Introduction to the Podcast and Guests

And that I think is is part of, you know, what everybody's reaching for is how can we do this quickly because we don't have the resources for everybody to go through therapy at this point in time.

And I think reminding ourselves that not all problems can be solved through talking. Not all problems are cognitive. Some of them are pre-verbal. Some of these traumas go really deep into our brain structures where we can't reach them through these cognitive methods.

So this is kind of that next level of how do you go deeper. Welcome to the Natural Facts Podcast. I'm your host, Dr. David Wickenheiser. I'm a naturopathic physician with over 30 years of clinical experience.

I have a focus on natural and regenerative medicine. Through this podcast, I will be your guide, helping you to make sense of conflicting healthcare choices.

Welcome to the Natural Facts. We've got another episode of the Natural Facts podcast, and today I've got two innovative medical doctors from California, Dr.

Suryama Raman and Dr. Aliya Amin. Now, they're not in the same locations in California, but you guys work cooperatively, and you interview people, and you've got your own podcast.

But today, I want to know how you guys practice. So you guys take it from there. Tell me about your practices and what you really like doing. Well, what do we do in our practice?

I say this is really about for me a coalescence of so many things I've wanted to do for so long. It really started with narrative medicine and my practice is former practice or even current practice still is pediatric medicine and hospital-based medicine.

Okay. And then I started studying narrative medicine and like, you know, an avid learner and avid kind of curious mind, never really. I mean, when I started engineering before medicine, I was like, Oh, this is so cool.

Like how does the body work? And the body works in so many. scientific ways and so many magical ways and then came the narrative, the story, learning about that in narrative medicine.

So the coalescence of really bringing in health care in a natural, healthy way where patients can really talk about, I think it's the basics of medicine, really the art of medicine.

but combining that with ketamine treatments and really bringing it all together. And with integrative medicine, it's really just bringing in all the sciences, bringing all the knowledge that's shared.

It's a shared knowledge of storytelling, being a witness to patients' mental health conditions, ketamine works. really as a way to treatment resistant and conditions.

And only because ketamine is a medicine that works on another avenue of structures in the body that hasn't been utilized before in mental health treatment.

Ketamine, Narrative Medicine, and Healing Practice

So when we talk about resistance, it's not really resistance, it's only because this is another alternative, more robust and more approach to treating condition as an antidepressant, as an anti-anxiety or anti-inflammatory agent.

But as a psychedelic medicine, which is a legal psychedelic, it really is a way to reset the brain, reset the nervous system, disengage from the narrative of what keeps that default mode system so rigid and so inflexible and really opening up the mind as a mind manifesting experience that patients really engage in their own story and really learn about themselves with that meditative access that they get with ketamine treatments.

Keramin is a meditative medicine. It really brings in the meditative state of mind in an altered state of consciousness for a brief period of time. How quickly do you see results?

How quickly do you see a reset of patients, typically? That is so variable. I can say we've been in practice almost four years now, then about over 3,500 sessions to date.

Really? Yeah. That's a fantastic database. Yeah, yes, I'm itching to publish, itching about the extent of data and the extent of what we're learning in this process, it's a shared space of healing.

As a physician, we listen to stories, we listen to patients, why they come to you, what is happening in their bodies, how are they living, how they have been living, what traumas have they held in their body, and then really engaging with the understanding of their own context of themselves and their illness, and then opening up the treatment to how the illness responds to that understanding of their condition.

So it's a shared interplay, I would say, of understanding, of really exploring and using treatments that really get to a natural state of being, really.

And I know it sounds very esoteric as I explain this, because there's so many different ways that I can explain this scientifically, you know, as well as spiritually and emotionally.

And it really is bringing in that alignment of the mind-body spirit. to a natural, healthy state, which is a regenerative state, restorative state, a meditative state.

A fascination I've got is you coming from children's medicine and effectively helping adults reclaim childhood innocence and access to their spirituality.

Exactly. That's why I call it the natural state, because children are born with a natural temperament and a natural personality. You know, as a pediatrician, you see it right away, right?

You can see a personality in a baby. You can see it, and you can see that evolve over time. as a pediatrician, you see the developmental effects of that natural state that gets hit with trauma or pain or neglect or nutrition or bad environments that alters that psyche and that child's mind that was so perfect until when it was born, it was born perfect, as ideally perfect as it can be.

