The Radical Idea Changing Mental Health Treatment Transcript

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Introduction and Book Promotion

The difference between an ayahuasca ceremony in South America and an Ibogaine ceremony, the ayahua experience tends to be about six hours, maybe eight hours.

The Ibogan experience, it's usually more like 72 hours It's critical to vet the place that you're going to go in the same way that would vet someone for open heart surgery.

Hey everybody, we'll get right back to the podcast, but I do have some very, very exciting news I wanna share with you. And that is that my new book, Brain Defenders, that we've been talking about on the Podcast is now available for purchase.

It is going to be published in August of 2026, But it is available now. If you wanna learn more about Brain defenders, go to their website. That is oddly enough, braindefenders.com.

This is really empowering information as relates to charting your own brain's destiny. Now let's get right back to the podcast. Well, hello, everyone.

I'm Dr. David Perlmutter. Welcome again to the Empower Neurologist. We've got a very important program today. we're going to be taking a thoughtful and science-grounded look at one of the most promising frontiers that we are seeing in modern mental health care, and that is the use of what is called psychedelic assisted therapy.

My guest is Will van der Veer, MD, a psychiatrist, psychotherapist, A long-time leader in integrative and trauma-informed mental health care, Dr. Vanderveer has practiced integrator psychiatry in Boulder, Colorado since back in 2002. And he focuses a lot on the treatment of PTSD, other forms of trauma, and really achieving a level of deep psychological healing.

He has served as a study physician and psychotherapist on multiple MAP-sponsored clinical trials, including using MDMA in these trials using what's called MD-MA-assisted psychotherapy.

in the treatment of PTSD. In that role, he has worked directly with study participants, providing preparation, MDMA psychotherapy sessions and integration.

And we're gonna talk about what these steps mean and why they're so fundamentally important. These in fact are essential steps that turn insight into lasting healing.

Dr. Vanderveer is also certified by the American Board of Integrative and Holistic Medicine. He's trained through the MAPS MDMA therapy training program and has also experienced in ketamine assisted psychotherapy.

And we're certainly going to be talking about that today, as well as psychedelic integration.

Why Psychedelic Therapy Matters Now

Beyond his Western clinical training, he has spent years participating in indigenous shamanic medicine ceremonies abroad and has facilitated integration work for retreat participants alongside Dr.

Gabor Mate. What makes this conversation so important is not just the medicines themselves, but what they reveal about the mind, what the reveal, about trauma and healing, especially for people who've not found relief through conventional psychiatric approaches alone, like psychotherapy and like utilizing standard medications.

Dr. Vanderveer also teaches psychiatric providers and trainees how to help patients heal without relying completely

or solely on medications. At a time when mental health challenges are rising and effective solutions are limited, this is an important conversation and it really invites us to rethink what healing can look like.

So I'm very excited to get to our podcast today with Dr Vandevere. Let's jump right in. Dr. Vandevere, welcome to our program. Wonderful to be here. This is really important information.

Uh, I think that for the past few decades, we've really perceived the ability of psychedelic therapy through the wrong lens. How we got there. I guess we could have another podcast to talk about that.

But so you write this book, psychedelics therapy. Why, why now? Why is this so important that we embrace this information now. Well, we have a global mental health crisis, and things just get worse and worse every year.

We've got the hockey stick curve of mental illness globally. It's a runaway train. And we need better tools. The conventional tools work for some people, which is great when they work.

I've prescribed medicine and practiced psychiatry for 25 years. But the people who get a home run benefit from conventional treatments are in the minority.

So we got a big problem. And so it's time to pull out the stops and really go for looking for better answers for people. Well, I think you make it very clear in the book that you're getting, uh, results that.

Gotten before you never anticipated. It is really, very empowering for you to have access to this very powerful tool. Why so much pushback over the years?

Well, you know, we have a big cultural stigma. We have the war on drugs. It dates back to Richard Nixon's Controlled Substance Act of 1970 that virtually shut down research on psychedelic therapies.

Uh, it was a very fertile and vibrant field in the 1960s before the kibosh came down. So, uh, deeply misunderstand as a culture, what the opportunity is here and also what opportunity.

I mean, you know, to many people, perhaps my generation, this whole notion is, Woodstock listening to Jimi Hendrix. And I think it really caused us to bypass looking at, which was being done prior to early 1970s in a very aggressive way with some very, the early research was really quite compelling.

So where do we stand now in terms of legality in this practice? And again, I'll tell you what, before we get there, what is it that you're doing just so that our viewers can get a good understanding?

Right, well, I started out kind of minding my own business in medical school and trying to be a good student and learning the things. I know where it's going, but go ahead.

You can see where this goes. Yeah, yeah. And I was watching you having a conversation with Mark Hyman the other day, and you were talking about how discouraged you felt with the kind-of diagnosis and audios situation with neurology.

MDMA, Psilocybin, and Legal Status

You know, it's not too different in psychiatry where the tools of the trade are just so woefully inadequate that you feel terrible as a physician because you don't get the results that expected to get from the training and the board certification and so on.

So at a certain point, I'm trying to condense this and make it succinct. I got invited to play a role in MDMA assisted therapy clinical research. And I was the study physician and one of the MDM therapists on a phase two study that led to the breakthrough designation and on into phase three.

