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Successful Withdrawal from Six Psychiatric Medications Using Criteria-Based Energy Testing: Case Report

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Abstract:
Currently, the field of psychiatry is beginning to understand the severity and persistence of psychiatric medication withdrawal symptoms [1,2,3]. Functional approaches have been proposed for some psychiatric medication withdrawal processes [4,5], but there is no consensus for a reliable method for guiding safe psychiatric medication withdrawal or resolving underlying causes of mental illness for psychiatric patients' unique needs over the course of treatment. Consequently, mental illness is still generally considered a chronic incurable disease, and the use of psychotropic medications is still recommended as the best treatment option for an indefinite period of time.

To have a successful psychiatric medication withdrawal process without having a relapse during or post withdrawal, a patient must simultaneously heal from their underlying causes of mental illness and any dependency on drugs/psychiatric medications. This process requires sufficient understanding of relevant factors impacting the patient, which shift over time (and during the actual healing process). Factors that powerfully affect a patient's mental and physical condition include, 1) genetics, 2) nutritional status [6], 3) healing interventions, 4) internal and external stressors [7,8], 5) toxicity [9,10], and 6) drugs/medications.

Given these difficulties and challenges, how can clinicians determine what interventions would be appropriate for patients at any given point during the treatment process beyond clinical empirical guesswork? Is there a method that can reliably, efficiently, and accurately guide clinicians to help patients resolve underlying causes of mental illnesses?

This case report answers these central questions using the example of A.S., a 60 y.o. woman diagnosed with bipolar disorder with psychotic features, who successfully withdrew from six psychiatric medications within a year without a relapse during or post withdrawal.

The patient began holistic psychiatric treatment in March 2020 after being switched to six psychiatric medications. She was psychiatrically stable and presented with the following symptoms: flat and numb emotions, cognitive slowing, and excessive fatigue and sedation. Interventions during holistic psychiatric treatment included nutritional supplements, gradual medication taper, and energy psychology techniques.

Criteria-based energy testing (CBET) based on principles underlying manual muscle testing [11] or applied kinesiology [12] accessed relevant descriptive information on function that guided the treatment process. For A.S., CBET was performed through self-muscle testing [13] by the clinician for the patient at a distance, i.e., patient and clinician were located in different states when testing was performed.

This case report illustrates how specific, clinically relevant data can be accessed through CBET to successfully heal from mental illness and smoothly withdraw from six psychiatric medications by 1) determining the patient's underlying causes of illness, 2) adjusting nutritional supplements and medication dosages appropriately, and 3) providing proper timing for supplement and medication adjustments. Using CBET, A.S. was able to taper off all psychiatric medications and remain in excellent mental health since March 2021.

Key Words: psychiatric medication withdrawal, manual muscle testing, criteria-based energy testing, applied kinesiology, holistic psychiatry, integrative psychiatry, case report

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Introduction:

This case report provides a novel approach to psychiatric medication withdrawal and resolution of mental illness. Rather than functional laboratory results, criteria-based energy testing (CBET) and clinical history guided the treatment process. The patient, A.S., resolved complex psychiatric issues, withdrew from psychiatric medications, and remained stable off medications. Using CBET, the clinician gathered relevant information to 1) determine underlying causes of illness, 2) adjust nutritional supplements and medication dosages, and 3) provide proper timing for and dose reduction of medications.

In addition, this case report demonstrates how integrating psychiatry, functional medicine, and energy medicine empowers resolution of mental illness and medication withdrawal from two antidepressants, a mood stabilizer, an antipsychotic, a beta-blocker, and a benzodiazepine—all within a year, without any relapse during or after the withdrawal process.

Patient Information:

A.S. is a 60 y.o. woman whose treatment goal was to use a holistic psychiatric

approach to help her safely wean off six psychiatric medications. She had been diagnosed with bipolar disorder with psychotic features and began holistic psychiatric treatment on March 31, 2020, while taking the following:

- Venlafaxine (Effexor XR, serotonin-norepinephrine reuptake inhibitor antidepressant) 150 mg in the morning
- Propranolol (Inderal, Beta Blocker for anxiety) 10 mg twice daily
- Quetiapine (Seroquel, atypical antipsychotic) 100 mg at bedtime
- Oxcarbazepine (Trileptal, anticonvulsant) 300 mg twice daily
- Trazodone (Desyrel, antidepressant)150 mg at bedtime
- Clonazepam (Klonopin, benzodiazepine) 0.5 mg at bedtime

At the beginning of the patient's holistic evaluation process, the patient reported being "stable" but felt slowed cognitively, as well as numbed and flat emotionally. She slept for over 10 hours each night and felt groggy upon waking.