And if we, as a pediatrician, it's always about nourishing that perfection and keeping that inner child alive, that curiosity, that present state awareness that a child has, the beauty, that the fascination that the four-year-old has, the imaginative, magical thinking, and keeping that alive now in adults is so beautiful to witness that you actually see them really engage with that inner child, that inner person in that most loving and supportive way so that it's so natural when they get to that healing state, right?

So to hold them there, you'll do repeated doses, you'll do a single dose. What's your protocol range? It's a series of sessions. It's anti-depressant.

It does work on the Gabinergic-Bluedimergic system of the brain. It does allow for, again, that decoupling of negative self-thinking and suicidal ideation.

It kind of works. When it works on patients, it can vary from sometimes it can get better in one session or sometimes it takes six to eight or 12. sessions.

Usually there's a progression and it's not just a rapid, but there's a series of sessions done to build on itself to really

enhance the effect of one treatment over the next.

Because what happens in the brain in terms of stress and cortisol is there's the fraying of neurons and the inflammatory tone of connection and communication and signaling And you can actually see that dysfunction when we do quantified EEGs.

You can see now function, you can see desynchronized rhythm. Just like you do in an EKG, you can do EEGs on the brain and you can see desynchronization.

You can see that the brain's operating on different speeds, a slow speed, which is the brain fog speed. And they wake up and they stay in brain fog and they're depressed and fatigued versus the anxious hyperactive, one brain part is kind of over.

thinking and the other one is just tired. And so there's that ADHD, right? So there's a pattern recognition really in terms of looking at these, but actually how does this manifest in their body too?

How does ADHD manifest in somebody's body in addition to the nervous system? And so the integrative component of what we do is really addressing the whole body, the health as well, looking at their gut health, looking at their nutritional health, and building on that in preparation for treatment with ketamine.

So we get a better result, essentially. I love that because it's not just one shot, do it, get in, get out. It's here's a buildup. We have to get you to your point where you're ready and then monitor the progress.

So I really applaud your approach because I believe it's the only real way to do it. If you're just going to force someone with drugs, whatever drug, you have to deal with the fallout, which sometimes is not good because you force the person.

You can't just force them forever. Yes. In fact, that's what they got them into this trouble in the first place. They were forced somewhere. Integration therapy, learning about oneself, having the resources to really go and do what we call deep work and trauma and healing requires therapy, requires that connection to processing the experience of what's happened in the past and what emerges with treatment, because as Samik could probably speak to, when patients aren't depressed anymore or they're not anxious anymore, who are they?

Childhood Trauma, Family Systems, and Prevention

What is their identity? How do they position themselves in this new way of seeing things? Even in the family unit. Even in the family. So it really plays out in very beautiful ways.

So it's never the same response with any patient. It's always a unique response to each person. Did you expect to be this spiritual when you went through medical school?

Oh, yes. Or you were hoping. I always wondered, why do we wait to call the chaplain at the end of life? I worked overseas and Simi did too, and when I was overseas, we could talk about God and we could talk about, we didn't have this kind of, oh, I can't talk about God while I'm rounding patients because that just doesn't, not politically correct or- Right, it'll be criticized, yeah.

You'll be criticized, or you're like, ooh, ooh, or you're, you know. Yes, exactly. It's an important question of who. Well, and it doesn't devalue any other part of you being a doctor.

It's life, yet to deny it. I'm not clear why we do that, but I know it's a power thing. But who? Yes, and Simi and I work together. We also do narrative medicine workshops and have applied that in our practice with ketamine too.

So is that for the public or for health care professionals? We've done it for health care providers. We've done it for Healers Circle. We do it online as well.

And we met through that narrative medicine link. And go ahead so you can tell your background because I think it's important to share to that how we met.

And so your question, David, is how did we arrive here? at this level of practice because you both came from standard medical school, but you have come home into a practice that you can do for a longer period of time.

very interesting, absolutely. And thank you for asking these questions because I think it's really important to recognize what experiences we carry, where we come from, how we're constituted, and how we think about the world, especially for healers, physicians, naturopaths.

It's really important to know where we're speaking from. So definitely I will start the story in a place where it feels relevant. Alia and I, we share being pediatricians.