By the time we were done with this phase 2 study, where by the way, about two thirds of folks with very severe

PTSD no longer met criteria anymore at the primary endpoint.

and still were not meeting criteria at the one-year follow-up. And so by the time we were done with that study, I was about to join the phase three team, but I saw something much bigger that I needed to tackle, which was training for therapists and doctors who wanted to get involved in this work.

So I went on to train a few thousand people in that work over the past several years while the phase three study was unfolding. So where we are today is we're waiting.

We have completed one of the psilocybin phase 3 studies. The MDMA phase-3 study is complete. FDA initially denied approval last summer. in 2024, I guess that's not last summer at this date, it's the summer before now.

But there is a data real analysis underway from what I understand and there's some preliminary whispers that there might be a limited rollout for MDMA therapy without undergoing yet another phase three study.

So that's where we are with MDMA and psilocybin. And of course, ketamine-assisted therapy is widely available on DEA schedule three. So for the time being, psillocybing and MDM are still on schedule one.

I live in Colorado where, we just passed psiliocyban therapy as a thing you can do with an add-on certificate to your medical license. It's pretty exciting here, but still very limited in terms of access.

When you add on to your medical ticket, what does that take? What do you have to complete in order to be able to do that? Well, you go through a training like the one that we provide under Colorado rules.

Or you can take an Oregon training because Oregon also has a psilocybin measure. and get your Oregon license and then you can come to Colorado and say I already have a license in Oregon.

So those are the two pathways. This kind of segues to the broader discussion of this isn't just taking a pill like one might take an antidepressant and hope for the best.

It's a very integrated approach with the therapist. Not only to direct the therapy towards benefit, but also to be cognizant of potential downsides and be able to anticipate them.

Let's talk about that. Let us talk how critical it is that this isn't just taking this particular medicine as it were, but how fundamentally important it was to have that trained individual working with the patient.

Well, this is the danger with psychedelic medicine that will repeat our mistakes from the past and go into this reductionistic mindset that the healing is about the chemical rather than the healings about transformation and the work involved in that.

This is a whole podcast today, by the way. What you just said is absolute whole podcasts. And we're trained, when I say we, I mean, Western culture, we as members of Western Culture are trained to believe that there is a pill that will fix our ales.

It's an incredible fraud that's been perpetrated on us that we are either lacking function of a chemical or the chemical itself. And if we can only take it, everything's going to be rosy.

This is definitely a paradigm shift back to what shamanic individuals have used in the ayahuasca world for an awful long time before, you know, selegiline came along or other drugs.

So I'd like to spend some more time on that. Right. Well, there's a bit of my own personal journey involved in maybe the answer to that I was very deeply involved in a meditation community, a Buddhist community in the early 2000s.

It's been about 10 years, very deep in that world, doing all kinds of retreats, solitary retreat, silent retreat. And I

found that meditation really helped me with my relationship with myself, but it actually didn't do a whole lot of healing for me in relationship to others.

And then I had a friend in that community invite me to an ayahuasca ceremony. This was 15, no, more than 15 years ago. And I came home from that ceremony and my wife said, you're different.

What's changed? It turned out that the ceremony was happening on the eve of Mother's Day and the shaman was praying to the mother and all the mothers and earth mother.

Personal Journey Into Ayahuasca and Healing

I just broke down, I was cracked open. And I must have been about 40 years old at that point. And it was a little humbling to say, well, I still have stuff with my mother.

OK. But this is an opportunity to heal. So I followed that thread and went deep into that world. I was traveling to South America and Central America, and found a teacher.

This was the second time that I thought I would escape from psychiatry. The first time is another story. And this is a good big enough story for us. Believe me.

Okay. Yeah. So, so I just, um, I received a tremendous amount of healing in that world over about 10 years of my life. And, uh, and I was doing this in secret and kind of quietly.

I, was afraid that, you know, the medical board would find out, or what were you doing in a secret? going to South America to participate in ceremonies.

So I was engaging a way of healing myself that was not available to my patients. And after a while, it started to feel a little bit weird. Why am I doing something, availing myself to something that I'm afraid to even talk about with my patience?

And then I got involved in this MDMA research study and I saw the power of the one-on-one Which is very different from the ceremonial group work traditional shamanic healing is usually done in a group where you're on your own with your psychedelic experience.

And I saw that with cases of extreme trauma, which is what we saw in our study. And what was done in the phase three study as well the one on one work is critical, because you need someone who's there for you when these deep disturbing often somatic memories come up.

Muscle through it or or stay with it by yourself or you're listening to Jimi Hendrix said, you know It's not canned heat You might have some trouble right and and you Know taking some acid at a concert might sound like a great idea at the beginning but then when you start to have Trauma that you don't even know is inside of you.

Start to arrive. It can be a terrible catastrophe and a traumatic event actually. So I guess what I'm trying to say is that it became obvious to me that the deeper work, the shamanic type of healing, that soul level work of feeling trauma was something that I needed to be a bridge to support the people in North America to gain access to.

So that was a big part of my journey and doing that healing work to have the courage to stick my neck out and start a training and do what I've been doing the past several years.

Thank you for sharing that because I you know you never know where these interviews are going to go and I think we transcend it to a much more personal and deeper level.

You're aware, it's obvious these days that Younger people are going out of the country and participating in various types of medication-induced interactions with people who claim to have had some kind of training.

