Turning the Tide for *Psychedelic Medicines*

Michael Winkelman and Thomas B. Roberts

Led by Nixon-era political forces during the 1960s and 1970s, the ancient sacred medicines of the world became demonized in a repressive response to their visionary and therapeutic potentials and social-political events of the times. Placed under administrative law provisions controlling medicines, these “plants of the gods” were then classified as Schedule I substances, considered without medical use but with a high abuse potential. Dozens of plants that have been used for thousands of years for many ailments were largely placed out of the reach of science, clinicians and the public.

But for almost four decades, these medicines of humanity have persisted in public consciousness, clandestine clinics, and the scientific laboratories. *Psychedelic Medicine* (edited by Michael Winkelman and Tom Roberts) celebrates a turn in the tide and documents the continued efforts to understand the many treatment opportunities that these substances provide and their new-found ability to address significant contemporary health problems.

*Psychedelic Medicine* provides a broad overview of this re-emerging field in 30 chapters authored primarily by leading physicians, medical researchers, and psychologists who have continued to explore the potentials of these substances. Complemented by the legal and social views of anthropologists and lawyers, these substances and their healing potentials are re-evaluated in light of the recent decades of clinical, neurological, epidemiological and neurological research and legal developments. Together, these lines of evidence establish the potential usefulness of these substances and point to their ability to address serious treatment-resistant conditions that plague us today.

Our considerations of these ancient and future-medicines are organized into two volumes. The first volume provides historical, cultural, clinical and legal perspectives; the second illustrates their applications to alcoholism and addictions medicine and transpersonal and spiritual counseling. Together they provide an understanding of why these psychedelic medicines are becoming important and provide prospective best uses and practice perspectives regarding how further research may serve humanity in the future.

**Social and Clinical Contexts, Medical Applications, and Legal Issues**

In the introduction to Volume I, the nature of these substances is reconceptualized by Michael Winkelman as “psychointegrative effects.” Rejecting classic characterizations as “hallucinogens,” Winkelman uses interdisciplinary and neurophenomenological perspectives to illustrate their multiple integrative mechanisms of action from neurological through cognitive levels, enhancing
information integration. He reviews evidence of their systemic serotonergic mechanisms that underlie their many different effects. Torsten Passie’s chapter, “Contemporary Psychedelic Therapy,” conveys contemporary understandings of “best uses” and therapeutic practices. Largely based on research carried out before prohibition, these early engagements with psilocybin medicine provide evidence about both effective treatment of a range of psychological conditions resistant to ordinary psychotherapeutic interventions and guidelines for their use. Concerns about their safety and appropriate application are addressed by Ede Frecska in “Therapeutic Guidelines: Dangers and Contra-Indications in Therapeutic Applications of Hallucinogens.” He points out that even when abuse is included with responsible use, there is very little evidence that these substances pose dangers in most circumstances, although there are clear counter-indications. In spite of the relative safety of psychedelic medicines, there are acute and long-term psychological effects which Frecska’s chapter points to strategies for managing. Nonetheless, much public knowledge about these substances is skewed by sensationalistic mis-reporting and the social political processes that affect our access to these substances, illustrated in Dennis McKenna’s chapter that places our concerns in the broader historical context of political reactions to social movements of the 1960’s. McKenna also reports evidence on the safety of ayahuasca, one of the most important and extensive psychedelic medicines on the planet.

In Section Two, “Medical Applications,” psychedelic treatment of often-intractable health problems are illustrated. The range of conditions for which psychointegrators might be applied are quite large, given the extensive range of conditions which they are used to treat around the world. Furthermore, in spite of the prohibitions that have drastically restricted research, clinical research is verifying the utility of these ancient medicines for contemporary and often intractable maladies ranging from depression and cluster headaches to Post Traumatic Stress Disorder (PTSD), OCD, and the wasting syndrome. Andrew Sewell and John Halpern’s chapter addresses the use of LSD and psilocybin in treatment of the notorious cluster headaches, also known as “suicide headaches” because of their virtually untreatable nature and the desperate ends to which they occasionally drive their victims. Here we see the ethical issues and the moral necessity of using the psychointegrators in the treatment of the cluster headaches, highlighted by their virtually untreatable nature within biomedicine, and the desperate situation of the patients illustrated by their other name – suicide headaches.

