Healing Trauma and Mental Health: Integrative Medicine & the Power of Ketamine Therapy Transcript

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Introduction to Mental Health and Trauma

Why do we? Why does one person have depression and why everyone has anxiety? Well, that's very different from person to person and how the body responds to things that happen in their life is really where mental health gets treated.

And if we really look at the deeper form of that and understand it, in that integrative way, but also in the developmental effect that it has on the body, that's how disease manifests itself in the body and in mental health as a condition that manifests itself in the body due to things that happen to it.

And the brain is not a black box in any organ. It actually has mechanisms of action and the pathways, you know, chemical changes that. Do present is in this is PTSD present as OCD in those conditions.

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Hi. Welcome back to the Integrative Health Podcast. I'm your host, Doctor Jen. Today we're going to be talking to Doctor Aliya Ahmed. She currently lives in California and she does some interesting things.

She has a brick and mortar. She's co-founder and medical director of the Shaman's Healing Center in Sacramento, California. She opened that in 2021.

Doctor Aliya Ahmed's Background and Career Path

Before that, she was a pediatric hospitalist. And now she's practices integrative medicine. And she was former associate professor of pediatrics at UCSC and director of the Down Syndrome Clinic, an affiliate of the clinic Cleveland Clinic and Dubai.

Her medical career began as a biochemical engineer at the University of Texas, Austin, developing biocompatible biosensors for infusion pumps and modeling receptivity of a silicone receptors in the hippocampus of the brain.

There, she completed her medical degree and pediatric residency at the University of Texas Health Center Science, and then she worked at a hospital at an academic center in Texas.

She's known for mental health, a public speaker and blogger of the Art of healing. Doctor Emet is an immigrant and woman of color and remains curious as a learner and educator.

Her journey as a healer has focused on treating the most need for population. She's witnessed the effect of trauma, complexity, and social disparity, as has on illness.

So I'm so excited to dig in more and go over how you went from pediatrics to having Academy Center. So great story. So welcome, doctor. I'm glad to have you here.

Thank you. Yeah, it's a question I often get asked and happy to answer that. It might be a long story, but it definitely is an important question, I think, for all of us as we journey in health care and what our journey looks like, because sometimes we don't even know where it begins and and how we really end up doing the things that we do.

But I know this much about myself is that now, looking back, everything that I have done in my life has been brought to me, or I have sought it in a subconscious way and and everything I have done has aligned with where I am right now, including, you know, studying engineering, doing biomedical research and studying about the hippocampus, which again, as an engineer, I had very limited knowledge about the human by biology and did not know enough as what I know now.

And and working on the same neuron receptor system that I'm working on right now in the clinical way for patients who have depression, anxiety, trauma, pain, and working at that level where we're really working with patients.

And for in an integrative way as well, supporting their body health and mental health, their spiritual health, their emotional health, and really allowing for think in that heart brain math to kind of attuned to what our natural state is.

And using ketamine as a medicine, as an anesthetic drug, which has been evidence base to really affect treatment in the deep need conscious level. And doing this with therapy is where we really engage with the source of conditions such as depression, anxiety, and why they are there as symptoms and not really as a diagnosis as a label.

But more is a understanding of one reason why things happen. Why do we? Why does one person have depression and why everyone has anxiety? Well, that's very different from person to person and how the body responds to things that happen in their life is really where mental health gets treated.

But if we really look at the deeper core of that and understand it, in that integrative way, but also in them, developmental effect that it has on the body, that's how disease manifests itself in the body and in mental health.

Is is another condition that manifests itself in the body due to things that happen to it. And the brain is not a black box, you know, organ. It actually has mechanisms of action and pathways and, and neurochemical changes that do a present, as you know, and as PTSD or present as OCD or present in those conditions.

But really, there's a there's a cause and reason for how that starts. And doing this again with a medicine that allows for one to kind of engage at that conscious level can really, allow for that deep healing.

And this is what we witness every single day in our center. That's amazing. I would like to kind of I probably didn't answer your question of why I came from this to that, but maybe we'll get to that.

