Should You Microdose to Treat Depression?

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The following article is written by Ben Angel. Author of the *book,* Unstoppable: A 90-Day Plan to Biohack Your Mind and Body for Success. *Buy it now from Amazon | Barnes & Noble | iBooks | IndieBound. And be sure to order* The Unstoppable Journal*, the only journal of its kind based on neuroscience, psychology and biohacking to help you reach your goals.*

If you asked 100 people about psychedelics, you'd most likely get 100 opinions based on their firsthand experience, strong condemnation or stories from their adventures at Woodstock in the '60s. No matter what people might know or think they know about psychedelics, the 40-year moratorium that closed down related research in the '70s is now coming to an end. Psychiatrists are beginning to realize that strategic, supervised use of these psychopharmacological drugs is helping people with mental disorders including obsessive-compulsive disorder, post-traumatic stress disorder, alcoholism, depression and cluster headaches. Still, are there enough scientific studies to warrant the use of these drugs in mainstream society?

I'll admit that talk of psychedelic therapy to treat depression makes me nervous. In researching my book, *Unstoppable*, I looked at other key triggers that can mimic psychological disorders like depression and anxiety, such as inflammation, nutritional deficiencies, hormonal changes, side effects from medications, gut imbalances and food sensitivities. The reality is, depression is complex. What works for one may not work for another. Any successful

treatment must first identify the root cause of one's depression successfully, which can be a complex process if not done under the right medical care. A psychedelic treatment isn't suddenly going to fix a nutritional deficiency, for example, but it may help target other symptoms and behaviors that correspond with depression. This is why it was critical to set my own biases aside and speak to an expert.

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Image credit for photo of Dr. Sportelli: Jen Vitale Photography

I was fortunate enough to interview Dr. Domenick J. Sportelli, who is board-certified by the American Board of Neurology and Psychiatry for General Psychiatry and fellowship-trained and Board Certified in Child and Adolescent Psychiatry. He also specializes in human behavior and psychopharmacology. I wanted to get the most current information on the use of psychedelics in treatment for depression, anxiety and PTSD, so I first asked him first to clarify what psychedelics were.

"The term 'psychedelic substance' refers to an exogenous substance [derived outside the body] that, when taken into the body in various ways, physiologically, neurologically and psychologically manifest an internal personal experience of altered states of consciousness," he explains. "This includes perceptual distortions, hallucinations, synesthesia [a mixing of the senses], altered sense of time and space, as well as potentially inducing what researchers call a 'mystical experience' – a sense of oneness, of noetic experience and an undefinable but profoundly spiritual quality."

Is there enough evidence to support psychedelic therapy?

Sportelli wants to make clear that the most researched psychedelics – LSD, psilocybin (mushrooms), peyote, MDMA, DMT and ketamine – have different mechanisms of action and even induce subtle, subjective experiential differences. Although each is grouped under the term "psychedelics," they are quite disparate.

Dr. Sportelli is cautiously optimistic about the multitudes of large-scale, university-based testing and prior research compiled decades ago, but worries about the abiliity to circumvent bureaucracy and conduct safe, credible and substantial testing today. He does add that recent testing of psilocybin, LSD, ketamine and MDMA in particular has generated cause for optimism, and that they will likely have a place not only in continued, diverse research design and protocol, but eventually in therapeutic use.

What types of depression can psychedelics treat?

If we were to look at the onset of most mental illnesses, the majority start to become evident between the ages of 11 and 24, according to the National Institute of Health. With only 42 percent of people getting treatment, most typically do not seek out assistance until a secondary mental illness occurs several years later.

When asked how broadly psychedelics might be able to help treat people with depression, Sportelli concedes that, "Unfortunately, research hasn't determined the level of scientific data to specify the type of depression or mood disorder that psychedelic therapy will benefit." But he does add that research and data are beginning to show statistically

significant improvements in mood, reduced anxiety, change in positive personality traits over time, the possibility of reducing addictive behaviors, reduction in suicidal tendencies and increased personal insight.

Do psychedelics treat the symptoms or the cause?

According to Dr. Sportelli, depression stems from a mix of genetic, biological, neurological, psychological and sociological factors. Recent research has demonstrated how the chemical breakdown of psilocybins closely resembles that of serotonin, and indicated the promising interplay of select hormone transmission. Dr. Sportelli stresses the critical role that these drugs might offer in mood disorders is at the forefront of the pharmaceutical quest for treatment.

“We have never seen substances like these that can potentially change the way that we look at our life and change perspective with lasting results,” he says, noting that they might be able to help “supercharge psychotherapy.”

Is this ultimately a recommend reatment, and where does one turn for it?

“At this time, in the U.S., I would only recommend this treatment be a part of, and under the close supervision of, a university-based IRB [Institutional Review Board]-monitored clinical trial,” Sportelli emphasizes. Before any psychiatric treatment, Dr. Sportelli also recommends a full medical and neurological evaluation to rule out any of the multitudes of medical circumstances that can manifest as a primary mood disorder, and reiterates that significant and often profoundly adverse outcomes associated with such powerful, mind-altering

chemicals need to be weighed further as well. That’s why, as part of any regulated trial, all the necessary medical workups would be completed before participation.

Is the stigma around psychedelic therapy warranted?

Sportelli acknowledges that there is a safety concern associated with psychedelics, and does not condone their recreational or illict use. But he does believe that regulated clinical trials, judicious and ethical research methodology and the progression for therapeutic intervention should not be overlook based on previous stigma and possible misclassification.

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I’ve never been one to throw the baby out with the bathwater. After interviewing Dr. Sportelli, I hold hope for the future, but also a concern for those who may seek out this kind of treatment without an accurate medical diagnosis. My number-one hesitation remains – that is we simply do not have the studies to show which types of depression psychedelic therapy successfully treats, which may result in people attempting to use a hammer when in fact they need a nail.

Either way, if you are to venture into this arena, find someone who specializes in it. The risk of going it alone could come at too a high price.

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