

# Eleusis Offers Ketamine Psychedelic Psychotherapy

Dear friends, colleagues and MAPS supporters:

I'm pleased to let you know that I have returned to my research in the field of psychedelic psychotherapy. Toward that end, I established Eleusis, a not-for-profit foundation dedicated to both scientific research and clinical application of Ketamine Psychedelic Psychotherapy (KPP). Planned research activities include evaluating the efficacy of KPP for recovery from alcohol, drug and food addictions and its potential for acceleration of psychospiritual growth. In the clinical area, the center specializes in the treatment of the above addictions, as well as treatment of existential and psychospiritual problems.

The treatment program at Eleusis combines KPP with a variety of additional alternative therapies and self-help techniques that support the insights gained from the psychedelic experience. These techniques include existential and transpersonal group psychotherapies, guided imagery and visualization, Holotropic Breathwork, yoga and meditation, among others. The three-week program offers more than 90 hours of encounter groups, interactive classes and didactic lectures in a peaceful residential setting.

I would also like to update you about my past efforts in this area that led to the foundation of Eleusis in 2003. Some of you may recall my previous reports in the Autumn 1995 and Summer 1996 MAPS Bulletins, where I shared with you the progress of my research protocol for the use of KPP in the treatment of alcoholism. The original protocol, entitled *The Ketamine-Assisted Therapy of Alcoholism*, was presented to the Safety Committee of the James A. Haley Veterans Hospital and was approved on March 26, 1996. It was then reviewed by the Research and Development Committee of the Department of Veterans Affairs and was approved on May 6, 1996. The research protocol was further submitted to the Research Committee of the Department of Psychiatry at the University of South Florida College of Medicine and was approved on May 31, 1996. It was then sent to the Institutional Review Board of the University of South Florida Health Science Center, where it was approved on July 3, 1996. Finally, the protocol was forwarded to the U.S. Food and Drug Administration, which issued to me an Investigational New Drug permit (IND #52,053) on November 29, 1996.

Due to organizational restructuring, however, implementation of the protocol was delayed for three years. Administrative leadership of Psychiatry Services at the Veterans Hospital changed three times, which ultimately delayed the beginning of the study. In addition, the Alcohol and Drug Abuse Treatment Program (ADATP) involved in the original protocol was re-organized during the same period. As a result, the inpatient substance abuse ward was closed, and the ADATP began providing only

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outpatient treatment, which required the protocol to be restructured.

While waiting for the changes at the Veterans Hospital to take place, I began using Ketamine Psychedelic Psychotherapy (KPP) for clinical applications in my private practice and, between fall of 1996 and spring of 1999, treated more than 70 clients. My initial success rate was approximately one-third lower than the one reported by MAPS-funded Russian Ketamine researcher Evgeny Krupitsky, M.D., in 1992, however, and, after repeated communication about the problem, we eventually identified the cause of this discrepancy. Psychedelic substances were virtually unknown in the former Soviet Union, and the vast majority of Dr. Krupitsky's patients had never had a psychedelic experience, while a significant number of my alcoholic clients had a history of abuse of psychedelic drugs. We eventually agreed that the novelty of the psychedelic experience is essential to more successful outcomes of KPP. Karl Jansen, M.D., another European scientist specializing in Ketamine research, confirmed this conclusion and recommended that we exclude patients with a past history of abuse of psychedelic substances.

I tightened my exclusion criteria and began accepting clients with no history of use of psychedelic substances, a past history of experimental use of psychedelic substances, or a history of sacramental use of psychedelic substances. In addition, I restructured my treatment protocol. Initially, I used KPP as a part of individual psychotherapy administered on an outpatient basis; however, I discovered that KPP is more effective when administered in a group setting in the structured environment of a residential program. Eventually, I started using KPP as a centerpiece intervention in my alternative residential rehabilitation program that incorporated existential and transpersonal group psychotherapies, and my success rate immediately began matching the one reported by Dr. Krupitsky in the *Alcoholism Treatment Quarterly*.