Yeah. Well, let's let's talk about first, like what you said about how anxiety, depression or symptoms, because that's what I say. And I preach because these are symptoms.

These are your your body. You know, God designed your body very intelligently. And their symptoms are we should like, look at them.

Trauma, ACEs, and Childhood Development

We shouldn't diagnose them. And that's what conventional medicine does, is they put all these symptoms and then they make it a diagnosis and anxiety and depression.

And like you were saying, you know, there's a root cause, maybe it's a child for a hood adverse event, you know, and we know these adverse childhood events or aces and Ace scores.

We know that they correlate with chronic diseases. And so yeah, I mean, and so that's why I think it's interesting and why I wanted to bring that up. Because you were in pediatrics for so long.

Yeah. So I still am. Yeah. Okay. So you're still you're still in pediatrics. And is that what you started noticing is these kids with trauma, they were developing diseases more.

Yeah. Well when the Aces study came out and when I attended the Academy of Pediatrics, the plenary speaker spoke about Aces in early 2010, and I was blown away with that talk.

I it it came it was already known. But to have it presented in that light that things that happen in utero as well, and things that happened in the early part of childhood, has an effect that leads to diabetes, hypertension, obesity and the like made so much sense because what happens to that developmental fetus?

Right to that, to that, and even to the child as it's growing and developing, has an effect on how the body responds to that injury that leads to something like the, you know, obesity.

The why is obesity rampant, more rampant in disparate conditions where there is, you know, extensive amount of trauma where families have it struggle and that developmental hit occurs and that child's only source of comfort becomes sometimes food, you know, when they don't feel safe, when their body again, doesn't know is is in a state of fight or flight.

It's storing energy in case it needs it for later. And the body's very intelligent, knows exactly what to do in that state. It's a normal reaction for the body to have in an abnormal event.

So for example, when when a child is in an unstable, unsafe situation, the body says, okay, in case you don't get food the next day, what are you going to do?

What are you going to keep? You're going to need to keep this. So you have a for later. And that's a normal response for an abnormal event. But what happens over time is that with that toxic level of exposure, which is what Aces is, toxic level exposure of adversity that happens in the first five years of life.

If that's a continuous toxic level exposure, that stress level state stays constant and the body then becomes conditioned to stay in that fight or flight or feign or fall and state response.

And thus obesity persists. That storage, that metabolic effect, that metabolic syndrome becomes in a conditioned response. And then that that abnormal response then becomes normal, which is where we work.

And so yes, I see this I've seen this so much in pediatrics. And now that I take care of adults, I see also that the effect of trauma that happens early in life and now seeing them adults talking about things that happen very, very early that persists into a condition we call anxiety.

And again, it's that same trauma response to something that happened early in life. And the body can never sleep. It can never rest because it's still conditioned to think that it is in an unsafe state.

And so that is, you know, the kind of the arc of now witnessing and working with patients from all ages and appreciating that we actually have a tool that can really allow for that reconditioning, I would say, of the nervous system.

Right. It's tuning the nervous system back to a place of heart brain attunement with a heart can feel and the brain can regulate it. That same emotional state, the brain can say, okay, you're okay, you're safe.

You had this thing that happened, but now your body can be attuned to that fight, that trauma response. So it's a resuscitation to that disassociate ated state that occurred very early.

Yeah. And we kind of do this to our selves to sometimes to say you're always watching the news, which is so negative and worst case scenario or you're watching scary movies.

Like, I remember growing up that I watched this one movie called The Candyman. Do you have you heard of that

one? And then I remember and I think I an older sister, so I think I watched it when I was too young.

So I remember being terrified at night and it's like if you condition yourself, I mean, there's one there's one thing that's positive about, like, you know, you're walking down a dark alley.

Well, your sympathetic system is going to kick on. You're going to be hyper alert. You're going to be more aware, you know, or someone in the military, you know, if they're going out and they're fighting, that's okay.

But we're stuck in that all the time because we're watching scary movies. We're watching the news. And and I even think in those situations where we let like scary things or we, you know, seek scary things or, you know, people that do haunted houses that that's actually opening up windows to spiritual like, badness.

