Welcome to Hotness, the podcast that brings you practical tools to balance your hormones and rekindle connection, confidence, and desire in midlife and beyond.

I'm your host, Dr. Liz Lister. Hotiness is a safe space for honest conversations about menopause, sex, identity, love, loss, reinvention, and desire, because you can embrace your hotness at every age.

Welcome to Hotness, the podcast that brings your hormones, confidence, and desire back online. My conversation today is with Dr. Alia Ahmad, who is just a beautiful soul and healer.

She is a medical doctor who was a pediatric hospitalist and saw the medical system really failing kids and families. And so she pursued training in what is called narrative medicine.

I had not really heard of that as a formal training program. So we talk about that. We talk her work with psychedelics to assist people with mental health.

And she just has so much wisdom and so knowledge. I asked her very detailed questions about different psychedelics and pros and cons of each. Ketamine is the only one that's legal at the moment, but others are in study centers.

So she has a lot to say about that. Very, very interesting. And we really just enjoyed our conversation. I hope that you too will enjoy my very, interesting conversation with Dr.

Alia Ahmad. Welcome, Dr. Aliyah Ahmad to Hotness. Thank you. It's lovely to have you here. There we go. All right. Wonderful. Actually, I was going to start us off by asking you to share a little bit.

I believe your story has in common with mine of leaving conventional medicine for tell me what your story is how did you what prompted you was it a patient or an experience or it was my own experience really kind of the coalescence of all the experiences i've been built up for 20 30 years now in practice of medicine kind COVID, just doing my own work, got some time to really think about a few things.

The session and first time ever applying medicine, I had never done any kind of substances. And it was really an opening to a lot of awareness, a self-awareness, is a a of self acutization about who am I, where am and all the things that I have kind have done throughout my life, including going from engineering to medical school to becoming a pediatrician, hospitalist, academic medicine, global health.

Then I studied narrative medicine. And then I came back to the United States after 10 years overseas, worked at UCSF as a hospital and really saw a lot of things that I was really surprised to see after ten years being away in medicine and then my own story, my trauma.

What surprised you? What did you see? And that, I want to hear your own What surprised me was how things have changed. The degree of disparity had increased.

More mental illness in young adults and young children, eight-year-olds on four or five medications. I had never seen that before, even when I was working here in Texas.

So after coming back, I thought, what happened to America? Just the amount of despair, amount trouble, the systems failing, patients. The ER was full.

We had 200 patients waiting for beds. It was like a war zone. I felt like I was in a third world country. So, yeah, it was really hard to work in the hospital and teaching residents and students and seeing how much the impact of what we were doing was having on them.

And I luckily had started a master's degree in neurodermatology at Columbia, and really was able to, for me, the

element of storytelling, element creativity, kind of bringing things whole, teaching residents on wellness, how to stay, you know, compassionate, to keep that compassion and drive that we go to medical school in.

Right. We start that way. Yeah, we do start it that and it slowly erodes. Yes. Say a little bit more about narrative medicine. I saw that phrase when I was reading about you and looking at your podcast.

What does that entail? How long is the training? I want to hear your definition of it, but also how does one pursue that? That sounds really interesting.

Well, it's the several formats for it. I did a master's at Columbia in narrative medicine, so it was additional training. And what it involves is basically using creative methodologies in not only in the practice of medicine in, the teaching of, you know, conditions, but also in a physician's way of working with patients to really understand what is the context of the illness look like using Creative Art forms to engage with that deeper understanding of illness.

And then the other part of it is it can be used as a research tool to really dig in and apply some of the skills of narrative medicine, such as storytelling, art, music, dance, in healing practices.

Wow, that's incredible. Do you do all those modalities with patients? I do. I've been able to bring it all together at my center after doing a journey in plant medicine and my eyes kind of was like, wow, you know, I can really bring this all-together, put this at our center, do ketamine-assisted treatments, therapy, psychedelic medicine, using ketamines as a legal psychedelics.

to treat treatment-resistant depression, but to really be able to engage with patients on a one-to-one level, on the humanistic level. Understanding who they are as a person, not just their condition, the context of their story and their conditions and how that interplays with who and they can get better.

Ketamine, psychedelics, narrative medicine, and integrative medicine as well, kind of combining all of that together to help people heal their mind, body, soul, literally.

