

Psychedelic Upgrade: Finding the Right Dose & Approach – Dr. Phil Wolfson & Dr. Julie Holland – #960

Dave Asprey:

Today's special episode format features two different experts sharing knowledge about a single subject that I've chosen because I think it can make a big difference in the quality of your life, your energy, or maybe even the length of your life. Across about a thousand episodes of biohacking, I've brought those topics to you for upgrading physical, emotional, mental energy, even spiritual energy. And now I'm putting some special guests together in shorter episodes to introduce you to the topic in a broad way in a very small amount of time. You can go deeper if you want to, but at least you've got the knowledge. Of course, I'm also going to give you the full episode links and more resources so you can go deep, but you don't have to go deep. This is about knowing something exists and then choosing what you want to put your attention on. Just go to daveasprey.com/podcast to check it out. Enjoy the show.

Dave:

Today's guest is a psychiatrist and psycho pharmacologist named Dr. Julie Holland. She's researched throughout her career drug dangers, drug use, MDMA, cannabis and psychedelics. You've also seen her on "The Today Show," "Good Morning, America," CNN, "Dr. Oz," "Vice", NPR, and a long list of other places where world class experts would show up, including Bulletproof Radio. She's got a new book called "Good Chemistry: the Science of Connection, from Soul to Psychedelics," and she looks at the science of connection, why we need it, how we've lost it and how we might even find it again. Julie, how was that? How was that introduction?

Dr. Julie Holland:

Yeah, let's talk about that. I think that sounds like a fine introduction.

Dave:

It's been a long time since you were on the show. You were in episode 231. We talked about hacking orgasms, medical ecstasy, antidepressants, and how to get off of them and why women need testosterone. It's been 600 episodes there about, so I know you've done a lot of work since then and so have I, so it's time for us to get caught up on all kinds of fun stuff, including MDMA because it's changed a lot. Maybe we could get started there. Where are you on the subject of MDMA now?

Julie:

Well, I am now where I've always been since 1985, which is that boy, this would be a very useful tool for psychiatry.

Dave:

Today is going to be a really, really good interview because we're going to get into psychedelics today. And our guest is Dr. Phil Wolfson, the creator of a new approach to psychotherapy based on ketamine called ketamine assisted psychotherapy. And if you're a long time listener, about a hundred episodes ago, I went and I did ketamine assisted psychotherapy down in San Diego and talked about it. Phil, though, is the guy who made it happen.

He's the CEO of the nonprofit Ketamine Research Foundation. He spent many decades doing clinical psychiatry and psychotherapy. We're going to talk about what he's done, how he got there. And he's also a journalist and author of a lot of articles on transformation, politics, psychedelics,

consciousness, and spirit. So we'll get a little bit out there today, but remember ketamine is a legal, widely available substance, not subject to the same regulatory problems as some of the other things like LSD or mushrooms, or even MDMA, all of which are making progress as chemicals that can be used for healing, even though they could also be used for other things. Dr. Wilson, or Phil as I'll call you, welcome to the show.

Dr. Phil Wolfson:

My pleasure, indeed, Dave, thanks for having me.

Dave:

Why ketamine?

Phil:

Well, ketamine is originally an anesthetic and an analgesic put together off of PCP analog research in the late 1960s. When it first was being used, Edward Domino, who's the inventor of it, saw that people coming out of high dosages of ketamine were having what he called emergent effects and they were having psychedelic experiences. Unfortunately, because he didn't know what to do with that, and people weren't being supported in it, there were people who really had trouble with the substance. Ketamine got very widespread use throughout the world as an anesthetic for veterinarian work. It's called a horse tranquilizer, all of that. And it's a very, very safe substance. It doesn't cause respiratory suppression, for example, so that people on the battlefield who were wounded or injured, the Army, the Marine Corps uses it for sedation and for quick anesthesia, doesn't suppress respiration.