I mean, they're facilitators. You're seeing that, right? That people go to Mexico, wherever it may be, and they have a facilitator who says, take this and we'll walk you through it.

Does that concern you? Absolutely. Absolutely, I've treated a number of patients who came back from South America, very traumatized. It's very risky, to trust someone with that level of vulnerability.

And I would only recommend doing that if you have a very solid personal recommendation from someone that you know and trust who's personally had experiences with that shaman or that facilitator set and setting.

Uh, are you more concerned, for example, about, uh, the, increasing popularity of I will gain adventures or experiences. Well, I have a gain in particular has this cardiac toxicity that we have to be very, very careful about.

And, you know, the, The recent work with Navy SEALs in Mexico that was published out of Stanford. university, combined magnesium with ibogaine and cardiac monitoring throughout the dosing experience.

And I think there are ways to mitigate risk, but those kinds of heavy medical supervision environments are also expensive. And so I think we have to think when we think through mitigating risk we also have think about access and expense right and who who can undergo that journey in a.

in a way that's safe for them and who needs additional support. And we could say the same thing of any procedure in medicine, right? Who needs extra monitoring for a particular surgery?

who need to undergo general, who can do it in an outpatient surgical center, for example. Yeah, and above all, do no harm. The other thing I'd like to explore is what is the preparation that your patients undergo prior to their psychedelic experience?

Right. So this all depends on the person's personal story and where they are.

Safety, Screening, and Preparation

In an ideal world, you'd have, I would say, dozens of experiences with a patient prior If costs were no limit on that in the real world, having two or three sessions to prepare for a dosing session is more typical given what the limitations are and cost and access.

But going into a dozing session without preparation doesn't make any sense to me. So there's a sweet spot. And some people, especially people with complex PTSD, which is a lot of what we see, need more sessions on the front and the back end, and also in between the dosing sessions if we're going to do multiple dosings sessions.

And what would you be using for example, I mean, is it fair to say that you're in favor of one intervention versus another ketamine, MDMA, psilocybin in dealing with specifically PTSD or is this more of a personalized medicine approach in terms of what you might use?

It's very personalized and we cover this in our book, uh, the different medicines and what some of the nuances are around how you would choose what medicine for which person, um, their advantages and disadvantages.

Um, you brought up the MAO inhibitor, saliguline. So, You know, when, and when somebody's on psych medicines, usually there's a serotonin drug involved in that.

And so then you've got issues with serotinergic psychedelic medicines. So for that person, ketamine might be a better option. Even if the sort of rule of thumb is that maybe MDMA might your first choice in working with trauma, it's not always the best choice medically for people.

And you brought up a point that you do a great job describing the utility of these various interventions in various clinical situations. And so where do we stand now in terms of, I know there's ongoing research, et cetera, but it looks as if we're still a ways away from the ability of a psychiatrist to take to be trained as you have offered and

then to able to implement this type of interaction therapy in his or her state.

Right. Well, my hope is that we get out of the state by state phenomenon. It's really complicated and expensive to navigate. And it's very confusing for patients.

You know, where can I go? You know, having to travel to have a psychedelic experience in Oregon or Colorado and spending $3,000 is the typical running amount for one session.

It's a lot of money. If we get a federal approval, then in theory, we could see cost dropping, and we can also see training costs dropping. So, for right now, what we're seeing is that, and we've seen it with Oregon and Colorado, that if you undergo a thorough training, our training is a year long and it's 300 hours.

It meets the criteria for Oregon, it meets criteria of Colorado. If you get one of those licenses, Our hope is the next state New Mexico has recently passed a measure Alaska.

There are a lot of states considering these. We hope that they will not ask people to reinvent the wheel and they'll allow people who've been licensed in a particular state to apply for the license straight off without more training.

So without this type of intervention, what are people left with in terms of where do they turn? They get drugs and the get a psychotherapy, right? Right.

I mean, it's, very much the olden days, if you will. And, you know, I saw just so many people not getting well with those traditional plans. After a while, the first step I took was looking at functional medicine and trying to get better results that way.

Your book, Grain Brain, was a massive win for psychiatry. I just need to thank you for that because I had so many people who could not progress in the work, were continuing to struggle, multiple medications, weekly therapy, even twice a week therapy.

And when they could take the step to eliminate gluten, And this is not, obviously it's not a panacea. It doesn't work for everyone. But when it works, it is incredible what people can do.

I had patients coming in saying, well, I couldn't do the therapy because I could not pay attention. I know what you mean when you say, hey, we need to learn how to take a break when get overwhelmed and take if you breast.

I can do it. The other thing that we talked about back then in 2012 was metabolism. And what is the influence? We didn't call it an ultra processed diet back there.

That term hadn't been invented. But a higher refined carbohydrate diet and the metabolic uh, mayhem that that creates. And now, you know, now you see, uh people like Christopher Palmer writing, right?

You know brain energy and we're really understanding that targeting brain metabolism in the world of psychiatry is really what we need to focus on. I think that's certainly, ah, adjunctive with, with what you're doing.

These are powerful pillars that between sessions or once the therapeutic intervention has happened, that this is the way to maintain the improvement. Absolutely.

And that's why we need to locate psychedelic medicine inside of integrative medicine. Yeah. You mentioned functional medicine and I would see this as a module.

