Integrative Psychiatry: Best of Both Worlds
Guest: Hyla Cass

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Mark: Welcome to The Women's Heart Health Summit. I'm your host, Dr. Mark Menolascino, medical director of the Meno Clinic Center for Functional Medicine in Jackson Hole, Wyoming. This is your chance to hear from international world experts on how to have optimal health, achieve optimal vitality, and prevent heart disease. We're joined today by Dr. Hyla Cass, one of my good friends, one of my mentors, and one of the world's experts. I'm so pleased to have you join us today. Thank you, Hyla.

Hyla: It's a pleasure to be here, Mark, always.

Mark: So Hyla, let me tell our viewers a little bit about you. Hyla Cass, MD, is a physician, psychiatrist, and frequently quoted expert in the area of natural approaches to mental and physical health. She combines the best of leading edge natural medicine with modern science in her clinical practice, writings, lectures, and nationwide media appearances on radio, multiple TV, including Dr. Oz, The View, and E-Entertainment, and in various local and national publications, including *Huffington Post.*

She helps individuals withdraw from psychiatric medications and substances of abuse and to help avoid medications altogether when possible through the use of specific natural supplements. She's created a unique high-quality line of nutritional supplements and is the author of several popular books, including *Supplement Your Prescription, Natural Highs, Eight Weeks to Vibrant*

Health, The Amazing Itty Bitty Guide to Cannabis, The Addicted Brain and How to Break Free.

Dr. Cass is a highly, well respected, well known international lecturer that speaks to the public as well as her medical colleagues on these and multiple topics. And again, thank you so much for being with us, Hyla!

Hyla: And it's such a pleasure, Mark.

Mark: You know, I think one thing I've always admired about when I listen to you lecture is how you're able to tie so many different pieces of the science to lifestyle, to what actually really works for people. Is there a model that you have when you meet new clients that helps you to try to get a basic understanding of where they're coming from?

Hyla: Wow, that's a big question!

Mark: We'll start with a big one.

Hyla: And move in. I really do treat the whole person. I look at who they are, how they see themselves, what are their relationships, who are they relating to, what kind of environment that they're living in in terms of toxicity, how much aware are they of their environment. And then on the inner plane, how much are they aware of themselves, their inner selves, their psychological selves, their spiritual selves? Do they have insight? Then I go look at the chemistry, which is amazing.

You know, I'm a psychiatrist. Psychiatrists deal with the brain, with feelings, emotions, and basically a prescription pad to cut off the emotions. How does that make sense? I don't know. Now sometimes people may need medication. And the research shows that in extreme cases, it's really useful. Most of the time people are medicated. Women are medicated way more than they should be, way more often than they should be, without looking under the hood at the chemistry. And that's where I really differ from other psychiatrists and actually from most physicians, and that's how you do as well.

Mark: Well, I think that's what's exciting about our times now, Hyla. The chemistry and the science is catching up to what you've always know about treating people in this individual way. But the science is really catching up to what you've already known.

Hyla: Right. Right off the bat, talking about women, I know we're talking about heart health, but heart health is related to hormones. And women have cycling hormones, and they have a whole different chemistry than men.

And very often they run into trouble with depression, particularly depression and anxiety around PMS, around their periods; also, perimenopause, menopause, all of that. It's so important in women. There's so much affecting the heart, the brain. Actually, it's all connected. And that's where we have to look. We have to look under the hood. It's really hard to do psychotherapy or to give an anti-depressant or an anti-anxiety agent to a woman when, in fact, she has a hormonal imbalance. And it's so much more elegant to treat at that level.

Mark: Well it sounds like it is root cause treatment as well, too. I've always been surprised how some doctors will treat a woman in the PMS time, perimenopause time, or menopause time the same for anxiety. We both know that their hormones are so different at those times.