Its safety became renowned. It's still in widespread use in anesthesia analgesia. But of course, people in the psychedelic realm are always searching, as you probably know, they're always wondering what's around the corner? What have we found? And so some notice came to the emergent syndrome and a certain person, Salvador Roquette, who's no longer with us, and was a very renowned Mexican psychiatrist, but renowned for doing very difficult things. He became renowned for using ketamine as one tool in its toolbox.

Julie:

Good therapy takes years and it's like peeling an onion and then people will get... It's like peeling an onion if the onion were defensive and ran away every once in a while. Right? It's not even as simple as peeling an onion.

Dave:

Best description of psychiatry I've ever heard of, by the way. I think you just like broke the internet with that one.

Julie:

If the onion stopped answering your calls for six months, every once in a while, because you got too close to something. There's a lot of defensiveness and fear built into good psychotherapy because it is sort of like surgery where you're trying to dig down and get to these malignant things that are causing problems that need to be removed and examined. But it's like surgery without anesthesia to dig down to these malignancies. I think of MDMA as sort of, it's like adding the anesthesia or adding the secret sauce

that allows the therapy to go deeper and to be more efficient and more effective and also more comfortable.

It's painful digging up trauma and you can be scared and you can be retraumatized and you can cry. To take a chemical that sort of dampens the amygdala response so you're not as fearful and increases serotonin so you're not as anxious, and very importantly, increases oxytocin so you feel more trusting and connected and more bonded with the person who's doing the therapy, so that's an important piece of the puzzle, right? It enhances the therapeutic alliance, that sense that the therapist and client are working together towards something.

That combination, and then also of course, MDMA, methylene dioxy methamphetamine, it's sort of a cousin to methamphetamine or amphetamine so you've got that stimulant base. People are awake, alert. They want to talk, they want to connect, they want to dig. And they've got really good recall, not just for the trauma, which is really important, but for the session itself, right? Sometimes you may think you've got these great insights.

I think nitrous oxide is a great example. My experiences with nitrous is I think I've discovered this amazing thing. And then I come out and the sand kind of goes through my fingers and I'm like, "I don't know what I had." But with MDMA, you really remember the session. You remember the processing of the trauma. And you're also going to remember the trauma a bit differently because while you process the trauma, you are feeling at ease and comfortable and courageous. It's a chance to sort of reformulate and reintegrate the trauma and also just have a measure of acceptance and equanimity like, "Yes, this terrible thing happened to me, but it wasn't my fault. I didn't cause it. But I'm not going to reject it anymore. I'm going to integrate it into the full picture of who I am."

That's a very long answer of saying that I have unwavered in my belief that MDMA will be really a disruptive technology to the field of psychiatry and potentially even fields outside of psychiatry, because as you and I know, the mind and the body, they're very much connected. We often sort of work through traumas with physical symptoms. So yes, it will help post-traumatic stress disorder. But it also, I think anytime you've got very rigid thinking, which you would have say, let's say anorexia, you're convinced you're fat, even though everyone else is telling you're too thin. Or addiction, you keep going for a certain substance because you want a certain feeling, and even though you're really not getting what you want, you keep going there over and over so there's this rigidity of thought. And so what we need in psychiatry is something that sort of creates a more fluid sense of self that isn't so rigid, that maybe opens things up. That's where I think not only MDMA, but now you should talk about psilocybin, LSD, ayahuasca, psychedelics.

Dave:

You're kind of the ketamine guy.

Phil:

No, I'm really the psychedelic psychotherapy guy. What I really do is work with people, human beings, and psychotherapy substances are adapted to the individual or couple or group to enable them to reach new places of a connecting, loving, caring place to work out PTSD, depression. And during the eighties, along with Sasha Shulgin, I was doing in a large group of the people who we're talking about, psychedelic psychotherapy primarily using MDMA before it became illegal in '86. I wrote about it. We did a lot of things with couples, with depression, with PTSD. I'm labeled 'the ketamine guy' because I wrote the book, the third book, and I'm espousing it because it's legal as an assistant psychotherapy. I'm all about psychotherapy. These are tools in the toolbox that we embrace, and each has particular properties, and we try and create psychotherapy around those properties.

