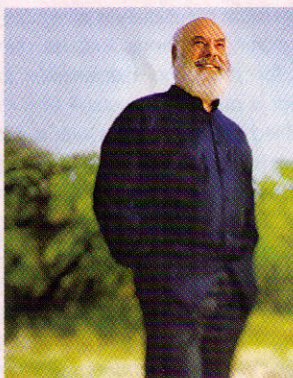


INTERVIEW: ANDREW WEIL

America's alternative-medicine guru on self-healing, aging gracefully, and the problem with modern medicine **By Jan Goodwin**

WEIL-BEING



Breathing exercises as effective as prescription drugs? Guided imagery and herbs dispensed as painkillers? Andrew Weil's approach to health and well-being has won him a following of millions and at the same time put the American medical establishment on red alert.

An advocate of nutritional supplements, meditation, yoga, and other mind-body remedies and regimens, Weil, thanks to his impeccable training and eclectic approach, is partly responsible for bringing these therapies from the margins to the mainstream. His method is to encourage people to blend conventional and alternative treatments. In managing diseases like cancer, for instance, he often subscribes to traditional modalities offset by therapies that reduce a drug's toxicity (and may also increase its effectiveness). The result is what he calls "integrative" medicine.

Not content simply to practice his healing arts, Weil has become a one-man industry. Widely known for his best-selling books, he now also offers DVDs, memory-sharpening kits, even dietary supplements and a line of cookware. But while his followers adore him, many in the medical profession are unnerved that one of their own, with excellent credentials—including a Harvard University medical degree, 15 years as an ethnopharmacology researcher at the Harvard Botanical Museum, and a stint at the National Institute of Mental Health—is going this unconventional route.

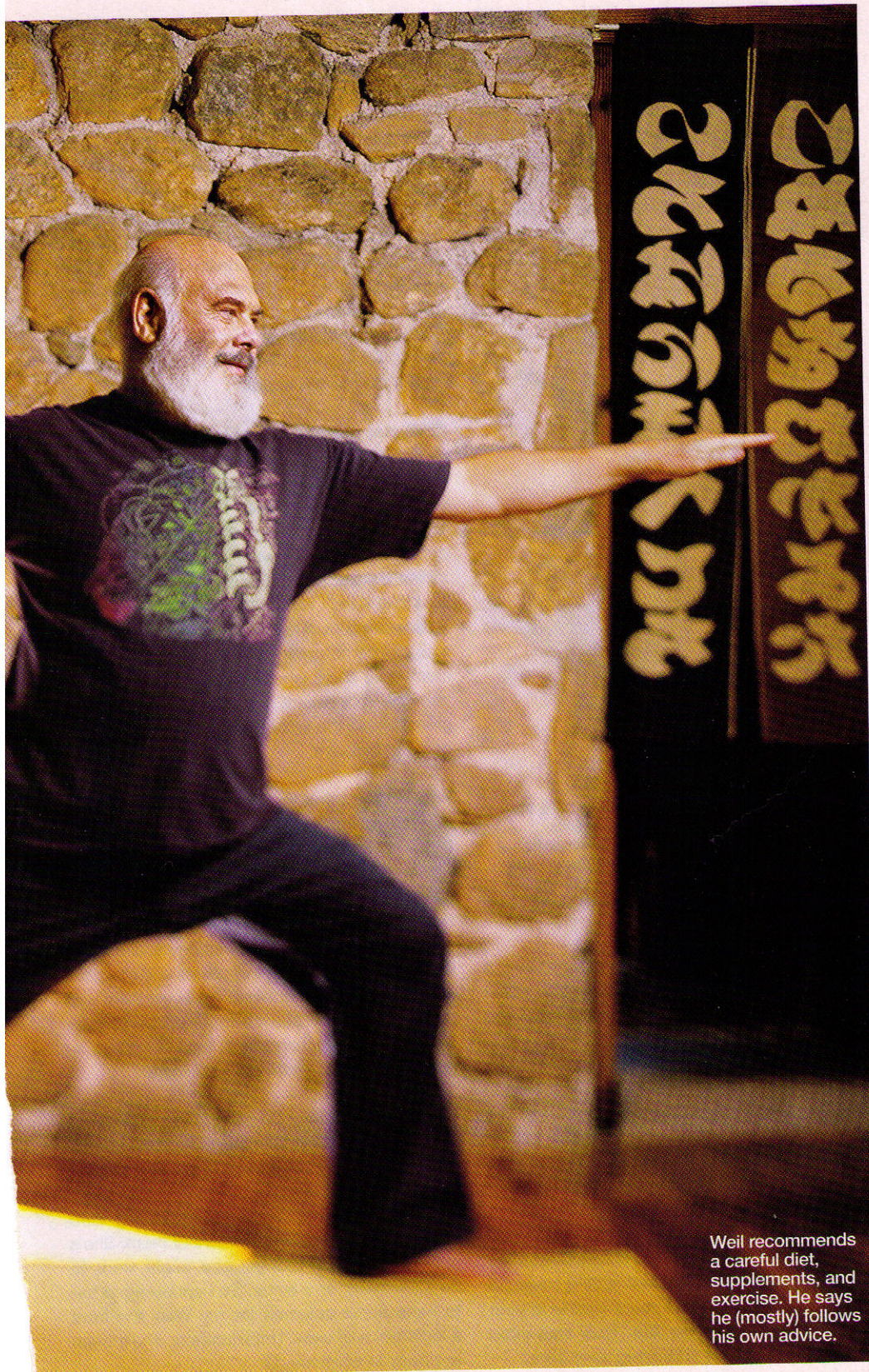
Catching up with this 65-year-old physician requires patience and persistence. But when Weil eventually touched down at his ranch in the Arizona high desert after a trip to India, DISCOVER was able to reach him on the phone. Engaging and articulate, Weil is not flustered by criticism or challenges from his medical peers. His approach continues to attract new followers, and more and more medical schools are launching their own programs in integrative health.