And then that's like making it worse. But it's it's very interesting because if you are more aware of this, then you can step away from it a little bit easier and maybe not overload your nervous system with even more stimulation.

Yeah. And even like what notifications are there. So that is stimulating the brain in a negative way. Yeah, exactly. I mean, what you mentioned about scary movies, I will definitely say are we are we are, you know, the way we're living and the way what we expose ourselves to has an effect.

This I went to a movie and I was watching this horror I didn't know was going to be a horror movie, but it was. It was just. And I sat there thinking, why am I traumatizing?

I feel traumatized by what I'm witnessing. This is not normal. This is not what movies should be about. This is this is this is not even even possible.

And yet we're watching this horrible, horrible which is traumatic in real life. If we witnessed that, that would be traumatic. Why am I traumatizing myself?

I don't need to be here. And what are we watching? You know, what do we really, allowing and normalizing these things that are abnormal. And again, it comes to that, idea of exposure, right.

Some things that happen in life of course, happen and they shouldn't happen. But why do we? We do have ability to say we don't need to be exposed to this in our society, as it is right now, with all the things that, you know, exposed in early childhood as well.

I mean, you mentioned technology. That's that's again, a way of the it may not be a big trauma, but it's a little tighter when these things have an effect and have a cellular effect on the body.

So I love that you brought big tease and little tease up. Can you explain that a little bit more? And then maybe nerd out about the hippocampus and the amygdala neurotransmitters, because I think it's important to understand what is actually going on.

And then maybe you will make those changes now that you know, right. Well, big T and little T trauma, you know, when you get when you watch a movie. Well, I was traumatized by watching that.

And, you know, I think when it has a cellular effect, when it's something that, you know, that is real and it has an impact and makes that wound on you.

And big T trauma isn't necessarily the trauma that happens, is really the trauma of that event. But also what happens after that event and what doesn't happen.

Meaning if we have if a mother and a child, the child is separated from the mother and the child is in an unsafe place and doesn't know where the mom is, and they reunite, and the mom does not necessarily recognize that that child was in a fear state and says, oh, you're okay.

You'll find that tell still has had an impact of traumatic memory. It still felt that fear and that detachment in that sense of, you know, being an unsafe state.

And the fact that if it's not addressed and again, if it's to that of degree, then that becomes a traumatic event. And then there's again.

Big T vs Little T Trauma and Brain Responses

But if it is, say, even even if there's a traumatic event and the mother says, oh no, let's address this, let's recognizes that same traumatic event may not necessarily have that direct cellular impact because there's there is support, there's dopamine, there's oxytocin provided in that in the in the child's brain.

That gives a sense of resiliency through that traumatic event. And there's that there is a difference between why in, as you mentioned, about why is it that when we're in a traumatic state, what was the mechanism of action, that neurochemical action, which is again, that, you know, release of epi, norepinephrine and epinephrine, you have to get out of that state.

You fight it, right, or you fight it or you feign it or you fawn. Right. And all the different ways of responding to that trauma, which again releases the body releases and neurochemical signaling, say, get out of there, move your body and get out of there.

Or and so the, the, the and the cortisol release which activates that cascade effect of movement. Access to safety awareness, hypervigilance. And then it gets it gets addressed, gets healed.

Right. If it, if it has reaches to that point of safety and if there's an attachment in the dopamine and oxytocin comes in and there's that sense, okay, I'm, I'm safe now.

And when that doesn't happen, when that sense of safety becomes this constant threat, then there's no, no, there's no, you know, oxytocin, dopamine around that activity or that event.

And then that becomes again, a state of constant, release, which is the body stays in the high cortisol state. I hope I explain that well enough to, to an audience without being too medical.

Yeah. And that's the, the crazy part is that this is all happening up in the brain, and you're thinking it's anxiety or depression, but it's actually something deeper rooted.

And antidepressants and, you know, SSRI and anxiety meds, it's just going to help temporarily and cover it up. I mean, I don't know about you, doctor.

Remember, I have not I haven't seen patients on a bunch of psych meds that were doing well or cured or better. If that doesn't work, it's not getting to the root cause.