We share being pediatric hospitalists, meaning that we worked with some of the sickest, most traumatized children in a healthcare system and still do.

And I think that has informed our practice knowing that it wasn't just because in pediatrics, it's not just the child, it's the whole system that's around the child, right?

The child sometimes you can do a five-minute exam, but really you might spend a half an hour sitting with their parents and talking about now how do you deal with what's going on with your child, right?

So we're, I think, tuned into this idea that there's a greater story always. and that each situation is different. And as medical educators, I think we've both experienced this where if you can apply the lens of recognizing what's the narrative that you're just entering into.

It's been playing out. There's a narrative that's maybe 30 years old or 10 years old or just happened, and you're stepping into it. And I always had an awareness that if you can figure out where you are in the narrative, you can be really effective.

right? Because just recognize it. So for what I would tell my medical students and residents was no two cases of asthma are the same. And that was a counterbalance to sometimes what happens in Western medicine or in training, which is we look at our list of patients and we look at, oh, I've got three patients with asthma to look at.

And that's just kind of a blank And the quicker I get them on their puffers and get them out the door, the faster we can get onto the next problem. And it becomes about making it through your list of patients instead of actually being able to be in the moment with your patients.

So I think that's where I recognize that was a skill that was really starting to erode. And that let me down the pathway of narrative medicine and medical education and how to teach using some of these skills.

So looking at art and poetry and creative writing and theater and I mean, just anybody who would speak to me, music, you know. Yes, one of the best examples that I saw was of a child psychiatrist who would see this really terrible case of a teenager who was really in this trauma situation and what helped them reach shared understanding of the problem was when they sat at a piano that just happened to be on a walk that they were taking through the medical school grounds and the psychiatrist said, no, let's go in here.

There's a baby grand here. And they sat next to each other and he just allowed him to make notes on the piano. And he just said, well, how does it feel when you don't feel heard?

Or how does your anger sound to you? And he's banging on the piano and he's able to get that emotional resonance back. And that created that circuit of, oh, somebody saw and heard my emotional pain.

They're not just pretending, they're actually here and they're actually in the moment with me and they get it. They can resonate with it even for a moment.

And so just kind of recognizing like, oh, wow, there's this whole area in medicine where physicians are burning out, patients are not happy, we're not really doing good medicine.

And we have all of these skills that we used to have a lot of time to develop where you used to be in the hospital, you'd speak to a patient in the afternoon, you'd learn something from them that wasn't on the charts, but they would just let slip and that would inform how you saw their whole situation.

And now we're losing that. We're absolutely losing that. That kind of information's not in the chart. You can't find it in the electronic medical record.

And so how do you listen and respond became kind of like this curiosity. And the draw to ketamine and psychedelic medicine really was kind of as a response to my own burnout when COVID happened and my health suffered and things kind of went sideways, I recognized that the trauma that was happening outside of me was awakening the trauma inside of me that had been locked, that had been subconsciously been stewing for a while, but it was in my body.

And I think that's what we're finding each time as we're stepping more and more into psychedelic medicine, it's really the business of healing trauma that we're in.

And we're healing trauma on the tissue level, we're healing trauma at the mind-body nexus, and we're actually really taking the innate healing abilities of the body that we've been talking about, this idea that when you have trauma, something needs to complete, a circuit needs to complete for that trauma to be released out of the body.

There's an actual natural way for trauma to work itself out of the body. and psychedelics and people who've been doing psychedelics since the 50s and 60s have included into this.

There are 40 million people who've done LSD since the 60s in North America. There's something here, or 40 million doses of LSD have been distributed in North America.

That's the number I read. And so there's something here that people have been responding to, but that cuts shut down with the war on drugs and the Nixon era.

What has happened since that time to now is this suppression of 50 years of research into these molecules that the landmark studies done at Johns Hopkins that showed that psilocybin really has this radical way of curing depression.

I mean, just absolutely. And it's that mystical experience. It's that feeling of connectedness to everything that psychedelics can bring about. So a psychospiritual healing can.