Why do some people experience spontaneous remissions and self-healing, while others don't?

It's important to look at the total spectrum of illness, ranging from minor colds and cuts to cancer. If you do that, you see that remission is the rule, rather than the exception. Most diseases end by themselves because the body has a healing system, an array of mechanisms designed to repair damage. With illnesses that involve more vital organs and more basic cellular processes, the chances of healing are less. I don't think they're ever zero, but they are less. Spontaneous remission is more likely with certain kinds of cancer, such as melanoma and renal cell carcinoma. These seem to be antigeni-



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sicians make diagnoses and why they are such poor communicators with their patients?

I think many people are experiencing this today, and this is what we are trying to change. We have developed a new curriculum to train a different kind of physician. I really think that is the answer. The University of Arizona's program is a leader in this. But there are now 35 other medical schools in the United States and Canada that have joined an academic consortium for integrative medicine. There is a real movement in North America, and it's beginning to happen elsewhere as well.

You've said that there is a lot that conventional medicine does well—that if you were in a car crash, you wouldn't want to be taken to an herbalist. But you've also said you would not consult the medical profession if you had cancer or hypertension or arthritis. Do you still believe this?

Regarding cancer, I would have to change that; it was written some time ago. Most cancer patients I do refer to conventional treatment, and then I suggest things they can do to reduce toxicity and increase efficacy of therapy. For hypertension, I would try lifestyle measures first: losing weight, exercise, eating more vegetables, taking calcium and magnesium supplements, practicing some kind of relaxation technique, like breathing work, and monitoring blood pressure several times a day and keeping a record. If, after six to eight weeks, you can't get your blood pressure down sufficiently, then I would recommend the lowest dose of the mildest agent. Arthritis is made to order for integrative medicine because there are many approaches that should be emphasized first—an anti-inflammatory diet and herbs like ginger and turmeric, water exercise, hypnosis or guided imagery, possibly Chinese medicine—before the selective use of pharmaceuticals.

You are arguably America's foremost practitioner of alternative or integrative medicine. How and why did you become the poster doc in this field?

Several reasons. One is I have very good credentials. Another is that I have a balanced view. I don't reject conventional medicine, I don't accept all alternative medicine, and I'm not trying to promote any particular system. Third, I am a trained writer and good communicator, which is rare in this field. Fourth, over 35 years I've built up a very credible track record. People have confidence in my recommendations. And things I've written and said have proved true with subsequent research.

