# WHAT? THERE MAY BE A PTSD CURE? #psychology #rootcausehealing #posttraumaticstress Transcript

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## Introduction: Psychedelics and the New Era

We are certainly in a new era in my field, addiction and mental health, and I couldn't be happier. You know, since April 17, 2026, when the president signed an executive order aimed at accelerating access to treatments for serious mental illness, specifically psychedelics and mainly Ibogaine, I've been flooded with messages, with texts, emails, patient questions, colleagues having debates.

As Ibogaine finally came to the US, are psychedelics about to replace traditional mental health treatments? And patients asking, should I wait for treatment for these therapies instead of starting medication and treatment now?

Alright, I'm here to talk about psychedelics, about policy and the future of addiction and mental health treatment, what changed and what actually matters.

So let's start by organizing what's actually happening scientifically, clinically and politically so we can understand the signal through the noise. Because there is a big picture shift.

We're in the middle of a paradigm shift in psychiatry and addiction medicine. For decades, most treatments in my field have been daily medications, some long-acting injectables but frequently underutilized, incremental symptom reduction, not remission, and long timelines to improvement.

Now, new medications. Some newly approved FDA and also investigational psychedelic-assisted therapies are introducing something different.

## Policy Shifts and State-Level Momentum

rapid symptom change, durable remission effects after limited dosing, and mechanisms rooted in neuroplasticity and in network-level brain changes. And now, for the first time, policy is actually catching up with the science.

This recent executive action is not legalization, but it does signal reduction in barriers to research. Really important. Potential DEA rescheduling discussions at some point.

and expansion of right-to-try pathways for treatment-resistant conditions. And that matters, but it doesn't mean these treatments are ready for widespread clinical use or ready-for-prime time yet.

I'm Dr. Arvind Podesta. I have spent my career treating folks with substance use and addiction and with significant mental health symptoms. On this channel, I break down mental-health, neuroscience, and integrative and functional approaches to treatment.

One integrate approach that I've talked about before, but I am so excited to talk about here, is psychedelic medicine. The science, the clinical implications, Now, being a Louisianan and being on our Louisiana Opioid Abatement Task Force, I've got to give props to Louisiana because it actually matters right now.

Here in Louisiana, something big just happened. Senate Bill 43, introduced by Patrick McMath, just passed in the State Senate unanimously. unanimously.

That alone should get your attention. This bill proposes a regulated psychedelic assisted therapy program housed within the Louisiana Department of Health and funded by opioid settlement dollars.

this would be focused on treatment resistant PTSD, on opioid use disorder and on severe psychiatric illness.

## Psilocybin and MDMA Research Highlights

And if passed, implementation could begin as early as August 2026, with research centered in academic medical institutions. So y'all, this is not fringe anymore.

This is structured, state-supported medicine in development. Now, Louisiana is not alone. As of 2026, Oregon and Colorado have fully implemented regulated psychedelic therapy programs for psilocybin, which also has allowed research in those states.

And New Mexico has passed legislation creating a medical psillocyban access pathway, also opening access to research as well. Several other states are actively advancing bills or pilot programs, including research-focused models and PTSD-specific legislation.

And over a dozen US cities, including Denver and Oakland, have decriminalized certain psychedelics. And more than a dozens states are actively considering legislation right now as we speak.

So seriously, the real deal is that this is no longer theoretical. We now have active federal momentum, multiple state-level programs already live, and states like Louisiana building the next wave focused specifically on addiction and severe psychiatric illness.

All right, well, let's talk about the science and what actually works, because we've got to move away from looking at the hype and this new thing, but let us look at data.

So most potent psychedelic thus far is actually psilocybin, and it has the most robust evidence as we are in the research phases. There is a large effect size for depression and anxiety.

Around 70% of patients show a meaningful improvement at week four. And also, it is very promising for alcohol and nicotine and other addiction. And this is one of the strongest signals that we've seen in psychiatry in decades, certainly in my career.

## Ibogaine, Supply, and Sustainability

Well, another area of research on the horizon is MDMA-assisted therapy, specifically for PTSD. After treatment in these studies, about two-thirds of patients no longer meet criteria for PTSD.

Can you believe that? Resolved. Effect sizes actually exceed most traditional antidepressant research. And I don't know if you know this, but MDMA has already received FDA breakthrough therapy designation.

But importantly, it's not approved yet. It's finalized. Well, and then let's talk about ibogaine. That was what was on the front page that was mentioned in the executive order.

And it is the most relevant to opioid addiction. Also, really the whole thing is misunderstood because it's very complex. This is where my focus is. Ibogane is derived from the root bark of a West African shrub called Tabernath iboga, traditionally used in spiritual practices.

And this matters, for a reason most people aren't thinking about or talking about, because the plant itself is rare. It's slow growing. Its increasingly difficult to source sustainably.

