Child: Welcome to my Mommy’s podcast.

This episode is sponsored by my friends at Four Sigmatic, my long-time source for superfood mushroom infused beverages like tea, coffee and elixirs. I’ve also really been enjoying their new plant based protein powder, infused with 7 functional mushrooms, adaptogens and no harmful fillers. It’s really easy to add to smoothies or drink on its own in water. I’ve even made a whipped cappuccino smoothie using their vanilla protein powder and a packet of their lion’s mane coffee packets and it was delicious. So many protein powders taste chalky or have that weird artificial sweetener taste, but theirs is made without any gums or fillers or artificial sweeteners and just made with vanilla. They also have a peanut butter flavor if you are a peanut butter fan like I am. If you are new to functional mushrooms, I also highly recommend their reishi packets at night for better sleep. Check them, and all Four Sigmatic products, out at foursigmatic.com/wellnessmama and Use code wellnessmama for 10% off.

This episode is sponsored by Joovv Light Therapy red lights. I have one of these in my bedroom and make it a regular part of my routine for several reasons. Emerging research shows that light dramatically impacts the body, and red light serves some especially important purposes. You’ve likely heard me talk about mitigating blue light exposure, especially from artificial sources, and especially at times it wouldn't occur naturally outside (like evening or night). Red light is the other part of this important equation! Light signals a hormone cascade in our body that affects sleep, stress and more, we can use these lights to our advantage. Red light in certain wavelengths signals the body to rest and turn on its natural healing processes, making it beneficial for sleep, skin health and much more. I personally use red light therapy for my skin and have noticed that it’s been helpful in improving my loose skin after weight loss too. Learn more and lock in an exclusive Wellness Mama discount at joovv.com/wellnessmama.

Katie: Hello, and welcome to the "Wellness Mama" podcast. I'm Katie from wellnessmama.com and wellnesse.com, that's Wellnesse with an E on the end. And this episode is round 2, with one of the smartest people on the planet, actually part 2 of round 2. And I mean that literally, like, top 10 highest IQs on the planet, higher than they projected that Isaac Newton or Leonardo da Vinci had an IQ. So, truly one of the smartest people that you will probably ever hear from on a lot of topics. I, in part 1 of this episode, talked to him about consciousness, suffering, ego, and a lot of other topics related to that. And I wanted to have him on for this episode, especially for this part we tackle in part 2 of this episode, which is a subject I've been getting a lot of questions about. And I wanted to have an expert with a background in science, in medicine, in neurology, and in consciousness, and who has personal experience.

So, in this episode, we delve into the science and application of consciousness and substances like psychedelics, from the medical and neurological perspective, as well as their use in trauma therapy, and in their potential for many other things as well. And I know these are controversial topics. I would encourage you to listen to this episode with an open mind, not only because you're hearing from one of the smartest people in the world, but because these substances, while often misunderstood, have truly life-changing potential. And in this episode, I share my own personal experience with several of them on how it was very pivotal in my own recovery from things.
If you feel in yourself resistance or fear, even around the idea of these substances, I'd encourage you to explore why and at least consider Dr. Ted's points. As I've found on a purely personal level that the things I had the most resistance to learning about, were often the things I needed to learn about the most. Like I said, there's a lot of misunderstanding about some of these topics. And certainly, there can be misuse but there's also considerable emerging research on their safety and their amazing potential for people with things like depression, PTSD, past trauma, and so much more. So, I encourage you really go into this episode with an open mind. I hope that you learn as much as I did. And without further ado, let's join the world's smartest doctor.

Katie: So I've talked about, I feel like, all the physical elements of what I did that helped with recovering from those, and I no longer have thyroid disease, and I've lost now very close to 100 pounds in the past few years. But the part I haven't publicly talked about until now and the reason I wanted to talk about it with you is, to have just gotten to all that medical background first, was that psychedelics were a big part of that trauma recovery for me.

And I think it's really important, and you've highlighted this some, and I wanna go deeper on it, to really highlight the safety and how these are substantially different when used correctly than party drugs. I think they often get, like, kind of lumped in with party drugs, and I was a child of the '80s who believed that you know, drugs are bad, and this is your brain on drugs, and resisted that for a very long time, actually, until I was accidentally dosed with psilocybin, and I didn't realize until after I had taken it, and then I got a very, very rapid lesson in ego dissolution.

Dr. Ted: How many grams for you?

Katie: I think it...probably close to 5.

Dr. Ted: Oh my God. That is like a heroic dose for me.

Katie: Yeah, so I fully processed that I was...the ego died, and I fully processed that I was obviously going to die because I didn't know ahead of time what I was going into. But it also...that we all kind of use an analogy is when you've been through a severe trauma, your brain or mind seems to compartmentalize, and I'd locked down a lot of things to keep me safe. And all the talk therapy in the world didn't let me access those things because in my mind, it was profoundly unsafe to do that. And I feel like psychedelics blurred that line between the conscious and the subconscious and those things that I had kept locked down, and let me experience them but in a way that wasn't dangerous.
And so, it let me, like you said, process those things without the emotional attachment to them and without
the meaning I was assigning and all the layers of things that I had added to that over the years and then be
able to truly actually work through it. And what I experienced was that profound feeling of being able to let it
go. It was not like, "Oh, I need to keep working on this for 10 more years with talk therapy." It was a full ability
to acknowledge, like, this was a thing that happened, but it is not me, and I have now felt these things but can
let them go.

And not only that, but I now have even tattooed on my wrist the words “amor fati”, which means love what is.
I can actually find deep gratitude for the lessons in that without being stuck in the pain of that. And so, to
answer your direct question, in various ways and in various different countries, I've experienced now
psilocybin, MDMA, I'm not a fan of cannabis personally, just that I don't enjoy how I feel on it.

Dr. Ted: Me, too. Although my products are in kind of the cannabis space. PO molecules, right? I use PO
molecules.

Katie: Yeah. And I’m a big fan of the blue troches. And I actually had an experience in Finland, the Amanita
mushrooms, with the Sami people up there.

Dr. Ted: Oh, wow. How was that? How was that? Well, I'm curious.