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What did this mean for you in terms of leaving old thinking and medical or allopathic colleagues behind?

I never practiced allopathic medicine. When I got out of my clinical training, I felt I had not been trained to do prevention, which was what I was most interested in. I also felt that the methods I learned were too dangerous to be used generally. So from that early time, I began investigating other ways and putting together what I first called "natural and preventive medicine." At the beginning, it was rather lonely. I knew I was on the right path and I was doing what I was supposed to do. I was just completely ignored by medical colleagues. And while I've never practiced allopathic medicine, my program receives grants from the National Institutes of Health.

The medical establishment has charged that you can cite only anecdotal evidence, not clinical trials, to support your recommendations. How do you respond?

There is a lot of evidence out there that the medical establishment just doesn't pay attention to. Secondly, what I teach and how I practice is that we should use a sliding scale of evidence: The greater the potential of the treatment to cause harm, the stricter the standards of evidence should be. A lot of what is done in conventional medicine is extremely harmful and does not have solid evidence behind it.

Written when you were a student at Harvard, your exposé for *The Crimson* on LSD's being supplied to students was instrumental in Professor "Turn on, tune in, drop out" Timothy Leary's being forced out. Later, after your own experiments with marijuana, you went on to conclude, "There are no good or bad illicit drugs, just good or bad uses." What would the good uses be?

There is an enormous range—everything from relaxation, as we do with alcohol, to exploring mind-body events like healing, to stimulating creativity, to social connection. I look at what people do. I'm not trying to tell people to do drugs or not to do drugs. I have a whole book on this subject called *From Chocolate to Morphine*. But it is stupid to cut ourselves off from marijuana as a medical drug, as we do in this country, because it is so nontoxic compared with pharmaceutical drugs. And it has many interesting uses. Similarly, there are poor pain-control methods in this country. In England, for example, doctors can use heroin as a pain control method because it has some advantages over

morphine. There is so much irrationality in U.S. drug policy. It is completely rooted in fear and superstition and really has nothing to do with the scientific facts. Yet the drugs that we encourage and promote the use of and make money from, such as alcohol and tobacco, are, in any way you look at it, the most dangerous medically and in terms of addictiveness and social costs. In my youth, in the '60s, I used marijuana and psychedelics. These days, I don't. I'm a moderate consumer of alcohol. I drink green tea moderately. I like dark chocolate.



Weil is criticized for selling supplements but says the profits fund essential research.

You're 65 and often described as cherubic, a polite way of saying a little chubby. You admit to liking chocolate. Are you really following your own advice?

Absolutely! I don't think you'd find me chubby now. A lot of that was the legacy of the book tour that I went on, eating on the road all the time. It took me about a year and a half to recover. I will never do that again. And I do not tell anyone to do anything that I do not do myself.

Last year, you were criticized by the Center for Science in the Public Interest [CSPI] because you sell the supplements you promote in your books and on your Web site. They also cited your \$14 million deal with Drugstore.com.

I began selling supplements for several reasons. One was selfish: I wanted access to products that fit my specifications, and I couldn't find them out there. Secondly, I was besieged by readers who wanted me to direct them to products that fit my standards. And thirdly and most important, it was the only way that I could see to fund the academic work that I do. Our program at the University of Arizona has a \$4.5 million annual budget. We depend on a lot of private philanthropy. It's been tough. And by creating my foundation, which receives all of my after-tax profits from these products, there is now the beginning of a steady revenue stream to support the program and other programs around the country.

CSPI also claimed that only a little of the money you earned on supplements actually goes into your program or foundation, even though you've stated otherwise.