Yes, exactly. I, I see many, many patients in kids included who are on a cocktail of medication. And we know this from research, too. They start trials.

We know that by the time a patient has been on at least four different options of medications, the efficacy of that, that final fourth change is only going to be about 7%, meaning 93% of patients are not going to respond after the fourth change.

So, you know, the first round of medication may temporaries, but the cocktail itself, we're treating that symptom that causes, the other medication. And we're really just dating with different medications.

Sometimes it's the adverse effects, sometimes it's the side effect that we're treating. And yes, I wouldn't I also don't see patients respond after that.

They've been on these cocktails. And that's why ketamine as a medicine really works on a whole different operating system. It works on a whole bugaboo allergic system, which is, again, the system that I was researching as a as an engineer.

And it works directly in somatosensory in that hippocampal area, and, and in a large part of the cortical structures of the brain, which is again in, in terms of processing and again where trauma occurs, a trauma occurs in, in in there's an effect on the default mode system which also involves the memory part.

Right. Because your body has to remember, it has to remember this traumatic event. And it and it stays in that default mode system. So ketamine again allows for again that rebalancing of the default mode network and allows for again that access to the somatosensory.

To that I'm safe feeling that I'm okay. My nervous system feels more regulated, more balanced with my thoughts. I can witness an experience and say, I'm okay now, and I can process that experience in a much more healthy, supported, facilitated way.

So working in the E. R., we used ketamine for procedural sedation. And ketamine was actually one of the things we would use in pediatrics the most, but it would have this weird phenomenon where, where they would randomly vomit, you know, like one, it could be up to like, two days after anyway.

So what? When people think of ketamine, they probably also think of like a drug that people they abuse, right? They party with. And you know, so I, I guess can you explain what what is ketamine and why is it get a bad rap and you know, medically what else is it used for?

Right. Yes, I would I was a pediatric hospitalist with and very, very familiar with ketamine as a medicine that we used in pediatrics for short course procedures and even used in neonates, you know, so it's a very commonly used medication for that reason.

In a low dose sub anesthetic dosing, ketamine works as an end in ND antagonist. It works to help again reduce the vagal tone, the sympathetic vagal tone to be exact, and allow for more of that parasympathetic axis.

And it works mainly on again, the central nervous system. Is it as a cap on the allergic system increases glutamate activity, which again, this inhibits that fear state response that that comes conditioned.

What was your other question. Yeah. So what else are people you know I guess people abusing it. Yeah. What does that look like? Right. Yeah. Well, it is a medicine that is a dissociative anesthetic, as we know.

And, in a sub anesthetic dosing, what I say to patients is that it allows for you, one to access that deep meditative state. That deep meditative state is our dream state.

And in a supported setting, that dream state is what we do every day. We dream every single night, and we dream because it's a restorative state that we need to have in our brain.

Ketamine Therapy and Clinical Use

Our brain requires us to dream so that it can sort through, it can clear, it can reprocess, it can. And when we're constantly in that activated state, we're not going to have that kind of restorative state.

So ketamine allows for that access to a meditative state. Now, that meditative state is an altered state of consciousness for that brief period of time.

And yes, ketamine taken, facilitated unregulated on street as a street medicine can elicit a dissociative state that is unknown and right and and supported and yes, when taken as a drug of abuse can be addictive.

And that is why it should not be a medication that used in is a scheduled three DEA regulated medication that does

require facilitation and appropriate training.

It's a very nuanced process. You're working with people in a state where they need support, where they hold. Imagine if you if you and I have patients who have unable to sleep because they have nightmares from their trauma and their body is again, that nightmare is is there body's way of trying to reach or resort or process this traumatic event, but it's, facilitated.

And so that's where using medicine to help again, that access to that meditative state allows for them to process that visual that, that, that experience in a way the nervous system can relax into it, just like we do when we dream, when we have a good sleep and wake up sometimes with that.

You know, I had a good night's rest. My brain feels healthy. I feel more alert. I feel more regulated. I'm more present. I don't I'm not thinking about something that is taking me back.

The other thing that we see with ketamine is it helps break the negative self-talk, which happens when, again, in that same condition patterning, which is what leads to that, that high degree of suicidal ideation, suicidal thoughts.