Katie: It was stronger, I feel like, than psilocybin in...it was a much more kind of, I felt like a big propulsion into,
okay, we're gonna deal with all these things. And it was a little bit more of a swirling storm versus sometimes
it can be just a calm wave with others. But it was fascinating. And I'm really grateful to have gotten to
experience it, where it came from, with the people who have the traditional...

Dr. Ted: Oh, yeah. Yeah. Now, you're encouraging me.

Katie: But, I've also done MDMA-assisted therapy one time. And I think there's tremendous...I've seen the
studies that are coming out on that. I have good friends who are in MAPS. And I'm really encouraged by what
we're seeing. As someone who had PTSD, who had been through severe trauma, who had a near-death
experience, I had all these kind of things, and seeing how profoundly they affected my life, I knew I had to talk
about this publicly at some point because when I shared my story of trauma, I kid you not, I got 5,000 letters
from listeners and heard stories from, “my dad sold me for sex when I was 7” to, like, horrific stories, I mean,
just things that, like, shook me to my core to even read.

And these people obviously experienced them, and it made me realize, like, we need to open up the
conversation about these things in a public way because, to your point earlier, they can help people not just
with PTSD in such a profound way, but even actual addiction to other drugs that are dangerous, like cocaine,
like meth, like heroin. And we’re seeing these results, but I feel like they still get kind of lumped in with the
dangerous and the party drugs. And there's a misunderstanding, especially in a lot of potentially people
listening today because I had that misunderstanding for many, many years.

So I'd love to, like, talk a little bit deeper about this from the physiological side and the medical side, and also
from the experiential side that you've had as well, the safety of these because I think that's where a lot of the
fear seems to stem from, is that messaging you mentioned and/or just a misunderstanding of what's actually
happening in the body or potentially long-term dangerous side effects that people are worried about, or you
know, what our brain's gonna look like on drugs? So can you walk us from the medical and from your own
experiential experience for that?

Dr. Ted: Sure. Gladly, Katie. You know, what is nice these days, since there is an open discussion now about
these things, and I'm glad that you're taking up this discussion with me on psychedelics and their safety, is that
before, it wasn't even legal to talk about this in the open, right? But now that we're talking about it in the
open, you know, one of the first things of course, at the back of your mind, especially as a physician, right, is,
you know, what's the safety of these things? And you take a look at this and you see that for psychedelics,
right, we could almost say that no one has actually died from these psychedelics. And the people who actually
died from it, died from something else, right, because of the poor information that they had before taking it or
they didn't know what they were taking was actually adulterated. Now, that's the first thing that you should
consider, okay?

When you're looking at a psychedelic, say, it's LSD or MDMA, you know, they could be cut with...like, MDMA,
for example, could be cut with so many other things, right? There are many research chemicals out there. And
you could buy...actually, there are kits. Say, someone gifts you some MDMA and so on, you could actually buy
a kit to test the purity, whether or not you're actually getting MDMA. So, that's the first thing that I encourage
people to do, is know your source, right? Know the source of these things. And if you're going to a physician,
of course, and who's versed in this, they will give you, of course, the pure source, the pure material, right?

And so, when you're taking mushrooms, of course, you have to know whether or not you're taking...you know,
it's like when they say this is dry grams, you know, when they say it's wet grams or dry grams, don't take the
weight of wet grams for dry grams. I mean, you'll be totally overdosing, right? So, be mindful of the
recommended doses because those are the doses where we know you are going to be in a safe space. But we
already know that the margin of tolerance for these psychedelics are actually very high, you know. But see,
the preparedness for the experience is a totally different thing, right?

Because it could be traumatic for some people, especially for those who are not willing to give up their ego,
it's very traumatic. And it's a common experience, even for those who willingly take it, right? Like, "I'm dying,
I'm dying." You know, "I'm really dying. I'm not coming back anymore." And that's a very common experience.
Now, the thing is, what's going at the back of my mind is I'm never doing this again, ever, ever again. Ever,
ever again. And then you find yourself doing it again because you wanted to resolve something else. Right? So,
that's the other... Part of it is that these psychedelics are non-addictive, right? Except for, you know, MDMA
has some addictive qualities to it if you don't watch out. That's why it's actually given only in 250-milligram doses, you know, in two separate psychotherapy sessions.

So, mind the purity, right? It's that first part in safety. Second is mind the dose, right? Mind the dose that you're using. Now, the third, very important, in every experience is the set and setting. Right? By set, I usually just say mindset, right? What's your intention in using this? And these are certainly... You know, I certainly don't use this recreationally at all. Like, these are not recreational drugs. They're not addicting. And most people describe them to you as difficult. You know, these are difficult molecules to take, but they're also ranked up there as one of the top five life-changing experiences that one could ever have.

So, the attitude that I take is something that Dennis McKenna...and I had the pleasure of knowing Dennis on a few occasions, and we worked together a few occasions. But he says, you know, just because they're not people, doesn't mean that they have nothing to teach us. You know, these are...he calls them these are plant teachers, and the molecules, is their language of teaching. So, because we're filled with so much pride that we can teach other peoples, etc., and we speak in symbolic language, that others can't do the same. And, you know, plants can do that, fungi can do that. Right? And it's just that their mode of communication or the mode of teaching us is various molecules. Let me show you another dimension. Let me show you another way to be, right? So that's the mindset.

Now the setting is very important. You know, there are... For example, when you go to, say, Burning Man and other places where there are psychedelics and stuff, you know, there are usually tents that will do mitigation for all this and give you information. They will test what you have. You know, they will mitigate stuff for you. They will give you hydration, and so on and so forth. But the setting is very important. For example, are you doing this with a therapist? Are you doing this with an experienced sitter? You know, does the sitter know what to do, you know, if you... You know, are there any...? Do you have any pre-existing medical conditions that the sitter has to know about and that your doctor has already cleared beforehand, right, especially for an older person with a chronic disease and so on. Because, you know, some of these psychedelics can increase your blood pressure, right? Some of them can get you not dangerously high but, you know, you watch out for them.

I've known of some patients who have gone for a psychedelic therapy with experienced therapists, but, you know, they do take their blood pressure medication on the day of the therapy, so their blood pressure is continuously controlled. And then, the other thing that you'd be wary about is, you know, if this is your first time, don't do candy flipping. For those who don't know what candy flipping is, it's, you know, using one psychedelic now and then an hour later using another. You know, don't mix them. You know, if it's the first time, you basically would like to take it for the purity of the experience, right, or purity of experience.