Integration and Long-Term Change

I could really see it as module to the extent that it may be something I'm able to suggest because let's get with the times. If we're all about, and we are outcome, we want to do the best we can.

We want win these, I hate to call the battles, but they are. This is the best tool that you have to admit we've ever seen, right? Right, and it has to be built into lifestyle medicine.

It has certain people do have genetic vulnerabilities and we need to look for those people at their detoxification pathways. Are they living in a moldy house?

Have they been exposed to Lyme? You know, have they had TBIs? What's their APOE status and what's the comp status? I mean, those are things that can be tackled in the integration period after the tow truck, as I like to say it to my patients, let's get you out of the ditch, but you don't want to drive around on the back of a tow track for the rest of your life.

Hey everyone, we're going to get right back to the podcast, but I have an important message for you. If you're caring for somebody with Alzheimer's, any other form of dementia, or even what we call mild cognitive impairment, maybe you've received one of these diagnoses yourself.

Or if you are focused on preventing cognitive decline, I want to speak directly to you for just a moment about some serious research that's going on looking what we call 40 Hertz light and sound simulation.

We've been actually talking about that on the program. Here's the challenge. Not all 40 hertz light devices are the same. Most use what's called stroboscopic light, and that's type of light that flashes, then you can see the flashing.

And that can cause nausea, it can also cause headaches, and if you can't tolerate that, you won't use it. So there is a company called Optosudix, they've solved this problem with a patented technology that still gives you the 40Hz light flashing, but through light that looks and feels quite normal.

It's the device I actually have on my desk when I'm working. And that's why this company sees a 94% adherence rate and significant improvements across various metrics, including mood, energy, focus, sleep, and memory.

And the light is called the EV light, EVY. You can use it as I do when you're working on your computer, when your reading, watching TV, eating breakfast, whatever.

It becomes really part of your day, not just another burden, it's kind of passive in the background. So I recommend giving it a try for 90 days. And if you and your family don't see value in it, then you can return the device for a full refund.

They cover the shipping both ways. You can learn more about Optosudix at optosüdix.com forward slash Perlmutter. you could use the code to get a $200 savings.

The code is Perllmuter, my last name 26. This is a device that really is risk-free in terms of getting involved with 40 Hertz stimulation. Uh, important information.

Let's get right back to our podcast. Okay. So they're getting out of the ditch with the tow truck. Then they'll hopefully get a driveway on their own.

Yeah. They've had treatment, they are out-of-the-ditch. You talk about integration in the book about the fundamental importance of integration. Can you tell us what the term means and then what happens as patients integrate their experience?

Well, traditionally within psychedelic therapy circles, and I say that the tradition is maybe 50 years old in the West, but the notion of integration is really a notion about taking the insights from the dosing session, which are usually recorded in notes by the therapist or the guide.

and making new insights into a new reality. There was a religious scholar at UCLA named Houston Smith who was famous for saying, we're going after trait change, not state change.

So the state is when you take the drug and you have a different experience of consciousness, but the trait changes the long-term change that we are all looking for to nail in these benefits.

I think the modern twist on integration, which is what I really stand for, is that we have to take the integrative medicine approach. We've got to have, you could argue how many steps, 6,000, 8,00, 10, 000, whatever the number is.

I remember a recent post you put up, if you want to reduce your Alzheimer's risk by 50%, get 10 thousand steps. That was the drug. The entree was a drug!

Yes. So we can't forget that we're complex people, right? We do have energetic and mitochondrial pathways, like Dr. Palmer says. Love his work. But we also are meaning-making machines.

You know, we are philosophers. It matters how we interpret our experience. Is the universe for us or against us? Is this challenge in front of me on the way or is it in the away?

You know, landing on right side of the fence with those interpretations about what's happening in our lives is critical to the quality of our life. And so we can't get around the fact that there's a subjective interpretation of everything that's happened.

So the meaning making is important but I think the functional or the integrative medicine component is just as important for integration. The results being what they are, published results, being in PTSD, for example, why still so much pushback from general psychiatry?

Well, unfortunately, and I don't mean this in any kind of judgmental way, but we set up the incentive structure for academia to favor people who gain tremendous funding from pharmaceutical industry for their research studies.

And as much as you might like to say you can silo off your Um, conflicts of interest. I think it's pretty difficult to take yourself out of the boiling pot of.

Psycho pharmaceutical industrial complex and say, I'm not a cog on that wheel.

Trauma, Inflammation, and Metabolic Health

And I have an independent perspective. That's hard to do. Um, so you were talking about the, uh, fraud of the pharmaceutical only model, you know, in psychiatry in the nineties, it was the serotonin deficiency framework, right?

You, don't have, a character flaw in your depression. You have a seratonin efficiency. Well, If you ask any serious neuroscientists whether they believe in a serotonin deficiency model of depression, nobody will agree with you.

You can't find one because it doesn't make sense. It's a marketing strategy. So a lot of psychiatrists like me grew up in the training world being told that, you know, and it hangs together if that's, you know, if the only tool you have is a hammer, everything looks like a nail.

I love that, yeah. So we have a cultural meaning-making structure that we need to challenge and it's a public It's a public education challenge, which is what this book also represents.