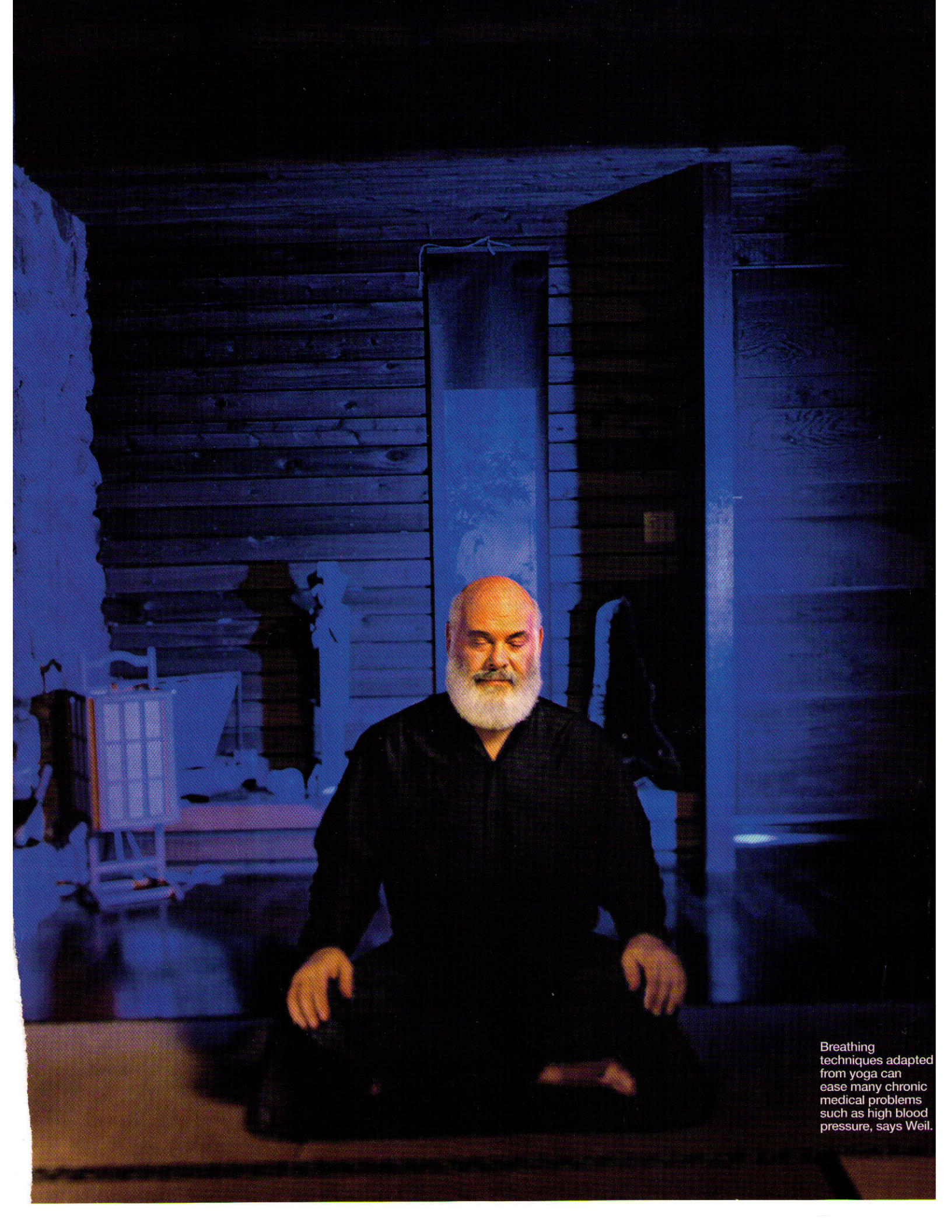
The Weil Foundation gave away half a million dollars last year. This year, we expect it to be a million dollars, and in the near future, many millions of dollars. I was really angered by that story. There were a lot of inaccuracies in it. And I think I was mainly motivated by the center's antisupplement bias. There is nothing to hide. The money from the supplement sales flows through to the program and the foundation. And anyone is welcome to look at it.

Why do you think the public is so intrigued by medical mysteries, like the TV series *House* or *DISCOVER's Vital Signs*?

Clearly, people are obsessed with health. It is the number one topic on everybody's list. I think this was probably always the case. But in addition, commentators have written that physicians in our culture have filled the role of priests and shamans in pretechnological societies. We invest them with the same kind of belief and power. And even though we may be very unhappy with today's whole system with doctors, I think that's still there.