Dave:

Having known so many people with PTSD, how do you know which of these psychedelics is the right one to use for a specific patient?

Phil:

There's really no right or wrong with psychedelics. They have special properties. For instance, the property of ketamine that's most useful is it's a time out. Here you are, Dave, talking to me and you get in the proper setting, you get ready for it. We've done a lot of work on who you are and how you suffer. We administer the ketamine either by injection or we train people how to use it under the mouth where it's absorbed through the lining of the mouth. People then go through either a low dose or moderate to high dose experience. That experience is separated from your life here. If you're a very depressed person over here and you go through the ketamine experience where you have ego dissolution, where you aren't in touch with your body in the same way, where you're involved with a visual stream and commentary on the visual stream, you're separated from ordinary mind. And then the real work is the integration as people come back, how am I different? What have I learned from this? "Oh, I noticed I wasn't depressed in that."

Julie:

Like any sort of psychotropic or psychedelic, which means mind manifesting, I have a sort of big umbrella for psychedelic. To me, it's not just mushrooms and acid. I would also include cannabis and MDMA under that because they are mind manifesting. They are mind revealing. They are mind expanding.

Dave:

What about modafinil?

Julie:

I think modafinil helps some people focus. Every once in a while, I get somebody who likes it more than a regular stimulant, but not that often.

Dave:

At least for me, it makes me able to do more. Everything is effortless, including mindfulness. but you could just take that and play ping pong with it, or you could be mindful, but when you're being mindful, you got more mind to be mindful with.

Julie:

To me, when you're really talking about something that's mind expanding, it's almost like there needs to be a quieting or a contraction of the ego and the small self and the self that wants to achieve and do, that when you're really expanding, you get out of this sort of yang type behavior and into something more receptive and sort of yin where you don't have boundaries.

The other thing I would mention, as long as we're talking about ADD meds and stimulants and modafinil, is I would also make a plug for CBD, which I think it doesn't have the sort of edginess and the pushiness of the stimulants, but it does lend sort of a calm focus. What I recommend for my patients is that they have whole plant strains that are high in CBD, but do have THC in them. I do think that it can, I

use CBD quite a bit. For instance, when I was writing "Moody Bitches," it really helped me maybe the way that modafinil sort of helps you, like get her done.

Dave:

Can you talk about just psychedelics in general and addiction?

Phil:

Yeah, sure. It's a very controversial topic. Ketamine heads lists right now about causing addiction, it's dependence. So ketamine users overuse, they use large amounts of it. And what they're doing is getting out of here. They get used to getting out of here. I had connection a little bit with John Lilly, who was the most famous of ketamine dependent people. He was shooting up all the time. He had weeping scars on his legs. We would see him in Esalen. Terrible. He missed life. That's the point of ketamine dependence is missing life. But we have all kinds of dependency. We don't talk about it. We have MDMA dependency. We have people who use MDMA very, very frequently, though you can't use it too contiguously because the effect is lost. But, we have overuse of that. We have, almost any of the substances though, psychedelics are truly safe and ketamine's truly safe unless you use very high dosages, will have people who get into it and they get into it hard and deep.

In the clinical practices that were evolving like MAPS and Usona and our groups, we are really careful about prescription. We have never had a ketamine dependent person yet. We've had one or two who want to become ketamine dependent to get out of here every day, but we don't allow that. And the whole point is not getting out of here. It's getting out of here, coming back and leading your life. You were talking about Buddhism and spiritual practice. It's about how do we integrate our lives and relationship in this very difficult time with people and in our beings?

Julie:

One of the things I talk about in "Good Chemistry" a little bit, and I do in my private practice too, is that everybody has their own sort of proprietary blend of chemistry and what works for them and what feels good to them. And it doesn't really make a lot of sense to try to convince somebody to take this other thing if they're like, "Yeah, but this works." A harm reduction is all about sort of taking somebody where they are and accepting like, "Okay, I get this works for you and I'm going to work with you, but let's see if we can shift it ever so slightly."

