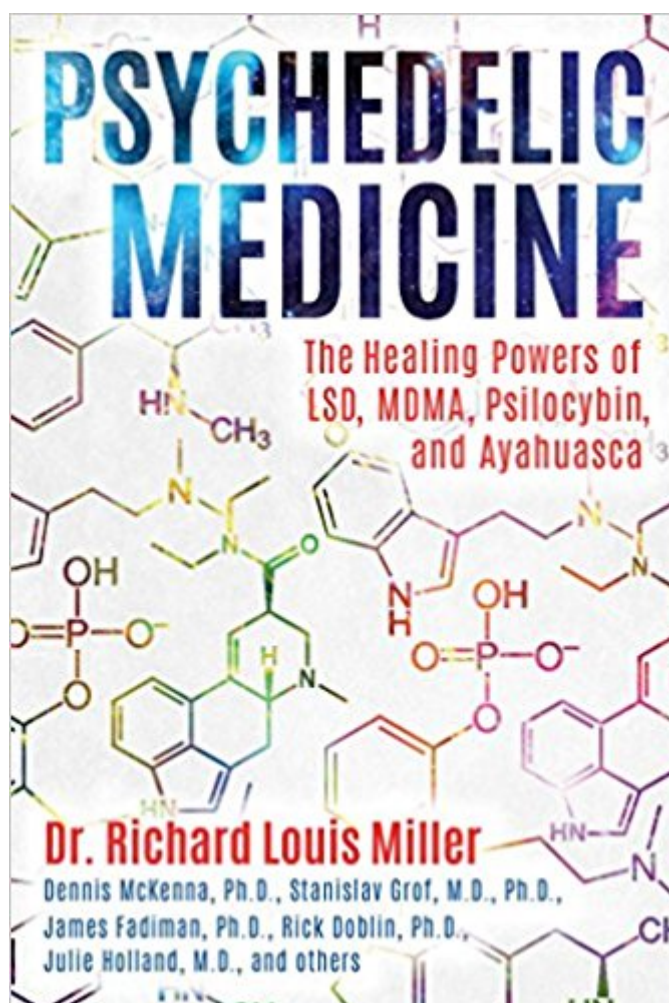


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# Psychedelic Medicine: The Healing Powers Of LSD, MDMA, Psilocybin, And Ayahuasca



## Synopsis

Explores the potential of psychedelics as medicine and the intersections of politics, science, and psychedelics

Explores the tumultuous history of psychedelic research, the efforts to restore psychedelic therapies, and the links between psychiatric drugs and mental illness

Offers non-technical summaries of the most recent, double-blind, placebo-controlled studies with MDMA, psilocybin, LSD, and ayahuasca

Includes the work of Rick Doblin, Stanislav Grof, James Fadiman, Julie Holland, Dennis McKenna, David Nichols, Charles Grob, Phil Wolfson, Michael and Annie Mithoefer, Roland Griffiths, Katherine MacLean, and Robert Whitaker

Embracing the revival of psychedelic research and the discovery of new therapeutic uses, clinical psychologist Dr. Richard Louis Miller discusses what is happening today in psychedelic medicine--and what will happen in the future--with top researchers and thinkers in this field, including Rick Doblin, Stanislav Grof, James Fadiman, Julie Holland, Dennis McKenna, David Nichols, Charles Grob, Phil Wolfson, Michael and Annie Mithoefer, Roland Griffiths, Katherine MacLean, and Robert Whitaker. Dr. Miller and his contributors cover the tumultuous history of early psychedelic research brought to a halt 50 years ago by the U.S. government as well as offering non-technical summaries of the most recent studies with MDMA, psilocybin, LSD, and ayahuasca. They explore the biochemistry of consciousness and the use of psychedelics for self-discovery and healing. They discuss the use of psilocybin for releasing fear in the terminally ill and the potential for MDMA-assisted psychotherapy in the treatment of PTSD. They examine Dr. Charles Grob's research on the indigenous use and therapeutic properties of ayahuasca and Dr. Gabor Mate's attempt to transport this plant medicine to a clinical setting with the help of Canada's Department of National Health. Dr. Miller and his contributors explore the ongoing efforts to restore psychedelic therapies to the health field, the growing threat of overmedication by the pharmaceutical industry, and the links between psychiatric drugs and mental illness. They also discuss the newly shifting political climate and the push for new research, offering hope for an end to the War on Drugs and a potential renaissance of research into psychedelic medicines around the world.

## Book Information

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## Customer Reviews

Dr. Richard Louis Miller, MA, PhD, has been a clinical psychologist for more than 50 years. He is host of the syndicated talk radio show, Mind Body Health & Politics. The founder of the nationally acclaimed Cokenders Alcohol and Drug Program, he has been a faculty member at the University of Michigan and Stanford University, an advisor on the President's Commission on Mental Health, a founding board member of the Gestalt Institute of San Francisco, and a member of the national board of directors for the Marijuana Policy Project. He lives in Fort Bragg and Wilbur Hot Springs, California.

