Introduction and Guest Background

Ketamine as an agent in a lot of places will administer ketamine as an IV infusion. You go in, you get in, and you get the medicine and you leave. However, because you're really working at that deep state, that subconscious state, what arises, and especially with patients who have trauma or have deep-seated root issues that leads to the symptoms of depression or anxiety, say something that happened in childhood, something really challenging or something really traumatic or abuse or things that live in our in our history in our memory that really sometimes lives there without us fully being aware of it.

This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. Welcome to the Functional Edge podcast. I am your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine.

Today, we are honored to welcome Dr. Ahmed to our show. And in this episode, Dr. Ahmed will be sharing insights on mental health and ketamine therapy.

and offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine. So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness.

So again, today's guest, Dr. Aya Amat, is a physician, educator, researcher, and lifelong learner whose career has been dedicated to treating some of the most vulnerable populations.

Dr. Ahmad began her journey as a biochemical engineer before earning her medical degree and completing her pediatric residency at the University of Texas Health Science Center.

She went on to serve as clinical faculty at Baylor College of Medicine and associate professor of pediatrics at the University of California, San Francisco.

Her passion for whole-person care led her to complete advanced training in integrative psychiatry, ketamine-assisted therapy, and narrative medicine at Columbia University.

Today, she's the medical director and co-founder of Shaw Minds Healing Center in Sacramento, where she blends integrative, psychedelic, and narrative medicine to guide the healing for adults and adolescents.

Dr. Amand brings a unique perspective to mental health care, grounded in compassion, science, and a deep belief in the human connection. I'm honored to have her here today to discuss the powerful role of ketamine and the future of psychedelic medicine.

Welcome. That was such a beautiful intro. I was like impressed by myself. Like, wow, that's cool. That was beautifully presented. I really appreciate that.

Thank you. Thank you. Well, for those new to the concept of ketamine therapy, can you explain how ketamine works neurochemically, especially in contrast to traditional antidepressants?

And why can it create such rapid shifts in mood and perception? Well, that's a very involved question, and I'll do my best to answer it. Ketamine, I tell patients ketamine is an antidepressant.

It is an antidepressant. It is an anti-anxiety, anti-anzulitic medicine, and it's an anti-inflammatory agent. It is an anesthetic. Medicine is used commonly in emergency rooms and for short-term procedures.

And in low dose, less than, you know, sub-anesthetic dosing, less than anesthetic dosing that you would use in the hospital. It is psychedelic. And what does it mean for a medicine to be a psychedelic?

As a psychedelic, it acts on the central nervous system, on the GABAnergic system. So it's a whole different operating system than what you'd have for, say, serotonin system, which is SSRIs and SNRIs.

But it works on the GABA system, which is a glutaminergic system. And there are probably more receptors of GABAnergic system in the nervous system than there are serotonin.

So, it works pretty broadly on the brain and the nervous system, and I would say in certain parts where there are more denser collections of those receptors, the NMDA receptor particularly, it works as an antagonist.

It blocks that receptor. And it really increases the glutamate release, which acts on then the downstream, those other signaling pathways that enter the cell and increase or decrease in excitatory activity of those neurons.

And so it basically lowers the neuronal activity that's really hyperactive. in certain parts of the brain, which are really affected by trauma. So the hippocampal, the default mode network system of our body in our brain.

How Ketamine Works in the Brain

And by tuning down that default mode system, the network, it really opens up or allows access to the other parts of our brain, our cortical sensory processing activity.

This is a very similar activity that happens when you sleep. So when you sleep, you are actually turning down your default mode network and your brain then is able to really do a lot of sorting and processing.

And so you have dreams and you have sensory experiences and you think you're floating and those sort of things. It's that deep meditative state that you have access to in a sleep state, in a good sleep state.

So that's essentially what ketamine does. It really opens that window of the brain and really allows for you to enter the deep state of relaxation. And as you're doing that, as you're in that state, you're able to really visualize or process or really kind of think about things in a very supportive, very relaxed way.

I tell patients that ketamine is a sympathomatic agent. It actually does two things. It relaxes the nervous system, but it also activates the cardiac system with the, you know, the sympathetic response as well.