One interesting issue for the sort of sciencey nerds in your audience that I talk about in "Good Chemistry," there's a researcher named Gul Dolen who had a paper in "Nature" that was really fascinating where she sort of theorizes that one of the things MDMA does is it puts the brain in this very sort of plastic state, this neuroplastic state that is similar to how neuroplastic our brains were when we were adolescents.

One of the things that happens in adolescence is that it's a time of sort of integrating a lot of social cues and figuring out what your place is socially. And as an adolescent, we care a lot about social cues, right? You care whether your friends think you're cool or think you're a jerk or rolling their eyes or smirking at you, but in this highly plastic state, it's a chance to sort of reimpress and rework some of that circuitry. I'm very interested in neuroplasticity. I imagine your listeners are too.

Dave:

It's one of the two big core things, have more energy and be more neuroplastic. Neuroplastic equals younger brain, right?

Julie:

Yeah. A lot of these psychedelics really do enhance neuroplasticity.

Dave:

Can you talk about why you started the Ketamine Research Foundation? I'd love to talk about some of those projects starting with end of life and hospice work.

Phil:

Well, there's a virtue in ketamine being legal or semi-legal. The virtue is we don't have to go through FDA. All the machinations that MAPS has to go through and the amounts of money, or for psilocybin to become legal, we don't have to do. We can do IRB and independent review board supervision of our work. And we can create projects that demonstrate the benefits of ketamine as a psychedelic medicine or as a medicine. That's what I saw. I saw that we could extend the range of understanding of how the medicine works into multiple realms, that we could do both treatment and understand better how to do treatment.

We just finished the study on the presence of ketamine in breast milk and a formal IRB study. So why is that interesting? Because women with postpartum depression or other forms of postpartum disorders, they have to start breastfeeding, or they have to make an onerous choice to continue breastfeeding and take Prozac or one of its relatives because they're depressed. Before we started a postpartum study, which we will do with ketamine, we wanted to know is ketamine, what's its concentration in breast milk? What are infants, neonates exposed to? We're just about to publish. We're writing it up. Ketamine allows women, and we will show that, to be able to continue to breastfeed with a small lapse and its episodic use. So rather than bathing myself as a woman in a substance I have to take all the time, like an antidepressant, I can do episodic work with probably the best antidepressant that we have in a psychotherapeutic context. That was one project.

Dave:

What a gift. Wow. That's fantastic. So they need to stop breastfeeding for a day or something?

Phil:

It'll be hours.

Julie:

The first chapter of "Good Chemistry," I just tell people like, "Get in your body. Become embodied. Feel your body." You have to put the phone down or close a laptop to really get embodied and be in your body. Maybe you have to really get off your screens to feel whether you're in sympathetic or parasympathetic. But what I, if I start reading too much of the news, I can feel myself shifting. Good morning. I'm calm. I'm reading this and that. And then as I'm getting more news, I feel like my heart rate's going up and my breathing is getting a little uneven and my hands are getting a little sweaty and clenched and I'm starting to get angry. This is bad for my body. The news is bad for me physically. I have to stop.

Dave:

Let's talk about macro dosing versus microdosing because so many people are reaching out to me asking about that. They're fundamentally different. I want you to explain the differences, but especially focus on the differences around the therapeutic benefit.

Julie:

A micro dose is basically 1/10 of a macro dose.

Julie:

A microdose is basically 1/10 of a macro dose. So let's say if you had dried mushrooms, you would maybe take three grams or four grams, or if you're feeling quite heroic, you might take five grams. But a macro dose is basically 1/10 say of the three grams, so would it be like 300 milligrams or even 200 milligrams. The point is with microdosing is that it's supposed to be sub-threshold, subperceptual so you're not supposed to feel like you're tripping. The joke that I make is if the words on the page are swimming, then it's not a microdose. The words have to not move. You figure out what your dose is, whether it's 100 milligrams or 200 milligrams, where you don't feel it, but it is in your system. And then for LSD, like a sort of classic LSD dose would be maybe a hundred micrograms so a microdose would be 10. A microdose is about 1/10 of a macro dose.