That is absolutely fascinating. Do you see people entirely in person or can you work with people remotely? 100% in-person. 100%. We do remote, but most of the ketamine, all ketamines treatments are done in personally.

They come in for treatments. they have a course of treatment to six to eight sessions when they're first starting treatments, so it is all in personal therapies provided with their treatments as well.

And then we really bring in, again, treating their body health as functional health, their lifestyle, really incorporating that. Once people feel less depressed, less traumatized, and less anxious, they're able to really then say, oh, now what?

Can you tell me now how I can try to work better on my sleep? And they'll come with that, otherwise it's hard to, I know in medicine, if we give them a prescription, it doesn't work.

You know, somebody comes to you for sleep, you know and you give him a That's just a band-aid. The real issue is what's causing it and how do we work at that level.

Yeah, that's incredible. We hear a lot about ketamine these days, I hear about it. I believe people can get these types of treatments 100% remotely, and I don't know how much supervision they're getting.

Tell us a little bit more about that. And I always share just my minimal exposure to ketamine when I was in my residency was when we needed just a quick short acting not really an amnestic, but just an anesthetic sort of.

We used it, for example, we delivered a baby and the placenta wasn't coming out and we were going to have to do a manual extraction of the Placenta. So just a brief bit of ketamine.

Like that's literally my own exposure. And we we're told to be super careful because it would give nightmares.

Can you just please set us straight and set me straight on ketamines?

How is it given? I just would love to hear I'm sure lots of people are curious about these kinds of details. It's a little bit shrouded in mystery, which is probably not a good thing.

Well, I am a pediatric hospitalist by training and I had used ketamine also for short procedures in the ER and the procedural setting as well. And yes, we were always giving it knowing that it's anesthetic that causes hallucinations.

So in the sub-anesthetic range dosing in much, much lower than we would use in a hospital or in procedures, ketamine has a psychedelic effect. It's a dissociative anesthetics, essentially, it allows one to really disconnect from their mind, their body, and their thoughts.

to go into a deep kind of meditative state in that sub anesthetic level. And it's a very relaxed kind experience that patients have while they're receiving ketamine.

You've probably seen what happens in hospital when you're doing procedures when people have those nightmares of visualizations, those hallucinations, they're probably having a little bit of a psychedelic effect because they are coming down off that, you know, the high peak of that dosing.

They're coming, reemerging back. And so probably are seeing things or visualizing things like you would do when you're dreaming. So imagine that is essentially what we achieve.

We get the patient to like a dream state in a very relaxed setting. Now, I'm very cautious. do remote ketamine treatments. It's all done on site. Very facilitated, very supportive.

We really try to create an atmosphere of safety, you know, relaxed, special music and lighting and really hand-holding if patients need that and sitting with patients while they're receiving the medicine.

and in that sub anesthetic range. And we're actually even setting this at our center. We're looking at brain maps using QEG while patients are receiving ketamine to really see what is it that changes and what exactly is happening in the brain and we know just even preliminary is that there's a different, the default mode network, which is what our usual state of awareness is when we're awake, really just disengages for a little bit or gets a bit disruptive, shaken up and quietened down.

Whatever you want to call that, that default kind of system either just relaxes or And what you're able to really, what happens is the connectivity in the other parts of the brain kind of open up.

So imagine like an unfiltered kind-of brain processing. And in that state, there is a lot of reflection. Like I said, it's a meditative experience. It can feel very much like a mystical experience, It could feel like patients describe seeing things in their mind's eye, essentially.

past memories and having insights and just really feeling that sense of connection to themselves, to the people that they support or that that love and empathy kind of emerges.

So it's just kind a disengaging from the usual to really access that state of calm. Yeah, disengaging from those thoughts that kind of can grip us sometimes.

Yes. It seems like a terrible idea to do it without that, kind, of supervision. Is that what you do? Yes, that's what I believe. Yeah. Because your set and setting makes a big difference.

So if you're not in your own good mindset, you are set, activated, irritated, can be a catalyst to that. You can activate even that state. And so if the setting is not appropriate, if you've got devices around you, activation, you know, very stimulating, I mean, it can actually elicit more of that safety, feeling safe.

