

# Truth of modern psychiatry revealed

Psychiatrist blows the lid off the profession

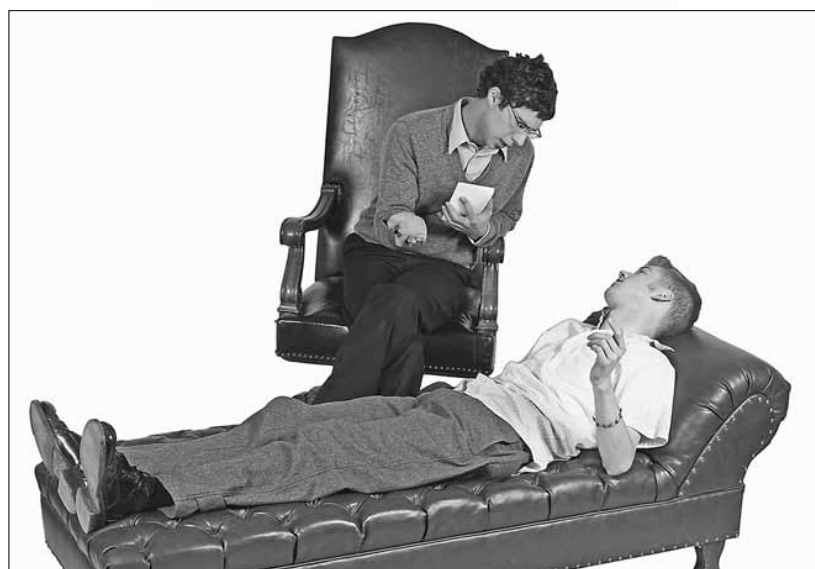
By DR. JOHN BRIFFA

While I am a fan of certain aspects of orthodox medicine, overall it's less effective and more hazardous than we generally imagine. As I wrote recently, there is some thought that less medicine can result in improved outcomes. There is certainly some evidence that less can be more, where conventional medical care is concerned.

One medical specialty that this may be often true of is psychiatry. This brand of medicine used to be a primarily talking therapy. But an ever-expanding medicine chest available to psychiatrists, particularly anti-depressants, has meant that psychiatry has become based on pharmaceutical approaches.

One of the problems is that many of the drugs used in psychiatry are not particularly effective. And these drugs are not without risk. Not only are side effects common, but the drugs can also lead to dependence, which can be difficult to break.

The psychiatric profession tends to enjoy a close and cozy relationship with the pharmaceutical industry, which jeopardizes proper



TALK THERAPY: Psychiatry used to be a primarily talk therapy. Now it has become based on pharmaceutical approaches. PHOTOS.COM

clinical care. A 2005 article in the journal *Psychiatric Bulletin* highlights the major issues.

There has been growing recognition in recent years of payments made by drug companies to doctors to promote their wares. United States Sen. Chuck Grassley has been waging an almost one-man war on the tight bonds between the pharmaceutical industry, researchers, and clinicians.

Sen. Grassley's attempts to get a

bit more openness and transparency have highlighted the fact that those in the psychiatric profession appear to be some of the worst offenders where financial conflicts of interest are concerned.

It seems that psychiatry is in for even more scrutiny now on the publication of a book titled "Unhinged: The Trouble With Psychiatry—A Doctor's Revelations About a Profession in Crisis." It's by U.S. psychiatrist Dr. Daniel Carlat.

I've not read the book, but as its title suggests, it purports to detail what is so wrong with modern-day psychiatry. You can read an overview of the book at [danielcarlat.com/dcarlat-unhinged-overview.htm](http://danielcarlat.com/dcarlat-unhinged-overview.htm).

Dr. Carlat highlights the fact that, in his opinion, psychiatry has become a profession of blind pill pushing. He also makes special mention of the fact that psychiatrists have allowed themselves to be "bought off by the pharmaceutical industry."

Dr. Carlat mentions that he used to speak for the drug company Wyeth Pharmaceuticals until he realized he was "being paid to deceive other doctors." Dr. Carlat wrote an article titled "Dr. Drug Rep" in the *New York Times* in November 2007, which recounted his experience as a hired hand for Wyeth.

Because I haven't read the book, it's impossible for me to comment in a detailed fashion about it. However, just reading the overview of this book and Dr. Carlat's *New York Times* article convinces me that this book will serve as a timely reminder about some major issues within the psychiatric profession, which apply to much of mainstream medicine too.

Dr. John Briffa is a London-based physician and author. His website is [Drbriffa.com](http://Drbriffa.com).



WRITE IT DOWN: Journaling can be a good way to slow down and be present with what's going on for you. PHOTOS.COM

## Thoughts on healing (Part 2)

By PATRICIA A. MUEHSAM, M.D.

In Part 1, I shared some thoughts on sickness and on healing: thoughts of my own and thoughts of others that have inspired mine. As I reflected, lovely, prosaic, and poetic as these notions may seem, they may feel difficult to apply given the practical realities of our daily lives.

Here, in Part 2, I'll offer suggestions on how to experiment with these: on ways to be with sickness and on ways to find healing—all paths to finding your way home.

First, experiment with being in the moment. Be in this very moment as you read these words. Not in the next moment, not in the past moment. Not in your thoughts of the future, worries, or reflections on the past. Just be here in this moment.

Being with the breath can be the easiest way to experience being in the moment. Read "The Omnipotent Power of Breath," [theepochtimes.com/n2/content/view/30474/](http://theepochtimes.com/n2/content/view/30474/).

Experiment with meditation. It's not about not having thoughts or quieting the monkey mind. It's just another experience of being in the moment. Take a class.

Try journaling. Write off the top of your head whatever you are thinking and feeling.