As global interest in ibogaine rises, wild harvesting is increasing. There's also a massive ecological pressure that's growing, and supply chains are inconsistent and often unregulated.

So when we talk about scaling ibogaine as a treatment, we're not just talking about it medicinally for treatment. We're talking its availability, its sustainability, ethics, and feasibility.

And that's why a major focus of research is currently finding a synthetic production pathway using biotechnological

approaches for the enzymatic pathways that iblogaine works on.

Because if this becomes a legitimate treatment, we can't rely on stripping a rare plant from Central and West Africa to meet a global demand.

## Ibogaine Safety, Risks, and Synthetic Alternatives

Now pharmacologically, Ibogaine is very different from other psychedelics. It's what we call polypharmacologic. it works across multiple systems. It works on the opioid receptors.it works in the NMDA and glutamate signaling pathways, on dopamine reward pathways and on serotonin transport systems and honestly this multitude of efficacy is part of the beauty of whole plant medicine.

But I and many others have concern about using the whole plants in this case. Clinically, ibogaine works imparting rapid reduction in opioid withdrawal symptoms, significant decreases in cravings, and the effects might last weeks to months after just a single administration.

Some studies actually show 50% reduction craving and many patients with minimal withdrawal within 48 hours. And that's not something we've seen in standard treatments.

But there are risks, real risks. And this requires medical caution. Because ibogaine, it's not a gentle or low-risk intervention. It actually carries significant medical concerns, such as cardiac electric changes called QT prolongation, risk of fatal arrhythmias, liver and neurological toxicity in some.

In some of the studies, up to half of patients had significant Q-T interval changes. And yes, sadly, there have been documented deaths. But there's yet another level of risk that's often overlooked, and it actually ties back to the plant itself, because ibogaine is, as you heard, very difficult to source.

And it's also extracted in unregulated environments and distributed through inconsistent global supply chains. So purity and dosing can vary significantly outside of controlled settings.

And that means that patients are not just exposed to the pharmacological risks of ibogaine, they may also be exposed too toxic contaminants, to inaccurate dosings, and they might have lack of medical grade formulations given to them.

And this is where one of the strongest arguments for the legislation is something that we are super excited about because we need the research. We need pharmaceutical-grade synthesis, standardized production, regulated clinical environments.

And, this where the science is evolving. Researchers are working on the fully synthetic ibogaine.

## Current Standards of Care and Clinical Caution

safer analogs that reduce cardiac risk, control delivery models with cardiac monitoring. Because if Ibogaine or Iboganelike treatments are going to be used in mainstream medicine, they must meet the same standards as any other medicine.

Consistent, safe, and reproducible. So when we talk about Ibogaene, we're really talking about three simultaneous challenges. clinical efficacy, which is quite promising, medical safety, not something to sneeze at, and sustainability and ethical production, absolutely essential for the future.

Well, this excitement is justified for sure. And there's a lot of momentum. So with Ibogaine, we're seeing rapid interruption of addictive patterns, actual neuroplastic changes that may reset the reward pathways, and psychological experiences that facilitate meaningful and meaning-making changes and behavioral changes.

The field and research is heading towards safer and targeted versions of the powerful mechanisms of ibogaine, but

hopefully in a semi-synthetic or a synthetic or sustainable form.

And this is where all of this fits into real clinical practice. Now, today, as we speak for opioid use disorder, the gold standards remain psychosocial support and harm reduction strategies and then medications for opiod use disorders such as buprenorphine, methadone, and naltrexone.

Of course, always naloxone as well, co-prescribed. He saved lives every day. And this is what I use and what i teach and talk about in my book, Hooked.

Also, psychedelic therapies, including ibogaine, are super promising in this space. potentially transformative, but still emerging and investigational.

The biggest mistake I'm seeing right now is patients, providers, and the general community thinking, I'll just wait for psychedelics because they're on their way, right?

Be sure though that delay can be dangerous. So yes, we are entering a new era in psychiatry and addiction treatment. That federal policy is shifting. States like Louisiana are stepping forward.

And yes the science is very strong and stronger than it ever has been. Well, I have to say some people are actually calling it the end of the beginning because research on this subject actually began over 40 years ago in the 1980s.

But we're still in the translational phase, moving from promising data to safe, scalable care. Ibogaine and other psychedelics may become powerful tools in our toolbox, but not yet.

And they're not replacements. They are potential additions to a much larger evidence-based system of care, and if we do this right, carefully, scientifically and ethically, we may finally start closing the gap for patients with the most severe and treatment-resistant conditions.

If you want a deeper breakdown of how abogaine actually works in the brain and why it's so different from other psychedelics, I'll cover that in another video.

Thanks for staying curious and checking out what's on the horizon.