So that setting, setting it's very important. And I'm not the only one who speaks about this. A lot of scientists and therapists and doctors are really speaking to the importance of setting any psychedelic treatment.

Yes, I'm glad you said that because I wanted to ask you about others. So ketamine is the only one that's technically legal at the moment, correct? That's what I understood you to say.

Now there are many others out there. Are you constrained from using other psychedelics, being a physician and having a license? It's kind of too bad, isn't it?

I mean, there's people out who are not licensed healthcare professionals who were using MDMA and psilocybin and In clinical trials, there are centers that are studying this and major academic centers.

Under clinical research processes, it is being applied. And soon enough, we will be having kind of a repertoire of other psychedelics to be available for treatment, and that is en route.

There was a FDA meeting just recently, probably about last week, and speakers from all over the country and internationally speaking to the importance of recognizing psychedelics as a treatment for different conditions, pain, palliative medicine.

We can talk about treatment-resistant depression, of course, in anxiety and trauma and PTSD. And we see the benefits of that in all the different psychedelics, of course, in the right set and setting.

Yeah, absolutely. I mean, there's no question that people, for example, mentioning PTSD, you know, everybody with any kind of PTSD is aware that that's not a cognitive problem.

This is not something you can really think or talk your way through with only those modalities. I think this type of facilitation is really critical. It has to be something different that goes below that verbal layer.

Yeah. That seems to me, but this is your… Yeah, you're describing really that verbal layer is that default mode network. And when that Default Mode Network just kind of relaxes, then of course we get that experience of awe, that experiences of love, or we got the experience or compassion or connectedness or openness and sometimes allowing one to really reflect on some of the past traumas that they have may have, you know, activated by that experience as well.

Yeah. Absolutely. My audience is primarily women in midlife. I have people of all ages. And I really, I talk a lot about this, how midlife is sort of an incredible shift in life, right?

A lot of hormonal shifts, et cetera. But it's really a change over, you know, when I compare to how I felt in my 20s, very externally oriented, other people's approval.

So what do you think about midlife as an especially good time to try out some type of modality like this. I think at this point we've accumulated traumas.

Yes. Just normal life. In fact, our largest cohort of patients are women in their mid-life. So that's exactly when we start seeing things that were suppressed because we had to remain functional or become a mother or kind of manage them home in our work.

And so when those those things start to change when we start the transition in our body as well as in out lifestyle. Then suddenly what we notice in a lot of our patients is those thing that were really not processed or talked about, especially in certain generations, Gen X generation particularly, we see that those start filter out.

And then suddenly women are like saying, well, I was fine until recently. I mean, and then all those think start come back. Yeah. In quotation marks, coping.

Coping, yeah. Managing. Yeah, my own story is very much that story. And so it's not uncommon. Actually, it is

probably more common than not that that is when things start to show up.

Even in men, as I would say, is not just, you know, happening in women. It is really happening and men as well. We see that. I'm always amazed when men come in and they say I really want to work on myself.

just do it. Women are always kind of talking about, what else, but when a man seems to come in, I'm like, wow, that's really interesting how that is coming in.

And again, probably because there is the interplay between what's happening at home as well. and how our lives are changing, how society is changing how we're kind of being governed by so many things that are not ours.

And so coming back to ourselves, coming to our true self really means carries that meaning because we've had that experience of what our True Self may have been without all the distractions that we live with right now.

That is so great. I didn't even know that that is I love hearing that. That makes perfect sense. Totally resonates with me personally as well. How about younger people?

You know, they're struggling to develop their identities. And I'm thinking teenage and 20s. It's pretty widely aware. You mentioned an incredible scene I can't imagine.

I can picture it. Yeah, the highest risk. I mean, adolescents and young adults are really at that highest. Risk of suicidality right now, and it's surpassed accidental injury.

So more children, more young, adults aren't really dying from suicide attempts. than ever. And so when I first came back in 2017 to in the ER and having to really manage young adults in hospital waiting for placement, we were really challenged by, you know, the degree of their condition and the risk of suicidality that existed.

So yes, this is a treatment modality I think should be first line. I really do think that ketamine should be first-line treatment for acute suicidality in the young populations, particularly, because why wait for something to become resistant when this is much more effective?

So in comparison, we treat treatment-resistant depression with ketamine. That's the indication right now. So you have to fail two or four drugs and do therapy.