And so it's a metabolically involved process where your, really your brain, your heart pumps more. It actually increases blood flow through the brain.

So that's why the blood pressure rises, but it also relaxes the nervous system. So you're like, oh, so you're like thinking about things while you're Yeah.

And just to clarify that default mode pathway or that sort of default, what do you call that? Neuronal pathway. That's like your usual way of thinking.

These are like the stories we tell ourselves. I can't eat butter because I do this or I can't go down this street because there's danger down here. Yeah.

I call them really like fixed pathways that become very fixed because it's your functional brain. It's your awake brain that says, oh, I've got to do this.

I've got to do that. I've got to think about this. I want to do this. But it becomes very fixed and may become very rigid. So that becomes the only pathway sometimes when you're really focused or And for people who've had traumatic experience or are depressed or who are anxious, those pathways become such a rigid process that it's hard to break through, right?

So by tuning it down, you're able to really access the other parts of you. The other aspect of how ketamine works intracellularly is that it has an upregulation of AMBER receptors.

which allow release of other synaptic proteins inside the cell. And that synaptic signaling pathway increases what we call BDNF. And BDNF is a brain-derived neurotropic factor, which allows, again, for the neuronal growth or neurotopic or dendritic growth in neurons itself.

So it's like the fertilizer, I'd say, of the brain or the… So you're kind of like adding fertilizer to your brain by doing this treatment. BDNF is a natural neurohormone, right?

It's made in the body. And made in the body when your body is relaxed, when your body is sleeping well, when your body has good nutrition, when you do deep meditation.

So it's a very natural hormone that is there to, again, to enhance and regenerate and support that. There's also activation of mTOR, which again increases signaling and production of other neural hormones, like other neurotransmitters.

So there's that cascade effect as well that happens when ketamine is administered. I also call ketamine an anti-medication. It is a medicine that works on the nervous system even after it's cleared the body, right?

Because of this cascade effect. Because it actually, you know, activates this system synaptic signaling and your growth and regeneration and secondary production of other neurotransmitters which become depleted, say, in depression or anxiety or even anxiety.

That's great. What ketamine does is it has metabolites. And this is where that secondary antidepressant effect occurs. So you asked about how does this actually work rapidly?

Well, it has a rapid response when it works in most patients. And the secondary response happens with the metabolites, which is the hydroxynolketamine.

which has that antidepressant effect. So even after ketamine clears the body, the metabolites of ketamine still remain and, you know, last anywhere from 7 to 10 to 14 days.

And that allows for that, again, keeps that antidepressant effect ongoing. Yeah, that's awesome. You offer ketamine assisted psychotherapy rather than just like ketamine in isolation.

What is it about the therapeutic container, like the presence of a trained guide or therapist that deepens that healing process? Oh, that's a beautiful question and a very important one.

Ketamine as an agent, and a lot of places will administer ketamine as an IV infusion. You go in, you get in, and you get the medicine and you leave. However, because you're really working at that deep state, that subconscious state, what arises, and especially with patients who have trauma or have deep-seated root issues that leads to the symptoms of depression or anxiety, say something that happened in childhood, something really challenging or something really traumatic or abuse or things that live in our history, in our memory that really sometimes lives there without us fully being aware of it.

And we know that something's there and it's there and it lives in our experience of our daily life, but we don't really make that direct connection to it.

And that's really what we get access to in a deep meditative state. And with that, you never know what can come up in a situation with patients when they've had really dark experiences.

So the involvement of having a trained facilitator or therapist or a doctor who is trained in supporting the experience of that session is vital to the treatment.

to really help process. And the therapeutic container, as you described, is truly an important container to have because not only does somebody need to have preparation in therapy to really understand their intentions of what they're seeking, in treating the root cause of their depression or trauma that's showing up in their life now.

Say things that happened 20 years ago and it's now showing up in their life now in some form or fashion. Having that preparation with trained providers is also a part of that process.

So you kind of develop that connection in relationship with a therapist or guide. or doctor who can kind of guide you in that preparation for the sessions.

And then when one person starts beginning their treatment, having somebody there in the room, because these experiences can, you know, you're sometimes having somebody's presence there, somebody's hand to hold, or somebody to observe that you're going to be okay.

