earth, it gains greater power when you knock it down. And I think, by the way, you know.

I look at how we look at germs or insects in our world. In the West, our whole effort is to develop weapons against them. Antibiotics, pesticides. And we clearly see that this rebounds against us. That not only do we injure ourselves with the use of these things, but we make the things that we don't like stronger.

The Chinese system, you know, by contrast, has been instead to work on increasing internal defenses. You know, to improve health, to improve immune defenses, to improve resistance. Maybe you need both of those concepts. But in the West, we've almost exclusively try to blast things out of existence that we don't like by developing technological weapons.

CASS:

I really liked what you said about accepting our own... all of ourselves including our shadow because once we disown it and project it, it really causes a lot of trouble. And I think that's sort of the basic principle. I learned that from Hal Stone, who...

WEIL::

And wouldn't you agree... I think that psychiatry actually is the area where that's been most advanced there at least in its essence, in its origins. Psychiatry really has that and has the ability to teach that to the rest of medicine. It seems ironic that of all the medical areas, psychiatry is the one most sunk into materialism.

But in its highest and most theoretical ideals, I think it really sees that.

McNally:

One of the things that I've noticed in just people that I've read and guests I've had on the show, is that often the doctors who tend toward integrative and holistic approaches often started as psychiatrists. And I think it partially has to do with (a) that they could see the shadow in the light; and (b) that they got used to actually spending time with patients.

CASS:

That has stood me very well in my own practice as an integrative physician not simply doing psychiatry. I do spend an hour to an hour and a half with someone. And that makes tremendous difference.

I want to ask you about the Polaris Foundation. That's very exciting.

WEIL::

My website, drweil.com, has developed... is selling products to enhance natural living. And for me, it was a very difficult decision to be involved with products because you know, I walk a very fine line between being a public figure and doing work for the general public and having a professional life in which I work in the world of academic medicine. That's tough to maintain that balance.

For one thing, I mean, just even writing a best-selling book makes you suspect in the medical academic world. Let alone selling vitamins, which is you know, the kiss of death. So I said that the only that I could do this is if I didn't personally profit from it. So to set up a kind of Paul Newman model.

And I think this is what we've done here. You know, there are the Polaris vitamin products; I think are the best that you can get. A great deal of thought has gone into how to design them. All of my after-tax profits go to the Polaris Foundation. And we're receiving contributions from other sources as well. But the idea is to develop a pool of foundation money, which can support integrative efforts not just at the University of Arizona, but around the country.

McNally:
So what Polaris will do in practice?

WEIL::
Is to give grants to educational institutions, to individuals who can be catalysts for change in advancing the integrative medicine movement.

McNally:
One of the things you've said here before... today even. I just want to remind people with this quote. When you said: "Health is wholeness. Far from being simply the absence of disease, health is a dynamic and harmonious temporary equilibrium of all the elements and forces making up and surrounding a human being.

Now, when I hear surrounding a human being, I think of this conference that we're all at as we're having this, which is the ecological medicine. Is that what you were 20/30 years ago?

WEIL::
Yep... 20 years ago.

McNally:
20 years ago. And how do you feel about the pace of progress?

WEIL::
That is what I was thinking. You know, I cannot see us in isolation from the environment from which we live in, not just the physical but the psycho-emotional-spiritual environment as well.

I think I am... you know, I guess I can both be frustrated by the solonis of change and at the same time astounded by the rapidity of it. You know, I think it's fantastic to see this momentum building of medical schools toward integrative medicine. They're really coming into being of environmental medicine as a specialty. I think the change's been unbelievably rapid.

I also when I talk to general audiences, remind people that I think still this is a consumer-driven movement. And that the institutions are often being dragged kicking and screaming in this direction but they have no choice.

You know, that the economic forces moving things in this direction, I think are overwhelming. And clearly, this is what people want. When I travel around the country, the commonest feedback I get from ordinary people: waiters, taxi drivers, is when they hear about integrative medicine, what we're doing. It's about time. You know, people know very well what they want, they know very well what they haven't been getting from conventional medical and healthcare institutions. And still, this is a consumer-lead movement.

McNally:

One of the things that I've seen working with environmental organizations and interviewing a lot of environmental folks, is that they have realized they get more bang for the buck and more connection with the individuals when they speak about the environment as a health issue.

Not about the snail darter... God love the snail darter. But about their children and their parents. And something which someone who works in environmental justice movement shared with me. He said: I think you will find when we look back that the poor were the ones who finally brought us to sustainability. He said: For many middle-class environmentalist, it's a nice moral notion.

He said: We're the ones who, when they say jobs versus environment, it's our jobs they're talking about. And it's the environment that's right on our back yard that they're talking about. And when I talk to people... This is Carl Poris of Communities for Better Environment... He said: When I see the light go on in poor immigrants and poor people that there is another way, that sustainability means you don't have to choose between jobs and environment, which is the health of their kids and their parents.

Any thoughts about that?