Medical, family, and psychosocial history including relevant genetic information:

The patient has an identical twin sister. Her mother was diagnosed with bipolar disorder and was an alcoholic. The patient felt that her mother was emotionally abusive and very strict. Her parents divorced when she was eight years old.

As a child, the patient took "a lot of antibiotics" for strep or ear infections. She was diagnosed with irritable bowel syndrome in her 20s which resolved when her diet improved. The patient experienced good health until 2009 when she was diagnosed with breast cancer. She received a lumpectomy, chemotherapy (Taxotere and Cytoxin), and radiation treatment. Afterward, she began a holistic cancer treatment where she began taking nutritional supplements and regular coffee enemas, which she continued from 2009 onward. After treatment for breast cancer, the patient reported increased fatigue and decreased stamina. The patient had difficulties in her marriage 15 years before the onset of holistic psychiatric treatment, but the marriage had stabilized, and her husband was supportive at the beginning of treatment. The patient was no longer working at the time of treatment.

The patient was a Chief Strategy Officer of a large corporation. The stress of work and her daughter's illness resulted in a deterioration of her mental health in September 2017. She stopped working due to her mental illness.

Past interventions with outcomes:
When the patient experienced insomnia and panic attacks that began around September 2017, she began seeing a therapist three times per week without using any medications until March 2018. She attempted suicide in April 2018 by overdosing on her psychotropic medication (Remeron). She was then hospitalized. She attended a residential program in June 2018, but traditional psychiatric interventions failed to help, and she was subsequently hospitalized in May and July 2018 as well.

She was started on more medications on July 2018, during an inpatient hospitalization. She improved on these medications and was released to an intensive residential program. In January 2019, she began working at a corporation again. By May, anxiety increased, and psychological function deteriorated. The patient had difficulties processing verbal information normally, and her attention and focus worsened. Medication adjustments caused further psychological deterioration. She was hospitalized again in July 2019. In November 2019, she went back to a residential program and stabilized on a new medication regimen.

Medication changes resulted in stabilizing the patient by December 2019. Holistic psychiatric treatment began March 31, 2020. The patient remained in good health during medication taper and since discharge on November 16, 2021.

Clinical Findings

Symptoms of mood lability, insomnia, psychosis, delusions, paranoia, depression, suicidal ideation/intention, and anxiety started in September 2017. Initially, symptoms were characterized by severe anxiety, panic attacks, and insomnia for three months. She became psychotic and attempted suicide in April 2018. The patient began taking psychiatric medications under the guidance of a traditional psychiatrist on July 2018.

At the beginning of holistic psychiatric treatment on March 31, 2020, A.S. was mentally stable, but cognitively sedated, slowed, and numbed from the medications. She slept for over 10 hours each night and felt groggy upon waking. During holistic treatment, A.S. experienced a modest increase in side effects from her medications a few days before her follow-up appointments. These symptoms generally disappeared as soon as the medications were appropriately tapered. Towards the final few weeks of treatment, A.S. reported decreased sleep duration, and medications were increased slightly until she was able to completely taper off all remaining medications.

Timeline

9/2017—psychiatric symptoms arose. Psychotherapy interventions introduced, but no medications started.
3/2018—Remeron started and used for about two weeks.
4/2018—first hospitalization in response to suicide attempt with an overdose on Remeron.
5/2018—second hospitalization
6/2018—third hospitalization and discharged to attend a residential program
7/2018—fourth hospitalization and discharged to residential program. More medications started. Stabilized.
5/2019—mental health deterioration
7/2019—fifth hospitalization, but the condition worsened
11/2019—residential treatment program, medications changed
12/2019—mental status stabilized
3/31/2020—holistic treatment began. The patient remained stable during and after holistic intervention.