Just having that presence is really a powerful one. And then after their experience, the therapy around that can be really, again, opening up to that processing of that experience, which gives the patient some homework or some ideas of what to do and how to take this out, how to take the key points out into practice into their daily life.

So it involves kind of both the preparation, both the actual experience and even the aftercare of an experience like this, which is where we see the real change in transformation in treatment.

Therapeutic Container and Guided Sessions

Yeah. So many people still equate ketamine with either its anesthetic or even recreational use. What are some of your most persistent myths or misunderstandings that you've encountered in your clinical work?

Yeah, I would say even for me as a physician who had used ketamine as an anesthetic agent for short-term procedures. I mean, in hospitals, I often used ketamine in, you know, in my suturing patients.

Or even for short procedures, seeing kids kind of talk a little bit about what they were seeing. We used to call it a hallucinatory dissociative anesthetic.

since it's become kind of unaware of their body, you know, was talking and suturing them. They're talking to you and you're suturing them and they have no idea what you're doing and they don't even care, you know?

No. Yeah. It is quite magical. It is. And so that's one aspect. And so you and they're calm. Yes. They're very thoughtful and they're very insightful and they'll be talking.

Yeah. So yes, that was kind of my own experience. And then when I actually had to study the science of psychedelics, I was profoundly moved by just knowing that, oh my God, this is what's actually happening.

There is actually this release, there's actually this really powerful kind of access to that state of who's who people are, they get connected to their true self and they really feel calm in that state.

And also they're having what we call hallucinations. Well, those hallucinations now in treatment, when patients are treated, we actually give them you know, eye mask, music, and they have kind of hallucinations in their thoughts, in their minds, but those hallucinations are really experiences, you know, that they've had, or their understanding, or their, you know, just how you dream, when you have a very vivid dream, essentially that's a hallucination.

So that perception, just that shift in understanding that as a perception, really was profound, and we use this aspect in therapy. So that's one way, as a recreational drug, ketamine is on the streets, unfortunately.

And as a medicine that is a dissociative, meaning people don't, with high doses, or really high level doses, people have no recall. You don't require any oxygen with the anesthetic.

It doesn't require any airway support. People, it's like having a, you know, and just getting them you know, drunk and not having that recall of an experience can be really why it's on as a recreational medicine or drug.

And yes, that is the conception or misconception of ketamine as a recreational drug. And for the same reason

though, when it's done in a facilitated way, Ketamine is a true, I would say, medicine to treat, again, that depression that's really been resistant, right?

Yes. It's not been, hasn't, you know, depression, you know, it's not, the resistant part is, I always question, you know, what does treatment-resistant depression really mean?

Because that's the indications for ketamine, right? It's a treatment-resistant, it's used, treatment-resistant conditions, especially depression. And my question is, why is it, what's resistant?

Who is resistant? Is it the patient or is it the medicine? You know, because we give a lot of medication in psychiatry. We start with the SSRIs, we start with the NSS&Rs, we have a list of nanotechnology antipsychotics, and then we go to, oh my God, it's not working.

It's not working on this patient, and this patient is treatment resistant. It's not the patient's fault. No, no. It's really the medication that's not working.

Right. The medication's not working for their biochemistry for whatever reason. Yeah. Yeah, exactly. And we know from some of the STAR-D trials, if you're familiar with that, that by the time a patient has had first line, second line, third line, the treatment response diminishes.

By the time you're treatment, 60% of patients are not going to respond. And it becomes even more resistant each time you make that switch. So by the time you're at your third line treatment, only about 7% of patients are going to respond to a third switch of antidepressant.

That means 93% of patients are not going to be achieving remission. So it's important to understand the neurochemistry in depression or treating any kind of condition and where it's acting on.

Yeah. You've been trained in MDMA assisted therapy as well. How does the internal experience and the therapeutic mechanism of MDMA differ from that of ketamine, and what unique healing opportunities does each offer?

Well, each of the psychedelics have a unique, I would say, signature effect. MDMA, psilocybin, LSD, the neurochemistry is different. And MDMA, say, in particularly, works as a psychedelic in a very different way.