In the beginning, I planned to admit to my program only patients with Alcoholism. I quickly discovered, though, that more than 90 percent of my clients had concurrent addictions and nearly half of my clients had co-existing psychological problems. During the same time, in 1997, Dr. Krupitsky published an extensive review of the results of his Ketamine research in the *Journal of Psychoactive Drugs*. He reported that Ketamine Psychedelic Therapy is a safe and effective treatment not

only for alcohol dependence, but also for other drug dependencies (heroin, ephedrine), as well as reactive depression, neurotic disorders, post-traumatic stress disorder and avoidant personality disorders.

I became encouraged by this report and started accepting clients with other drug addictions, food addiction and dual diagnosis patients, as long as their primary diagnosis was Alcohol Abuse or Alcohol Dependence. I discovered that two-thirds of my clients responded well to KPP and recovered from Alcoholism. The same clients also maintained abstinence from their concurrent addictions, most commonly addictions to caffeine, sugars, fats, nicotine, cannabis, benzodiazepines, opiates and amphetamines. They also showed significant or good improvement of their co-existing psychological disorders and psychosomatic illnesses, most commonly generalized anxiety disorder, social phobias, primary insomnias, acute and repeated stress disorders, pain disorder, panic disorder, depressive disorder, posttraumatic stress disorder, tension and migraine headaches, somatization disorder and chronic fatigue syndrome. Additionally, I determined that more than half of those clients who did not respond favorably to KPP had a long history of severe control issues and/or persistent difficulties in maintaining long-term interpersonal relationships.

Based on my practical medical experience, I verified Dr. Krupitsky's findings and empirically learned that Ketamine Psychedelic Psychotherapy is an effective tool in the treatment of a variety of addictions, psychological disorders and psychosomatic illnesses, as indicated above. After gaining personal experience in the clinical application of this highly effective procedure, I eventually stopped using other, less effective modalities in my private practice and started specializing in Ketamine Psychedelic Psychotherapy only. In 1998, TBS/CNN featured our KPP residential program on the American Frontiers program entitled *Psychedelic Revisions*.

Meanwhile, organizational restructuring of the Veterans Hospital Psychiatry Services was completed, and the research protocol was scheduled to begin in June of 1999. Unfortunately, in 1999, I sustained repeated injuries that left me totally disabled for the next two-and-a-half years. After extensive rehabilitative therapy, while still partially disabled, I returned to part-time practice in June of 2002. I immediately asked the James A. Haley Veterans Hospital to allow me to complete the original Ketamine research protocol. Regrettably, the new admin-

istrative leadership of the Veterans Hospital Psychiatry Services was not at all supportive of this important study and declined to allow me to continue my research. I spent another year appealing this negative decision before eventually accepting the new chief's unsupportive attitudes toward psychedelic psychotherapy.

I also attempted to secure help from Parke-Davis Pharmaceutical, the maker of the brand name of Ketamine. Unfortunately, the Parke-Davis license for exclusive use of the Ketamine brand had already expired and the company had no financial incentives to fund my study. Finally, I accepted the fact that neither a governmental agency nor a private corporation would assist me in the Ketamine research. The Department of Veterans Affairs would not

allow me to complete my study due to the controversy of psychedelic psychotherapy, and the corporation would not fund my research without an ironclad guarantee of profit.

For these reasons, I have resolved to continue pursuing my goals independently and established Eleusis, a research center and freestanding residential facility for alternative treatment of alcohol, drug and food addictions. Eleusis is also

obtaining status as a 501(c)(3) tax-exempt organization and is currently in the process of applying for two National Institutes of Health grants through the office of Complementary and Alternative Medicine. One grant will be submitted to NIAAA to request funding for a study entitled "Ketamine-Enhanced Psychotherapy for the Treatment of Alcohol Abuse and Dependence." The second grant will be submitted to NIDA to request funding for a study entitled "Ketamine-Enhanced Psychotherapy for the Treatment of Opioid Abuse and Dependence."

I will continue to keep you informed about my progress in both the research and clinical arenas. If you would like to learn more about Eleusis, please visit our web site at [www.eleusis.us](http://www.eleusis.us)

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#### Sources

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