And then this is what the really beautifully designed studies by Roland Griffiths have shown. And that kind of started this whole you know that supported and continue this this whole psychedelic renaissance that's come about with the you know some of these tools that we have so really that's where we're at i'm here because i i think there's a lot of i'm actually discovering as a pediatrician now that i work with adults how much childhood trauma.

is operational in most adults that are walking around and it's preverbal trauma, it's attachment trauma. You talk about treatment resistant depression, you talk about anxiety, you talk about OCD, ADHD, eating disorders, they all have a basis in this aspect where you weren't met in some way.

There's a natural developmental trajectory that the human body mind is programmed really to unfold as we're babies and children and adolescents and going into young adults.

And when that's interrupted in some way or a need is not met in some way, things start to go sideways. And when you're talking about an environment where people are going hungry and there's gun violence and you're talking about parents who are working three jobs and still unable to be there for their children in any real way.

I mean, you're just talking about a society that is traumatizing itself on a level that I think we haven't really imagined yet. And I think with psychedelics, we are just barely scratching the surface with.

So have you guys heard of Richard Schultes? Yes, of course. Do you know Wade Davis? Not off the top of my head right now. So Wade Davis is another Harvard PhD ethnobotanist, and he's Canadian, but he studied under Schulte.

And he talks a lot about ayahuasca and different traditions within native peoples in North America and South America, but it's the same stuff. How do you reclaim childhood?

The trauma, now a big thing I'm wondering about is prevention. Your therapies working with hospital-based pediatrics, now psychedelic intervention with adults, are you guys working on a concept of preventing childhood trauma?

Is that even possible with our world? I know. You know, when we think about trauma, and that's a big question, like what is trauma? It comes up all the time, like big T, little T, whatever trauma is.

Exactly. Gabor Monte describes it very beautifully. He says, trauma is a wound. And it's a wound that occurs with everybody. Everybody has had wounds as they grow and they live.

But it's not the wound. It's what happens after the trauma, after the wound. Like, why does it heal? Does it get supported? Does it even be seen? Is it suppressed?

Is it held? And so now when I do round in the hospital, I'm very attentive to, more attentive than I would have been, because real-time trauma is actually happening all the time.

And if you're not observant of it and not seeing it as it's unfolding, right? in front of you where you see the child in the hospital room by themselves or you can see who's coming in, who's taking care, how is this child's needs or wound being supported at this very moment.

You mentioned gunshot wounds and injuries, really big traumatic events that happened in the hospital. We are very attentive to getting it fixed and getting the fracture healed.

Stop the bleeding, yeah. Yeah, stop the bleeding. But we don't ask those questions like, what is really happening at this very moment that we haven't asked because we need to do it right now.

and not wait because we don't want to wait till after, right? Right, not till it's set. We really want to observe it. Exactly. And there's the opportunity to really work in that preventative mindset.

But it's a hard ask because it takes a little bit more out of you, right? Because you have to recognize it, you have to see it and say, we've got to talk about this right now.

Well, I also watch certain things, like I come from a typical European-based family. So with a name like Wickenheiser, German background. So watching my father, who is of that era, he's 92, and he really wasn't touchy-feely with the kids.

But watching him with the grandchildren, totally different. It was almost like he's allowed to. And so it's almost as if by healing the children, you have to have an interaction with the adults because the adults need healing in the moment as well.

Yes. reclaim their healing. All of them, the whole family unit. Yeah, very true. Often, we also treat adolescents and young adults.

Psychedelic Therapy, Integration, and Neuroplasticity

And if we can't engage the parent in the conversation of that adolescent or young adult who's getting the treatment, we're not going to be successful.

And I say this to them, I say, look, it's very important Sometimes that young adult or that teenager becomes the focus of something wrong in the family that everything because of this person where you've betrayed the family and and there's a narrative around that and We have to kind of like remain curious like and observe What is behind all of this?

What's around all of this? and bring in them into that conversation, which is very hard in American health, right? Real confidentiality, mental health, and the rights, and mental health rights, and an adolescent have to be protected, and you have to navigate through that.

To have the space. Just to be allowed. Yeah, and to do it very carefully, too, because, again, the triggers and the trauma is usually somewhere around there very close to home.

OK. So doing that in a hospital setting, so you've opened your eyes, both of you, quite a bit in the hospital settings, because are we becoming more traumatic?

Are there more children in trouble, or are we just treating them better. There's more recognition. I shudder to think that we're harming children more, but you know, there's events going on that, you know, if you don't feed the family, children are going to be traumatized.