It really works on the dopamine pathways. And also, it has a difference in release of oxytocin and serotonin. It works on different operating systems than, say, the NMDA receptor system or the GABA-nergic system of Kev.

Psilocybin works on the serotonin system, but on the 5H2 receptor sites, which are quite more prominent in the brain, versus the And there's several types of serotonin receptor systems in the body, and the 5-H2 receptors are really where psilocybin acts.

So yes, each of these psychedelic medicines do work on different parts of the nervous system and have their own signature effect.

Myths, Misconceptions, and Treatment Resistance

the difference between that is MDMA. Again, by increasing serotonin and oxytocin really creates that sense of like connection and love. And while somebody is taking the medicine, they actually feel a lot more aware to their emotions, to the sense of self, to the connection with others, that sense of empathy, that sense of So MDMA can often be used for treatments where people need to have some processing, especially in communication with somebody else, like working through situations.

So as a medicine, it kind of works in that level, where people can have deep, hard conversations on a couple's work. I was going to say, was it not originally like a couple's therapy kind of medicine?

Yeah, yeah, it is. And it has been used. I mean, ketamine as well, but MPMA, I would say, would probably be a better choice if it was legal to use for that very purpose or for family therapy, working through things where we let go of our ego.

Our ego just kind of diminishes and we have these conversations that really, you know, allows for that empathetic connection. We often hear ketamine described as a disruptor of entrenched thought patterns.

In your experience, how does this disruption help patients with chronic depression, PTSD, or anxiety find a sense of renewal or hope? Yeah. Well, another very complex question, which I'll attempt to answer.

You know, as a disruptor, and we spoke about the default mode, you know, and often when we're depressed, we have, again, that ruminating thought, that negative self-talk that tends to kind of linger or just become that fixed pathway of like, I can't do this.

I don't deserve this. I don't need this. It doesn't work for me. It doesn't work for living. You know, those pathways become such a prominent process that it becomes the only way when patients have chronic, you know, that chronic process they're happening in the brain.

So, you know, and ketamine comes in and you give it in and it just clears that default system. And we see that often when patients say, wow, I just, something's lifted.

I can, my brain feels like alive and clear. I don't have those thoughts anymore. Where do they go? Even those, you know, so for suicidality, for instance, ketamine is indicated for suicidal ideation as well.

And it works really quickly. When it does, it works very quickly and kind of clears and it really just working on that negative self, which is again, the frontal cortex, right?

The executive brain. is the part of the brain that says, put the brakes on this. You don't need to do this. And it's a developmental effect too, right?

When you're an adolescent and that's the only thing you're hearing is stop, don't do this. Because it's that braking system. So again, it just clears that, opens up, blocks that kind of pathway of thinking and clears that process.

And as a medicine for suicidal ideation, this can be really powerful. As a pediatric hospitalist, I'm having to admit children, adolescents coming in who are really, you know, therefore, because, you know, they can't break from that thought pattern.

And the next step is suicide attempt. And we were in the emergency rooms having to manage or find beds for these adolescents in the hospital, using ketamine as a drug to help break through that, you know, without that risk of increasing suicide ideation like you have with SSRIs.

Ketamine to really clear that suicide ideation so they don't necessarily have to be admitted, they can go home and then still continue treatment but without that risk of…

Right. Which is huge because before ketamine we really didn't have anything for somebody who was actively suicidal. You know, these traditional antidepressants takes weeks to kind of take a hold, so it's nice to have something that's immediate.

As ketamine is FDA approved for treatment-resistant depression with SI or suicidal ideation, at our center we use IV ketamine. which, again, is not FDA approved for, you know, the same condition.

It's the same drug. And it's only because esketamine is a pharmaceutical medication, Spravato, that was, you know… Because it was tested for this big pharma came up with it.

So yes, that's great. That's right. So with advances in neuroimaging and neuroplasticity research, how do you think

brain science is helping to validate and destigmatize psychedelic medicine?

Oh, wow, beautiful question. Again, the way I see brain science really emerging is really from really seeing the brain for what it is, for the systems that it supports and how it works.

understanding the neuroscience of thinking or thought or even behaviors. Really seeing that in our centers, we've just started brain mapping using quantified EEG to really visualize the activity in terms of brain waves.

in people and seeing that, and once one of these can see what a depressed brain looks like and what it visually looks like by looking at the brain wave patterns, it really validates patients.