For those who are, for example, going to take ketamine for depression, there are prescribed doses, right? There is the intravenous way of doing it. There is the troche way of doing it, but make sure that is always followed up with a psychotherapy session. Now, in order to get the most of any of these sessions, you know, for safety and efficacy, you know, just we can talk about this together, is that, really, in any journey that you
take, there has to be a period of integration, right, an integration period where you actually talk to someone about your experience and so on or what you're willing to share.

And this is a non-judgmental, sort of, like, you're the one doing all the talking, right? You're doing this, and saying this, and saying that. And it's just basically a sounding board. And probably just to probe more about the experience rather than telling you what the experience is about, right. It's probe more about the experience and, essentially, you know, probe more about what insights you're getting. Because remember, the effects of these psychedelics, you know, for people, they're lifelong, right? Especially in the first three months, you know, it's like it's one realization after the other, even just from a single mushroom journey, for example, will do that to you.

Now, there is a warning here for the mentally unstable, right, those who are, you know, have...especially for those with diagnosed schizophrenia, or, you know, are suspected of having a mental disorder, like a mood disorder, like bipolar disorder, etc. These can be difficult to administer, right? They say, for example, if you're in a depressive phase of a bipolar disorder, it may be okay to give this stuff, but not in the manic phase. But for me, you know, if you are diagnosed with any of these, please, you know, you have to consult with your psychiatrist and see, you know, what the proper advice is for this because this can unhinge you, right? If you have a tendency for schizophrenia, it will push you into that particular direction. Not to scare anyone, right? But this is all about safety. Right? You should know...

Because, as Katie and I were talking about here, you know, you will experience, "Oh my God, I'm dying, I'm dying." You know, "I swear I'm not gonna return anymore," right? "This is it. I'm dead." Right? And if you think you cannot withstand something like that, don't do it. Right? Don't do it because there's a certain readiness on your part, right? A certain readiness on your part to take a look and, you know, for example, process your trauma or be able to gain insights on loss, right, that you cannot get over with, right? For example, you're in severe grief for already, like, five years, over the loss of a loved one, like a child or a spouse, and so on. Or, you know, as you said, sexual traumas, which are buried there from childhood or early adulthood, right. Or sudden violent acts or chronic violent acts, like in battered wives, you know.

So, make sure that in going to take these substances, you know, make sure that you're already in therapy, for one. So, you have a good handle on what your condition is, right? Make sure that you're in therapy, so you have a good handle on your condition. So, you're healthy and so on. I would encourage people, you know, to follow all the guidelines on purity, on dosing, on an experienced therapist or experienced sitter, you know, the proper set and setting, the proper mindset of why you're doing it, what's your intention? And intention is very important. And then what setting are you going to take it? You know, peaceful surroundings and the surrounding where you feel safe, right?

But for example, much of the reported deaths in Ayahuasca, I mean, too, I think, was from the fact that in the middle of the journey, they actually stumbled out of the camp, you know, or of the compound. And, you know, no one actually was assisting them. So, you know, while... You know, I'm not knocking on groups that give Ayahuasca journeys. Many of them are professional and, you know, will basically guide you and so on. But
I'm just saying choose, you know, from all these professional organizations, choose wisely, where you wanna go, right, who you wanna go with, right?

I know that many younger young adults in there want to try this just for kicks, right? You know, as many people do. You know, if you want it, ask mommy and daddy, right? This is not a toy. It is not a simple drug to deal with, right? Although, it is physically safe, right? Although it's physically safe, you know, you don't know what you will experience while you're in it. Right? As I said, one of the things that I don't like about psychedelics in the context of enlightenment, or awareness, or expansion of conscious, is it changes the contents of your consciousness, right, to something more fantastical or dreadful, right? Phantasmagoria or something like that. And in normal meditation or what they call ordinary consciousness, it should be our ordinary consciousness to be meta-aware, right, is that this, what we see around us, what we're looking at, is the contents of our consciousness, right? But psychedelics will change that.

But at the same time, the big bonanza of the psychedelics, it rewires your brain, right? It does a rewiring of the brain. For example, in ketamine, Katie, it's known that within...you know, right after or just a few hours after ketamine administration, you know, the new dendrites, meaning the portions of the nerve cell that will actually connect with another neuron, actually begin to sprout, right? So you're going to get more connections in your brain.

So, those are my words on safety here. But, you know, your listeners are educated. You know, the resources are out there. Go and look at reputable resources for what you are going to do, right? There are experienced professionals out there that would do this for you. And if you don't want to take it here in the United States, there are experienced professionals elsewhere in the world. I'm still envious of your Amanita experience, by the way.

Katie: Yeah, and it's also legality in other parts of the world. I wanna talk about that in a minute. But to highlight a couple of things you just said, that many people who do this wouldn't consider these comfortable experiences, but would rate them as life-changing experiences. And I think that's an important point because often our life-changing experiences are not comfortable. I've given birth six times, five times were natural. They weren't comfortable experiences. They were some of the most profound and life-changing and wonderful days of my life. Same with when I almost died, not a comfortable experience, very profound and life-changing.

And so, I think it's understanding that often the things that are gonna be the most pivotal aren't always going to be just comfortable in the short term, but that there can be a profound effect in the long term and that when we differentiate and talk about the safety side, these are substances, like you said, that can change the brain for the good, that can lead to new good brain growth and myelination and beneficial effects versus things like cocaine. And from my understanding, even cannabis can harm the brain with overuse in the long term, if used incorrectly, whereas some of these substances we're talking about can actually benefit the brain physiologically as well. Is that right?
Dr. Ted: For cannabis, it's actually, age related. So, for cannabis, you'll see the benefits more in older people, right? It aids in their cognition, in their memory, and so on. But for teenagers and younger, you know, basically, it actually interferes with short-term memory formation and so on. So, it's two different tiers for that. And I always like to say this. Remember, guys, the only difference between a drug and a poison is the dose, right? But what is missing there is that when you give it, right, at what age do you give this? So, there's a difference, right, in terms of the effects of this particular drug.