And there's certain criteria that every insurance company has. But to me, it doesn't make sense because we're operating on a whole different modality and we are already putting people at risk by delaying treatment, waiting for it to become resistant.

So when we have it acutely, this should be really first line in my view. Wow, that's incredible. That works perfectly. It works very quickly. When it works, it just really, within one treatment, you can stabilize that risk.

You can reduce that, the risk of suicide attempt or suicidality. And it's interesting why that happens. because especially in the young adult and the younger adult brain, because that connectivity to that self, you know, negative thought, call it, it's much more prevalent in that critical window, a period of time.

So if we can really disengage from that, negative mindset and that negative thinking negative self-referential thinking which is a connectivity issue.

I think in the young adult we were able to kind of even reverse that way of thinking so that with therapy and with further treatment they're able really you know even.

bloom from that way. And that critical phase and that development effect doesn't necessarily happen. They don't get that effect that they would have if they didn't got treated.

Because it's a form of developmental trauma, if you really want to think about suicidality in that age group. So by

preventing that progression of that that patterning, we're able to really, wow, you know, treat that.

And so that would never have to happen again. That's just a theory. But in my view, it works. It's much more effective. it's robust. You can stabilize.

Why wait four to six weeks on SSRI? And the risk of suicidality increases. On those meds, right. Those same med, which, doesn't help. Yeah, that's incredible.

Yeah and I think that age group is really aware to you. You've talked about negative self-referential thoughts and i think, that being given a pill and it kind of reinforces that from my own experience.

My boys are in their 20s. I got them through their adolescence. We're not, you know, they're still growing and changing and learning and developing but I think that adolescents in particular have their very sensitive, very a sensitive authenticity meters, or we could also call it bullshit meters.

So when they're just being told here, just take this pill. I mean, nobody likes that at any age, but I can, I've never thought about that, But I absolutely see that it's so difficult.

It's almost like people are giving up on trying to actually help them be able to make a shift in their thinking. I think what, in my view, now that I have kind of stepped out of the conventional way of treating patients, although I still do prescribe and still a lot of that, the mindset is very different.

Instead of saying, oh, you have ADHD, let's give you Adderall or Stimulant, hey, Let's see where did this really start? Is this ADHD? A form of developmental trauma?

Distraction? Boredom? Poor sleep? When we do brain mapping, you can actually see what is the patterning of activity look like for somebody who's got ADHD.

What does a patterning of activity look like for somebody who's anxious? And so using other forms of treatment, we do neurofeedback as well. And we find that neuro feedback, you're really looking at their waveforms.

While they're doing neuro-feed back, they are able to really self-regulate, train their brain by playing brain games, essentially. I mean, our phones are a form of neurofeedback, a negative form on neuro-feed back, essentially, because we're training ourselves to think a certain way at a sort of speed and switch and this, you know, distractibility, that compulsion, and that dopamine fix that we get temporarily that doesn't ever, we never satisfy.

And so now, having to thing about what other ways that can reclaim that relaxed way, that sense of bringing focus back in. And it doesn't have to be with a medication.

It can be just with attention and therapy, again, and looking at the source of that distractibility or whatever you want to call that. Looking at ways of improving sleep.

Again, natural ways, you know, a lot of times I see, well, If it has to do with PTSD, well, ketamine can be used as a tool as well as as tool to to therapy so that they can really process that deep-rooted trauma that exists that's activating and we're just seeing the surface symptoms that we call depression and anxiety.

That's just a symptom. It's not really a condition. The labelitis, people get labelitus. They feel that they've accomplished something by having a diagnosis.

But also, by the same token, a lot of the women that I see, they know they're not depressed. encouraged to take an antidepressant, and they know that that's not the right solution.

What about a woman who is, of course, a man as well, but since I'm going to ask about women, I am really resonating with this conversation. what about woman is afraid?

She's concerned, she's worried about, kind of referring to myself, being out of control. Well, what do you say when you are, someone's inquiring about this?

Well, that sense of safety is very important, and losing that control of what you're holding or keeping together at best that you can is important. And so that's a trust thing.

So really building on trust, I think. I would call myself the same. You know, had never tried any kind of substances until I tried my first psychedelic.