There's a couple different protocols. You can either take it every three or four days, or there's some protocols where you take it five days on, two days off. The reason why you wait and take it every three or four days is so that you don't become tolerant to it.

People are microdosing for all kinds of reasons. Initially I think some people were looking at it for focus and productivity and it seemed like it was very helpful for that. And then other people were looking at it for creativity, where you can get a little bit looser and make sort of looser associations, which is associated with enhanced creativity. Again, this idea of rigidity versus fluidity and opening things up a little bit. It could be used for depression or anxiety or ADD. Everybody seems to have a reason why microdosing is helpful.

And then the other issue is that it's also, these are anti-inflammatory, psilocybin, LSD, DOI, we know for sure is sort of the most anti-inflammatory.

Dave:

DOI?

Julie:

It's not commonly used.

Phil:

We have lots and lots of people who want to help people who are suffering and the suffering is growing. The COVID suffering is monstrous, but the suffering of global climate change and immigration and displacement and drought and all the rest, when you look worldwide, it's beyond the scope of our capacity to even realize it so far.

We're trying to enter the frame by saying people like yourself may want to be a facilitator. Others who aren't necessarily psychotherapists can come into the program and be facilitators of small groups. We're supporting it. They're free to participants. We'll give a stipend to the group leader, whether they're in Kenya or they're in Buffalo, New York, everyone gets a hundred bucks a session. We're raising money for it because we really think that the coalition building and the generalization of a

group formats that encourage connection rather than sharing and healing through expression, because people are so trapped in COVID. That's really the issue. They're trapped. And so by even on the Zoom level, bringing people together weekly is a great way to help people share it to some extent, to begin to open their doors. That's a big new project, which I'm very proud of.

Julie:

These are early days. Again, this is potentially a disruptive technology, a disruptive way of treating things. In psychiatry, we have the daily dose. You take your antidepressant or your anti-anxiety medicine every single day for years. And the truth is that these medicines weren't really designed to be used for decades and they weren't really studied to be taken for decades, but that's what's happened. Ever since Prozac was developed, I think in '88, and since the mid to late eighties, people have been taking more and more antidepressants, anti-anxiety meds, sleeping pills. The numbers are just going up and up. 9/11 was a huge increase. It seemed like a lot of people gave themselves permission to start taking things like Xanax or Ambien or Klonopin at that time.

We had the mid-90s where they all of a sudden started to do direct to consumer advertising, so that was a big jump. And then 9/11 was another huge jump. Then I would say now that COVID is going to be another big jump. In March or April, I had pharmacies saying that they were running out of Xanax or Klonopin. They couldn't get my patients, "Oh, we don't have any one milligram. Can you prescribe two milligram and break them in half?" The Xanax was flying off the shelves. I think that we are definitely seeing an uptick in how people are soothing themselves.

But on the flip side is that we are seeing an uptick in people trying different ways of treating their unrest, and whether they're using macro doses or micro doses, or they're maybe finding an ayahuasca circle to go to, there are all kinds of options, more than ever before. And eventually those options are going to work their way into mainstream psychiatry, mainstream medicine, because these work better. They're more effective and they're more efficient.

Phil:

Indra's Net is a worldwide, it's a universal concept. This is that you and me and our listeners, each of us is a point of light and we have internal reflection and we have external reflection and we're all connected. Lights come in all kinds of capacities. Some lights are dim, some lights are out, some lights are vibrant and we want to light up lights in connection. Indra's Net is about connection. It's about forming a network that exists, because we're all connected, but we're kind of stupid about our connections, kind of narrowly narcissistic and we don't see our origins. We forget about the guy who raised the cow that you eat. I'm a vegetarian, or the tofu I eat. We forget about our dependents. Indra's Net is about linking. You can find it on the Ketamine Research Foundation website, which it sounds like what it is, or Indra's Net Coalition. Thank you for offering to help us with that.