For cannabis, we're only beginning to elucidate the science now. We do have an endocannabinoid system in our body. We have endocannabinoids, meaning the same molecules as the phytocannabinoids of cannabis, right? So, we're asking the question, why is this preserved in there by evolution? Why do we have receptors for marijuana molecules, right? Why do we have these receptors there? And we now beginning to understand that it's actually for homeostasis, right, for pain and for inflammation, and so on. It's all over the body. So, we're still beginning to understand. And the studies that we've done before were all on whole plants. So, now we're only beginning to study, like, the particular molecule in there, which I'm very keen about, right? What does this particular cannabinoid do, like, cannabidiol role?

For example, say, Katie, my company is coming out with, like, something for anxiety, like a troche for anxiety, right? And it has a cannabinoid there, aside from CBD, a cannabinoid called cannabidiol, right? And so, I'm looking at this from a purer standpoint and that's why, you know, I get flack from the community. It's like, "Oh, you know, you should get the whole natural plant." But I don't work that way, right? As a pharmacologist and as a doctor, I do want to know what's going on in my body and in the body of the people who are going to be taking that. You know, in other words, I treat them as drugs, even if they're considered supplements, right? And I think the danger for me is, like, you know, treating something like this as something that's a consumer product, right? For me, it's like I treat it more like a drug-like product rather than a consumer product because I am after the safety of the people who are going to be using, you know, the supplements at the same time efficacious.

Now, for the... Because we're looking at different receptor systems here, right? So, as I said earlier, like, for example, the cannabis would be with the CB1, CB2 receptors and the orphan receptors, etc. So we find that in our body, we have 5-HT2A receptors. You know, they're receptors for LSD, DMT, and psilocybin, right? The mushroom containing psilocybin is converted by the body into psilocin. And it's the psilocin that's active, and it's a 5-HT2A receptor. So, you also have to ask the question, what is the body doing with this 5-HT2A receptor, right, that is responsive to a natural substance like psilocin?

And so there are evolutionary purposes for this, right? And it's too bad, we don't know the history of how it developed. We don't even know...you know, we barely know the story of our own cellular evolution. We have it in broad strokes, but we don't know this particular details, right? But when you're looking at this, you know, I encourage you to look at it really from 30,000 feet, right? We have locks in our body in the way of B cell receptors. We have locks in our body for different molecules. We have locks for cannabis molecules. We have locks for psychedelic molecules, you know, 5-HT2A. We have locks for all of these things. And then we have
keys, too, that we produce ourselves, right? Serotonin, we produce it, right? Endocannabinoids, produce it. For opioids, we have an opioid system, right? We have an endogenous opioid system. So, we have all these molecules we're producing, and then, you know, there are plants that actually contain these molecules.

So, you could already see that, hey, you know, let's not be judgmental about this. You know, we're producing these ourselves, and the plants are producing this. And they're basically locking basically the keys, the same keys that would open our receptor locks. So, when you're looking at this and you're looking at it without any judgment, any emotion, etc., etc., just ask yourself a question, okay, we have the key inside our body, yes. Does the key exist in a plant kingdom or in the fungi kingdom and or in any other place? Like, in toads, for example, yes, you know. So, you could immediately answer the question, well, you know, there is an adaptive purpose for this, you know, otherwise, evolution will not have left those there, right? We are adapted to, which was the situation, you know, yesterday. We're not adapted for today. I mean, look at us, you know, with all our bright lights and toxic environments and so on. But our receptors are there as a reminder, like, "Hey, you know, these are adapted for something." So it's to be non-judgmental about these things.

And then the other thing I'd like to remind parents, especially, is, right, not to confuse, for example, psychedelics and, you know, attention deficit disorder, you know, and other syndromes which are common in kids, right? I was asked this question, and it just, like, really occurred to me, like, some parents are actually using cannabis to calm their kids down, right? And it's sort of like they're using it like an ADHD type of medication. And I said, you know, again, based on the lock and key mechanism, right, that lock and key system is the endocannabinoid system. The lock and key system for ADHD, for learning is actually the dopaminergic system. Now, dopamine is the reward molecule of the brain, right? And it is dopamine that's addictive. Cocaine, for example, will kick your dopamine up to 4,000%. Okay? And that's why it is addictive. When you are dealing with an addictive substance, you are sure that it's kicking up your dopamine by a high percentage.

But this, you know, again, it's a matter of dosage, right? So, like, for example, in the Andes, if you've ever trekked the Andes, etc., you are served coca leaves, right, and coca tea. You know, and there's cocaine in there, right? It helps with altitude sickness and all that, you chew the leaves and so on. And that's fine, right? But when you refine it and give in a higher dose, it gives you this huge dopamine bump, and you become The Wolf on Wall Street, right, because it makes you feel so invincible. And what I'd like your listeners to know is that this is a different lock-and-key system, right? This is a different... It's just interfacing with the cannabinoid system, the opioid system. So, not to lump this all, you know, into a single problem or a single issue, right?

You have your dopaminergic system, which is highly addictive, like cocaine. You have your opioid system, right, which is, you know, with our opioid epidemic, we have a lock-and-key system for that. And, you know, it was abused because it's good for relieving pain, right? And then, yeah, there are endocannabinoids, which is actually great for relieving seizures, right, for Charlotte Figi and Charlotte's Web, for example, right? And there are syndromes in kids, like Dravet syndrome or Lennox-Gastaut syndrome, for example, these are intractable seizures that can be quieted down by CBD. So, don't use that to quiet down your children's behavior. Right? That's a different mechanism altogether, right? That's for seizures and hyperactive foci in the brain.
So, when you look at this, you know, when people look at drugs, they tend to lump them up together. And a practical way to do this, really, you know, any person could do this, is what lock-and-key system is it affecting in the brain? Is it, you know, the opioid system? Is it the dopaminergic system? Is it the serotonergic system, like your classic psychedelics? You know, is it the... what you might call this, the cannabinoid system? Is it the GABAergic system? The GABA, you know, gamma-Aminobutyric acid is a major inhibitor of the brain. And GABAergic systems, you know, would calm you down. And guess what, you know, one of the most popular drugs for so many decades now has been? It's Valium, right? Valium, basically, will lock on to your... is the key to your GABA receptor and say, okay, you know, "Chill, baby," and that's what happens, right?