Absolutely. And I can tell you, I resonate with it on so many levels. Yeah. You're serotonin deficient and here's. A way of boosting your seratonin problem solved in my world is, Hey, you've got beta amyloid in your brain causing your Alzheimer's we'll get rid of the beta Amyloids, monotherapy, one drug problem, solved.

It's frustrating. I would say I want to pull out my hair, but I haven't got much left. And that keeps them coming back for more, right? And it's really straightforward because there's no thinking involved.

Alzheimer's caused by beta amyloid. Oh, great. That's all I got to do is plug these people in and get rid of their amyoid problem solved. Well, it doesn't work.

You know, I think that our viewers are probably pretty aware of the inadequacies of SSRI treatment as it relates to treating depression in terms of, you know, real lack of significant efficacy and while there may be some symptom improvement in the short run, it condemns individuals, I'll use that word, For to being on this medication for as long as they think they need to fix that serotonin problem ie the rest of their lives right whereas what you are describing here is Really dealing with this the the fire and not just the smoke you're really dealing With the underlying issue correcting the wrong pulling the car out of the ditch Uh, as opposed to just sitting there and watching the wheel spin.

So, right. Yeah. That's, that's the empowering part of what you're talking about. Who doesn't qualify for psychedelic assisted therapy? Well, first of all, people with, who were coming in with a background of a primary psychotic disorder.

And what does that mean? Well, a diagnosis of schizophrenia particularly would be something that, or someone who has a significant dissociative disorder, These are both situations that we know from looking at the default mode network, the electrical patterning in the brain, have what we would call maybe a loose pattern or the opposite of the person who is considered to be a really good candidate for psychedelic therapy.

The person like me who has a lot of obsessive negative thoughts. And totally self-referential. Yeah, exactly. So you could say that a psychedelics in the acute intoxication phase or the dosing session kind of dissolves your ego.

So people who are suffering from significant dissociation or schizophrenia don't seem to have enough ego to begin with. And so you wouldn't want to help that person dissolve their ego, you want help them structure up their ago or pull the holes together in the net tighter so that they don' fall through themselves.

Well, during the experience then, you are less engaged with this default mode network, meaning you're less self-referential in terms of everything going on around you being filtered through your own sense of self.

Why is that beneficial? And how do you, as the clinician or the facilitator, take advantage of that moment when the default-mode network is temporarily taken offline?

Well, it's interesting that some people experience that moment of the dissolving of their sense of self depending on the set and setting and depending the moment that they're in and probably what they ate that day.

I'll just throw that in there. Well tell us about that. There are, we know, of course, that there are foods that are pro-inflammatory, right? And foods are anti-flammatory.

You're kind of the guy to talk to about that, as far as I'm concerned. I've heard the term. So, here's one example. A person who is eating a lot of fast food who let's say has a rip-roaring dysbiosis going on in their gut, is among other things, might be driving their serotonin or their tryptophan pathway down a pro-inflammatory pathway where they're building up a lot of a chemical called quinolinic acid or quinolinate.

When quinolinate circulates in the gut, it can contribute to leaky gut. And quinolinate can circulate in in serum throughout the body, causing activation of macrophages and in brain microglia, as you've talked about a lot and written about.

It turns out that quinolic acid is excitotoxic at the NMDA receptor. It also turns out that people who attempt suicide have, in one study, up to 300% elevated levels of quinolinic acid in their CSF.

Now, here's an interesting phenomenon. Ketamine competitively blocks the NMDA receptor. And oftentimes with ketamine in the first few hours, you'll see suicidal thinking go away.

quite remarkable. It's almost like a magic trick and I say it that way because if we don't do the things that we need

to do to prolong the benefit, you've performed a Magic Truck for the patient but it's over in 24 hours and they have suicidal thinking again.

So here's my point is that when we're not attending to the diet, we are not the shunting of tryptophan down this pro-inflammatory pathway, a person could be suicidal simply from the elevated quinolinic acid levels.

And then the catamine knocks it off and then catamene dissolves and gets metabolized and goes away and you're suicidal again. So that's what I meant when I said that there are these phenomena that can be playing out during the dosing session.

Can be played out and though can also be utilized to bring about more efficacious response. Absolutely. More efficacious action of your intervention. That's really well said.

I mean, I think that we should just double click on this a little bit more, the idea that it's just not the assisted guided psychedelic experience. But what you're describing is a much more integrative slash functional medicine approach that recognizes, for example, that when our lifestyle choices increase inflammation in the body, it antagonizes certain receptors and activates, in this case, NMDA receptors as well.

And that, even beyond our lifestyle choices, some people have genetic polymorphisms that actually increase this so-called kynurenic acid pathway But it becomes a feed forward process whereby this pathway increases this dysbiosis, increases gut permeability, ultimately leads to increased inflammation, which exacerbates the psychiatric situation.

So my sense is that you'd agree if you don't pay attention to that on the back end, Ultimately, what you do with the psychedelic assisted therapy might do some good.

But But needs to have this other approach to bolstered up having said that though. We wrote a book called Brainwash with Austin Perlmutter, my son, and we described on ramps.

to better decision making.

Microdosing, Ketamine, and Personal Growth

And it seems to me that with the psychedelic assisted therapy and the benefits people will realize in the short term from that, then their decision-making should improve such that they will do the other lifestyle issues are more likely to improve diet, get exercise, pay attention to their sleep, getting outdoors, socialize with other people, et cetera.