Note: outpatient treatment continued between inpatient hospitalizations and residential treatment programs.

Diagnostic Assessment:

Diagnostic Testing: The treatment process was guided by CBET, clinical observation, and the patient's self-assessment. Laboratory testing was not used. However, laboratory testing was done by the patient's holistic cancer physician once during the middle of the tapering process. Functional lab results showed overall improvements despite significant reductions in the patient's medications.

CBET used in this treatment process is characterized by 1) the use of criteria to specify duration of time and description of functional states, 2) the translation of functional states of being into numerical scales, 3) the clinician's mental neutrality and freedom from presumptions regarding testing outcome, 4) testing results obtained independent of distance from the patient, 5) immediate availability of functional information, and 6) the ability to translate binary true-false energy experienced by the clinician to a biomechanical signal—in this case, subtle, simple shifts in movement of the index finger over the side of the thumb.

There are many different methods of manual muscle testing [13,14]. In this case report, the biomechanical feedback involved the left index finger's flicking motion over the side of the left thumb. The flicking motion does not occur with true information and does occur with false information. This consistent difference, however small, allowed the clinician the ability to link true-false energy states with descriptive functional information scales. This muscle testing technique is known and used by clinicians familiar with energy medicine and energy psychology. However, accuracy may depend on the nature of the tester's energy state, scales used to measure function, and a grasp of relevant medical issues.

The skill of obtaining reliable, unbiased, accurate, binary biomechanical feedback regarding true vs. false information requires, at a minimum, a number of factors to be in place: 1) the energy state of the clinician must be healthy/strong and properly aligned to respond correctly to shifts in information, 2) psychological neutrality, i.e., an absence of personal presumptions, opinions, or desired outcomes, 3) a basic understanding of data being assessed, 4) a way to describe and record functional data along descriptive numerical scales (example scales A-D), 5) consistent focus, 6) a morally sound purpose, and 7) expertise with mechanically linking the subtle shift in true-false energy states to a biomechanical signal [13,14].

Once the clinician has learned how to test for true vs. false information for the patient accurately, a repertoire of scales that describe various functions is necessary to measure the numerical values obtained for the patient. Hundreds of descriptive scales based on specific criteria that attempt to elucidate patients' biological function or to guide intended clinical outcomes were created by this clinician before initiating this patient's care. The process of creating scales began in 2003, lasted over a decade, and continues to be refined. The specific criteria used for scales or for guiding intended clinical outcomes varies in length and detail [example scales A, B, C]. The patient's numerical values representing descriptive functional states changed over time [example scale D].

These scales translate functional information into values along scales from 0 to 200, similar to laboratory test numbers, except that these scales are: 1) defined by descriptions of function, not levels, 2) described condition relative to the patient's optimal description of function within a period of time and specific circumstances, not relative to other healthy cohorts, 3) changed immediately according to energy healing effects, 4) required specificity with duration of time evaluated, 5) could be obtained independent of distance from the patient, 6) could immediately access information, and 7) does not delay treatment or incur additional cost from gathering laboratory data.

Typically, these descriptive scales require three points along their measurable length: 1) none at all, 2) optimal state of function, and 3) dysfunctional excessive state of function. Sometimes there is no optimal point, e.g., when assessing hypersensitivity to medications, and a different type of criteria would be necessary.

During the intensive year-long treatment process, A.S. received CBET during nearly every treatment session, which occurred weekly throughout the tapering process. Sessions reduced in frequency after all medications were eliminated. In total, the patient received 59 appointment sessions. During this time, a total of 26 tests labeled "checking the physiological terrain" explored her descriptive functional status beyond medication and supplement dosing, and her nutritional/medication regimen was checked and adjusted 56 times.

Because of the complex nature of integrative psychiatric treatment and simultaneous withdrawal from multiple medications, A.S.'s clinical recovery required a guidance system that could meet the needs of a dynamically changing process. Although muscle testing's reliability and efficacy remain controversial, this case report illustrates how CBET appropriately and effectively guided the rate of medication taper, supplement, and medication dosing, and adjusted for problems caused by mistakes in dosing along the way, suggesting that it can be a reliable and helpful method if care is given to specifying what is being tested and other essential conditions are met.

CBET Testing Example A, B: brief, criteria-based scales used for describing functional data.