So, these are different things. They are not, you know... it's like, one drug issue. No, it's not. You know, each is its own lock-and-key system. And we should consider these things separately because their actions are different, right? Their actions are different. And the way we look at them should be, like, okay, what system are we affecting? So, if you have this kind of perspective, it will be easy to teach your kids, right? If they want to try something, oh, they want to try a psychedelic, okay, then that's a serotonergic system, then you could say, "Okay, here's what happens in that."

Oh, Katie, before I forget, one of the things that I wanted to touch on really is, like, what do you do after, say, you take MDMA, right? And after that, what do you take, right? And, you know that it will deplete your serotonin, right, because it will raise your serotonin, and it will deplete it. So, you know, you could do a Google search out there. You could probably help yourself with 5-HTP capsules afterwards, you know. You hydrate, you take some 5-HTP capsules, and don't take it probably until six months later, you know, or a year later. Because for some people who are sensitive to it, you know, this called... I think it's a series, right? It's a series, like depressive Mondays and something and then suicide Wednesday or something like that. It's like a series of how people feel. Of course, you'll get over it, but these are the kinds of things that can help, you know, if you know how to take care of yourself afterwards.

And there are guides out there, You know, if you're going to try these, then this will probably help after that. If you, for example, tried out what you didn't know, was actually research can pick up that boosted your dopamine quite a bit. And you know that a drug is dopaminergic if you compulsively want to redose. Like, you took one now, and then if you wanna take another one after an hour, you know, that's dopaminergic, right? You already should be on the lookout, like, "Oh, this is highly addictive, right?" So, what can you take like after that, you know, because your dopamine is going to get depleted, right? You can take, something like Mucuna pruriens, for example, you know, which is a natural dopamine source.

But you also need to be careful, right, because the body knows how to protect itself, right? So what happens is, for example, when you raise the dopamine way too high, the body will actually decrease the number of locks that you can open. It's like, "Too many keys in there. I don't want... You know, too many keys in there, I'm gonna decrease the number of locks because there's too much stimulation." And that's why you see cocaine addicts wanting more and more, right, because there's less and less of what they feel, and it's called tolerance, right? They're beginning to tolerate the drug.
And so, these are the kinds of things that if you are looking at this for some purpose, right, or just for a spiritual experience, or to feel connected, or, you know, just curious to see, like, what are they really talking about here? You know, then make sure that you're educated as to, you know, how you want this. And it's very important that you go with people and substances that are known, right, that, you know, where it came from and that you know who's giving it. And the more experience the person has, in terms of being able to give data probably, if it's the first time, it's probably a lot better for you. So that. And now legality, right?

Katie: Well, real quick, I wanna say I love that you brought up some of these things. And I talk to my kids about these substances already. My oldest is only 14. And I've always been a big proponent of giving kids as much information as they're ready for as soon as possible when they ask. And whether that be when it comes to nutrition, I don't just be like, "Oh, these foods are good or bad, or vegetables are good and this is bad." It's, "This is how this food is impacting your body and the nutrients that it contains and how your blood sugar can go up when you..." And explaining because they're so capable of understanding.

Dr: Ted: Oh, yeah. Absolutely.

Katie: This was my kids, I told them, you know, drugs is one word that means lots of things. And it can mean everything from food use. Like, food is a drug. Exercise can be a drug. And, like, pharmacological substances are drugs. We use them all the time in medicine, certainly. And when it comes to these drugs that would be considered recreational or some of the ones we've talked about today that can be really profound, there are different categories. And there are drugs that can kill you if you take them incorrectly one time. And those are the ones you should be afraid of and you should not touch them or try them, period, full stop. But there's other ones, that it's how they're used and using them correctly and understanding them. So I want them to have an understanding and, hopefully, healthy fear of the ones that are dangerous.

And I think it's important to not just...kind of how maybe it was for me, like, all drugs are bad, and to give our kids more information. And you also mentioned earlier about studies on the substances versus traditional medication for even things like depression. And the research I've seen, I'm sure you've seen much more, it is absolutely astounding how much these substances are outperforming antidepressants in studies. Like, truly, to me, almost criminal that these are not being more widely available now because they're helping so many people. But can you just kind of give a little more color on the difference between these substances and antidepressants in research right now?

Dr. Ted: Sure. But first, a word of advice to your listeners, I will give you the best anti-depressant ever that won't cost you a thing, right? It's 60% effective, right, 60% effective, and if you get in the program, I guarantee that it's probably gonna cut down on your depression by 60%. What is it? It's something that you hate to do. It's called exercise. And that is the best antidepressant today. As you said, antidepressants are...exercise can be a drug. And this is a case where you should use exercise as a drug for depression. Okay?
Now, in terms of depression versus the psychedelics that we were talking about, now, we used to think that there was this serotonin theory of depression, right? You lack serotonin, and, you know, you had little dopamine, and you had anhedonia, and so on. And that was the serotonin theory, and then we had, like...we developed SSRIs, right, the selective serotonin reuptake inhibitors. The first one was Prozac. And now we have what's called SSNRI. So SSNRI, selective serotonin-norepinephrine inhibitors, right? Because dopamine becomes epinephrine. And epinephrine is your wakefulness thing, right?

Remember, you know, Katie, there was a period in my life when I was actually in two years of severe depression, right? I think I've admitted this before in just one podcast. I tried to kill myself when I was 16 years old. Right? And then, again, at 40. This is from depression, right? And that's why I'm very attuned to depression and depression drugs and what's going on in the depression world. Contrary to what people think, depression is not...your mind really doesn't go down. Your mind actually races. And for the most part, your mind is actually angry, right? It's just raging on and on and on. And it's not expressing anything, right?

And the new studies, for example, I think it's just two, three weeks ago, also already showed that, you know, if you want to know the truth, ask a depressive patient because they don't have an optimistic mindset, right? They will just tell you, "Do I look fat in this dress?" And they will say, "Yes." So, that's depressing for you. And it's not adaptive for them, right, because in order to be able to live comfortably, you need to have some rose-colored glasses, even no matter how slight the tint, just a tiny hope, right, but useful for survival. "Oh, I will get through this. And I'm going to be able to get my kids in shape," and so on, you know. So that's the function of that optimism, right, is to allow you to survive. Depressives don't have that.