So instead of a downhill spiral, now we're spiraling up in Absolutely, and that's the beauty of this tool is that it can be a catalyst for big change.

When you encounter a person who's severely depressed in the clinic and the first thing you say to them is you need to go exercise, it just does not make any sense to start from that place.

But when you have this cascade of BDNF and relief from the cingulate gyrus being sort of unhitched from default mode network and there's less rumination and less negativity, And then you have an opening and you an opportunity to say, hey, let's put on our sneakers and walk around the campus together and get some steps.

Get that sun, get that vitamin D coming in and the fresh air. So you can use this tow truck metaphor. in that way too. I'm going to be using that a lot.

That's applicable in my world as well. What about addiction and compulsive behavior? How does that respond? Right. So we are seeing some really beautiful studies being done with alcohol use disorder, tobacco use disorders as down at UAB in Birmingham, Alabama.

And we're seeing some, let's see, I think there was also a cocaine use disorder study with ketamine in New York.

There seems to be a dramatic shift in self relationship.

And what I've heard from people who came out of addiction with psychedelic medicine is some version of, you know, when you see yourself as part of what's sacred, it doesn't make any sense to poison what sacred anymore.

And so I think a lot of it really hinges on this self-hatred and negativity that needs to get shifted, but with a big tool, with strong medicine. Let me go off topic for a moment and just see where we land on this.

One of the big areas of interest these days as it relates to addiction and compulsive behavior is what are the GLP-1s doing in this regard? Any thoughts?

Well, you know, people are certainly experiencing a shift in their relationship with foods. And it's very interesting, and we're seeing less obsessive, compulsive, or compusive behaviors with GLPs.

And that could be in relationship to any addictive phenomenon, gambling, sex, food for sure. staying up late, alcohol. So it's very, very interesting.

I don't know how to explain, I'm very curious what your theory is on how GLPs are doing that. Do you think that's an inflammation phenomenon? I do. It's metabolic, mitochondrial, vis-a-vis Christopher Palmer's work, and I think it is inflammation.

Where I land on this is that there may be a role in your work. And I would be convinced that… I mean, I'd be surprised if you've not already treated people who, oh, by the way, am also on Ozempic or something like that.

And, and I don't know if there would an interaction that would of concern, certainly something you would explore, but I think that they could work in tandem because I the GOP ones are working towards up-regulating metabolism in a positive way.

not that i'm in favor of it i don't know what the long-term consequences will be nor do i know well you know can tell you that when people stop these drugs what their situation is going to be metabolically and therefore psychiatrically for that matter so i think we've got to think about it you there there's going be a time when X percentage of your patients are going to be on those drugs.

Oh, absolutely. I mean, just look at the numbers, the prediction is that in five years, probably 20 to 25% of all Americans, adults are gonna be onto GLP-1, which say what you will.

Amazing. So I'll leave that one open. Well, I kind of think that All tools can be, what do they say? The difference between the medicine and the poison is the dose.

Devils in the Dose, yeah. Right. So I like this phenomenon of hormetic stress and cycling through more catabolic and more anabolic phases in our lives.

And what I mean by that is I think there are ways to use any medicine and GLPs are a great example where you can use a microdose of a GLP and get, if not the same, close to the benefits with fewer side effects and then treating a person for a few months and cycling off of the micro dose to see if the metabolic benefits can stick or not.

hopefully for as long as you were on the GLP or off of it and then maybe you go back on it. And I think in general, intuitively to me seems like a safer bet than overstimulating receptors chronically, which is what another of the sins of psychiatry is.

We keep hitting those serotonin receptors, and then we see work coming out exploring the possibility of a thing called tardive dysphoria, where having overstimulated the serotonin receptors for decades with chronic SSRI prescription, now the person might be worse off when they come off of the medicine.

That's what my fear is with GLP-1s. And again, I'm not taking a position pro or con. In my new book I actually talk

about research that was published in the New England Journal of Medicine showing a complete cessation of progression of Parkinson's disease in individuals treated with AGLP-1 agonist.

I mean, it's stunning. And I think in that situation, Should you commit that patient to a lifelong of taking that drug? I would say yes, indeed you should and keep track of their nutritional status.

But here it stopped, it treated the fire, not just the symptoms. And I was very taken by that. So let me ask you, how do you distinguish or consider your time and your efforts, or maybe not yours, but in dealing with this type of therapy or facilitators, in treating people with bona fide disease states that should be responsive versus those individuals who are wanting to do this for personal growth?

Right. Well, there was a quote in Michael Pollan's book, How to Change Your Mind, that was attributed to Bob Jesse, who's been involved in psychedelic research for a long time.

It was called the phenomenon of the betterment of well people. So is it beneficial potentially for person who is not suffering from a major mental health disorder to periodically, some people say, pop the hood and see what's going on.

silent limiters, you know, like when you rent a U-Haul and there's a 55 mile an hour limiter on the accelerator, what are the limitors on your life, on you way to experience enjoyment of your live, freedom of thought in your lives, being able to see your beloved spouse with fresh eyes every day.

The brain isn't meant to work that way, right? So how do we freshen up our vision of reality? And so I think that there are potential benefits, definitely, for people who are not dealing with severe trauma or depression.

