

**Psychedelic Medicine.** Richard Louis Miller. Rochester, Vermont: Park Street Press, 2017, 245 pages, \$16.95 soft.

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Naturally occurring psychedelic drugs have been used for centuries for psychic healing, and were more recently joined by synthetic compounds that found value in modern psychiatry. They were quietly praised by clinicians, loudly celebrated by the counter culture, feared by governments, demonized by media, criminalized in the name of public health and safety, but were contributory to current psychopharmacological models.

The outlawing of LSD and other psychedelics in 1968 made further research into these agents and their therapeutic indications and efficacy difficult at best. The suppression of these drugs is near universal as a result of United States policies affecting United Nations sanctions. Despite this, there have been patiently enduring efforts to study their unique therapeutic potential, and recently these positive findings have been discovered by the popular media, which now cautiously admit that these drugs may indeed be healing agents. The FDA has granted Breakthrough Therapy Designation to MDMA for the treatment of posttraumatic stress disorder (PTSD) to expedite its development, and psilocybin is showing impressive efficacy in affective disorders.

Richard Louis Miller has been a clinical psychologist for more than fifty years and also hosts a syndicated talk show, "Mind Body Health & Politics." *Psychedelic Medicine* is a compilation of his radio interviews with researchers, clinicians, and others involved in advocating the resumption of these drugs for healing.

Although this book places an emphasis on alternative treatment modalities and criticism of current psychiatric drugs and "cosmetic psychopharmacology," there is no blanket condemnation of currently used pharmaceuticals which are admittedly useful for some patients. Miller has both professional and personal knowledge of psychedelic therapy and constructively contributes to these interviews by elaboration and clarification.

Psychiatry has been through cycles of somatic treatment, including various "resetting" treatments ranging from spinning chairs to colds packs, electroconvulsive therapy to surgically destructive lobotomies. Psychoanalysis evolved into the various talk psychotherapies with focus upon bringing repressed conflicts to conscious awareness. The identification of neurotransmitters inspired by the molecular similarity of LSD and tryptamines to serotonin gave rise to a new paradigm in which "chemical imbalances" were posited as the

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My thanks to JMB Editor Raymond Russ and JMB Book Review Editor Steven Connelly for helpful comments on drafts of this review. Correspondence concerning this article should be addressed to Tom Trueb, Institute of Mind and Behavior, P.O. Box 522, Village Station, New York, New York 10014. Email: ttrueb@ytci.com

problem, and drugs were then designed to target receptors in the brain, once again bringing the focus back to a solely somatic approach to the point where psychiatrists are reduced to the limited role of psychopharmacologists, and the interaction with the actual patient consists of 15 minute "med reviews."

Swiss Sandoz Laboratories chemist Albert Hoffman took his famous bicycle ride in 1947, and Sandoz introduced LSD as a potential psychiatric therapeutic drug in that same year. But, all too humanly, governments also explored militarizing the drug in the 1950s. Chlorpromazine ("Thorazine") was approved and released in 1954, which quelled the behavior of patients, if not the symptoms, and led to heralded miracle of correcting "chemical imbalances in the brain." Thorazine was the first of a class of drugs marketed as a major tranquilizer (also less popularly called a chemical lobotomy), which supported the economic discharge of thousands of chronically hospitalized patients to an unprepared community. This was popularly known as deinstitutionalization, which resulted in the formerly heralded miracle being revealed as a revolving door concept when the discharged patients went off their medications and were rehospitalized, though under increasingly restrictive behavioral criteria. With antipsychotics, antidepressants, and, most eagerly consumed, antianxiety drugs, the pharmaceutical industry became a major influence in paradigm and policy.

Sandoz's LSD patent expired in 1963, the same year the U.S. Food and Drug Administration classified it as an Investigational New Drug, which meant new restrictions on medical and scientific use. Thus was its status when cultural figures, including Aldous Huxley and Timothy Leary, began to advocate a less restricted use of LSD, and the counter-culture known as the sixties arose. Quite irrationally but predictably, possession of LSD was made illegal in 1968. Ironically, all of these potentially therapeutic agents are now classified as Schedule I substances, which designates them as having no legitimate medical use. It is essentially prohibition redux.

The danger of these drugs was exaggerated and continued to be referenced even after initial concerns were found to be erroneous, such as chromosomal damage from LSD and the extreme neurotoxicity of MDMA. Reports of any positive attributes of psychedelics were suppressed in compliance with the dogma of authority.

Today the government is reportedly renewing the "war on drugs" to the point of increasing enforcement of marijuana violations even as society is finally learning the relative safety and possible benefits of this historical drug. At the same time, a new front in the war is the "opioid crisis," reportedly precipitated by legal pharmaceutical products and marketing. A July 11, 2017 letter to the DEA from a group of senators led by Dick Durbin noted that "between 1993 and 2015, the DEA allowed aggregate production quotas for oxycodone to increase 39-fold, hydrocodone to increase 12-fold, hydromorphone to increase 23-fold, and fentanyl to increase 25-fold."