They see, oh my God, it's not just in my head, it actually is something that's actually happening. Yeah, it's physical. It's physical. There's no explanation for it.

There is actually a place where that's happening in my brain.

MDMA, Psychedelics, and Different Mechanisms

And then by doing, say, transmechetic stimulation or other treatment modalities where you actually can work on those specific areas, you're actually then recharging or renewing that dysfunction that happens with, again, for whatever neurochemical or physiological reason, you can actually treat that.

So yes, I do see the science of psychedelics and science of psychiatry really becoming more about intervention, you know, interventional psychiatry. You're looking at the brain in neurochemically and also emotionally.

You can really work with patients, understand their story, understanding who they are, understand the context of where they live and how they live. And by understanding all aspects of somebody's condition, right, not just their symptoms, you're really supporting the true self and emergence of that in a very holistic way, as well as, you know, scientific way and objective ways you can really get to a good place in treatment.

And a lot of our patients are really learning through this treatment program that we have, where we do the integrative medicine, where we look at how they sleep, how they eat, what resources they have in their life, and then do ketamine treatments to help, again, allow for that break from those fixed ways of being and that traumatic trauma response to their body and the anti-inflammatory, antidepressant effect.

And then, you know, having a way of visually looking at that and then ketamine and TMS are really complementary and add on that durability of response.

But again, going back to the patient, you know, where they now feel more motivated after treatment to do, to have that change. When people are depressed, when they're sad or they feel stuck, And when they feel stuck, it's energetically very dense.

That inertia is really hard to really come through. And so by giving something that helps alleviate that and increases dopamine, increases motivation.

is that the energetic level in their body, they feel more alive, they feel more motivated for change. And then incorporating that into their treatment really moves them through the mountain that they wouldn't have had to.

They would have to, it would be harder for them to climb if they hadn't had something to help lift them. So integration is often described as like the second half of the psychedelic experience.

How do you guide your patients through this phase to help translate insight into meaningful, lasting change? Yeah, integration, integration, integration.

I suggest that. On intake, when I see a patient, I'm learning really about who they are when they come in. What

brings them in? What are the things that they're struggling with right now in their life?

What was it like for them when they were a child? How are they living in their life now? And what are the struggles that they're experiencing? And how is that affecting their health?

How is that showing up in their body? I think that's an important component to first begin with, right? Because you get a good grasp and foundation of what elements of resources this patient may have, what are the barriers that are preventing them from really engaging in change, and what is their imagined outcome?

You know, if I can ask a patient, what do you imagine for yourself after this, if you go through this process, what do you imagine? How do you see yourself?

What do you imagine for yourself? Because we're now building into what we call manifestation. And when somebody can imagine that, it's almost like they really are seeing it as reality.

Breaking Negative Thought Loops

And then they're able to kind of really manifest it for themselves, for what they imagine specifically for themselves. And so this kind of begins with that, you know, in that intake, you know, we kind of get an idea of where they are, you know, what kind of things they have surrounding them, what type of resources they have, and then really eliciting that sense of self and then that sense of where they want to be.

That then gives us the secondary part of, okay, now when they start treatments, we have those key points there to say, okay, how do you integrate what you just learned about this, you know, in your experience, you know, where you're able to see something with a different lens?

How do you bring that to your life? It becomes a homework exercise. If you just had an experience where you're able to really forgive your abuser with that compassion and you see something that tells you you have a broader view of something and you see it in a different way, you can then look at it and say, okay, this thing, this traumatic thing really happened to me.

It really happened to me. But now I can let that go. I can let it go and I can really see myself and I can see that even that, there's some wisdom in that experience.

And this is now when I take that and move through that with that lens of empowerment because you can move through to the next phase of where you want to be.

And so that's kind of how we bring integration into, first kind of individualize it. We know that it's the specific story elements of what is really the cause or where somebody is.

And then bringing that into and bringing those key insights into the practice of living. That's wonderful. That's really wonderful. So, you practice in California where there's more openness towards integrative and psychedelic therapies.

Even so, what challenges do you encounter in helping patients and the broader medical community embrace ketamine-assisted therapy as a legitimate mental health treatment?