Chapter 2 MDMA: Heart Medicine Substance: MDMA (3,4- methylenedioxy-methamphetamine), aka Molly, Ecstasy, [X](#), [XTC](#), ADAM Schedule: I (No recognized medical use and high potential for abuse) Rick Doblin, Ph.D.: Drawing a Map from [X](#) to Rx March 5, 2013 (with excerpts from August 18, 2015) Rick Doblin, Ph.D., is the founder and executive director of the Multidisciplinary Association for Psychedelic Studies (MAPS). He received his doctorate in public policy from Harvard's Kennedy School of Government, where he wrote his dissertation on the regulation of the medical uses of psychedelics and marijuana. His professional goal is to help develop legal contexts for the beneficial uses of psychedelics and marijuana, primarily as prescription medicines but also for personal growth for otherwise healthy people, and eventually to become a legally licensed psychedelic therapist. RLM: Now it's over 25 years from when you started MAPS. Tell us about the research that MAPS is sponsoring in these various psychedelic medicines. RD: The good news is that there is now more psychedelic research taking place around the world than at any time in the last 40 years. We're basically combining science, politics, and psychedelics. . . . Our resources are limited and we want to do work that will have the biggest appeal to the American public. Two Phases Down, One More to Approval RD: We started from what are called Phase I studies--working in a healthy population to evaluate what the drug does--to get a sense of the risk of MDMA, and to

get a sense of the potential patients. Phase II is where you can start working with patients, and Phase III are the large-scale, definitive studies. We're in the middle of the Phase II stage all over the world--working with patients. The first disorder we have chosen to work with is post-traumatic stress disorder (PTSD). People are very sympathetic to those who have been victimized and survived childhood sexual abuse, or adult rape and assault, or particularly now veterans and soldiers with PTSD from the wars in Iraq and Afghanistan or in Israel, from wars and terrorism all over the world. Our primary focus is MDMA, because it's a more gentle psychedelic than the rest. We've actually heard from a lot of people who had difficult psychedelic trips with LSD or psilocybin or mescaline during the '60s or '70s--during their youth--who have been unable to work through them, and when they smoke marijuana it brings it back. A fair number of people I know don't use marijuana because it brings back difficult psychedelic trips from the past--and we worked with some of these people and have found that MDMA can help them integrate these difficult psychedelic experiences from the past. I think MDMA will be the first drug to be integrated into our culture, and I think PTSD is likely to be the first clinical indication. We're seeing lots of support for this. That's why we're being invited to go to the Pentagon to present this proposal. Combining these two directions--both the politics of drug regulation and also psychotherapy--has led me to conclude that MDMA has an excellent chance of making it through the regulatory system.

**Maximizing Benefits and Minimizing Risks of MDMA-Assisted Therapy**

**RLM:** Is there a negative effect of frequent use of MDMA, and what is frequent use? **RD:** Every drug has its risks and MDMA is not this magical drug that has no risks. Our model is a male/female co-therapist team in a therapeutic setting. Secondly, it's roughly a 3 1/2-month treatment process. There are initially three weekly, non-drug, 90-minute sessions to build the therapeutic alliance with the therapist and the patients, to come to understand the history of the trauma and how the patient has reacted. Then there is an MDMA session, which starts at around 10 AM and goes to 6 PM--an eight-hour session. Then people spend the night in the treatment center. The MDMA sessions are followed by a non-drug therapy session the next day--then phone calls every day for a week, then weekly non-drug psychotherapy for a month. The MDMA sessions in our therapeutic setting are three to five weeks apart. In our first study, we did a series of very complicated and expensive neurocognitive studies, because the claim has been that MDMA will reduce serotonin if it's done too frequently or at too high doses, and then people will supposedly have cognitive deficiencies. We tested that and found no evidence at all. In our therapeutic setting, with pure MDMA, spaced out once a month--three times--there's no evidence that it's harmful. Now, if people were to do it every other day, I think that would be too frequent. They're looking for a heightened emotionality, deeper feelings of peace and love, and when you just

continue to do it too frequently you kind of get muted out in your emotions. You become much more washed out, and drained. RLM: On the other hand, Rick, I've had patients--couples--who have done it once a week, every single week for up to a year, and they report very beneficial effects. RD: Yeah. There is so much individual variability. Integrating the Experience RD: In terms of frequency, the key part is for me is whether the patient integrated what happened before. I think that's a healthy way to say, "Okay, I'm going to have this experience. It's for the experience itself, but it's also for what I bring back from it--what I've learned from it." And then once you've integrated it, then I think you're ready if you want to do it again. RLM: The key is bringing the information back over the line, into daily life? RD: Yeah, that's exactly right. These are tools to help enhance our non-drug life. This is a voyage that you take--like a vacation you take but you come back to your life--and then hopefully you feel refreshed and rejuvenated.

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