Hyla: Yes. And the other really like horrible, horrible thing is that they're put on birth control pills. And I don't even want to discuss the pill. Just do not go there, because these are not hormones. What they're doing is suppressing your own hormones. So young women who would otherwise have libido, have their brain functioning properly, feel good and vital, have it all kind of capped with the birth control pills. They have so many side effects. And the actual effect is to suppress your own natural hormones. And that's what makes us who we are. And it makes us women. So this has decimated a couple of generations already.

Mark: Well I know when we speak and how you see your clients and when you lecture, you really talk about this uniqueness of the individual, and really this unique imprint that each person carries. So anxiety is not anxiety, depression is not depression. It's really different in each individual, correct?

Hyla: Absolutely. And that's where you have to look under the hood. Anxiety can be low blood sugar. I had a woman come in yesterday who was being treated for a variety of conditions. But no one thought to look at her blood sugar. So it turns out she was having episodes first thing in the morning, when her blood sugar was really low. That's when it would really hit her, terrible anxiety, and during the day.

And I asked her, do you feel lightheaded? Oh, yes. Lightheaded when you stand up? Oh, yes. So right off the bat before even testing her, and I am going

to be testing her, I gave her some supplements that actually helped to rebalance blood sugar. And I had some dietary recommendations as well.

Mark: I think a lot of young women suffer from these low blood sugars. And it's mistaken for diabetes, the high blood sugar. But you're really talking about when that blood sugar drops, or the hangries, or the changes in personality and anxiety that happen. But it really does affect a lot of young women, doesn't it?

Hyla: Yes. It's hard to believe this, but the women who have this think that everyone does. They think that that's life. Just women who have PMS think, oh that's normal. My sisters have it. My girlfriends have it. It's normal. No, we're accepting things as normal that are not normal. We are so far from living the normal environment that our ancestors lived, the kind of environment in which we evolved. That was clean and nurturing. There was nutrition in our food, rather than depleted soils and toxins and heavy metals and xenoestrogens.

Mark: You know, you mentioned something that I think is so common. A lot of women that deal with these things like low blood sugar, menstrual problems, digestive issues, fatigue, brain fog, they just think that's normal. And a lot of times they see doctors who tell them, well, you're just getting older, or that's what every woman deals with, or that's just the time of your life. There's a reinforcement for women not to be able to explore it and to look for solutions for themselves.

Hyla: Yea. And they're so amazed when they actually get better. Like whoa, they don't have to dampen down symptoms with drugs. They don't have to take a whole lot of over the counters or birth control pills or anti-depressants in order to feel good. Instead, getting their hormones adjusted, detoxing, and allowing their body to function normally is a totally new experience for them, and it's wonderful.

Mark: You know, Hyla, one of the things that you said earlier is about the prescription pad. And we were taught in medical school it's a pill for the ill. And many doctors rely on the prescription pad, and unfortunately, I think psychiatrists more than many other professions. You've really developed your own model. It's not that you won't use medicines. You're an MD. You know when to use them at the right time.

But you're looking for all these other options. How did you get started on that path? What was it that opened your observation, your window to decide to

start learning about everything else that they forgot to teach you in medical school?

Hyla: I think it's because I've always had endless curiosity. I took apart watches when I was a kid.

Mark: I love that.

Hyla: I mean I just want to see how things work. How do people tick, literally? And it continued. So I was never satisfied with just what I was taught. And even in my residency I began looking outside. And by the way, I also had a child and family residency, which taught me systems, family systems. So I extrapolated from family systems to our systems, and how our systems interact with the systems around us. So I've always been a systems thinker. And I couldn't be linear like, oh, this is your symptom, this is your pill. This is your symptom, this is your pill--that just never made sense to me.

And I used my powers of observation. And that's what I teach my patients to do. Observe themselves. Observe your feelings. And by the way, it's really hard to observe your feelings when they are being cut off by an SSRI, a Prozac, Zoloft, Celexa, Lexapro.

By the way, I'm not telling people, hey, just go off your pills. Because that is a recipe for disaster. You go into terrible withdrawal, and the doctor says, see I told you. You really need to be on it. But that withdrawal is way worse than the original issue.

