



HEALTH & WELLNESS / LIFESTYLE

From Taboo to Treatment: The Resurgence of Psychedelic Medicine

Manesh Girn, PhD; Melanie Pincus, PhD

Spearheaded by burgeoning scientific and clinical research literature, psychedelics have reached a level of media coverage and popular interest that has not been seen for over half a century.

By “psychedelics,” we are referring to the unique class of substances that includes psilocybin (the active compound found in so-called “magic mushrooms”), LSD, dimethyltryptamine (DMT), ayahuasca, 5-MeO-DMT, and mescaline – each of which occurs in the natural world (except for LSD, which is a semi-synthetic compound). Ketamine and MDMA are sometimes categorized as “quasi-psychedelics” due to shared features in their subjective effects, although these synthetic molecules possess important differences.

Growing Body of Research

Psychedelic therapy is now being heralded as a potential game-changer in mental health and wellness by researchers and clinicians at a variety of top institutions, including Harvard, Yale, Johns Hopkins, Stanford, UC Berkeley, UCSF, and others. This excitement is based on the promising findings of a growing number of studies which have consistently demonstrated rapid, potent, and sustained symptom reductions for patients with depression, anxiety, PTSD and substance use disorders after *only 1-3 dosing sessions*.¹

These studies, mostly conducted with psilocybin – which is naturally found in over 200 species of mushrooms worldwide – have found sustained symptom reductions at six months,² one year³ and, at the longest, 2.5 years in certain cases.⁴

Clinical trials are also ongoing and near completion for a variety of additional indications, including

chronic pain (neuropathic, cancer-related, and fibromyalgia), cluster headaches, and functional neurological disorders. This work is also motivated by the wide-ranging effects of psychedelics beyond their psychological effects, including their role as potent anti-inflammatory⁵ and pro-neuroplasticity agents.⁶

A Far Cry From Drugs

A major source of the excitement regarding psychedelic therapy is its fundamentally different approach compared to conventional pharmaceutical treatments.⁷ Psychedelic therapy is explicitly conducted within a bio-psycho-social-spiritual model that seeks to heal the underlying causes of mental dysfunction, as opposed to simply masking symptoms.

It is regarded as a curative approach that seeks to catalyze and leverage the brain and body's innate healing capacity in order to create true lasting change and healing. This is a far cry from standard pharmaceutical drugs, which often facilitate chronic dependence and simply mask symptoms.

Understandably, these claims might raise some eyebrows and evoke some skepticism. Indeed, for many, the word *psychedelic* immediately brings up images of hippies and the countercultural movement of the 1960s, as well as concerns and horror stories regarding the safety or lack thereof of this class of compounds.

How could psychedelics – once vilified for their dangerous and potentially harmful effects – now be viewed as a paradigm-shifting breakthrough treatment by a growing number of doctors and scientists?

In the remainder of this article, we highlight the large body of research indicating they can be used safely in clinical contexts for the majority of individuals, while also acknowledging the need to exercise caution and sensitive care when working with these substances.

Psilocybin for Depression

Currently, the largest evidence base supporting psychedelics exists for psilocybin therapy in the treatment of depression. Randomized, controlled trials (RCTs) have consistently revealed rapid reductions in depressive symptoms, with significant improvements occurring within one day after psilocybin administration.⁸ This contrasts starkly with the slower onset of traditional antidepressants, which may take weeks to show similar effects.

What is truly remarkable is the strength and durability of the impact with psilocybin and the other classic psychedelics. One study found that 75% of patients exhibited a 50% or more reduction in depression symptoms, with 58% maintaining remission, at a 12-month follow-up after only two psilocybin sessions.³

Other studies have similarly found potent and sustained reductions, with minimal adverse events. As a result of the promising results, the FDA granted “breakthrough status” for psilocybin therapy in the treatment of treatment-resistant and major depression, in 2018 and 2019, respectively. This status helps streamline the route to potential FDA acceptance as a legal, regulated treatment. Estimates based on the current pace of research suggest possible FDA acceptance for psilocybin as early as 2027.