So it really works quite robustly and quite quickly on suicidal, suicidality. So as a medicine, as an anesthetic, it's, it's probably more effective at treating severe depression with suicidal ideation, especially in the emergency room.

Right. Instead of waiting 4 to 6 weeks for an asset, right, SSRI to take its effect. And by the way, as a surprise, even in that treatment indication increases the risk of suicide already in that.

And so that, so using ketamine and I know I have a colleague who said UC San Diego, who is, doing research in and work on, for using ketamine as a medicine to help alleviate the mental health crisis that we're seeing, especially in adolescents and young adults, where they're coming in with suicidal thoughts, intent and plan.

And they aborted in the in the emergency room. There's no place to go. And they remain at that high risk. So using ketamine in that setting, you know, has been shown is shown to be quite effective, at least clearing that risk of suicidal suicidality.

Wouldn't that be really cool to do in the ER. And that takes up a lot of resources in the ER when you have someone with suicidal ideation and, and then they, they're inpatient and then they're still not getting better.

I mean I see it all the time. It's like, oh about 10% of what we deal with in the ER. Now. One thing like when we would we had this my attending doctor oh is who, what we call them.

He was great but he was like the king. He was a pediatric emergency room doctor and he was like the king of procedural sedation, conscious sedation. So when we would put a kid under for ketamine, because ketamine was always the agent of choice for kids.

So propofol is another medication that people might have heard of. I think Michael Jackson made that pretty popular, but that causes a lot of respiratory depression, meaning, you know, you're not breathing as well.

So ketamine doesn't come with that as much. Just sometimes kids will just salivate more. They'll dry mouth and salivate because you're working on that parasympathetic synthesis right? Yeah.

So we would always turn the lights down low. We would have the parents right by the kids. And really calm voices, you know, talk about, you know, if they're going on a vacation, we would like set the scene right.

When one kid, they were going on a trip. So he like, was at the beach and making sandcastles with his parents, you know, and and sometimes the kids say really silly things because they're in that disassociated state.

And then when they wake up, they have good, you know, they had a good dream. It's like that. The state. Yes, but it can also work the other way. If you're, you know, if we were using ketamine and the kid was very anxious going

into the sedation, they did not have as good of an experience.

So that worries me when maybe people are doing this like cowboy ish or, you know, they're trying to do it on their own and they're getting it off the street.

Plus, if you pair it with other drugs, then you're going to increase your risk of side effects. So I mean, how important is it to go to a specialist if you're even thinking about this?

In my view, it's critical in my view. We talk about this a lot with patients who are set and setting. What is your set? You set is your mindset. You know what it feels like for that person.

What does it feel like for them in that very moment? Whether that's coming in with anxiety, fear, you know, distress, joy, whatever that set is, it's it's that moment, that state of being right, that state at that very time, time frame.

And that is important for any type of treatment like this, where we're really working at that level and supporting that set with the setting, right, the setting of comfort, the setting of safety, the setting that they're, surrounded by, you know, support and guidance and facilitation and, yes, done in the wrong set and setting.

It can activate and elicit things that are could be dangerous and could be harmful. And so we do in our setting, we do a lot of preparation, we do a medical intake.

And we really go through kind of their medical health, their sleep health and nutritional how their functional health and really looking at their gut health and preparing the body as well.

Because in a chronic the anxious, depressed state, the body is going to be in an inflammatory state constantly and the gut is going to know that. And the gut communicates the organs are in constant communication with each other.

It's not an isolated system that the body works in. He's communicating, and, and so supporting that body, supporting the set of that body, you know, the incident inflammatory state, the nutritional health, the gut health is also just as important to him to that treatment.

And then comes the the therapeutic safety, right. Having that trust in who is going to be there, facilitating that session, the therapist or the doctor that they know what the medicine, can, may, may evoke and are able to facilitate and prepare even for patients for those kind of.

Possibilities of what could help or what could be harmful. And recognizing that in even before any medicine is given. So preparing for the set and setting and the patient's point of view is very, very important.