And there's also, there are risks of doing that in an unstructured setting or a non-clinical setting, or setting where you don't have a well-trained person to be there for you.

And we could get into stories about that. I know lots of people who are high-functioning people, who may be ambitious people and you ask yourself, well, why is that person ambitious?

Well, because there was a, There was a deficit or there was, you know, there is a void that produced the value on striving. But because our culture rewards people who are, ambitious in certain ways, we might not think that we have something lurking in the unconscious mind that could rear up and breach and make itself known on a psychedelic journey.

So this is part of my sort of effort of public education is to remind people that even if you're an eye-functioning person and you want to use this for personal growth, you could get surprised by a blue whale breaching out of the unconscious and splashing you and everyone around you.

So it's probably wise to approach these tools with a lot of respect and care. Well, that would be if, to use common parlance, doing the hero's dose, okay?

And there are viewers who know exactly what I'm talking about. That said, there is a real interest these days in microdosing, in people taking, as it relates to psilocybin, 200, 400 milligrams at a time, not having any psychedelic experience, but looking for just a little bit more awe, and a little bit more novelty in what would otherwise have been their mundane daily experience that as well as some of the interest that these microdose levels might be inducing neuroplasticity or upping your process.

Ibogaine Risks and Clinical Caution

You mentioned BDNF a while ago. Any comments? Well, I think as a, uh, daily anti-inflammatory or pro neuroplasticity intervention. I could see benefits to that for sure.

But people often ask me, well, is microdosing the same thing as the protocols that are being used to treat

depression and PTSD? The answer is absolutely not.

Those are totally different. Let's talk about that. Go ahead. Totally different, yeah. So it's sort of like trying to think of a good analogy. If I'm doing an intervention for inflammation, I'd much rather treat the fire than the smoke, right?

And I would take the same attitude with regard to a daily microdose or the James Fadiman protocol of two on, one off, and so on. Different protocols out there.

I'd much rather be looking at, okay, well, do I need to do this because I Need to change my diet, but I really just it seems cooler to take a microdose of psilocybin than to actually, you know, lower my ultra processed foods and and get some Real nutrition in my body.

What's going on there? You know Do I have you know, chronic levels of inflammation from, as we talked about before, a mold exposure or a chronic infectious process that hasn't been dealt with.

Are there other low-grade inflammatory sources that need to be rooted out and treated? So, you now, I tend to think about microdosing, and this might be a little harsh and I'm open to refining my perspective on it, I tend to put that more in the category with something like daily cannabis use to take the edge off.

And I'm thinking to myself, well, why aren't we dealing with the root of the problem? Why don't go after the PTSD and deal with it rather than have you be having to medicate yourself every day?

Hey, we're gonna get right back to the podcast, but I do have an important message. You know, for decades we've been told that our genes are basically our destiny as it relates to health and that everything's locked in place, predicting even our future brain health.

But let's be clear, your DNA isn't a verdict, it's a roadmap. And I'm talking to you today about 3×4 genetics. I actually described them in the new book, Brain Defenders.

And this is a committee that helps you understand your genetics, what you've inherited, and I think more importantly, how your daily choices can influence how those genes are actually expressed.

In other words, you can control your own genetic expression. That matters for your health and it really matters to your brain health, including things like memory and mood and cognitive resilience.

You may carry genetic markers associated with cognitive decline, like as we've talked about APOE4, but possession doesn't equal expression. Your lifestyle, your nutrition and metabolic health, all the things that we talked here on the podcast can powerfully influence which genes are turned on and which stay quiet.

The 3×4 Genetics Test looks at how your genes impact brain function at a cellular level and, which then through the 3X4 Health Journey, in which they provide you, guides you through a clear and a science-backed program focused on inflammation, methylation, oxidation, oxidative stress, things that we routinely discuss here on the podcast that are the key drivers of basically what makes a good brain go bad.

and we have spoken with the team at 3X4 Genetics and they were able to get a special offer for our podcast community. So head on over to 3x4genetics.com forward slash drpearlmutter and get that special off and start really your personalized brain health journey today.

Let's get your genes working for you and let's go back to the podcast. I think the argument, and I don't know that this is the. Argument, but I. Think what we're hearing is that people want to take advantage of of this low dosage to enhance neuroplasticity, knowing the good of that and possibly even neurogenesis, though the research in humans, I, think in that regard is lacking.

But I think for personal growth, I don't think that many would say that they're self-medicating, as one might consider with cannabis or alcohol, but it's certainly seemingly to be very popular.

I was giving a talk at a at a conference recently, health related, more along the lines of biohacker type health-related. And there were people handing out psilocybin chocolates at an event in the state of Florida, I might add.

So we've reached a kind of a new level of I'd say acceptance. I think it's going to turn out to be probably a good thing. psilocybin, when I say recreationally, I think not to get, as one would with cannabis, not disassociate, to go to a place of comfort and get away from.

My sense is it's for the personal development part, but I don't know. I could be wrong. Yeah. And I it think it is an interesting question. Time will tell how this all plays out and what these patterns become over the next decade.

The other day I went to the hardware store and I live in Florida and across the street from the Hardware Store is a clinic and advertising on the billboard outside of the various things they do, ketamine therapy.

And what should we be looking out for? What might this be doing that's positive? I mean, it just sprung up in the middle of Naples, Florida. What's up with that?