The interviews in *Psychedelic Medicine* discuss two synthetic drugs, LSD and MDMA, and two naturally occurring ones, psilocybin and ayahuasca (although ayahuasca as a binary compound does not exist naturally but is a product of human combination of two different plants.) As a result of the efforts of the people Miller interviews, these four agents have been approved for medical research protocols, which is a significant advancement in a process towards more thorough exploration of neuropsychiatric issues and therapeutic interventions to relieve distress and suffering.

Mescaline and Ibogane, although natural and having long cultural usage and potential for better therapeutic use, are not included. While peyote/mescaline is legal in the Native American Church, it does have accompanying gastrointestinal effects of nausea and vomiting, which might dissuade inexperienced subjects' participation and complicate the formulation of an active placebo; but ayahuasca also shares this status and these

attributes. Ibogane has had some reported efficacy as a treatment for opioid addiction, although such treatment is only available in clinics outside the United States.

Nevertheless, the theme of these interviews is one of celebrated rediscovery and hope for approval to resume legal use of at least these four drugs for healing. They are potentially more effective than current treatment modalities, which usually consist of chronic ingestion of drugs that are addictive or that quickly become ineffective as the body and brain adjust to and compensate for their effects, often resulting in the very chemical imbalance they purport to correct. Despite the optimism of a psychedelic renaissance, the sociopolitical stigma from criminalization and the "war on drugs" remains significant and polarizing, particularly with current governmental proclamations.

Professional and lay therapists discovered that psychedelic drugs, when used in the right set and setting, profoundly facilitated the psychotherapeutic process and achieved in a few sessions what traditional therapy courses measure in years. Both to therapists and patients, psychedelic-assisted therapy is obviously different from mainstream medication-based treatment. Psychedelics permit (if not force) an opportunity to use compassion as a tool, examine belief biases and prejudices, revisit and process past trauma, and actually change our worldview. There is usually a reconnecting with the natural and spiritual world from which we have become insulated and alienated. Instead of ingesting daily doses of expensive and often destructive drugs, a few psychedelic sessions can effect lasting change in outlook and personality and often succeed in the older psychiatric goal of "resetting" the psychic in an immensely more humane way. The profundity of such an experience can be a life-altering event and a threat to the authoritarian dogma which seeks to suppress it.

*Psychedelic Medicine* is a collection of past oral interviews which had opportunities for listeners to call in and participate; the guests were generally successful in communicating in easily understood language, and Miller provided supplemental interpretation by comparison, rephrasing, and encouraging elaboration as needed. The tone is comfortably personal and informal. The book is organized in discussion of four psychedelic agents: LSD, MDMA, psilocybin, and ayahuasca. Following is a brief outline of these subjects with their contributors.

LSD was the drug that roared and introduced the world to psychedelics, and it is the first to be discussed. Medical chemist and cofounder of the Heffter Institute, David Nichols explains the neurochemical and research grant aspects, and psychiatrist Stanislav Grof discussed his facilitation of around 4000 LSD sessions from 1956–1967 before LSD was made illegal. Amanda Feilding, British founder of the Beckley Foundation, discusses political interference and advocating science-based medical policies. Psychologist James Fadiman, president of the Association for Transpersonal Psychology and director of the Institute of Noetic Sciences, provides an overview of psychedelic therapy principals and history.

MDMA is peculiar among these drugs in that it is more of a "psychedelic lite" compound, and this segment is entitled "Heart Medicine" in keeping with its reputation as empathogenic rather than as transcendental. It is probably now the most socially used and abused drug (also known as Ecstasy) of these four, while at the same time it is the most immediately promising drug for psychotherapy. Director of the Multidisciplinary Association for Psychedelic Studies (MAPS), Rick Doblin, working mainly with the FDA, reviews his long advocacy and efforts to develop MDMA into a prescription medicine, exposing the fallacy of studies exaggerating the neurotoxic dangers, and emphasizing the efficacy of MDMA therapy, particularly for PTSD. Psychiatrist Phil Wolfson tells of his early use of MDMA with chronic treatment-resistant patients and then larger populations until it was made illegal in 1985, as well as his and his wife's MDMA therapy during their son's four year terminal illness. Michael Mithoefer, M.D., and Annie Mithoefer, BSN, discuss their success in a phase II clinical trial using MDMA therapy for PTSD.

Psilocybin is the first of two naturally occurring psychedelics, existing in certain mushrooms, "discovered" by R. Gordon Wasson and his wife Valentina in Mexico, and announced in a 1957 article in *Life* magazine. Psychopharmacologist Roland Griffiths and research scientist Katherine MacLean discuss their psilocybin research at Johns Hopkins and the positive life changes of the patients, the persistence of improvement and "openness" of personality after the sessions. Psychiatrist Charles Grob discusses his Harbor-UCLA Medical Center research with advanced cancer anxiety. Amanda Feilding discusses psilocybin research success with smoking cessation and depression and, again, the persistence of remission with possible sessions of 90 day intervals rather than the daily ingestion of traditional psychiatric drugs.