And the same thing happens. And I say in a, in a setting like a treatment center, the setting here also has to be one of safety, right? And the setting, even in the home has to be one of safety.

We can't you don't want to do these kind of treatments when there's an unsafe, unstable situation outside of the treatment as well. And so recognizing that and knowing that, you know, that can have an impact because on that written nervous system, that regulation and as a medicine, as you mentioned, the difference between propofol and ketamine.

Ketamine is quite a safe medication. And and because it's got this sympathetic effect, meaning increases the heart rate and blood pressure, but also relaxes the, you know, the nervous system and increases the parasympathetic tone, a sense of safety.

But it doesn't cause that respiratory depression, which is what we often see with other anesthetic medications. So it's safe in that way that we don't have to have airway support.

As you mentioned. But again, it's a matter of dosing in and again, doing the dosing in a very safe, nuanced way.

Everybody's different. And I say this at our center we work with one medicine ketamine.

And it has unique effects on each person. And that's it's very odd to say that because in medicine we get trained in saying that Lexapro, you know, 80% of patients who take Lexapro should get better, right?

Hopefully, if that ever happens. But there's that assumption that this medicine works the same on everyone. And if it doesn't work on you, well, you're just treatment resistant.

But there's everybody's body's different. So how can this medicine work the same for everyone in the same way? It doesn't.

Set, Setting, and Safe Treatment Preparation

And so I found that with any medicine, with any antibiotic, with any, you know, Tylenol, it's going to have an a different kind of effect on each person because the body responds to it in its own unique way.

And so ketamine is an example of that effect and how it brings not just the the vagal tone back into a more regulated condition. It again works the inflammatory level.

It decreases inflammation. It works at the, you know, and the we we see patients who have a healthier system, healthier gut system. We get a deeper response.

So there's that aspect of, of its efficacy as we, as we should expect for anybody. Right. If I have somebody who's who's hypertensive and they say, I'm going to give you this medicine, it's going to bring down your blood pressure.

Well, it may bring it down ten millimeters or maybe a 20 minute. It is it's going to be different because again, that person is going to be it's going to have a variable effect because of how healthy that vascular system is and how sensitive it might be even to medications.

And we know this too, that epigenetics has a strong factor in medical and medicine efficacy as well. I mean, what I carry in my genes, epigenetic leave from environmental and transgenerational trauma is one condition that gives me at high risk for having diabetes, because I come from a generation where starvation was a normal state, and now having access to food increases my risk for diabetes because my body doesn't know how to manage, you know, the additional dose loading it gets and insulin resistance becomes a a trauma response.

And because of that epigenetic factor, and we see this again in many other conditions that show up in the body because of that epigenetic, that goes further than just me goes to from things I've inherited and generationally.

And trauma is the same way. You know, some people I've seen, I've taken care of some patients who have had no trauma in their life, but still have PTSD from something or another that they have no explanation for until they learn about, oh, you know, and this has been even tested on, on, on mice, you know, given a noxious stimuli to the to the mice of a great, great my grandmother mouse given a noxious stimuli, the subsequent mice have the same response to that noxious stimuli that their great grandmother had, even though that that mice was not exposed to that non-existing life, as was the great grandma mouse was.

So why is that? Because, again, that traumatic response is stored and transferred into, the next generation. And, and I would say also that these epigenetic markers can turn off as well.

You know, there's ways to recondition the body. So and so when we heal one person, we heal their next their child even before they may be born, because we're reconditioning that epigenetic effect on the body.

And that's why I find that this work is so rewarding and transformational. I just had a patient, a very strong Christian faith, who has been practicing and a veteran and have been in the battle field and really came back with a lot of moral injury and alcoholism, you know, and then really found God, through his work and with the church.

And as basically somebody who survived and had to survive, but really didn't even know the deep wound he carried until doing treatment, where only after he became incapacitated.

But he was able to really connect to his spiritual self and his access to, his deep healing that now he filters through to his family. And he was sharing with me his writings, and his practice of morning pages and, just that dialog of love and compassion that he feels come from God's love.

And I thought, wow, not only is this patient emotionally and physically healing, they're spiritually healing as well. Thank you for that story. I'm glad you brought that up because that is it's a big topic among Christians and psychedelics.