It's just the reality. Compared to what is my question, right? Yes, where's the baseline? What are we comparing it to? Because I think you're right. Trauma has always been a part of the human story.

None of us would live past 35 or 40, like a couple hundred years ago, right? Before the advent of antibiotics and advanced treatment. Clean water. Clean water and sanitation.

And child labor is still a reality in many, many countries. So if we're talking about the global burden of childhood abuse and suffering, I think that's still ongoing and hasn't even been touched upon.

But I think what we're learning about trauma right now is very interesting. I think Alia mentioned gabarmati, Bessel van der Kolk, and the body keeps the score.

you know, that's another seminal text that's applied here, internal family systems therapy, that's another aspect that kind of comes into when we're talking about, well, when you get into the psychedelic state and you've created this non-ordinary state of consciousness, you've kind of opened it up, you've opened up the problem, you've kind of refracted it almost, you've kind of like said, well, let me see, you know, let me expand upon it, let me blow it up a little bit so I can see clearly what's happening here.

And a lot of times that's what's happening is patients after years and years and years of thinking, well, this is who I am. My depression is who I am.

I'm so identified with it. But once you go into a psychedelic state and you blow it up and they recognize, well, depression is one thing, but it's not me.

I'm actually a whole different kind of, I'm a different person here and I've believed I was that. And so it really does lead to, and that's some of the cautionary aspects of psychedelic medicine where you have to be really careful.

It can go really deep into some self-identity related aspects of the human being. For example, when people who've had 10, 20, 30 years of treatment resistant depression, have tried every medicine under the sun, have gone to therapy, really their underlying aspect was that there was a layer of unexpressed trauma.

And they've lived with this and they've come to believe that this is who they are. And then they go through psychedelic therapy. One of the common reactions can be grief.

Because after so many years of suffering, when somebody can see that it doesn't have to be that way, it really brings about a real moment of just feeling that possibility open up.

And as we know, grief is sometimes entangled with hope. It's like, oh wow, you mean I can have hope about this? So if I can process the grief, if I can be held in it, I can actually leave a chink for hope.

And I think that's what we're in the business of doing because these medicines act rapidly. They create neuroplasticity, meaning that they actually help us create new pathways around these kind of overused, maybe a rumination network that's been constantly overused and they're kind of trapped in it.

And here we are going where here's your neuroplasticity, let's talk about who are the people around you, what's this integration that can happen within your family, within your community, within your state of self, inside and outwards, where this change can now be realized, made real.

And that I think is part of what everybody's reaching for is how can we do this quickly because we don't have the resources for everybody to go through therapy at this point in time, and I think reminding ourselves that not all problems can be solved through talking.

Not all problems are cognitive. Some of them are pre-verbal. Some of these traumas go really deep into our brain structures where we can't reach them through these cognitive methods.

So this is kind of that next level of how do you go deeper. But I really have to caution people, listeners, in that the guidance that you provide is more than just a drug trip.

This isn't open the pathways, it's the follow through after the dosing that I think is the critical part. I mean, opening the doors are fine, but what do you do?

How do you walk through them? That's it. And sometimes people get stuck at the doorway thinking that that's it. I've done it. This is it. And then they stop.

And it's like, no, no, no. There's a path through here. And I think that's another piece you bring up, which is psychedelic practitioners. If we're going to practice in this, we have to do our own work.

And that's our own inner work, recognizing that we all have an inner landscape. And also that comes from a place of reassuring people that this is actually okay.

This is actually part of our human heritage. Cognitive liberty and everything else is the ability to explore your own consciousness and source from it this healing that's potentially available, right?

We talk about leading from the front. Not in the back pointing, you should go there. No, I've done it this way, you can too. I want to answer your question though about is it getting worse?

And my answer is yes, 100%. Only because I am comparing, you know, for over 30 years now of practice in medicine, seeing the disconnection of ourselves, of our communities, of our fragmentation of identity because we've got so many different attachments to so many different ways of living and socializing.

And how much since smartphones? and smartphones. We can blame it really on the evolution that we've had in technology, and we can. But I'm seeing it from the lens of community and culture.

And if we look at now the science of even adverse childhood experiences, the in-utero effect of stress, the way we live has an effect. And it is getting more pronounced, I would say, obesity, diabetes, earlier and earlier liver transplants in children that we never would have thought about.

