

A Proposal for Collaborative Psychedelic Research in Russia

By
Dr. Olga Luchakova,
 M.D., Ph.D.
 Lab. of Functional
 Neurochemistry,
 Pavlov Institute
 of Physiology,
 St. Petersburg,
 Russia

I quite agree that "future experiments should be approached cautiously and carefully, with a multidisciplinary team of scientists." In Russia it is possible now to gather such a team, and I'll explain why. Igor (Ed. Note: next two articles by Dr. Igor Kungurtsev) and I are the leaders of a non-profit public organization "Breathing World." It consists of professional scientists mainly, dealing with the scientific investigation and practical use of many spiritual methods. Our observation of the dynamics of public consciousness in today's Russia reveals that psychological difficulties are being experienced by a considerable part of the population. The aid, coming from the Western countries, mainly various foodstuffs, etc., helps people to survive but not to live. It is necessary to develop social programs directed specifically towards teaching people how to help themselves. More than 6 years of practical experience conducting groups of personal development (different meditative techniques) made it clear that methods of working with consciousness couldn't be just taken from one culture to another without any changes, because of the important differences between the subconscious of people belonging to different cultures. So we are very interested in cross-cultural investigations concerning the structure of deep consciousness levels.

Psychedelics are powerful tools for such research. At this moment, it is possible to investigate the phenomenology of experience of women who have undergone abortions under ketamine administration in Russia and in the United States. If permission could be obtained for additional human studies, it would be very useful to obtain information about the neurochemical action of psychedelics such as ketamine and MDMA. It is amazing that we even today we can only offer suggestions about what's really happening at the neuron membrane when a person takes psychedelics. Modern neurochemical approaches could make this clear.

We've already discussed such a possibility with my colleagues. The program could be called "Transcultural Investigation of the Contents of Consciousness as a Result of the Use of Different Methods of Inducing Transpersonal States." The methods include connective conscious breathing, different meditation techniques, administration of various psychedelics, and so on.

I guess you are familiar with the existing situation within science in Russia: government-funded official academic science proved to be ineffective. It is possible and necessary to develop private science, using the highly educated professionals who find themselves disappointed with the existing state-governed science. ■

"Death-rebirth" psychotherapy of neuroses with Ketamine (Ketalar) Administration

By
Dr. Igor V. Kungurtsev.
 MD.
 Research Associate,
 Bekhterev
 Psychoneurological
 Research Institute,
 St. Petersburg,
 Russia

PSYCHOTHERAPISTS working within a psychodynamic paradigm often encounter the following situation. After months of therapy, the patient on a logical, rational level can easily understand and explain from where his symptoms are originating but the symptoms continue to exist. Besides a logical understanding, human beings need intensive experiences to change. Full liberation from neurotic symptoms is impossible without deep personality alterations. It seems that life values and personality alter only through non-ordinary states of consciousness connected with profound experience.

Though most psychedelics are in Schedule 1, Ketamine (Ketalar), an interesting substance for transpersonal psychotherapy that is used in surgery as an anesthetic, is not. In doses 6-10 times lower than used in surgery, it induces profound transpersonal experiences which last 30 - 45 minutes. Ketamine is safe, short-acting and has a low addictive potential.

We have tried to use ketamine in psychotherapy of neuroses. In the beginning we undertook self-experimentation in order to find the most convenient doses for treatment. We prefer intramuscular injection because of the longer effect (in comparison with intravenous). My weight is 72 kilograms (kg) and I will indicate doses in total and in milligram per kilogram (mg/kg). *(continued next page)*