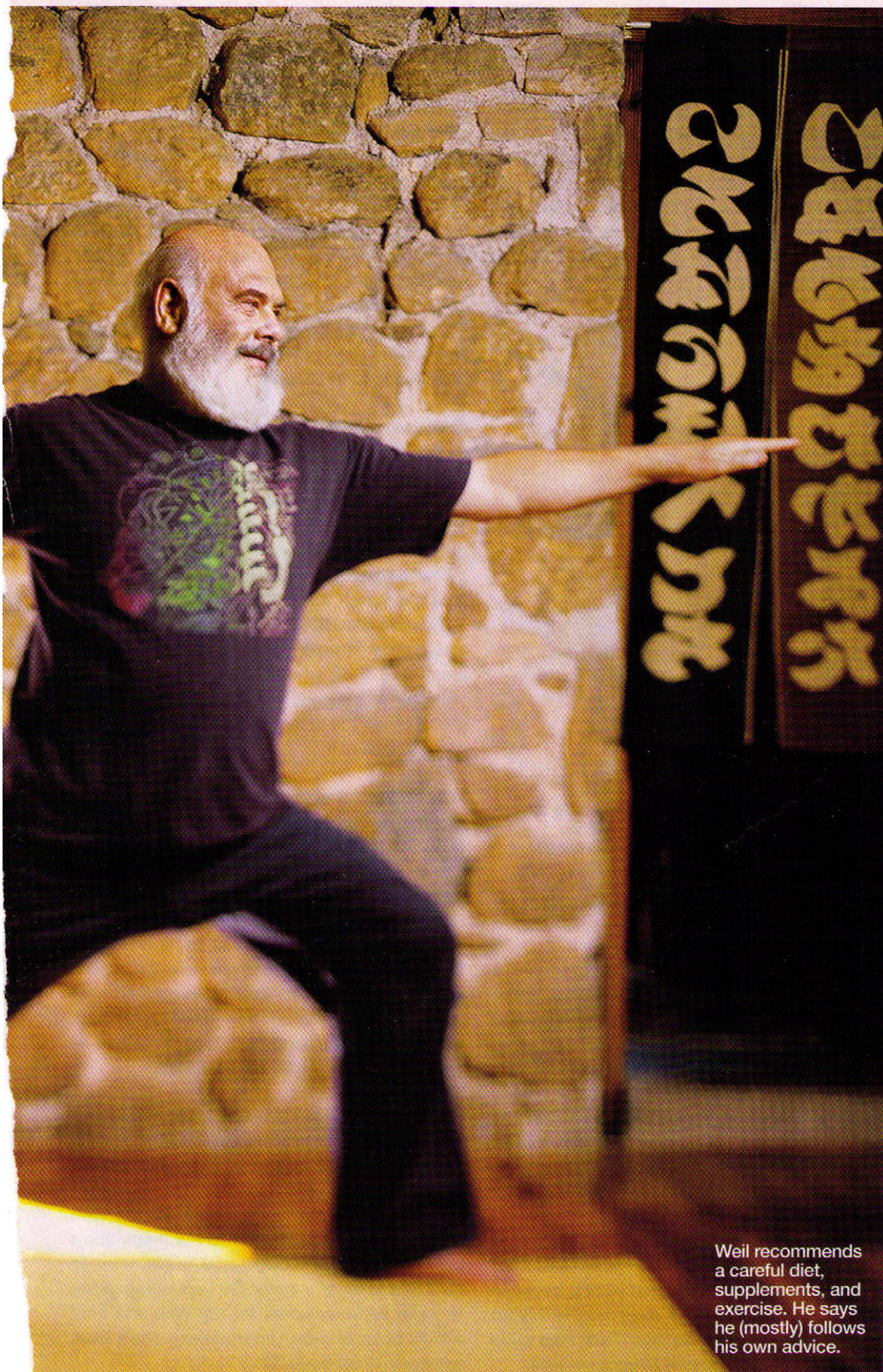
What's next for you? Do you plan to retire? And since your daughter, Diana Dakota Weil, is writing columns on your Web site, are you grooming her to take over?

My daughter wrote four columns for my Web site, and I hope she will do more of them. She's only 15, and she thought she might want to be a journalist or a writer. So I encouraged her to write some columns for my Web site from a kid's point of view. Unfortunately, she's been too busy to continue. Ω



Breathing techniques adapted from yoga can ease many chronic medical problems such as high blood pressure, says Weil.

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