The eating disorders that we see in adolescents much more than I remember as a resident or even in my early career. And it does come from this, what we talked about, which is social injustices, the disparities that we're

seeing, the access to health care, the confluence of knowledge, but then the lack of understanding.

So this is what you two are working against. No, really, to solve is through education of other practitioners. Yes. So this is a big part of your mission is to leverage your abilities into other professionals.

Yeah. Tell me more about this. Yeah. Well, I mean, narrative medicine for me was a very selfish exercise. I loved your answer to narrative medicine because it was a tool and it made sense because that's, you know, Sammy's an avid reader, an avid writer.

She writes, she's beautiful. And the words in her, when she speaks, it just, It just makes so much sense. And for me, I went in there in medicine to write about what I was going through and I couldn't, there was no place as a physician to really process the traumas that I had experienced in my training and thereafter.

And I wanted to write those stories. I had to have a place to kind of say, what happened? And so all these different elements with narrative medicine and ketamine treatment, integrative medicine, to me, it makes so much sense now.

And as people who do this work, we also do our own work. We also need to understand our own healing capacities because it's heavy and it's beautiful at the same time.

that if we aren't able to process within ourselves, we're not effective either. And so there's this kind of selfish reason, I think, to do and understand this, but also this driving to share to the importance of this work and how, as physicians, we can be better physicians.

We can do things. We can think outside that we don't have to do it in this way that we've been doing it, it's just not working. There is this impetus to really broaden this topic out to ways of healing.

And that's why our center is called the Healing Center because it's not a clinic, it's a healing center. We want patients to come in and get the information, seek that knowledge for themselves, empower it for what they need, not me telling them what they need and they will speak to it.

when they feel safe and supported and can trust the process and the system. That's where healing occurs. It's not with the medicine. I'm getting this image of us kind of being these little bubbles of what you describe right now as safety.

And a vacuole is a place of safety within a cell, isn't it? Remember when we drew amoebas and looked at the cell wall and looked at the cytoplasm, they would be vacuoles.

And a vacuole is just this little bubble where things happen. right? Where potential, where things arrive, the space is held, and a catalyst, something catalyzes.

And I think what we're describing here is, if we're in this condition now, okay, medical training is traumatic. We're in this crisis where we're seeing this emergence in our young people.

And I really think the young people are canaries in the coal mine of a society. If your young people are struggling, there's something wrong with your society.

There's something fundamentally at a philosophical level and a psychospiritual level really not able to hold and kind of enhance or even support the normal development of this, you know, human being and all of that.

But here we are going, you know, this is a healing center and, you know, Pala medicine, we came to the idea of the word Pala because there's a mudra in kind of Indian philosophy that kind of talks about the two hands.

kind of in a shape of guardianship or holding or safe space, right? So there's this potential that we're opening up between the hands and there's energy and there's healing in the hands.

I mean, there's just this real notion that we've got to humanize healing and we've got to create safe spaces for healing. And that really what's important is the human being right in the middle, just like Alia said, that they get to direct it.

because there's just so much untapped potential and unrealized understanding within each of us of how does this thing work? How does this body work? Most people are walking around having absolutely no idea of how to take care of this absolutely stunning piece of equipment that they've been handed the day they were born, right?

It's self-healing, it grows by itself, you don't have to direct it, you don't have to do anything. You just have to show up to it every day and it just kind of takes care of itself.

It tells you what to do, what you're hungry for. Until it doesn't. Until it doesn't. You're thirsty, go drink some water, go get some shade if you're too hot.

We have this homeostasis, this ability to reach for homeostasis is just we've kind of imagined our ways or stumbled our way out of relationship with that, but we can come back into relationship with it.

So if there's one thing that we're talking about here that can convince other physicians or other healers about what we're doing here, I think we're retooling what it means to heal.

I really think in the ways that you've done, in the ways that we're discovering, in the ways that science and biomedical, just the rapid escalation of just how much information we have now on that genetic level, on that just kind of a biological level and how we can intelligently with information, with some of these tools.

Some of these tools are very new, like we were talking about, the peptides and all of this. And some of these tools are very old. Reiki, mindful meditation, yoga is one of the, believe it or not, yoga and meditation are two aspects that align so well with psychedelics that I think they provide a really nice scaffolding.