Well, with ketamine, we have a number of, boy, it's a complicated topic. Ketamine first of all is a game changer for some people for depression. It's incredibly meaningful as an intervention.

The problem is that I see, the biggest problem, is we are already in this kind of reductionistic model with KETAMINE, where we think that the IV ketamine is the ticket.

And it's a medical procedure. You don't need a therapist. you don' even need, um, a sitter in the room. People often get dosed in a group setting with a nurse who circulates and might be available if you're having a hard time.

But ketamine, like other psychedelics can evoke things. That's it. It's, uh, non-specific amplifier like. Other psychedelic. So you could be having. Terribly frightening journey with no support in one of these settings.

And so when you're talking about the place across from the hardware store, typically these are settings where there's no staff member who has any mental health training at all.

And they might be able to handle the medical emergencies, like if it's an anesthesiologist or an ER doc or somebody. But they're probably not well-trained if they have any training in how to deal with a the emergence of a trauma or some kind of mental health crisis on the medicine.

Yeah, the blue whale jumping, right? Yeah. We're seeing a lot of that, though. And I think it's reasonable to try to find out what is their level of training beyond the medical, what the administration of ketamine and what to look for from a medical perspective.

You made it very clear to us today that The guidance and the setting is so critically important for the efficacy aspect, what we're looking for. What we are looking to fix.

Absolutely. I mean, to me, having ketamine treatment without the mental health component is like pumping up your, putting a little air in your tire, but you're not fixing the flat.

And so you get maybe a few yards or maybe few miles down the road and then you got another flat tire. Okay. That's a good metaphor. There's two I'm going to take from you.

I'd like to close again. Because it's gaining popularity and almost from a recreational perspective. I mean, everybody's seeking whatever it is that they're seeking and Ibogaine is now in the discussion.

And just really, if you could, for our audience, just what they should be thinking about if they are interested in going to South America or Mexico or Costa Rica and doing Ibagaine for whatever reason.

Well, Ibogaine, first of all, is one of the harder medicines to go through. Let's maybe just talk about it in comparison

with a similar medicine, ayahuasca.

Similar in the sense that, I mean, ibogane causes a psychedelic experience. It has a tradition in West Africa and Gabon area. that is very well established in a traditional way.

And when it's used in clinic setting, it is being taken out of that cultural setting and put in different setting. So there's that. Not necessarily anything wrong with that, just important to know that the difference between An ayahuasca ceremony in South America and the Ibogaine ceremony is, among other things, the ayahua experience tends to be about six hours, maybe eight hours.

If you do booster doses, it could be longer. The Ibogaine experience is way longer. It's usually more like 72 hours where you are completely dependent on your caregivers.

So it's critical to vet the place that you're going to go. in the same way that you would vet someone for open-heart surgery, in my opinion. You've got to be very careful about this.

A friend of a friend mine was on Ibogaine and he was having a psychedelic experience where he wanted to pray and get on his knees and was allowed to do that and sat on for a very long time to the point where his legs had to be amputated after the ceremony because there was no blood flow in his lower legs.

And he couldn't tell because he was on psychedelic experience. It's quite a story. He was so profoundly benefited in this addiction that he became an advocate for Ibogaine.

Despite having lost his leg. But the point of the story is that you have to be well taken care of. And part of cardiac toxicity of Ibogaine is not having enough electrolytes during the session.

When you're that out of it, so to speak, somebody's gonna be giving you those electrolyte. You can't remember, oh, I need to drink my electrolytes now.

So my point is, The stories I hear about people who go through the I began experience extremely profound, especially when there's a big history of addiction opiate use disorders in particular seem to be.

highly benefited from Ibogaine when nothing else worked. And alcohol too. Yeah. I went to a live interview of Deborah Mash, who I think really did a lot of, has done so much of the work in Ibogan and the results were absolutely phenomenal in the face of really, you know, very minimal efficacy from the standard of care, right?

And yet I your, the caveats here are really well taken. They're very important. So listen, it's great. I want everybody to buy this book and read about it.

This is becoming such a popular discussion point for everybody, and I think offers up benefits for people who've struggled. And that's working from your heart, so I honor you for that.

and want to thank you, for being with us today. It's been an honor to be here. Thank you so much, David. You're the best. Important information, it's been a powerful and deeply grounding information.

Again, this has been with Dr. Will van der Veer. I encourage you to learn more about his work. What stands out most is his emphasis on the notion of responsibility.

And that is that these psychedelic assisted therapy sessions are not about chasing the psychedelics experience per se, but about creating the right conditions for safety, for insight, and for long-term psychological change.

really fundamental here is what we call in medicine primum non no seer above all do no harm his work reminds us that trauma doesn't live only in our thoughts but in the actual nervous system and that healing often requires approaches that reach beyond the notion of of words the interaction with words alone As research continues to evolve, conversations like this are going to be essential.

They help move psychedelic therapy out of the realm of hype and into thoughtful, ethical and clinically informed care. So if you're interested in the future of mental health, trauma healing and how neuroscience and consciousness intersect, I encourage you again, explore the work of Dr.

Vanderveer and continue asking better questions about what truly healing is all about. I want to thank you for joining me on this episode of The Empowering Neurologist.

It has been very revealing and hopefully very empowering. I'll be back soon. Bye for now.