CBET Testing Example C: a detailed, page-long criteria used to help guide supplement and medication dosing.

CBET Testing Example D: A.S.'s changing testing results that described her function along descriptive scales at two time points during treatment.

Diagnostic Challenges:
It is expected for mistakes to be made during treatment either by the patient or the clinician. These dosage mistakes were addressed efficiently and appropriately through the use of CBET to support the patient's recovery quickly and safely.

Although CBET can be applied to any regimen, it is a simple binary system limited to directing, facilitating, and elucidating optimal dosing. It does not have the ability to tell the clinician what

supplements to use if the clinician is unaware of the supplement or neglects to put it on the regimen for assessment. In addition, if the patient falsifies information, then testing results may be biased by false clinical assumptions.

Other factors that affect testing outcomes are 1) the quality and nature of the criteria itself (the less specific the criteria, the less targeted and specific the results will be), 2) sensitivity to the clinician's ability to focus and be free from bias, and 3) the patient's biases, desires, and mindset.

Because this testing method is sensitive to energetic shifts, changes in either the energy state/mindset of the patient or practitioner may affect testing results. Thoughts and feelings can be ephemeral but powerful, and sensitive testing methods such as CBET may be influenced by these shifting energies. In some circumstances, results may shift after a short time, rather than provide a proper course of treatment between follow-up sessions.

Diagnosis: Over the course of the patient's entire psychiatric treatment, the patient experienced many varied psychiatric symptoms, some of which could have been from medication or withdrawal side effects. She received different diagnoses as her symptoms changed over time, such as depression, anxiety, bipolar, or psychotic disorder. However, prior to receiving holistic treatment, the patient was diagnosed with bipolar disorder with psychotic features. Her medications appear to be consistent with and appropriate for such a diagnosis. However, the patient denied ever having a typical manic episode. Perhaps she was given the diagnosis because of protracted insomnia and the intensity of her emotions when anxious. The diagnosis she received while under holistic treatment was panic disorder. The shift in diagnoses may reflect the changing status of A.S.'s psychological condition.

Prognosis: Although A.S. was severely ill, this case report details an unusually positive outcome for her. She has continued to remain in excellent health mentally and physically since being discharged from psychiatric care in November 2021. Her prognosis is excellent.

Therapeutic Intervention:
Types of interventions: The following therapeutic interventions were used during treatment: 1) nutritional supplements, 2) glandular supports, 3) coffee enemas (since 2009), 4) various energy psychology methods, 5) medication taper based on psychiatric understanding of psychopharmacology, 6) psychotherapy, 7) CBET to guide the treatment process.

The patient was started on a different nutritional regimen that combined the ones she was taking for cancer prevention and additional supplements for psychiatric purposes. The patient's initial supplement regimen was extensive and prescribed by her holistic cancer physician. Modifications led to an initial regimen consisting of 28 different supplements excluding her regular coffee enemas in the morning and juicing as recommended by the holistic cancer physician [See example E for a sample regimen].

The patient applied a new energy psychology technique called the Infinite

Intention Technique that has various levels of complexity called Energy Breaths, Empower Energy Technique, and Story Form. These techniques are found online and were taught during the 2023 international ACEP conference. Other energy psychology techniques using intention and visualization also helped the patient ameliorate traumas, negative beliefs, problematic habits, and medication withdrawal. The patient's condition was measured through CBET before and after the energy intervention. This feedback motivated the patient to continue to apply energy techniques.

Administration: Administration of supplements and medications depended heavily on the patient's ability to organize her regimen and be a reliable participant in the treatment process. A.S. was reliable and motivated throughout the holistic process and tried to follow directions exactly. She found additional meditation recordings that she listened to before bedtime to help her relax.

Changes in therapeutic intervention: The following pattern occurred during recovery: 1) initial phase of overall support and healing without medication reduction, 2) gradual reduction of medications based on CBET, 3) slightly increased medication side-effects about 2 days before a follow-up session and medication taper, and 4) improved symptoms after medications were lowered, restoring physiological equilibrium as healing progressed.

See example F for the table containing raw data over treatment days and graphs 1-6 illustrating medication dosages.