You know, it says in the Bible and Peter, you know, be sober minded. The enemy is out there for attack and in the spot, you know, alcohol that could, you know, open you up to things.

But but also, like we were talking about movies, you know, the news. So but I think that that is where someone just they need to use discernment and pray about it and, and be honest with the person you're going to.

You know, I'm Christian and, you know, maybe I've tried everything and, you know, this came this came in, you know, you pray about it. And I think ketamine, it's studied, it's FDA approved.

To me, it would be mild. Then some of the select items and and other things out there. It's tough. And I remember thinking, so my son he's 12 now. He had a cut here.

It was very deep. And when kids are a certain age I'm not going to suture them because then they'll look like right, I mean, I would be associated I've done that the same as well.

I've done exactly Gunther. Like I could easily do this, but. Oh, well, come on, they're eight. So my child. Yeah, yeah. I mean, when he was older, I staple this head at home.

Right? He talks about it all the time. But anyway, you know, and he, he seemed fine from that. But it's always a fear, right. Like when you are going into a dissociative state, you know, are you going to be more susceptible to spiritual attacks, you know, and I just how I tell my cancer patients to pray over their, you know, their chemo going in, you know, I think in that way too, because, you know, a lot of my patients, they don't want to do that, you know, they they're like, oh, it's bad.

It's like, well, yes, it can. It's chemo is basically like poison. Right. But but it but what is it doing, you know to the cancer cells killing the cancer.

So let's let's pray. Oh what do you tell. You know, I guess of any faith, but but from me being a Christian and Christian background, this is something that I, it's hard, you know, it's hard for me and a lot of the new practices, you know, we say no.

So I mean, I guess ketamine, it's not New Age practice, it's more medical. So what do you say to those people that are thinking that it's not like you're doing ayahuasca or anything like that, like that is totally just out of control in my opinion.

Yeah, but but ketamine, like, it's kind of like a midpoint. Yeah. Well ketamine, I mean, be honest, it is considered a legal psychedelic, right. It is a medicine that does alter that state of consciousness for that brief period of time.

What it does do, is it increases your brain derived neurotrophic factor. It has, you know, increases the natural fertilizer that the growth the brain needs.

Right.

Epigenetics, Spiritual Healing, and Narrative Medicine

And for regeneration and regenerative processing and dendritic growth and making connections and healthier, the other thing ketamine does is it has a cascade effect of increasing production of other neurotransmitters.

So, by activating that metabolic system internally, even in the, in the neuronal cell, and that again, that cascade effect again increases other natural neurotransmitters in the brain, there are after even after the ketamine is out of the system.

So I also call ketamine an anti medication. It's a medicine that stays in the effect of that medicine stays in the body even after the medicine is cleared out of the body.

And this is very different than other medications. But I think what the the real answer to what you may be asking is, well, what else is healing? You know, when you're when you're praying, when that chemo patient is actually praying, what what is actually healing?

That prayer has a spiritual effect on the body. And it cells love that. They love to be loved by spiritual healing, by that connection, that awareness to something that is a practice.

That's a ritual, that brings that nervous system down to a safe state of being, an awareness that is healing. Like I said, dreaming is another state of, you know, psychedelic state.

I mean, if we look at the brainwave patterns of a dream state and some of the inner psychedelic, the brainwave is is very similar. There's, you know, the body's accessing that spiritual, experience in its own natural way, as it does when it dreams.

And these things. I also believe we don't need to only rely on psychedelics to really access this, connection to family, you know, being able to know what love feels like to have a good, strong, supported attachment is spiritually healing.

Prayer is spiritually healing, good sleep, good nutrition, and that psychedelic experiences also happen without medicine. You know, they can happen when you are fully present and you feel something that is greater than what you can describe or know.

And many people have described that near-death experiences are a spiritual state. And people have come back from near-death experiences with that spiritual knowing that, that you can't really describe, but you know, that there is something beyond this life.