Other Research-Based Potential for Psilocybin

RCTs investigating psilocybin therapy have also found similarly potent and enduring results for end-of-life distress, alcoholism, and tobacco addiction. As a striking example, a study of individuals with tobacco addiction found that 80% remained abstinent six months after psilocybin-assisted therapy,⁹ and that, even after 2.5 years, 75% were still abstinent.⁴ These rates far surpass those seen with traditional therapies, which typically feature an abstinence rate of less than 35%.¹⁰

Addressing Safety Concerns

The safety of psychedelics is a reasonable concern given some of the alarming claims that emerged in the mid-20th century. Psychedelic therapy is a far cry from the uncontrolled recreational use that had given rise to the horror stories within the public imagination.

Extensive research involving both animals and humans demonstrates that psychedelics are safe when administered in controlled clinical or scientific settings.¹¹ To underscore this point, the rate of adverse events in psychedelic-assisted psychotherapy studies is comparable to standard psychotherapy.¹²

It is important to highlight that there is no evidence of neurotoxicity,¹³ even at doses far beyond those administered for psychedelic therapy. Nevertheless, it is crucial to emphasize that considerable care is taken to psychologically prepare individuals for psychedelic administration, and to create a safe, secure, and trusting therapeutic container.

Individuals can experience a “bad trip” – characterized by acute episodes of anxiety, confusion, and dysphoria; but these have been found to resolve organically in clinical contexts and can be safely managed under skilled supervision.¹⁴ In fact, challenging experiences on psychedelics can often lead to therapeutic breakthroughs when they are worked through and resolved in a clinical setting.¹⁵

It’s important to note that the risk of prolonged psychosis is limited to those with pre-existing vulnerabilities,¹⁶ and screening for such susceptibilities greatly minimizes risk.

Finally, it’s important to note that research in animals and humans indicates that psychedelics have minimal addictive potential¹⁷ and, in fact, there is increasing evidence that they may have anti-addictive properties and efficacy in helping treat substance-use disorders.¹⁸

Relevance to Chiropractic and Wellness Care

Ultimately, we see psychedelics as akin to a chiropractic adjustment for the mind and brain. Research suggests that by breaking up old, unhelpful patterns of thought and behavior, and enabling the processing of repressed emotions and memories, psychedelics may allow the brain’s innate intelligence to reorganize and recalibrate itself.

Moreover, research points toward the holistic benefits of psychedelics, including their potent anti-inflammatory effects, pain sensitivity-modulating effects,¹⁹ and ability to positively influence the gut

microbiome.²⁰

This holistic approach reflects the comprehensive care model in chiropractic practice, highlighting the importance of incorporating psychedelic insight into holistic health disciplines to improve overall well-being.

Final Thoughts

As laws regarding psychedelics are poised to change in the coming years, with MDMA anticipated for FDA approval by mid-2024 and psilocybin potentially following suit in 2027, wellness practitioners may want to prepare for an influx of patient inquiries about these substances. Practitioners will want to address patient questions and concerns with confidence and provide accurate guidance, ensuring patient safety and optimizing care.

Moreover, understanding psychedelics aligns with a holistic approach to wellness, offering practitioners additional tools to promote mental, physical, and spiritual health. By integrating knowledge of psychedelics into their practices, practitioners can consider a more comprehensive range of therapeutic options, meeting the diverse needs of their patients and fostering any even deeper understanding of holistic wellness.

Editor's Note: Drs. Girn and Pincus specialize in educating health care practitioners on the emerging clinical and scientific research on psychedelics. They offer educational resources at [Psyclinical.life](https://www.psyclinical.life).