How young were you when you tried for the first time? Oh, I was already. I mean, this was just five, six years ago in 2020. So it really allows one to lose a sense of control for a temporary period of time, but it has to be done in a safe environment.

Yeah, beautiful. And ketamine is, because it's a short acting, as you know, Because it is a dissociative anesthetic that works, metabolizes very, very quickly compared to the other psychedelics, that treatment duration is much more manageable, say, than psilocybin or MDMA would be because of, again, the half-life of any of these substances.

So that time period, knowing what that would look like, being prepared, for a treatment like this, you just can't go in and start ketamine. You have to actually understand it, understand oneself, have some therapy preparation before you start, ask all those questions, learn as much as you can about these former treatments.

And again, when we do our treatments, we always dose it so that it's the right dose for that experience, whether it is an early, like a psycholytic dosing, just to get to me.

We call it the handshake dose. Just get familiar with what this feels like. And then titrate as we go up based on response. What is the half-life of ketamine?

The time that it takes for half of the amount to leave your system. So probably about 45 minutes to an hour. Okay, so really short? Yeah, it's very short.

Versus MDMA, psilocybin, those are? Probably would be, you know, four to six hours, I would say, for a half-life. So it leaves your system after several days, in fact, with some substances.

Ibogaine is probably the longest. Then there's LSD, which is also a long half life. I say this and I said this to patients as well that ketamine is a molecule, it's a single molecule and it is going to interact with you uniquely.

It's not like every medication is worth the same for everyone and that's with any medication. You are unique and this is gonna interact you with uniquely and so even to say that you know 80% of patients get ketamines will have remission or be able to achieve can't be fully really extrapolated.

It has to be really tailored to that patient and processed to their patients. So some people metabolize for even longer because it has a large volume of distribution, it's lipophilic, so it depends also on your own metabolism.

Lipophillic so I can store in the fat tissues? Yeah. Now when we do treatments, we have IV administrations as well. It's quicker, quicker. Yeah, more control.

And although there's many ways to administer ketamine, Spravato is a nasal form of ketamines. That's the FDA approved version of Ketamine that is available for treatment under insurance plans.

Wow, that's amazing. More questions I'm sure that I will think of after we're done chatting, but I want to just take a pause for one second and ask if people, if anyone listening, a person listening wants to learn more or wants get in touch with you or work with, what's the best way for her to do that?

Yeah. Well, on our website, we are in Sacramento, California, and we treat patients from all over, really. We treat

veteran patients. And we take insurance as well.

You can check out our web site, www.shamynds.com. and on there there's an inquiry form and you can complete that. We're happy to answer questions. I really take those calls seriously.

You know, one should be prepared to ask and have the opportunity to know what this is all about before committing to any kind of therapy like this. we have lots of resources on our website and one of the reasons why we do our podcast is really to educate and advocate and so that patients have knowledge in all forms.

So yeah, www.shawminds, S-H-A-M-Y-N-D-S dot com. I love that. Is it evoking shaman? Is that what we're looking for? I'll definitely link that in the show notes as well as to your podcast, which I'm looking forward to our conversation.

Two curious MDs. That is wonderful, I'm looking forward to that as well. Thank you. I want to wrap us up with a question that I ask each of my guests.

Sure. And that is what is something that you personally do to connect with your own hotness? Oh wow. my own hotness. Wow. I like to dance. Yeah, yeah, dance and really.

So I liked Indian dancing, Indian classical dancing. And so when I'm, you know, really at a point of like breakaway, dancing is my way of really connecting to myself, to the passion, and to sound and music, the thoughts and the intellect and to really just allow me to kind of fully express my body in a beautiful artistic way.

Yes. Oh, I relate to that a hundred percent. Thank you. My dad was from South America, so it's a different style of dancing, but I feel exactly the same way, that's so great.

Yeah. Thank you for sharing your expertise. Very helpful, very eye-opening. I think a lot of people will really be interested to learn from a doctor about these methods.

People are talking more about it, and I'm delighted to hear how effective this is and that more modalities are coming. because that's just going to help more and more people.

So thank you very, very much. We accomplished a lot in this short conversation. Thank you. Absolutely. As a gift for listening, go to drlizmd.com forward slash hotness for your free midlife guide filled with powerful support for you mind, body and soul because you can embrace your hotnes at every age.