Follow-up and Outcomes:

Clinician and patient-assessed outcomes: On March 20, 2021, A.S. successfully withdrew from all medications safely and smoothly. Careful monitoring of her condition continued for three months afterward. Scheduled follow-up appointments ceased in November 2021. She reported a sustained state of positive energy and balanced well-being.

On May 12, 2021, A.S. noticed that her sleep was reducing to 4-6 hours per night. CBET indicated increased stress from having too many fun activities. The patient addressed her habit for having too many projects, and her problems with sleep resolved as soon as she did so.

On June 25, 2022, A.S. became ill with COVID and experienced mild symptoms. Her husband's COVID symptoms were more severe. The patient worried about her husband's health and spent energy and time caring for him. A brief period of insomnia prompted a follow-up appointment on August 9, 2022. The regimen was adjusted using CBET to help A.S. with any increased stress from getting COVID and taking care of her husband. She has not required any further follow-up appointments since.

Important follow-up diagnostic and other test results: CBET that assessed the patient's condition during treatment showed gradually improved measurements [Example D for changing values on A.S.'s function using CBET]. In May 2021, testing showed increased signs of stress related to being engaged in too many activities. This was corrected by the patient, and her insomnia resolved. Later, on June 2022,

adjustments helped the patient with increased stress from getting COVID and caring for her husband who also got COVID.

Intervention adherence and tolerability: A.S. was very compliant with clinical directions over the entire course of treatment. She tolerated the supplements without any difficulties. There were occasional mistakes with taking dosages of medications or supplements, but never intentionally done to undermine treatment.

However, A.S. refused to lower her pancreas enzymes prescribed by her holistic cancer doctor, which testing showed she could safely and gradually lower. Discussion with the patient about her desire to continue to take the pancreas enzymes resulted in this particular supplement being left unchanged over the course of treatment. This did not seem to have any negative impact on her successful medication taper.

Adverse and unanticipated events: At times, mistakes occurred while following the regimen. One significant mistake occurred on treatment day 214 when the patient forgot to take a capsule of Venlafaxine XR (Effexor XR) in the morning and did not sleep well that night. This oversight was addressed the following afternoon during a follow-up session using CBET to help the patient navigate the metabolic shifts associated with this mistake. The adjustments made can be seen in graph 1.1 for a few days after the missed capsule of Venlafaxine.

Discussion:

Discussion of relevant medical literature:
Increasingly, evidence suggests that benefits from antidepressant medications may be no better than placebos [15]. According to a group of four researchers in an article called Sequenced Treatment Alternatives to Relieve Depression (STAR*D) [16], data showed that "antidepressants are only marginally efficacious compared to placebos," and that this small benefit might be exaggerated by "profound publication bias." A reappraisal of the current recommended standard of care for depression was recommended. In addition to the questionable efficacy of antidepressants, findings suggest that negative side effects from psychotropic medications can harm older adults with polypharmacy who take mental health drugs (primarily antidepressants), opioids, and muscle relaxants, causing them to have a higher risk of all-cause and CVD mortality, compared with those who did not take these types of medications [17].

Spending on mental health treatment and services continue to rise, reaching $225 billion in 2019, which is up 52% since 2009. This includes spending on things like therapy, prescription medications, and psychiatric or substance abuse rehabilitation facilities [18].

In addition, there is increasing awareness about the severity and protracted nature of medication withdrawal symptoms [1,19]. In an article by Fava et. al., it concludes that withdrawal “symptoms may be easily misidentified as signs of impending relapse. Clinicians need to add SSRIs to the list of drugs potentially inducing withdrawal symptoms upon discontinuation, together with

benzodiazepines, barbiturates, and other psychotropic drugs. The term 'discontinuation syndrome' that is currently used minimizes the potential vulnerabilities induced by SSRIs and should be replaced by 'withdrawal syndrome'" [19].

Criteria-based energy testing has been used regularly but in a limited fashion in Emotional Freedom Technique (EFT) in which a therapist measures the effectiveness of an EFT intervention by muscle testing the client using a scale from 1-10 [20]. CBET is based on the same principles except the criteria are more specific and detailed and the scales generally range from 0-200.