And these are things that, you know, we talk about, in many, aspects of, philosophy and sciences. But I think to bring it back into the medical setting is important, because what I find in as a hospitalist is that we have divided the space of healing, and we medicalized it so much and we've taken away that spiritual component of what else comes in that's more, probably more healing than medicines are.

Because when a patient knows that somebody is holding their hand while they're in a coma, they know that they're connected, they're loved, and that is probably much more healing than in a lot of things we do in medicine.

And I often, you know, have said, why do we wait till Sundays at the end of life to call the chaplain or the minister? You know, this should be something we should be talking about.

As soon as, you know, somebody enters into a hospital, that place should be a space of healing. It should be a space of wellness. It should be like, wow, I feel better here than I do.

When I was, you know, but instead it's white walled in, you know, people being mechanical in some ways and very stressed and burned out. And Covid made that very, very obvious to us. How, you know, how the system kind of broke down.

And where we are today with health care, a lot of patients are coming to our center because there is no other place

or resource, and they've tried everything else.

And that really. Yeah, it's. Yeah, it like you said it like just white walls, sterile, very cold. Like, you know, some doctors don't even touch their patients, you know, it's we've lost true medicine.

But yeah, I, I love the explanation that you gave for that. And it's just this is a great modality. This is something different. This is something that we're looking at.

Not that you're going to be on ketamine forever, but we're actually going to heal what's going on. So I'm so glad that you came here to share this with us.

And I'm sure a lot of people were reading about this therapy and wanted answers. So how who can work with you, first of all, and how can they find you?

Well, I'm in California and I have a practice called it Charmaine's Healing Center. And it really is a multidisciplinary. We have trained therapists, nurses and doctors who work individually with each person specifically to what they're seeking.

And we take care a lot of the veterans as well. And, you know, how can they? I, I think this is a movement, I hope, and you're a part of that as well.

Your work represents that as well. You know, integrative practices are really about bringing in everything into a whole state, right? The whole health, the wholesome part of of healing, which is beyond the prescription pad.

So looking at ways of alternative ways, which I think to me, to me, the very traditional ways, I grew up in a in the, you know, where we bless the water as we drank it and and that felt good and we believed in.

So yeah, it's to you know, this is blessed water and I so to me this is a very east and west and bringing all of those components of, of healing into the healing space.

The other thing that I do practice is, is narrative medicine. And narrative medicine is something that I had to get trained in and did my master's in at Columbia, which is the art of healing.

The art of medicine is really about listening and being present with and using creative means other than the prescription pad, and then talking about poetry and art and bringing in those as treatments, tools that can be then used in in a place where somebody is able to describe their pain. Right.

I have patients with all kinds of pain, and I don't just ask them, oh, what's your pain scale? You know, I tell them, tell me more about your pain and what and how would you describe that if I had to do a feeling body map?

You know, describe to me that experience for you in your pain. And then it then it's drawn out and represented and so that the provider can say, oh my God, is this what it feels like?

I can't even imagine that. And this creative tools to really, you know, really create that relationship between the patient, the doctor and the healer and what heals. Right.

I call it third space in the, in between the the space between the doctor and, and the provider. There's that third space of what heals because both people are healing together.

The doctor is also healing themselves. Which is why I went into this work, because, you know, and it's it's a relationship of trust and of dignity and support.

And each person is unique. And what they bring to that healing space, and that is, is just as important as what the doctor brings in. Right? It's not just a one sided approach, definitely in the patient's hands, you know, and I often say that I will just let my patients talk and they will tell me they also you can pick up on things. So your patients are

very blessed to work with you.

And thank you so much for being here and sharing your heart and all your experience. Thank you, John, and I appreciate being here. And yes, I'm I'm still a pediatrician at heart and I love that.

I used to say that to my, my residents. I used to train. I was at UCSF, by the way, University of California, San Francisco, and I used to tell them, don't just don't say anything because the kids will tell you what they want.

You just have to kind of listen and watch and listen to the parents and just they they'll tell you the answer your inner healer is, is always knowing what to do.

And and I find that we can empower that even more in medicine with our jobs, that we have much easier. Oh, absolutely. I agree with that. Well, thank you so much, Doctor Kate. You thank you for tuning in to Doctor Talks.

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