Michael Mithoefer’s chapter reports clinical research that illustrates another area in which the applications of the psychointegrators is a moral imperative, in the use of MDMA for treatment of PTSD. The growing prevalence of PTSD and the inadequacy of conventional treatments in addressing this disorder reflect the inadequacy of conventional psychotherapy. MDMA’s ability to facilitate therapy for PTSD involves its ability to reduce acute stress reactions and curtail the cycle of the body’s stress response. Other effects include a reversal of emotional numbing, facilitating a connection with the traumatic memories necessary for engaging in therapeutic resolution of the trauma. George Greer and Requa Tolbert integrate their earlier evidence regarding the effects of MDMA in psychotherapy through addressing unresolved emotional conflicts associated with fear responses, reducing conditioned fear responses and avoidance of feelings. They illustrate how MDMA enhances access to the traumatic feelings and memories and improves therapeutic relationships by inducing a state of loving and forgiving. By reducing anxiety-provoking feelings, MDMA makes it easier for patients to trust the validity of their own feelings and release the associated emotional blockages.

Charles Grob’s chapter considers psilocybin’s applications in treating problems associated with terminal cancer such as existential anxiety, despair and fear often encountered by dying patients and their families. The psychointegrator’s spirituality-inducing effects go beyond conventional psychotherapies to facilitate core psychological processes involved in end of life issues. Similar acute issues are addressed in Donald Abrams’s review of research on the use of Marijuana for the treatment of AIDS, particularly the AIDS wasting syndrome. The broad potentials of these substances for the treatment of emotional disorders are illustrated by Michael Montagne’s chapter “Psychedelic Therapy for the Treatment of Depression.” Research reported in the chapter by Francisco Moreno and Pedro Delgado on “Psilocybin Treat-
ment of Obsessive-Compulsive Disorder” illustrates another area where the psychointegrators offer promise for conditions that are often not effectively treated by conventional biomedical remedies.

The third section of Volume I addresses the legal context of the restrictions on clinical use of these substances. Richard Boire’s chapter provides guidelines for adapting to the legal constraints on these substances created by administrative regulations. Boire outlines a “medical necessity defense,” a justification for using a substance when lawful medical treatments have been found to be ineffective. Although the treatment is prohibited by Schedule I classification, a defense may be viable if the treatment used reduces the patient’s severe suffering without causing disproportionate harm to others (patient, other people, or to the State’s interest). Kevin Fenney’s chapter expands our understanding of the possible permissible uses of these substances through the constitutional and legislative protections of religious freedoms. Federal legislation and court rulings regarding Native Americans’ rights to use peyote may not be logically, or perhaps even legally, denied, to others in society. Other venues for increasing opportunities for the use of these sacred medicines is through religious based uses such as the Brazilian ayahuasca churches, as illustrated in the chapter by Alberto Groisman and Marlene de Rios which examines the cultural context surrounding the Supreme Court decision protecting the rights of the US ayahuasca churches.

In their conclusions to Volume I, Winkelman and Roberts address four major interrelated approaches for enhancing responsible access to psychedelic medicines through: utilizing currently available international psychotherapeutic resources and recently expanded religious approaches; altering social attitudes through education and the media; changing administrative policies through public policy, judicial, and legislative approaches; and creating new business approaches through a corporate model. They lay out the groundwork for a public health and harm reduction endeavor. They show how it is that education, public policy development and collective political action rather than just more science is necessary for changing opportunities for the use of psychointegrators. We have a moral imperative to apply them to the treatment of some of the most ravaging social diseases of our times, the addictions to alcohol, tobacco, methamphetamines and opiates and their synthetic derivatives.