Dave:

Of course. I'll put a link in the show notes for followers. And your definition of that's really beautiful.

Phil:

I've always been energetic, but losing a child and going through four years of an illness and watching a ferocious struggle for life whilst Noah struggled to live every minute. He wouldn't talk about dying. He could only talk about living. The treatment was awful. He ended up dying after a bone marrow transplant at Swedish. His condition, because he was diagnosed late, was much less statistically possible for his survival. This occurred in 1984. He died in 1988. I was around a lot of families of kids who were

dying. I went through a long PTSD period in which I worked, but I was still struggling to recover. We got divorced.

Then I had a surviving son, who you've met. He's a world champion. And all my effort was turned to making his life sweet, to help him through the trauma. I became more in touch personally with trauma and how people suffer in my particular format, but I've always been sensitive to other people suffering. You had [inaudible 00:29:41]. I had [inaudible 00:29:41] And so, why not? What better do I have to do? I'm not going to play gold. One of the great things still is I can still learn at 77. I have an infinite amount to learn.

Dave:

I love that. And I have one final question for you, Julie. If you could recommend only three things for a person to gain more sense of connection in their life right now, what are the top three?

Julie:

Anything that enhances oxytocin, hugging, eye contact orgasm is lovely. Anything that would increase oxytocin I'd say is number one.

I'm actually going to put cannabis as number two, because I am a big proponent. I know I'm going out in a limb here. For me, cannabis really helps me get in my body and become embodied and become very aware of where I am in physical space and my kinesthetic awareness and my posture and things like that. But it also really helps me feel connected to nature. When I go outside, if I have had cannabis, I feel just sort of more in tune with nature and more a part of nature.

I don't know what I would put as number three. The thing about cannabis is you pretty much know what pot looks like. There's not a lot of rampant drug substitution. There's not a lot of counterfeit cannabis going around. A lot of people live in places where they can go to a dispensary and get cannabis. You can't really say that for MDMA. I think MDMA really enhances connection, but I can't tell people, go out there and get MDMA because Lord knows what they're going to get and it could really be dangerous. That's why I'm having a little bit of trouble of what to put at number three. But I guess I would say to put yourself in the parasympathetic mode, because you're not open to connection if you're in fight or flight. You are closed down in fight or flight.

The example I like to give is if you have a fire in your kitchen, you are totally focused on, "Where's the fire extinguisher. Get out of here. I got to put this fire away." You don't pick up the phone to chat with somebody. You're not nice to your neighbor. You're not sweet with your kid. You've got something to do and you're very closed in on that one thing. And your social skills, I would say, when you're in fight or flight are shit. You want to be in parasympathetic so that you are open to connection or it's not going to happen.

Dave:

Is philwolfsonmd.com the best place people can go to find out about your world?

Phil:

Go to the Ketamine Research Foundation, everything is linked.

Dave:

Okay. And that's a dot com? ketamineresearchfoundation.com. I'll put the links in the show notes and on the blog.

Phil:

And indrasnetcoalition.org. Those two, they're all linked. Everything's linked.

Dave:

Everything's linked. Beautiful. Phil, keep learning, have a wonderful next many, many more decades of changing awesome things. I appreciate you.

Phil:

You too. Thank you so much. Thank you.

Dave:

I would suggest that you consider if it's within your means, making a small donation to one of the nonprofits that Phil's working with because guys like Phil are doing good work in the world that can have a big ripple effect. It's one thing, if you help one person, but when you train someone to help many people, it's so much more amplified. If you're in the mood to donate \$10, \$20, something like that, if you can, it's a good move and certainly I will be making a donation as well.

Julie, thank you for being back. I think it might have been too long. We always have these amazing conversations. I feel like we could go for another hour and talk about cool stuff, but we're at the end of the show.

Julie:

Thank you for having me.

Dave:

Hope you enjoyed this episode. And as always, if you read "Good Chemistry," you have a moral obligation to leave a review when you're done reading it. See you next time.