So, with that filter actually gone, right, so you have these reverberating circuits. In fact, it has been shown recently...there's an area in the brain called the habenula, right? And they showed that in depressed people, it's very hyperactive because you're always referring to yourself. And, you know, when I lecture, I surely say, you know...and depressives will hate me, but, hey, I was one myself. You know, it's a very selfish disease, right, but I know it is a disease, right, because everything points back to you, right? Me, me, me, me, me. And that's a default mode network type of activity, very hyperactive, always self-referential, always referring to me. Why is this being done to me? Why is this happening to me? Or the reason why they thought the dopamine levels were also low is because I don't enjoy anything, right? It's called anhedonia. I'm not enjoying anything.

So, their solution here was, then, to boost your serotonin levels, right? They do that. So, now if you look at psychedelics, let's take a look at two forks here, right? I just said that the DMN is hyperactive, right, because there's so many self-referential stuff. So, with the DMN in there, so what can quiet the DMN very, very quickly, right, is ketamine. Ketamine can just boom, you know, quiet it and reset it very quickly. And now, as I said, it's already being approved for treatment-resistant depression. But you know what? And this is just me, I'm not recommending that any other doctor do this, is that, for example, in acute depression, where there is, for example, severe and sudden unexpected loss of a loved one, right, I think, an immediate ketamine therapy would be very, very useful for the person not to get further traumatized by what's going on. Right? And that's me, but for now, it's like they exhaust all the means for antidepressants first before they give you actual ketamine. So, that's to silence your DMN.
Now, other part of it is actually the use of low-dose psychedelics, right, for example, low-dose LSD. And the reason for that is that LSD, for example, will bind, so very strongly, in fact, to the 5-H2TA receptor, which, as I said, is a serotonin receptor and can lift your mood. You know, in fact, you know, there's even a book that's written about this, where she was microdosing, right? And after about a month, it's like she experienced a pleasant day after several months of being depressed. So, it's just nothing, just being able to appreciate that the sun was shining outside, you know, those green meadow flowers out the window, etc. Many of us take that for granted, you know. But for depressives, like, that doesn't mean anything. It doesn't strike a chord, right?

It's funny because of when I'm microdosed, Katie, is that I want to touch all the plants. When I'm walking, I touch all the plants, whether they're prickly or flowery, or whatever, you know, I touch all of them. But the thing in there is that it stimulates the 5-H2TA receptor, just as a lower dose where things seem a little brighter, right? The colors seem to pop a little bit more. It's sub-perceptual, like, you almost feel like nothing, but there is a certain free quality to it, right? There's a certain free quality with experience. So, that's a relationship with psychedelics that we talked about. You can also use, of course, microdoses of psilocybin and so on. You know, before you do this, as I said, you should ask your psychiatrist or your psychotherapist. Many of them, if not most of them, are very open to this. You know why? It's because they don't have anything to give anymore. Right? We've swept this under the rug.

And, you know, Katie, I had an experience here over a decade, probably decade and a half ago. I was approached by a psychiatrist here in my neighborhood and said, "Ted," he said, "can you help me with something?" He said, "I know that this is within your line of expertise. This is what you do." And I said, "What?" He said, "You know, we psychiatrists are so good at getting into antidepressants, but we have no way of getting you out. Can you help me devise a way to get my patients out of antidepressants? They've been on antidepressants for years, and they've been moving from one to the other to the other." Right? And that's the issue that psychiatrists face. Many of them are actually, you know, compassionate about this. They go, you know, "I got you addicted to these drugs already, and you're in them."

You know, my best friend in med school, you know, committed suicide, and she was on eight antidepressant drugs, right? So, you could see this. You know, you see this. We're very good at this, but we're not very effective. But when you see this... There's a lot of hope when you see, you know, "Oh my God, get into therapy. Oh my God, you know, psilocybin and LSD, you know, and DMT, you know, you can use this for these things. And then you could use MDMA for PTSD, you know, and so on. For me, it's like, this is relieving suffering, right? And as you know, my motto in my company is smarter, not harder, is, you know, to relieve suffering in myself and to relieve suffering in others, knowing that there is no other. Like, you and the other person, there's no difference, right? That your suffering is the same suffering as theirs.

And just being able to experience, Katie, just being able to experience just once the peace of not having the ego scream at you all day long, "dadadadada." you know. And, you know, judging you and judging other people and criticizing. So just to have that one-time experience of not having that at all, and then being able to
cultivate that in the daily practice of meditation, I think you've found true happiness. Whatever life deals you, you know, you're already happy, right? At any one... instead of...

Like I said, that's why I tell my patients, you know, you actually can be happy even if you're in severe pain, right? Because you could see the pain arise and say, "Oh, there's the pain." It's like, my body loves me, actually, because, you know, it's giving this pain signal saying that it is this, right? But, you know, pain is one of those that's very constricting, right? It brings your ego right back, smack down. It's like Bah. You know, "This is so painful." You know, "My sciatica is acting up." And, you know, "My kid jumped on me, and, you know, my sciatica started acting up," and so on and so forth. That's the real pain is the story that you created after that, you know. But the pain itself is just there and it could be observed, right, and you could do whatever treatments that you need to get done with it.

So, that's a relationship that, I think, could be easily established between, you know, depression and the drugs for the treatment of depression and what they usually do. And now we know what the DMN does and we know where the classic psychedelics do their work, you know. And then we put them into action into those particular areas. And I said, all you need to do is to know what the keys are and what the locks are that are inside your body.

Katie: Yeah, and that meditation is also an important part of that key and can be very important, both with this or on its own. And I wanna speak to the people who maybe are like me, how I used to be, of still having that resistance or fear of, like, "Oh, drugs are bad." And I've learned the hard way in life, anytime I encountered a very strong resistance to questioning something, that was almost always the thing I most needed to evaluate more deeply. And so I actually now have a conscious practice that every year I make a list of things I firmly believe to be true, and then I question them by purposely reading things that would have alternate viewpoints. And I've learned so much from doing this.