Journaling can be a good way to slow down and be present with what's going on for you. Then try writing about your dreams and desires. Don't limit yourself. Don't let any circumstances of your present life inhibit you: finances, relationships, health concerns, work, or geography. Write in the present tense.

Be intimate with yourself. Love, accept, and cherish yourself unconditionally. All of you. Your blemishes, your tarnish—all of you. Your fears, your insecurities, your anxieties, and your upsets. Accept and cherish them all. Be gentle with yourself as you would with a child or a beloved pet.

Be even gentler with yourself. Delete "should" from your vocabulary.

Feed your inner child. Dialogue with a picture of yourself as a young child, real or imagined. Ask the little one what he or she needs. Try to give yourself some of that.

Explore intimacy with another: the intimacy that reveals your true self, that self that you allow yourself to love

and cherish—unconditionally. Blemishes, tarnish, fears, insecurities, and anxieties. All of you. If this notion is a hard one for you, or it feels scary or stressful, then just consider becoming friends with a pet. Or a child.

Experiment with surrendering to something greater than yourself, even if it's just the weather.

And speaking of children, take time to watch them play. Feel their spontaneity, their unselfconsciousness. Breathe some of that in. Experiment with being a little childlike, a little bit, every day.

Experiment with faith. Experiment with surrendering. If you're a non-believer, then pretend. Pretend that you are not in charge. Experiment with surrendering to something greater than yourself, even if it's just the weather.

And consider that this very moment, whatever is going on for you, is perfect, no matter what—no matter what is your mental, emotional, or physical state. Don't try to change it, resist it, make it go away, or make something come to you.

If you are dealing with feelings that are difficult, find more suggestions in my series "Emotions and Your Health," [theepochtimes.com/n2/content/view/28777/](http://theepochtimes.com/n2/content/view/28777/). If you are suffering acutely, physically, or emotionally, seek the support and guidance of practitioners and resources with whom you feel comfortable.

And if my suggestions feel challenging or even unreasonable, suspend your disbelief. Start with a couple of inhalations and exhalations, with your eyes closed, phone off, in a place where you can just be, and be quiet.

Being still, being here now. This can be a way to find your path home, to wholeness.

Dr. Muehsam is a physician, writer, and musician based in New York City. Her e-mail is: [transformationalmedicine@gmail.com](mailto:transformationalmedicine@gmail.com).

# Shorter needle removes fear of diabetes injections

By W. GIFFORD-JONES, M.D.

Why would a 200-pound, tough, football player suddenly turn pale and develop circulatory collapse from such a trivial event? I'll never forget this scene at the Montreal General Hospital many years ago.

A football-playing friend, whom I had known for years, was visiting Montreal and required a needle injection due to a serious infection. A few seconds after this event, his huge, hulking frame suddenly collapsed, and he was lying semiconscious on the floor.

The diagnosis was belonephobia (needle phobia) and although it's a relatively rare condition, many people have needle anxiety and find injections intimidating. This can have a profound effect on the treatment of those with diabetes.

Today, 247 million people worldwide have diabetes. In North America, a new case is diagnosed every 45 seconds! Complications of diabetes such as blindness, renal failure, heart attack, and leg amputation will cause a huge amount of personal suffering, and the cost of treatment could cripple our health care system.

Patients with type 1 diabetes need

insulin injections to survive. Obesity is responsible for 90 percent of those with type 2 diabetes. Initially, they can be treated with oral medication, but eventually 39 percent of these patients over 18 years of age require insulin. This is when the challenge begins for those with needle anxiety.

Needle anxiety often starts early in life when as children they were injected with what looked more like horse needles. Small wonder that they shy away from needle injections.

The goal in treating diabetes is to maintain normal blood sugar levels day after day. This is easier said than done, due to human error. But it's now possible for doctors to know whether or not patients are adhering to their treatment.

A blood test called hemoglobin A1C indicates how well glucose (sugar) is adherent to red blood cells over a long period of time. Doctors know that if the test is abnormal, patients are getting careless and skipping injections.

Now there's less reason for patients to be careless. Today, needles used for insulin injection, given with insulin pens, may be as short

as 4 millimeters, and as fine as a 32-gauge needle. This is a far cry from the glass syringes and much bulkier needles that were used decades ago.

At a recent international meeting in Athens, Greece, specialists in diabetic care stressed that the technique of injection is critical to the successful use of insulin. Researchers reported that some doctors are not always aware of the "hows and whys" of proper needle technique. In effect, there's more to insulin injection than simply jabbing a needle through the skin.

For instance, using MRI and ultrasound studies, researchers have been able to measure the thickness of skin and fat at several injection sites. They found that skin is rarely thicker than 2.5 millimeters. And that fat thickness is much thinner than previously believed, particularly in the thigh and outer areas of the abdominal wall.

This means that overweight adults and children can use short 4-millimeter needles, rather than the longer 12-millimeter ones. A short needle also increases the chance that insulin will be injected into subcutaneous tissue beneath the skin, rather

than into muscles.

These studies also enabled researchers to determine what happens to insulin following injection. They discovered that injecting insulin frequently into the same area triggered the formation of what's called lipos. These repeatedly used injection sites look somewhat like sponge cake and can slow down and cause erratic absorption of insulin. So it's important for patients to frequently change injection sites.

Today with type 2 diabetes reaching epidemic proportions, an increasing number of patients will be advised to use insulin injections for improved control of blood sugar. Fortunately, these short, 4-millimeter needles, so thin you may need glasses to see them, will make this transition easier.

Tiny needles will also help to discourage children and others from skipping injections. And they may even prevent my macho football friend from suddenly dropping to the floor from belonephobia.

Dr. Gifford-Jones is a medical journalist with a private medical practice in Toronto. His website is [Mydoctor.ca/gifford-jones](http://Mydoctor.ca/gifford-jones).



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