References

1. Reiff CM, Richman EE, Nemeroff CB, et al.; Work Group on Biomarkers and Novel Treatments, a Division of the American Psychiatric Association Council of Research. Psychedelics and psychedelic-assisted psychotherapy. *Am J Psychiatry*, 2020;177(5):391-410.
2. Carhart-Harris RL, Bolstridge M, Day CM, et al. Psilocybin with psychological support for treatment-resistant depression: six-month follow-up. *Psychopharmacol*, 2018;235:399-408.
3. Gukasyan N, Davis AK, Barrett FS, et al. Efficacy and safety of psilocybin-assisted treatment for major depressive disorder: prospective 12-month follow-up. *J Psychopharmacol*, 2022;36(2):151-158.
4. Johnson MW, Garcia-Romeu A, Griffiths RR. Long-term follow-up of psilocybin-facilitated smoking cessation. *Am J Drug Alc Abuse*, 2017;43(1):55-60.
5. Nichols CD. Psychedelics as potent anti-inflammatory therapeutics. *Neuropharmacol*, 2022;219:109232.
6. Calder AE, Hasler G. Towards an understanding of psychedelic-induced neuroplasticity. *Neuropsychopharmacol*, 2023;48(1):104-112.
7. Greenway KT, Garel N, Jerome L, Feduccia AA. Integrating psychotherapy and psychopharmacology: psychedelic-assisted psychotherapy and other combined treatments. *Expert Rev Clin Pharmacol*, 2020;13(6):655-670.
8. Yu CL, Liang CS, Yang FC, et al. Trajectory of antidepressant effects after single-or two-dose administration of psilocybin: a systematic review and multivariate meta-analysis. *J Clin Med*, 2022;11(4):938.
9. Johnson MW, Garcia-Romeu A, Cosimano MP, Griffiths RR. Pilot study of the 5-HT_{2A}R agonist psilocybin in the treatment of tobacco addiction. *J Psychopharmacol*, 2014;28(11):983-992.
10. Cahill K, Stevens S, Lancaster T. Pharmacological treatments for smoking cessation. *JAMA*, 2014;311(2):193-194.
11. Dos Santos RG, Bouso JC, Alcázar-Córcoles MA, Hallak JE. Efficacy, tolerability, and safety of

- serotonergic psychedelics for the management of mood, anxiety, and substance-use disorders: a systematic review of systematic reviews. *Expert Rev Clin Pharmacol*, 2018;11(9):889-902.
12. Passie T, Halpern JH, Stichtenoth DO, et al. The pharmacology of lysergic acid diethylamide: a review. *CNS Neurosci Therapeutics*, 2008;14(4):295-314.
 13. Johnson MW, Richards WA, Griffiths RR. Human hallucinogen research: guidelines for safety. *J Psychopharmacol*, 2008;22(6):603-620.
 14. Johnson MW, Hendricks PS, Barrett FS, Griffiths RR. Classic psychedelics: an integrative review of epidemiology, therapeutics, mystical experience, and brain network function. *Pharmacol Therapeutics*, 2019;197:83-102.
 15. Carbonaro TM, Bradstreet MP, Barrett FS, et al. Survey study of challenging experiences after ingesting psilocybin mushrooms: Acute and enduring positive and negative consequences. *J Psychopharmacol*, 2016;30(12):1268-1278.
 16. Cohen S. Lysergic acid diethylamide: side effects and complications. *J Nervous Mental Dis*, 1960;130(1):30-40.
 17. Johnson MW, Griffiths RR, Hendricks PS, Henningfield JE. The abuse potential of medical psilocybin according to the 8 factors of the Controlled Substances Act. *Neuropharmacol*, 2018;142:143-166.
 18. Perkins D, Sarris J, Rossell S, et al. Medicinal psychedelics for mental health and addiction: advancing research of an emerging paradigm. *Australian & New Zealand J Psychiatry*, 2021;55(12):1127-1133.
 19. Castellanos JP, Woolley C, Bruno KA, et al. Chronic pain and psychedelics: a review and proposed mechanism of action. *Regional Anesth Pain Med*, 2020;45(7):486-494.
 20. Kelly JR, Clarke G, Harkin A, et al. Seeking the psilocybiome: psychedelics meet the microbiota-gut-brain axis. *Int J Clin Health Psychol*, 2023;23(2):100349.

MAY 2024