But I just offer that encouragement to anyone who maybe still has some, like, fear or resistance, definitely be cautious with these things. We're explaining the safety, but I just encourage people to, like, thoughtfully question any belief that's so firmly held that you're afraid to question it, in general. Especially because you touched on it earlier, but these are substances that have been used throughout different cultures, throughout...as much of recorded history as we have in different ways. And I may have my facts wrong, but I've even read that in, like, the Biblical traditions, there are actually references to these substances in the Bible, where things that were burned in temples were potentially acacia wood, which was very high in DMT. Is that right?

Dr. Ted: Yes. Yes. Yes. There's even, you know, a superstition, right, that the burning bush was actually a marijuana plant. And, you know, it's like all of these things that were being seen were actually all of these hallucinations. Actually, you touch on the heart, you know, of meditation itself. You know, you say, what are you resisting, etc.? It's exactly that, that is actually a fruit of meditation. See, when you... You know, as you gather someone during the day, say, your kid, or your spouse, or a friend, and it gets you defensive, there is something in you that's resisting that, and that's your ego. It's like, oh, there's something resisting here, right?
You get defensive, right? You defend at all costs what's right for you and what's wrong for you because that's what the ego does. That's what the self does, right?

As I said, it has the defensive function, and you just have to...the meta-awareness that you get from doing the meditation actually gets you to see that your ego is trying to defend itself. Oh, there is a defensive function of it. Right? But that practice is actually great because when you're resisting something, is when you least realize that you're resisting something, right?

In Buddhism, you know, there's a saying that one of the things that you have to be aware of is your clinging to a particular idea, right? And therefore, the flip side of that, if you cling to a particular idea, is you resist new ideas. So, it means that you are clinging to something, right? So, as I said, clinging aversion, right?, instead of just letting them arise, like, you know, that's the right concept, and this is the right concept. And, you know, you're wrong, I'm right. And one of the things that perplexes my students is, you know, when I tell them, would you rather be happy, or would you rather be right? Take your pick. You know, I choose to be happy? It's like...and I usually tell them in the following way is that, "You know what? You're right, but I'm happy."

Katie: I love that so much.

Dr. Ted: Yeah, that would you rather be happy, or would you rather be right? Because much of the stuff that we argue about, it's like, "No, I'm right, you're wrong," you know, and so on. It has roots in that, right, if you're clinging to basic idea. And one of the things that you can observe in meditation, one of the things that you can develop, is if in your daily life, and this is not in form of meditation, this is the meditation of daily life, right, is to actually look and see why you're getting defensive, right? Why are you getting defensive?

There are also many techniques that you can use in life, Katie, you know, that are derived from, like, for example, the stoic practices, right? The stoic practice can be summarized, really, in a very simple saying, you know. Do what you can with what you have, where you are. You know, you don't have to go wherever to do it. And one of the practices that they do, really, is, you know, we call it gratitude meditation, but they call it negative visualization, right? It's like, imagine that you lost your spouse, right? And, you know, oh, my God, you know, and then you realize how important your spouse is to you, right? Or you may imagine that, you know, that...

This happened to me, actually, even before I learned about stoic systems. When I was in medical school, you know, I would go to the orthopedics department, Katie, and then I would come back the next day and be grateful that I still had knees that were not amputated. I could still walk without, you know, a prosthetic. It's sort of, like, I have hands that move and work. You know, those simple things become acuity because you see all of these people, right, and you're working in this awareness that you do. And that's, you know, one technique that you could do to shed your resistance to something is, you know, when you're resisting something, and you say, "What if this opposition was lost? You know, what would I have?" And that's one.
And another thing is what's called a last-time meditation, right? Because you never know the last time that you're gonna pick your kid up and hug you, right, and then bring your kid to bed. There's a last time for that. And you never know when that's gonna be, your kid will be too big to pick up already, right? Yes. And, you know, you don't know when the last time... For me, you know, I didn't know that at 38, 39 would be the last time I'd ever go camping with really a tent and all, right? At age 40, you know, camping for me was a Motel 6.

So, you know, these are the things that help you along the way in order to, you know, deal with life the way it is. You know, life is just as it is. It just unfolds by itself, right? And it's our effort to just control and control and control. You know, it's the illusion of control. It's as if we actually have it under control. But life does what it does, right? In the end, that's why I say, life is a dance, right? It's not a journey. People say life's a journey. No, no, no, life's a dance. In a journey, you have to reach a destination. And if you consider that, then death is the destination. Don't forget it. That's not life.

Life is a dance, right? You enjoy the dance, you enjoy the music. You don't dance just because you wanna reach the end of the music, right? You dance because you're enjoying the dance right now. And the way to embrace life is not too tightly, your partner will choke, right? Not too loosely, it will go away. Just right. And that embrace is with ideas that you have, with your possessions, with, you know, experiences, etc., etc., just lightly, right? So you're able to swing around and dance and enjoy the music.

Katie: I love that. That's a beautiful analogy.

This episode is sponsored by my friends at Four Sigmatic, my long-time source for superfood mushroom infused beverages like tea, coffee and elixirs. I’ve also really been enjoying their new plant based protein powder, infused with 7 functional mushrooms, adaptogens and no harmful fillers. It’s really easy to add to smoothies or drink on its own in water. I’ve even made a whipped cappuccino smoothie using their vanilla protein powder and a packet of their lion’s mane coffee packets and it was delicious. So many protein powders taste chalky or have that weird artificial sweetener taste, but theirs is made without any gums or fillers or artificial sweeteners and just made with vanilla. They also have a peanut butter flavor if you are a peanut butter fan like I am. If you are new to functional mushrooms, I also highly recommend their reishi packets at night for better sleep. Check them, and all Four Sigmatic products, out at foursigmatic.com/wellnessmama and Use code wellnessmama for 10% off.

This episode is sponsored by Joovv Light Therapy red lights. I have one of these in my bedroom and make it a regular part of my routine for several reasons. Emerging research shows that light dramatically impacts the body, and red light serves some especially important purposes. You’ve likely heard me talk about mitigating blue light exposure, especially from artificial sources, and especially at times it wouldn't occur naturally outside (like evening or night). Red light is the other part of this important equation! Light signals a hormone cascade in our body that affects sleep, stress and more, we can use these lights to our advantage. Red light in certain wavelengths signals the body to rest and turn on its natural healing processes, making it beneficial for
sleep, skin health and much more. I personally use red light therapy for my skin and have noticed that it’s been helpful in improving my loose skin after weight loss too. Learn more and lock in an exclusive Wellness Mama discount at joovv.com/wellnessmama.