**Substance Abuse, Psychotherapy, and Transpersonal Healing**

Volume II of Psychedelic Medicine shows how some of these developments are already occurring, often outside the US in the psychedelic treatment of addictions. Peyote, ayahuasca, ibogaine and chemical substances such as LSD and ketamine have been found to provide dramatic relief of symptoms of addiction and provide powerful forces for reorganizing the lives of addicts to help them achieve sobriety. Chapters by John Halpern and by Richard Yensen and Donna Dryer recount the historical development of these studies in the 1960s, largely involving the use of LSD to treat alcoholism. A significant feature of the pharmacological effects came to be seen as involving an “after glow” of positive affect and increased openness to therapeutic intervention that lasted several weeks. Furthermore, a crucial therapeutic role came to be attributed to the responses to large doses, the “peak experience” that produced the personal transformation of the addict to an engagement with sobriety. These transformative potentials were the basis for new views of the potentials of these substances embodied in the concept of the psychedelic paradigm of psychotherapy.

While the studies of the early period did not generally meet standards of research of today, they nonetheless established the dramatic initial increases in the sobriety of the LSD treatment groups as compared to controls, with effects tapering off. The “after glow” effects of psychointegrators suggest the necessity of combining psycholytic and psychedelic mechanisms in addiction treatment. Such combined and long term therapies are illustrated in the chapter by Jaques Mabit on his long term addictions treatment program using ayahuasca on cocaine addicts and others in Tarapoto, Peru. The shamanic approach successfully employed there contrasts with the kinds of approaches being used in the Native American Church, described in Joseph Calabrese’s chapter, which points to the irony of the US government’s Indian Health Services reimbursing for peyote ceremonies for Native American alcoholics. But rather than strictly pharmacological effects, the cultural psychosocial therapies described by Calabrese are part of an “emplotment” of their lives, a re-
integration of the self into cultural patterns that is facilitated by the effects of peyote. These processes of “meaning making” take a significant role in the process of overcoming addictions, a re-creation of the self in spiritual terms.

In contrast to the significant role of these cultural psychotherapies in addiction treatment, the use of ibogaine and ketamine in the treatment of opioid, methamphetamine and alcohol addictions appear to depend more on the physiological effects. Derived originally from indigenous spiritual uses of the iboga root by the Bwiti of west-central Africa, the ibogaine extract has a history of informal treatment of addiction in addict communities, functioning largely within the context of both addict and medical subcultures rather than in conventional medical settings. Ibogaine became an important element in heroin self-help groups and harm reduction movements among addicts in the Netherlands. Although NIDA funded Phase I studies, they failed to continue funding the study for Phase II evaluations in spite of promising results. It has nonetheless remained available in alternative non-medical treatment settings around the world, including in conventional medical settings in countries where not prohibited by law. Kenneth Alper and Howard Lotsof review the many forms of evidence regarding the efficacy of ibogaine in reducing withdrawal cravings, particularly elimination of opioid and cocaine withdrawal symptoms and lasting resolution of the acute withdrawal syndromes for several weeks to months. Alper and Lotsof review research indicating that the mechanisms of action of ibogaine are different from other addiction treatments: it is neither an opiate agonist nor an opiate antagonist, nor does it appear to operate on a serotonin model. They suggest “that ibogaine treatment results in the ‘resetting’ or ‘normalization’ of neuroadaptations thought to underlie the development of dependence.” They describe patterns of use and evidence regarding various mechanisms of ibogaine’s effectiveness in resolving addition. Ibogaine may not depend on a ritual context as much because of its ability to engage the person with long term memories which are experienced as waking dreams.

Unique practices are reported from the Soviet Union in Evgeny Krupitsky and Eli Kolp’s chapter on the effectiveness of ketamine in psychedelic psychotherapy for the treatment of both alcoholics and heroin addicts. Ketamine represents an unusual case of a drug already approved by the FDA for use as an anesthetic, now being applied off label for addictions. They review a history of studies showing ketamine’s use for treating a range of conditions, as well as catapulting the psychedelic treatments beyond impasse’s experienced with LSD treatments. Krupitsky and Kolp review best uses and practices for applying ketamine’s ability to induce “ego dissolving transpersonal peak experiences” as a key part of treatment of addiction.