So what we do, if you want to go off a drug, and if it's the appropriate thing to do, I help people wean off really slowly. I have a line of supplements that I developed that I use, which bridge from the medication to being meds free or on minimal medication. And it takes a while. It can take a few months. The benzodiazepines, like Klonopin, Valium, Xanax, take longer. But I do it gradually, and it's comfortable. They do not have to go through that awful withdrawal time.

Mark: So that's one of the messages today is that there are options. And if you are going to change meds, definitely do it with the help of a doctor, someone with the experience like Dr. Cass. And you know, you mentioned these family systems. I'm fascinated by that. Can you tell us more about that training and what you walked away with and how that's helped you look at the individual now?

Hyla: Well, when you see, for example, a child would be brought in or a teenager. If you were doing regular, not family oriented therapy, let's say a teenager who's really having a lot of acting out problems. So the old model is that teenager sees the doctor. And if anything is dealt with through the parents, it's like how bad this child is, how to do behavioral modification, whatever it is. But what you really need to look at is how the parents are contributing, how the sibs are contributing, how school is contributing. So that child is not in a vacuum.

And the other thing, now that I understand it better, is the genetic system. So if a child is say acting out, they may have a familial issue, a familial genetic issue that we need to look out. So it's not simply that they're imitating their parents, or they're learning that bad behavior from the parents. But let's say they all have an MTHFR issue, and they all have anxiety, and they each express it in a different way, and so on. So it's a very broad way of thinking. It's thinking on lots of levels at the same time. And it's really interesting, because as you work on all these levels, things get better much more quickly.

Mark: Well, when I was in college, the brain was a black box. And genetics were this scary thing you didn't really talk about, because you couldn't do anything about them. What an exciting time now, how we've learned so much about the brain and it's interaction with the rest of the body, the communication systems, and how to use the genetics to actually be predictive and support those pathways. Do you talk to you patients about this epigenetic idea, about how you turn good things on and turn bad things off?

Hyla: Absolutely. It's very empowering for me and for them to know that, yes, there's a genetic strain running through your family. But guess what? Your genetic expression can be different. It can be healthy and normal with the right nutrients. Because what's really happening is there's a missing nutrient or something is toxic in the environment that's changing the gene expression. But we know how to undo that and make it work properly. So can you imagine how empowered a person feels? They're not stuck in that thing just because their family has it.

Like my mother was diabetic. I'm going to be diabetic. You know, just get used to it. Yea, if you continue eating the same diet, the same really bad simple carb diet, not exercising, having poor nutrition, all of that; yea, then they very likely could be diabetic. But if they eat the right way and exercise and take the right nutrients to change their gene expression, they don't have to be diabetic.

It's the same with heart disease. And there are people who say, well, my father dropped dead of a heart attack at fifty; I'm going to. I mean my uncles did, your whole family. Or, they can do what we do, which is diet, exercise, figure out what the genes are, and give the right nutrients and the right lifestyle changes to make it work.

Mark: Well, when I was in my internal medicine residency doing a psychiatry rotation, when we were going to use a medication, they taught me to ask the patient, what are your family members on? What's your sister on? What's your mom on? What about some of your family? And that was the closest we got to helping decide what medicine to use. Now are we able to use the genetics to make better choices, too?

Hyla: Absolutely. And in psychiatry we have some tests that we can check the medications against genetics. But that's one aspect, which is better than just putting someone on a medication as a guess, and then adding more medication. The way it's done is just people are overmedicated and undertreated. So that's not a good thing.

But we use genetics in a different way. We use genetics to know what nutrients they need. And that's even better, because it's working with our own nature. We're part of nature. And this is what we do. This is who we are. We're made out of these nutrients. So if there's a deficit, let's give it to the person.

Mark: Well, that makes so much sense, to look at these deficiencies. And really, do you find, Hyla, the more you're looking for deficiencies, the more you're finding them in these patients with anxiety and other mood disorders?