So what I see is patients who come who've already done yoga, or are already meditators, they're already ready for the psychedelic to just give them that little push and catalyze that change, that transformation that their body and mind has been prepared and ready for through the mindfulness meditation and through the breath work and through the yoga they've been doing.

Future of the Field and Practitioner Education

So people who are already practicing these somatic practices, whether for stress relief or whatever, they're already kind of on this path. It's just now we have these interesting little molecules or we've had for two or 3000 years that humanity has known about psilocybin and some of these other tools that have been used.

But now we have this resurgence of an understanding that Yeah, there is something innately healing within the human body. There's a mechanism you can tap into it, and now we have molecules to actually catalyze that change.

So where do you see your practices going? Is it just you're on a path now, you're just going to continue doing more, or are there some exciting new developments that you're anticipating?

Wow, I can take some of that. I think what you're asking is informed by just how many molecules are going through the pharma pipeline right now that fall under the psychedelic molecules.

And I think the most exciting part that I am seeing is this compound called Ibogaine that is found in the West African iboga plant that is seen to be some of the because of its longer acting It's a lawn care acting compound.

It's being investigated for PTSD and traumatic brain injury. So just what we can do at that cellular level with nerves is like a whole other, I think, level that's coming about.

But I think what we are doing, or at least what I can say what we're doing is in this beta stage and this kind of startup mentality that we have around psychedelics is trying to figure out how to do this, how to do this well, how to do this ethically, how to do this in a way that, you know, hues to the evidence base while also making it personalized, how to make sure we're gathering these outcomes that are coming from these treatments and how to communicate them appropriately.

So education, advocacy, communication, you know, really bringing in also the science and the art, but I think that's where I see it going. I think when you talk about advances in medicine, yes, we can be at the cutting edge of technology and really apply that in this space as well.

It's not devoid of that. I also want to highlight that we're talking right now, we're talking only about what's legal, right? Ketamine is a legal psychedelic done in a facilitated way with therapy has had has shown this is the most transformational changes I've seen in my practice of medicine since, you know, 20, 30 years now.

You can see that change. You can see the face of trauma change, right? The patient comes in, they're depressed, and their face physically changes. They look different.

after treatments and you're like, wow, that itself. And then you're engaging with them as humans and you're really connecting with them, their story, who they are and who they want to become.

And you're really part of that progress that they're really exploring and they open themselves to doing. And technology is part of that. I would definitely say technology plays an important component.

to what we can do more of bringing that in. But I also want to highlight even what Simmi was saying. The art of medicine is old as old sciences is. It goes back thousands of years.

And why have we not talked about this? Why are we now talking about ancient healing practices? I think that's a critical question. It was always there.

Yes. It wasn't fashionable. It went out of fashion somehow. And there's a lot of ideas around that, but, and I don't even care about the politics. I care about people like you guys making it accessible and leveraging this knowledge and your experience through other practitioners.

Because just, I mean, you give hope, but we don't want to be misguided to just go off and have a trip and get better. You've got to be supported by a professional that can walk you through this.

It's not a do it yourself thing. David, you bring up a really good point because traditionally speaking, when we as humans, our ancestors and different cultures have done this kind of healing, for example, the word shaman comes from an area in Siberia where this was how people, the medicine man, all these different cultures have a tradition of healing.

And I want to really make sure we respect that as well. And I think that's one of the things that even in the name of the Shah Minds Healing Center really, it recognizes that there is something about the personage of the healer.

There's something about that interpersonal aspect. There's something about the traditions that we want to hold onto and we want to even bring back. And I think reclaiming those from this kind of their eradication, they really were.

Especially in North America, North and Central America, it was really eradicated intentionally. And so in bringing this back, I think what we're saying is that we're here in 2025 because our ancestors made it through some of the hardest times that humanity could have lived through.

And they must have had some things. They learned a few things. They figured a few things out, and that kept them going. And yes, industrialization and Western medicine has brought a lot of benefits that cannot be denied.

However, let's not leave behind some of these interpersonal aspects, these community aspects, these aspects that are based in maybe topics that haven't been explored or written about.

You mentioned the ethnobotanists that had been exploring in the Amazon and what they brought back, and I don't think we've even plumbed a fraction of some of the indigenous practices that are being lost right now, honestly.