WEIL::

I think it's great. I mean, it's very encouraging to hear that. And I think that you know, the movement toward social justice and sustainability should be something that medical doctors really get behind. I think medicine has a great potential role to play in that. Also, I feel that despite the cracks and the medical facade, still people have a lot of faith in doctors. You know, that we project a lot of beliefs and give doctors a lot of authority.

And to have the medical profession take a lead in this area would be wonderful.

McNally:

Yeah. I'm reminded when you say that that how people talk about getting faith in a fox hole, I think people get faith in their doctors at a certain time when they're critically ill. Suddenly doctors rise in their estimation.

WEIL:

Yeah, absolutely. Well, a number of commentators have pointed out that in technological society, doctors are the priests of the religion of technology. That they have taken the place of shamanism and priests in traditional societies. And it would be nice if they used that authority in a responsible direction.

McNally:

Let me ask two big questions that I think are contextual around all of this. One is: If science has known for about a century, and our experience confirms it when we look outside at any time, that reality is alive, that it's a system, how do you explain the hypnotic hold of the machine world view? And that technological machine world view as our point of view?

WEIL:

First of all, I think the technological machine world view is simpler in many ways. The other view is it's complex. I think also there is a complex kind of false sense of security in the machine view. That it is easier to be asleep and unconscious and imagine that you are a passive instrument. If you see yourself as an active co-creator of reality, you know, suddenly you have to take responsibility for a lot of stuff that many people don't want to deal with. So I think in some ways, the act of co-creator view is more uncomfortable. At least initially.

McNally:

And following on that. If you were to look back 20 years in the future, let's say. Do you think... this is looking back from that vantage point, 20-23. Did humanity turn it around? And if so, how?

WEIL:

You know, one possibility is that it's always... that there's an internal struggle. That we're always on the point of turning it around and that we have to constantly work at that. I mean, that's a possibility. I don't know. There's some days when I can look back and see real progress. I've watched... not long ago... Have you seen the documentary Atomic Cafe?

McNally:

Yes.

WEIL:

This is about America from the birth of the atomic age up through the Russians getting the hydrogen bombs, so mostly the late 40s-50s.. When you look at that and see how asleep this culture was, you really get a sense of how much we've moved. So looking at things like that I'm encouraged.

McNally:

I'll share with you that when I interviewed Norm Chomsky, one of the real, you know, radicals, I thought for sure that he would be very pessimistic. He said: Oh, no. There's so much more awareness now than when we started.

CASS:

Yeah, that's interesting. In the '60s, I know I thought: We got it. It's happening. We have finally managed to begin transformation...

WEIL:

I remember that...

CASS:

It's really happening! And its been such a backlash; huge. And yet a lot of things that were discovered and embraced in the '60s have actually become part of the dominant culture.

WEIL:

You know, I remember when I was a kid in the '50s, I had a general practitioner as a family doctor. You know, he was a classic family doctor, he was great. But he wrote prescriptions in Latin, intended to prevent you from reading them. You took them and went to a drug store, which had a very high counter and hand this over to the pharmacist.

The high counter was to prevent you from seeing what was going on behind it. You never thought to question a doctor's prescription or ask what something was. I mean, think in a relatively short time how lots have changed.

McNally:

Yeah. Okay, I think we're pretty much at the end of the hour. Any last thoughts, Hyla?

CASS:

Well, I just want to mention that we're attending a conference called Medicine in the Planet: The Coming of Age of Ecological Medicines, sponsored by Alternative Therapies. And its been very exciting.

McNally:

Yeah. This is something, which is emerging.

Any last thoughts, Andy?

WEIL:.

I think it's you know, the best of times and the worst of times. And its probably always been that way, but it's nice to be... to stand for a while in the side of seeing things really moving in the direction that we like. And to see increased consciousness and awareness.

McNally:

Okay. Thank you to Hyla Cass, Andrew Weil. To Ian Johnson, my engineer. And to you, my listeners.

You can learn more about Dr. Weil's work at www.d-r-w-e-i-l - Dr. Weil, one word, dot-com. And Dr. Cass' work at www.cassmd - that's c-a-s-s-m-d, dot-com.

McNally:

For this conversation and many other interviews and articles, and to join me in pursuit of a world that just might work go to terrencemcnally.net or a worldthatjustmightwork.com - they're the same website. If you want to receive my weekly email announcements of guests and issues, plus links to 10-15 articles I choose each week to flesh out the conversation. Sign up at my site or email me at temcnally@mac.com. You can also subscribe and listen to the Free Forum podcast on Apple Podcasts, YouTube, and other major podcast sites.

You can find years of podcasts at my site or those other podcast sites. Listen any time anywhere. Archives include Naomi Klein, Bill McKibben, Van Jones, Doris Kearns Goodwin, George Packer, etc. Thanks to Kiyana Williams in production and George Vasilopoulos at Progressive Voices. Most of all, to you, my listeners. Please share this podcast widely.