That's the bigger challenge, I would say, among my peers. I, even from my own experience, I would never have thought that I would be doing this because I was very, I grew up in the eighties where drugs, you know, insanely drugs, war on drugs, LSD, you know, you have a stigma on drugs, that frying in your brain.

Yeah. And so for me. It really came from my own personal experience with something like this. And I think only then was I able to have an awakening to something that I saw was so powerful.

So my own personal experience really allowed me to really feel that this is something important. I actually had to go

through and learn the sciences behind this to really convince myself this is real.

So there is a science. And so I would tell my colleagues there is medical science to this. This is not just voodoo medicine. This is something there. There is physiological explanations to how this works.

And the data speaks for itself. You know, there's many research now and plenty of data on the efficacy of psychedelics. MDMA was just, you know, third phase, it got approved and then for whatever reason, you know, after going through years and years of research and demonstrated effects of MDMA in really eradicating PTSD, right, as a condition.

wasn't able to get to the final stages, but there's evidence even there.

Integration and Lasting Change

There's evidence with psilocybin, there's evidence with LSD. So I would say go to the science, really convince yourself of this. You can tell patients.

The word psychedelic for me was a very triggering term because I often thought psychedelic and psychosis were But psychedelic really means the mind manifesting, really the mind opening, the mind awareness.

And it is a medical term and also there's so many things that in medicine we don't know about. We don't bring in aspects of spirituality or aspects of science there.

With spirituality there's science with breath and meditation. These are the older sciences. These are the indigenous sciences. These are the sciences that we have long forgotten that we should bring into our health care.

Why not ask about persons with practice in that world or their spiritual awareness because that is a healing power. I've seen that. I've seen it happen.

And I often tell patients, when you feel love, your body feels it too inside. You've got to feel it, your cells feel it. When you're happy and you're joyful, you know where you feel that.

You know, bringing it down to the somatic, right? We think our feelings are all above in our head, but they must be in our body too. When you eat something healthy, You know your gut feels it.

Your gut feels better. It feels good. It says thank you. When you're doing something like dancing in a flow state, you feel good. You're in that out state.

You're in that flow state. There's a physiological explanation for why that occurs. And that is, you know, a very regenerative, as I said, to where BDNF increases and, you know, all these things happen.

You know, I've had patients who've had cancer and gone through kind of treatments that really invite the all-out genetic sciences into their treatment, and they had a deep response and a deep healing.

effect, reduced side effects, reduced alternative medications to the effects. We know that stress, when somebody's stressed and you're in a stressed state and you give them the infection, they're going to be worse off.

They're going to have a prolonged course of illness. They're going to get secondary infections or have other things because their immune system is not the same way.

Cortisol in the brain does affect cellular health. So yes, how do you reduce cortisol naturally? What should someone ask themselves or a potential provider before beginning ketamine-assisted therapy?

Like, what does a safe and effective treatment setting look like to you? Yeah, very important question. And this is something, again, on intake I often ask about because if somebody is in a situation where they don't have

resources, having that connection with somebody else or family or that support, That's a very important component when people are going through this kind of change.

Who are you? Where do you live? Are you living in a toxic environment where you cannot? Because these kind of treatments open up that space of vulnerability.

So having space around that, your set and setting. We talk a lot about set and setting and what is your set like right now? What is your setting like at home right now?

So these are important questions to consider when you're thinking about doing treatments like this because you do want to be in a good place or in a safe space and also have a safe support even during your treatment in a setting that supports that, where somebody's trained.

Safety, Setting, and Patient Readiness

They know the science, they're facilitated, and they're trained in supporting patients who are going to be having kind of experiences that may take them into these vulnerable places.

So that sort of training is vital. I would say don't go to a center that just is going to be very casual about this type of treatment, because it's not.

And if you want a quick fix, or you want to just try this out, It may or may not work for you, it may work, but when you really, really want to do this in the best way, really think about it and be prepared and have preparation.

Don't just start without really preparing your body. I've noticed that there tend to be like kind of two types of centers. There's the ones that are run like an infusion center.

you know, like an IV drip bar that are usually put on by anesthesiologists, you know, because they're just, they're very sterile, right? And then there's the ones that are more like a therapist's office where there's a lot more attention put to that set and the setting.