Together these chapters make a dramatic statement regarding the collective potentials of psychointegrators to address a rather intractable problem: addiction. While individual rights to experience drug-induced altered states of consciousness ought to be respected, those caught in cycles of dependence need more effective tools for helping end their addiction. Physicians and the government have a moral obligation to make the psychointegrators available for clinical use. Achieving this will require a variety of political, bureaucratic and policy-making endeavors outlined in Psychedelic Medicine.

The second section of Volume II addresses the state of knowledge regarding psychotherapeutic applications of psychointegrators. There are many forms of evidence regarding best uses, supportive psychotherapies and common processes that are derived from shamanic traditions, early pre-prohibition research, and various

“Roberts and Winkelman have assembled one of the most impressive and comprehensive collections of writings in the field of psychedelic medicine. This work is an invaluable resource for educators, clinicians, and policy makers.”
— Stephen Ross, MD, Director, Division of Alcoholism and Drug Abuse, Bellevue Hospital
“grey areas” of continued therapeutic uses. Neal Goldsmith’s “Ten Lessons of Psychedelic Psychotherapy, Rediscovered” explores the similarities between psychedelic practice guidelines that emerged from 60 years of use and the premodern practices found in societies around the world. A wide range of lessons have been learned about best uses and should guide any future medical use of these substances. Michael Winkelman’s “Shamanic Guidelines for Psychedelic Medicines” examines the pre-adapted best uses and practices applications of these substances discovered in shamanic traditions around the world. The universality of shamanic practices points to nurotheological bases, a biological foundation for shamanism. These innate bases incorporated psychointegrators in ways that reflect their neurologi- cal principles, providing an important foundation for all therapeutic applications. These perspectives are extended in the chapter based on Sean House’s research findings on “Common Processes in Psychedelic-Induced Psychospiritual Change.” His study of the reported effects of psychedelics on the life and work of mental health professionals provides generalizations regarding their overall effects on psychotherapeutic and psychospiritual processes and guidelines for managing psychointegrator induced experiences. His examination of the principles manifested in psychedelic-induced psychotherapeutic experiences reveals their relevance to the central concerns of the major psychotherapeutic traditions. These perspectives on the appropriate integration of psychointegrators into psychotherapy are expanded in Dan Merkur’s chapter, “A Psychoanalytic Approach to Psychedelic Psychotherapy.” Here we learn how the different categories of phenomena produced by psychointegrators can be used to induce therapeutic change.

The final section of the book returns to the roots of the psychedelic medicines, their use in spiritual traditions and the powerful effects that they have in inducing access to what some call “another order of existence”-the transpersonal dimensions. In Roger Walsh and Charles Grob’s chapter on “Psychological Health and Growth,” we see the kinds of effects that the early use of these substances had on the development and lives of some of the great figures of Transpersonal Psychology and their insights regarding the benefits of psychedelic medicines.

The next chapter is a reprint of what is certain to become a new classic of psychedelic clinical research – Richard Griffiths, William Richards, Una McCann and Robert Jesse’s study, “Psilocybin Can Occasion Mystical-type Experiences Having Substantial and Sustained Personal Meaning and Spiritual Significance.” This well-controlled double blind study exemplifies the standards of a new generation of studies establishing the powerful spiritual effects of psychointegrators. These findings illustrate the importance of what Stanislav Grof’s LSD therapy research revealed decades ago—that these substances reveal new dimensions of the psyche and the emotional dynamics of humans. In his chapter, “New Perspectives in Understanding and Treating Psychological Disorders,” Grof illustrates how these tools not only reveal deep embedded aspects of psychological trauma, but also tools for their treat- ment. These new directions are further explored in Roger Marsden and David Lukoff’s chapter on “Transpersonal Healing with Hallucinogens.”

Some might question the extent to which these substances are safe. In their conclusions to Volume I, Winkelman and Roberts show how there is evidence supporting Phase I and Phase II claims. As Alper and Lotsof point out in their chapter assessing ibogaine, there is good validation of the safety and effectiveness of these substances from “triangulation”-a combination of data from animal research, medical case studies, clinical judgment based on extensive experiences and personal accounts of those who have received these substances as treatments. What most impedes progress in the use of these substances is not the lack of science but the priori- ties placed on politics and ignorance. *Psychedelic Medicine* calls for concerted political action combined with wide public education.