Hyla: Sure, absolutely. And we can determine what is going on, and we can treat it. I remember there was one man years ago, and he had terrible depression. He had been treated by everyone, and nothing worked. But he hadn't really seen anybody functional. So it turned out I tested him for heavy metals. He had heavy metals. He was chelated, and guess what? He got better, because his depression was due to the heavy metals. And that's lead or mercury. It was mercury in his case.

Mark: So the heavy metals can so call poison the brain to not function well, just as a lack of good nutrients can not let that machine of the brain run as efficiently.

Hyla: Right.

Mark: And then together it's a double sabotage.

Hyla: Yea.

Mark: Well I had someone tell me the other day that you need these good fatty acids, Mark, because you're just a fathead, and that our brain really is mostly fat. And I guess I am a fathead. Well, what about the good fats, bad fats? What are some of the recommendations you provide your clients for those?

Hyla: Well, it's kind of interesting how we went through the whole low fat fad, which led people to eat more carbohydrates, according to the old food pyramid, lots of carbs, no fat. And the heart healthy diet was no fat. Like, ah! We need fat in every cell of our body, for sure in the brain. But all our cells are made out of fat. And all of our neurotransmitters that are made in the brain need essential fatty acids to operate.

So the most important food, essential fatty acids is just what it is. Omega-6, omega-3s, those are the main ones. And then there are the bad fats, french fries and all the bad, you can list them. They're the things you don't want to be eating. You want the natural good fats like avocado, salmon. Eat fatty foods that actually help you lose weight, not gain weight, and make you heart healthy and brain healthy.

Mark: Well, the idea of eating fat and losing weight, I think, goes against everything we hear on TV and read in the newspaper.

Hyla: Yea, I still have patients whose cardiologists are telling them to be on a low fat diet. That's still going on. I mean we know that cholesterol goes up when you're eating carbs. They cause inflammation. That's like basic. For us it's basic. I can't understand why the dichotomy still exists, when we have the science that shows that what we're doing is really scientifically correct. So I don’t get it.

Mark: When we were speaking with Joel Kahn the other day, he was talking about on the cardiology boards, to become board certified as a cardiologist, there's not a single question on nutrition. And so during the board study section, there's no teaching on nutrition, because it's not tested over. So there's no reason for them to teach on it. I think I got twenty minutes of nutrition in medical school disguised as scurvy and rickets. We just don't get that nutrition education.

Hyla: No.

Mark: And how do you go find it? I know, I'm kind of a conference junky, is what my friends say, because I love going to all the conferences.

Hyla: You and me both.

Mark: I always see you there. I know your passion for learning is even more than mine. And it's a great passion of both of ours. What are the sources you're using besides conferences? And how do you recommend your clients to sort the good from the bad? There's so much misinformation out there.

Hyla: Yea, I try to educate my patients when I'm giving presentations. And I often speak at doctors' conferences. Everything is referenced. And I love reading the references. Really, it's so interesting to see that people have really taken a lot of time to prove certain things.

I mean the most recent thing that I've been speaking on and researching is cannabidiol, or CBD, which is the non-high part of the cannabis plant. In fact, it's used to get people off of THC. People have been doing too much marijuana. Their smoking has very high THC, and they become psychiatric. They become psychiatric cases. They become psychotic, paranoid, or at least irritable and having outbursts. And that's because of the very high THC these days in the weed that's available. So I have focused exclusively on CBD, which is the non-THC part and use that. I actually use that to help get people off of the THC and off of the THC psychosis.

Mark: Hyla, is there any data on using CBD to affect inflammation or inflammatory markers yet?

Hyla: Yes, great data, great data.

Mark: It doesn't make sense. I don't know much about it. But you've taught me, there are more receptors in the brain for these cannabinoids than for any other chemical. Is that right?

Hyla: Well, the endocannabinoid system has been with us even in very primitive cellular creatures. They have a primitive endocannabinoid system. It's really the whole body modulator. It has the hormones talking to the gut, talking to the immune system, which is largely in the gut, speaking to the brain, to the nerve transmitters.