A review of the literature shows some articles that support the use of manual muscle testing in clinical settings [11,21], but the process is still controversial due to a lack of consistent accuracy and efficacy [22,23,24,25,26]. Perhaps the use of specific criteria in CBET may be a way of improving accuracy regarding the clinical use of manual muscle testing.

Given psychotropic medications' inability to resolve underlying causes of mental illness, potential for increasing death, high costs, and withdrawal difficulties, it may be helpful to explore alternative treatment methods that can deliver the kind of outcomes patients desire: resolution of underlying causes, safe withdrawal process, freedom from stigma, and sustainable mental health. The complicated nature of navigating patients from a state of debility and dependence to vibrant health requires a sensitive, efficient, reliable diagnostic tool. In this case report, CBET has demonstrated its capacity to serve as a cost-effective and easily accessible tool for meeting A.S.'s treatment needs through hundreds of clinical decision points over the course of a year.

Scientific discussion of strengths and limitations:

Examination of graphs 1-6 illustrates the complex and difficult nature of a successful tapering process. Clinical guesswork based on empirical experience alone would likely be inadequate in managing the intricacies and challenges of medication withdrawal because of the variables involved. For example, medication dosages can be deceiving. Although A.S. was prescribed only 0.5 mg of Clonazepam, she did not lower this medication until day 96 of treatment. Much of the withdrawal process involved lowering this medication by only 0.01 mg. Thirty-one days elapsed before the patient lowered Clonazepam from 0.2 mg to 0.19 mg. This careful approach to Clonazepam withdrawal may seem overly cautious to conventional psychiatrists. However, by following the dosages that CBET created, the patient was able to lower her benzodiazepine without withdrawal side effects such as anxiety and insomnia, which patients typically experience during benzodiazepine withdrawal.

Symptoms can be deceiving and clinically misleading as well. Initially, A.S. presented with fatigue, excessive sedation, and emotional flatness. However, instead of lowering her medications at the beginning of treatment to minimize side effects, A.S.'s Oxcarbazepine (mood stabilizer), which prevents mood lability, was not reduced until day 62, and only by 30 mg, which was 5% of her total dosage. Also, Quetiapine (tranquilizer and

antipsychotic), used primarily to help sedate and facilitate sleep, did not lower until day 76, and only by 5 mg, amounting to 5% of her total dosage. Increases in medication side effects that typically occur before a need to lower A.S.'s psychiatric medications may mimic psychiatric conditions such as depression, and a conventional psychiatrist might respond by increasing medication dosages or adding another medication if CBET was not available to guide the clinical process.

At times, it was necessary to taper four different medications on different days during one week, though in small increments. Despite the complex nature of the withdrawals, CBET was able to support the patient's ability to safely navigate along a path of clinical improvement and stability.

CBET is based on information established in manual muscle testing/applied kinesiology [14]. Supplement regimens relied on knowledge of functional medicine [27,28,29,30], and novel energy healing tools such as Empower Energy Technique arose from an understanding of the principles underlying energy psychology [31]. Each field has its own extensive history of clinical application, research data, and instructive textbooks.

Despite A.S.'s extraordinary recovery, this case report does not suggest that all patients can recover from all mental illnesses using this treatment approach. In A.S.'s case, she began treatment with an eleven-year history of being on nutritional supplements prescribed by her holistic cancer physician. She did not have mental health problems until after she was diagnosed with breast cancer and was exposed to toxic chemotherapy drugs. Her underlying cause for psychiatric symptoms may differ from other patients with an earlier onset of mental illness.

CBET cannot determine which supplements should be on the regimen if the clinician does not know about the supplement and does not include the product for testing. Sometimes patients lie or hide information from the clinician. This may bias energy testing results because the clinician is basing the testing on false assumptions.

In CBET, the clinician is used as a diagnostic instrument. Unlike a machine, a clinician's testing ability may vary depending on the clinician's state of energy. For this clinician, insufficient rest may lead to severe fatigue that suddenly arises during testing and resolves immediately when testing stops. This suggests that insufficient energy levels interfere with the ability to do CBET successfully.

The scientific rationale/evidence for conclusions:

In conventional psychiatry, mental illness is assumed to be a chronic, incurable disorder that requires reliance on the use of psychotropic medications, often indefinitely. Withdrawal from psychiatric medications is generally considered unsafe. Given this paradigm, conventional psychiatrists typically advise their patients to remain on their psychotropic medications or switch them from one medication to another medication of a similar class. This is the current standard of care and outcome in conventional psychiatry.