Much less the stuff next door. I mean, every part of North America has indigenous knowledge. We're all indigenous to somewhere and we all have knowledge, but to leave that for a shiny object, the whole classic squirrel, something, a new attraction.

I'm not against enthusiasm and attraction, but what are the proven realities that we should be working with? I think that that's all very important. So I really applaud you guys' integration of children's medicine, the whole hospital-based, which is such a hard load to carry.

I know that you have to become spiritual to even be in that world. And so I applaud you bringing that in for adults because I think this is work that's fantastic.

I know it's not easy, but I really applaud you. And then to take it to the next level, to share it as practitioners. I have huge gratitude for you both doing this kind of work.

Thank you. Thank you. Thank you, David. Yeah. And I think when we started our conversation, you opened up with a question, which is why curious we are as podcasters, we're two curious MDs.

And the word of Shah Minds, it really came to me. because of understanding the ancient and healing arts that is already there in all cultures, in all practices.

I've lived globally and I've seen it everywhere. And so the mind is the shaman, but the healer's mindset. The why of shaman is why they're asking that question and no man curious to You know, there's other ways of healing but being in that the mind of the healer and really exploring all the ways of healing and bringing that together in a healing space that invites true healing And I applaud you for this.

I can see the nerdiness of curiosity, right? Of really understanding the cellular health and really asking that question of what else can we do for this patient who hasn't responded to something- Not giving up.

Keep asking. Did we miss something? Is there another conference I can go to that I can bring something home to use with that person? I've been motivated by single patients.

How do I solve their problem? I've gone to entire conferences just for a single patient. You know how it is. They're very lucky to have you. Because that curiosity, that active search, because when we become the status quo, that's when we won't advance.

Well, that's when we give up. Yeah. And that's fine, but we're doing this as much for ourselves as for others. But to be very clear, it's the follow through.

It's the actual getting it done. Now, this is a very big and important question, because a lot of my listeners will want to know more whether they're practitioners, whether they want to talk a practitioner in their local town into taking a course.

How do people get in touch with your group your teaching so that they can take advantage of what we've just scratched the surface of. But I want my people to have access to this ability that you've got.

How do they get in touch? Do you have a website? What have you got? We definitely have a website. For me to understand this, I had to go back to school and really understand the neuroscience before I even implemented this on a patient.

And on our website, they're curious. We have articles, stories, publications, and that's why we do this podcast, too, to really share, too, the experience of this medicine and practice and really engaging and getting that knowledge of all the things that are out there that's available.

So our podcast is one way that we bring that information outside of our practice. Our website is Shawn Mines, which is S-H-A-M-Y-N-D-S.com. And there's an extensive amount of reading resources, materials, because I want patients to be convinced and research and know their curious questions before they even start treatment.

So it is a website that stays active in all of their latest publications and articles around this. Very cool. Yeah. So you've got workshops, you've got other stuff coming, so.

Thank you. Any other projects that we should know about that are coming up? We have the podcast, Two Curious MDs on Spotify, Apple podcast. Good. We both run a education and advocacy group called IACAP for practitioners like ourselves who are interested in really delving into the practice of ketamine-assisted therapy in the adolescent and the young adult age group.

So a carve out from the adult space. So iacap.org.org if anybody wants to join or participate or read more. Excellent. And that is www.ayakap.org and also Pala Medicine.

What's your website? It's palamedicine.com, so palamedicine.com. And if anybody's curious, they can always make a free 20-minute consult call. In Southern California, I'm a small practice.

I went back to those two fundamental words in medicine, which is attending and practicing. I always try to remind myself is you're just attending and you're practicing, and that's going back to basics.

We call ourselves all of these subspecialty names and stuff, but at the end of the day, so I really enjoy that personalized narrative medicine aspect.

You know, just we're in discovery. I don't think we know where this path is leading. And I think that's kind of some of the exciting stuff. Remaining open.

Excellent. Well, thank you both. It's been very educational for me and I really enjoyed it. So thank you both and we will talk again in the near future.

Thank you. Thank you. I hope you enjoyed this episode of the Natural Facts Podcast. To get access to my future episodes as soon as they're available, subscribe wherever you get your podcasts.

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