It's a balancer. It's a master balancer and connector of the entire body and all the systems. And we've overlooked it. We didn't know it was there. And a lot of

the research has come out of Israel. Now it's actually worldwide and very, very exciting for inflammation, for PMS, for menopausal symptoms, for depression, anxiety. I could go on and on and on. So I won't.

It sounds like a panacea. And the reason why is because the endocannabinoid system is so widespread in our entire system. It's even used for cancer. But with cancer, you actually add some THC as well.

Mark: Well, it may be the great connector that connects all of these dots that we've been seeing, these inter-relationships of heart, brain, and gut.

Hyla: Yea.

Mark: You mentioned the benzodiazepines, the Valium, the Xanax, such an overused medicine, in my opinion, in our society. How do you help people make transitions off of those kinds of meds? I know so many people are really addicted to them.

Hyla: Terribly addicted. It's awful.

Mark: Is it possible to come off of them? And how do people make that transition?

Hyla: Well even before that, what happens is when you're on the benzos, you develop tolerance. So after a while, they're not really working. And so either you have to have a higher dose, or take it more frequently. You keep building and building. And that's just not good, because you keep having breakthrough anxiety. And finally you just really can't treat the anxiety. But you can't go off them because you're going to have withdrawals. So you're really caught between a rock and a hard place.

So the way I approach it is, I don't do something called the Ashton protocol, where you switch to Valium, which is diazepam, which is longer acting. But I don't think that's a good idea. It's just mixing up the body. Stick with what you're on, but go off very, very slowly. And I have a product called Calm that has theanine and GABA in it, which also acts on the same receptors as the benzos. So I do that, as well as CBD. Since I've introduced CBD, it works even better.

But I use those two and B vitamins and other things that will help your body, your brain learn to make new neurotransmitters and not be dependent on the drug. And it's a gradual withdrawal. It can take up to a year, sometimes a few

months. And I watch very carefully. I try to make it as comfortable as possible for people.

Mark: You know, Hyla, when I was doing my masters, studying pharmacology, the analogy I used was that it's kind of like we have a car who runs on a gas tank of either serotonin or GABA. And we have a car with an empty gas tank, but we're putting a gas additive in the empty tank. Is that a fair analogy to how we're kind of treating some of these disorders?

Hyla: Yeah, in effect. Say you're blocking the reuptake of like SSRIs, the serotonin reuptake inhibitor. You're trying to block the reuptake or destruction of the serotonin that's hanging around in the space between the cells. And after a while you just run out. You don't have any gas in the tank. There is no serotonin to stop the reuptake of. If you multiply ten times zero, you still have zero. So that's the point. So that's well put.

So actually when people are on SSRIs, they're depleted of serotonin by the medication. And they really should actually be on 5HTP or tryptophan at the same time. And usually the warning is, don't do it at the same time. You'll get serotonin syndrome. Well that doesn't happen very often. And if you take them several hours apart, that's not an issue.

So I will start someone on 5HTP or tryptophan, depending on which one I think is better for them. Both of them are precursors to serotonin. It will make serotonin and help you to get off the SSRI. So there you go.

Mark: Well it sounds like these nutrient deficiencies, these fatty acid deficiencies or imbalances, the toxicity, the hormone imbalance, all of these really synergize and end up as a diagnosis of a mood disorder. But there are just such multiple causes.

Hyla: It's crazy, because it's a symptom. It's not a condition. Depression is not a condition. It's a symptom. Anxiety is a symptom. Bipolar illness is a symptom. Bipolar individuals often are low in essential fatty acids for one thing. I mean the brain can't function without essential fatty acids. We also have a circadian rhythm that we have to honor.

So bipolar people, when they are going to bed at the same time, getting up at the same time, don't do shift work, don't do a lot of jet lag traveling, they can do a lot toward mitigating their bipolar symptoms. And I've had some people actually be able to get off their bipolar meds and feel much better, because

these meds really do give you a kind of brain fog. Again, don't go off them yourself. Do it with the help of an educated physician.