And I personally think you're going to get a better outcome from that type of setting, you know, where you have more attention to that sort of detail.

Yes, yes. Our center is very much like that and it's purposefully designed to be that way. We could be easily called the infusion center because we do infusions every day and it's a great procedure.

We have procedural processes. We follow the same, you know, guidelines, OSHA guidelines around our practice, but it doesn't look like it. We have things hidden away.

We have a biohazard. We have gloves, we have everything, but it still gives that feel where they feel like they can have a natural conversation without feeling like they're object or their number or they're a patient who just coming in for a procedure.

It's very much about who they are as a human being. Yeah. So for someone who's tried everything else, like therapy, medications, hospitalization, but they're still struggling with depression or trauma, what would you want them to know about the potential of ketamine therapy?

I would say there's always hope, you know, that that is something I see a lot of. I see a lot of people who feel like they're the problem, they're the disease, they're a label.

No, you're not a label, you're not a disease, you have had You've had difficult experiences, you've had challenging experiences, your body is responding to you in that way.

But there's hope and there is other ways of treating in medicine that is a conventionally trained doctor and now

trained in alternative treatments like this.

I find that bringing both aspects of that is very important still. And really understanding your medical health, your body health, is just as important as your mental health.

So it's not just in your head, it's also in your body. And your body also needs to get that nourishment, that support in your treatment. And recognizing that you'll be carried through that.

There'll be a witness, there'll be a guide, you're not gonna be alone in this. And I think a lot of people feel like when they go to the doctor, It's all on them and they get a prescription and now they have to figure it out.

Having somebody who's facilitated can be there and witness you and say, you know, just like you do when somebody's, you know, in the ICU, you're going to hold their patient's hand and say, it's going to be okay.

And that can be so healing. Yeah, absolutely. Absolutely. Well, finally, last question. Looking ahead, what excites you most about the next wave of psychedelic research and treatment options, whether it's MDMA, psilocybin, or even digital therapeutics?

Oh, wow. Yeah, I'm very excited. I think as we advance into and open up our minds and even in conventional treatments in medicine, I think when we can really expand on this as a broader society, I'm very excited about that.

Hope for Patients and the Future of Psychedelic Medicine

I think that awareness is really happening. There is a secondary kind of second wave of recognizing psychedelics as a form of treatment. We're years away, though, from getting approval and getting, you know, we do have to compete with pharmaceutical companies.

That is the reality. It is a big, you know, barrier for us in alternative treatments because it is a very strong, you know, community of, you know, pharmaceutical drugs are really pushed on a lot of people, a lot of patients.

No one asks those questions about, is it really truly efficacious? And so I think there's still lots to be learned there. I find that just awareness and advocacy, and that's why I like to speak out about these sort of treatments, your own people's own stories and journey.

I think that has a lot of power as well. And in my podcast, that's kind of really why I feel like that's an important component to sharing to the community at large.

And I think once people have that awareness, there is a lot of power in that story. I'm excited about the system of change. I imagine someday, I think, as people find barriers in healthcare and the systems of healthcare with insurance, with the challenges there, people should have options.

They should have options for And I know that in some states, there's laws to help enhance that other alternative treatments that patients can have, especially for people with chronic conditions, bringing in that digital component to care, looking at biometric.

I'm all about advancing and incorporating the advanced technologies into integrative medicine into holistic care. And I think just having that awareness and openness to it will take time, but definitely is happening as we speak.

That's awesome. Well, thank you so much for being on our podcast today. It was really educational and super fun and enlightening. So thank you. Thank you.

And if anybody wants to know more, they can look us up on our website. I'm in Sacramento, California at www.shaminds.com. And on our website, we have a lot of resources.

So even if you don't live in California, you just want to learn more about this. We have lots of resources on our

website that you can look up. podcast who we have a lot of resources where we engage in the community of medicine and expand on what we know as scientists, as engineers, as doctors, and people learning more about what they want and seeking for it.

That's awesome. Do you offer telehealth as well? Yes, I do. That's great. Okay, that's perfect. Well, thanks again. Thank you for tuning into Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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