Ayahuasca is the second naturally occurring psychedelic, although it is actually a binary decoction from two plants: one contributing DMT and one contributing a reversible MAOI which allows the DMT to be orally active. This combination has a long cultural use in South America as a shamanistic vehicle and also more recently as a religious sacrament in churches such as the *União do Vegetal* church, where members partake in group rituals at least twice monthly. Charles Grob assessed this congregation's apparently sustained remissions for addictions, mood disorders, and antisocial behaviors. Curiously, a 2006 United States Supreme Court decision allows members to use this Schedule I sacrament, and in 2009 a similar church, *Santo Daime*, won the legal right in Oregon to conduct its ceremonies, upheld in 2012. Ethnopharmacologist Dennis McKenna emphasizes the mind-body focus of the material. Rick Doblin reports Canadian psychiatrist Gabor Maté's facilitation of a Peruvian shaman's remarkable results working with British Columbia First Nations people, who have a high incidence of addictions, especially to alcohol. This project was terminated, however, when Health Canada threatened to revoke his license due to the DMT content (although Health Canada said it would be open to facilitating research). Ayahuasca group sessions have become popular on an informal underground basis, both in the United States and in ayahuasca tourism in South America.

The final section of the book reviews the history of treatment of the mentally ill and addresses the downside of current psychiatric drug therapy. Medical writer Robert Whitaker has criticized psychiatric treatment, particularly mainstream psychiatric drug treatment, since 1968 when he wrote a series of articles for the *Boston Globe* reporting patient abuse, including an emergency room practice of administering drugs to increase rather than decrease symptoms on an experimental basis, following dubious signed consent forms authorizing a research experiment. Discovering that India and Nigeria had better long-term outcomes than the United States and five other "developed countries," he found that the poorer countries used antipsychotic drugs only acutely and did not maintain patients on chronic drug therapy as recommended by Western allopathic medicine and pharmaceutical companies. He then found that modern outcomes were no better than before modern drugs, and that outcomes had actually worsened in the previous fifteen years. Current drugs have liabilities, including addiction and neurotoxicity; chronic SSRI antidepressant drug therapy can induce the neurotransmitter imbalance they purport to correct. Judy Holland, M.D., discusses people's increased desire for psychiatric drugs associated with advertising and peer conformity, particularly those targeting women as "cosmetic psychopharmacology." She emphasizes the need for physical activity and grounding in nature; although she does prescribe psychiatric drug treatment with benefit, she is cautious and fully informs patients of the risks of these drugs and the benefits of exercise. Dr. Holland is also editor of *Ecstasy: The Complete Guide* and *The Pot Book*.

*Psychedelic Medicine* concludes with the hope of FDA approval of psychedelics by 2021. MAPS and the Heffter Research Institute were able to arrange a three-hour seminar on psychedelic-assisted psychotherapy at the 2015 annual American Psychiatric Association

conference in Toronto. Ram Dass (psychologist Richard Alpert) was in attendance for an interview with the APA president, who spoke of the profound spiritual experience he had when he took LSD at age nineteen and which led to him becoming a psychiatrist.

It is generally felt important that therapist experience the psychedelics that they want to use in practice. MDMA will likely be the first to be rescheduled and adopted by mainstream clinicians. Studies have demonstrated the safety and efficacy of psychedelics in controlled settings. There are great social and economic benefits in using these agents, considering the current costs of disability and chronic treatment. But the greatest benefit might be the original wonder of expanded consciousness, empathy, and ecological awareness.

"We are living in a time when government leaders are still making policies based on self-interest, materialism, morality, ideology, and religion. To advance their irrational beliefs these misguided leaders have been waging a war that has extended to science itself and has cost the lives of patients — denied access to certain medicines called psychedelic — as well as untold numbers of people who have been criminalized for nothing more than ingesting something they were denied access to. We will look back on this period the same way we look back on the period when the world was thought to be flat" (p. 234). Amid the emotional rhetoric, political edicts and false information surrounding the subject of psychedelic drugs, the legal restrictions imposed on their use, the wonder is that objective research of them has been possible at all. To even pursue the research can be risky for an institution's reputation, and the substances were outlawed before they were assessed as the medicine which it turns out they are. But as the counterculture warned us, these substances are alien from and often antithetical to the status quo. Even if they are more efficient in healing and safer than mainstream pharmaceutical drugs, psychedelic drugs are most likely not profitable because they do not require chronic administration. And the worldview they can foster may not be sufficiently competitive and exploitive to be viewed favorably by the current economic system. For the most part, the people in this book have patiently pursued non-judgmental research and practice, are affirming that these substances have much potential to assist healing us, and are at least finding success in communicating this to a culture which may be at last accepting their value. This book is a good introduction to a radical approach that is not really radical but instinctively natural, to insight and healing that has long been suppressed and demonized, and to the perseverance of scientific inquiry.