Mark: That's great advice. Can I ask you about bipolar? A lot of people think of bipolar as the people who go really, really manic and then depressed, and they bounce really high up and down. But a lot of people with that disorder, they don't really get the super highs, they just kind of are more depressive. And are there a lot of people suffering with that?

Hyla: Yes. And again, you have to look at what's really going on with their chemistry. So it's many different conditions, really.

Mark: Right, I agree.

Hyla: So Eva Edelman wrote a really good book on healing bipolar with nutrition. So I don't know if that's the exact title. It's a really lovely book.

Mark: I'm going to get it and read it. I find this fascinating. You know, we were taught in medical school to put everybody into a little box so we can reduce them to the simplest model, so we know what to do, what drug to give them and what code to put for their insurance. It's just such a treat to hear you talk about mood in this global way. And I think so many people listening must really wonder if they have mood problems. They really need to find someone like you to look at the whole person like that. Is it hard to find?

Hyla: Well it's hard to find psychiatrists who do that. But a lot of people like you, you're treating psychiatric cases, right?

Mark: Yes.

Hyla: You have people with anxiety, depression, all kinds of issues. And when you treat the whole person and you get them into nutritional balance and hormonal balance, what happens?

Mark: Everything gets better.

Hyla: Yea. So you don't have to be a psychiatrist. So I encourage people to see any kind of physician who's treating naturally, MD, DO, acupuncturist, whatever, who will help to rebalance the system. So it's better if you're a psychiatrist simply because you understand the meds and also understand a lot about psychodynamics, which I learned a lot of in my residency, fortunately. But there are not too many of us.

Mark: There really isn't. And it's interesting to see how we'll have someone come to see us for maybe digestive disorders, irritable bowel, or fibromyalgia, or arthritis, and that gets better. But they'll also say, I don't seem to be as anxious; or, I don't seem to have that low mood anymore.

Hyla: Oh yea.

Mark: They come for other reasons, and then those other things get better because you're treating the whole person.

Hyla: Absolutely.

Mark: I do, Hyla, find there are very few psychiatrists that think like you do.

Hyla: I know. There are the odd psychiatrists who want to learn it, but not nearly enough.

Mark: Yea.

Hyla: I think they've been kind of brainwashed.

Mark: Well, I'm fortunate. I have a sister who's a psychiatrist in New York, who spent time in China. And she would talk about they would see the patient on the hospital wards and go down to the garden and pick their medicine. So they didn't go to the pharmacy and get the box of pills through the nurse to give to the patient. They go to the garden to pick the herbs for the patient.

Hyla: That's so beautiful.

Mark: And that's one of the things that really spurred me to want to know about this. There are so many other ways of medicine to try to come together. Hyla, where are you headed next? You're an expert in so many diverse fields, with such a solid core of psychiatry. What are you excited about next? Where do you see your next challenge? What do you want to grasp? What's the next ring you're grasping for?

Hyla: I keep doing this expanding. As I said, my latest interest is CBD, so I'm really diving into it. I've been to three conferences in a row on it and spoke at two of them. So I'm writing articles about it. So that is my current interest. And I haven't looked beyond that. But I'm sure something else is going to pop up. And then I don't leave the other things I learned. I just add to my armamentarium, because the more we learn about the body and the brain and

the mind and spirit and everything, the better we are and the more we can help our patients.

Mark: Well, you're the kind of doctor that I want. Every time I see you at a conference, you're hugs are amazing. And it's just a real pleasure to know you.

Hyla: Thank you!

Mark: And you're really the model. I think for anyone who has a physician in their family or that is a physician, look to Dr. Cass as a model of doing good medicine first, but then being curious and working hard enough to get everything else that synergizes. It really is a one plus one equals ten in your world. And that's what I think is so beautiful about the way you practice.

Hyla: Thank you, thank you so much. There's something I want to add.

Mark: Please.