A.S. experienced the standard outcome from the best standard of care for her condition. Her timeline during conventional psychiatric treatment consisted of a suicide attempt, five hospitalizations, two residential treatment programs, numerous psychotherapy sessions, and the use of psychotropic medications from every classification. After 2.5 years, A.S. was still on six psychiatric medications and barely able to feel her emotions.

Evidence from this case report shows that when the patient began an integrative, holistic treatment using CBET, her need for medications lowered and her cycle of hospitalizations stopped. CBET was able to access information efficiently and accurately and allowed the patient to navigate complex clinical challenges, improve mental health, create a smooth withdrawal process, and sustain well-being during and post withdrawal.

A.S.'s recovery process indicates that this particular, holistic approach has merit and by all measures appears to be superior in resolving her mental illness. This suggests that this novel approach might also provide superior outcomes for other individuals who suffer from unremitting mental illness and might be useful when considering preventative measures for mental illness before patients experience prolonged suffering from psychiatric treatment failures.

Patient Perspective:
I started working with Dr. Alice W. Lee on March 2020. I was recently discharged from an in-patient facility at the end of Dec of 2019. Before that inpatient stay, I had been treated for severe anxiety and mood disorder from January 2018 through November 2019. During that period, I had seven inpatient stays, outpatient individual therapy, and group therapy. I started my treatment with Dr. Lee while I was in a period of relative stability and had just recently been placed on all new medications. There were six in total. I was determined to find a doctor who would work with me to create optimal health. That was my expectation as I had been free from mental illness for most of my life.

Dr. Lee was very different in her approach. The whole experience was exactly what I had been looking for in a doctor. I have many examples of the differences as I had been treated by approximately 12 different psychiatrists and therapists. For example, before using the holistic approach, my medications were often stopped abruptly, and new medications added without any consideration of withdrawal side effects.

I will focus on three additional, major differences that I believe made ALL the difference.

1. **Multi-disciplinary Approach: Everything was customized to me.** It included a "deep dive" for 2 days at her office. Two consecutive appointments to review my health history, my lifestyle (exercise, diet, work, family, etc.), energy testing and a thorough discussion on energy work. At that time, I didn't fully understand functional/orthomolecular medicine. I did however have lots of experience over the last 2 plus years with debilitating anxiety and what wasn't working for me. Her multi-dimensional approach made a ton of sense to me. This approach included weekly 1-hour sessions where

changes in my medication were made as needed based on her energy testing, not some standardized formulaic process, in addition to psychotherapeutic work.

2. **Partnership Model: My success was just as much my responsibility.** I had "homework" every week. That part I was very compliant with. It was simple meditations that I would listen to with breathing techniques to relax. I also had specific instructions from her on how to taper on these 6 medications. This part was demanding but not hard. She had to depend on me to do these things exactly as instructed. Furthermore, she was reachable anytime I had a question or any problems. (That means a call back the same day even if it was a weekend.) I can say there were only 2 or 3 of those types of calls. I had a very smooth tapering experience.

3. **Compassionate, Kind, Respectful, and Curious**: Healing is more than pills, procedures, and therapeutic sessions. A real connection must be felt by the patient. In my experience as Dr. Lee's patient, I felt confident that we would find the best solutions for my healing together. During that time, I felt respected in terms of my perspective on how my treatment was going or if I had questions. Her genuine curiosity about me and my experience was like that of a scientist. She would approach me as unique. She accepted the nuances of my situation. These qualities were very different than what I had experienced with all those other psychiatrists and therapists.

Now, I have the blessing of almost two years completely free of my symptoms. I have totally regained my optimal status of well-being. I have been busy writing a book about my experiences to help other women who may find themselves in this situation. I am also working on a TED talk to share my perspective on the lessons I have learned about following your heart and trusting a different path to regain optimal mental health. In my case, it literally saved my life.

Informed Consent: The patient was given and signed informed consent.

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Please note: Examples, raw graphs and data are available from Dr. Lee for qualified individuals. Please email her with a description of your credentials and she will provide a copy of the material.

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