Hyla: Many, many people have had post-traumatic stress disorder. They have it now, but they've had a trauma some time in their life, and they may not even remember that they had it. So it could be in early childhood, or it could be at birth even.

And it's like a bad computer program running on your computer. You don't know about it. Somebody installed it. It got installed. And it's slowing down your computer. And you don't know that it's there until somebody comes along, a really good computer tech, who finds it and says, hey lady. I've got news for you.

Mark: What an analogy, a good easy to grasp analogy. Thank you!

Hyla: So it's a cooperative effort. You do some therapy around it. There are some techniques like EMDR, EFT, sensory experiencing, and others, where a person can go through whatever that was in the therapy process and actually quickly unload it. You take that bad program off your computer and then your computer is running really, really well.

So you're brought back to the present where you can experience everything fresh and new and the way it really is, instead of through that filter of the traumatic even that you may not even remember. And, of course, there are people who do remember very serious traumatic events. And those are running your life.

And as long they're running, you are in sympathetic overdrive. And when you're in sympathetic overdrive, what happens to your whole system? It's messed up. You're immune system doesn't work properly. You're tense, you're nervous, you're reactive. Nothing works properly because you don't have the parasympathetic to relax and restore. You're always kind of on hyper alert, always on edge.

That's not healthy. So when you finally process and unload that traumatic memory, or it's often a series of memories, when you've done that, you're free. You've actually been freed. And that's just beautiful.

Mark: It's hard work for people to do, but I think so many people suffer from that, Hyla. And I'm so glad you brought that up. We know from the adverse childhood events data that what happens in childhood affects your health as an adult. And there are so many people going around who have this trauma and may not even know it. And I love your analogy of a program. It's running their life in a dysfunctional way, and they have no idea. If someone wanted to pursue that and to try to find someone to help them heal, how would they go about that?

Hyla: In terms of trauma, or just overall?

Mark: First, for both, if I may ask. How does someone find someone in their community who knows what to do? And how do you tell who's good at what? It's hard to know.

Hyla: Word of mouth. Look at Doctor Google. That's what I do. Like I may have a patient, and I want them to have EMDR or sensory experiencing or something that is best done in person, but it can be done remotely as well. And I actually go and look at their qualifications and look for testimonials if I can. I just get a sense of who they are. I maybe even call them if it's one of my ongoing patients, because I do see some patients remotely. Once you've determined it's the right fit, then check your gut when you need them. You need to feel comfortable with whoever you're working with.

Mark: Especially for women, trust that intuition, because she's usually right.

Hyla: Yes, exactly.

Mark: Well again, Hyla, it's always a pleasure to talk to you. And if our viewers wanted to learn more about you or how to connect with you, how do they find you?

Hyla: On my website. I live on my website.

Mark: And what is that?

Hyla: That's cassmd.com.

Mark: And you've got a new book out. You've got several other books out. I think I have them all. I love them. So is there one you're most proud of?

Hyla: Well, the one that's the most comprehensive is this one. It's called *8 Weeks to Vibrant Health*. It was written a few years ago, but it's still very relevant. It really goes through all the body systems. You can take a questionnaire, the same one I give my patients, and figure out what body system of yours isn't functioning properly, thyroid, adrenal, digestive, stress, mood, whatever. And then go to the right chapter in the book to determine what you can do about it.

And I also have a program. It's called the coaching program. It's not really live coaching. It's really an online download, based on the book. It walks you through it with a workbook. So I have that. And I have my products on my website, the same supplements that I give my patients, including the CBD that I mentioned.

Mark: Well, your book is right there on my shelf. I have a signed copy. I love that one because you take complicated things and make them easy. And you help people get on a path to actually understand themselves and to have a mechanism to actually get better. And I think that's the sign of a good clinician and a sign of a good book. It's a lead down a path that you can be successful with. Dr. Hyla Cass, it's always a pleasure. And I thank you so much for your time today.

Hyla: My pleasure. Thank you, Mark. Take care.