And I do wanna circle back to the legality as well because, as you’ve touched on, these various substances are in various stages of legality. I think it seems like we’re going to see much more widespread acceptance of these things and more availability of them, I would guess, in the next decade, certainly. But just kind of touch on... We’re not advising anyone to do anything illegal in this podcast. So just kind of touch on where these things are in legal.

Dr. Ted: Sure. Sure. Sure. As you know, the big news last December was there are certain cities with what's called a decriminalized nature. They put it to vote and, you know, essentially making psilocybin mushrooms legal and, you know, cannabis plants legal, etc. You know, you basically create criminalized plants or fungi. Now, how can you, right? And I think this is one of them. I think Portland is the other. There is Oakland, and there is Santa Cruz, California, and there is Denver, Colorado, that have all approved that. And this is just like the marijuana before. You know, it's just a few, and then it goes bigger. So in those cities, although it's been approved, the regulations still have to follow. Right? They still have to follow in that regard.

Now, for MDMA, you know, it's definitely a restricted substance. And you have to go to a licensed therapist to be able to access it. But right now, I don't know what the arrangements are, you know, with MAPS, as regards that, but they do have licensed therapists who can help you with this and probably enroll you in your research program, right, to do this.

For psilocybin, it's a different story, right? It's legal to buy spores, right? You can grow your own. It's illegal to buy the mushroom. So, you could see out there that, you know, you could buy the spores in Amazon and so on. It's an art to grow them. They're very fastidious, right? They like sterile environments, there are particular features by which they grow. You know, can you tell, how do I know these things? But it's illegal to purchase them as a finished product, right. But the spores themselves are not illegal, which is... For example, DMT is a Schedule 1, right? And we produce it in our bodies, but, you know, so all of us should be hauled to jail, right, under Schedule 1.

But if you want to go, there are international areas like Costa Rica, you know, Peru, definitely, where you can actually do Ayahuasca journeys, parts of Brazil, where these rigorous shamanic traditions, right, are in there. There's also, Katie, the difference between, you know, the traditional shamanic experience, you know, versus, you know, you going to do the psilocybin experience. So the shamanic experiences, you know, there are now places around the world where you can do that. In Europe, there are places where you could actually do psilocybin therapy if you want to do so.

For here, it's much of an underground, you know, for... But there are therapists. You know, they are licensed therapists, but they won't admit to giving psilocybin, right, and so on. If you see the podcasts out there and
you read about reports, etc., they don't disclose who the therapist is, but these therapists are actually doing this kind of work, and they're getting really fantastic results, right? There's, of course, a huge researcher for Roland Griffiths at Johns Hopkins in Baltimore, on psilocybin, right? So, as I said, MDMA is in Phase 3. And after that, you know, if we're lucky enough, it could be a drug that can be used and they can be, therefore, accessible with a properly trained therapist.

But for now, essentially, if you are really strong-headed and you wanna do this, what I say is find a good experienced person to actually guide you through the process, right? It is illegal for much of the stuff that we're talking about. It is illegal but not unhealthy, is what I say. It is illegal but not unhealthy. It is less dangerous than driving and alcohol. It is less dangerous than drunk driving or smoking, for that matter. As I said, you know, the deaths are actually not from the molecule itself, but from other circumstances.

And just be careful of your mental state, right? If you have schizophrenic tendencies or bipolar disorder or any such disorders, then, you know, you have to be a little bit more careful. You know, there's better responses to depression at this time, but we don't know. If you're looking for stuff like for drug addiction, there are actually clinics out in Mexico that do ibogaine therapy. They are actually medical...make sure that they're medical facilities because they actually have an emergency physician or an anesthesiologist on staff, right, that can handle any respiratory emergency or anything that happens to you.

The one thing about these things, as I said, they have a very high margin of safety, is that they don't actually depress your breathing or your heart rate, which is really good news, right? Even for ketamine, the reason why it is such a successful anaesthetic is that it doesn't depress your respiration. You know, if you took morphine, for example, it will depress your respiration. You know, you can have respiratory arrest from something like morphine, which is an opioid. But for ketamine, you know, that's one of the things. That's why I said these things are safe.

But as I said, the nice thing about it is that I think because of the psychedelic renaissance, Katie, that people are paying less attention to these as being illegal. I think the attitude that's developing is that, you know, for personal use, if you're doing this for personal work and personal use, I think that's where we're evolving, it's going to be okay. I think we're following the way...I mean, cannabis, you know, it had a very, very long and protracted history, but we're learning from it, right? And so now, you know, we're given allowances for personal use and so on. I think this is where this is heading.

But, you know, if you really want to be totally legal about it, there are places around the world where these things are legal, and you could just fly out there and make sure you get into a reputable outfit with high integrity and you could have these experiences there. And make sure that you are monitored while you are under your journey, right, you know, on the full-on dose.

Katie: Absolutely. I echo that. Like I mentioned, my experiences were largely in places where they were legal, and I don't recommend anyone do anything illegal. I know you don't either. I'm hopeful like you are that we'll
continue to see research and more access to these in safe ways, with a therapist who can help the integration process and that, hopefully, this can help. A lot of people have been taking a lot of notes every time you've been talking. I feel like I just got a college course in the science of a lot of these. And I would love to link to some, kind of, places for further learning for anybody who this might be a new concept to. Do you have any books or sources, websites that you would point people to?

Dr. Ted: Actually, for the studies, the MAPS website is actually very rich in a lot of this information, right? All the studies that are going on, what's in what particular phase? What has been studied, what hasn't? I'd like to point people on consciousness on the work of Robin Carhart-Harris, right? And he has been the one instrumental in doing fMRIs on, you know, psilocybin on the brain and psilocybin and not. And he's been publishing different models on consciousness, on energy distribution, and brain consciousness, etc.

In other words, what I'm trying to say here, Katie, is that this has moved into scientific realm of inquiry. And people should not be afraid anymore, right, because of this stuff. They shouldn't have been afraid in the first place were the propaganda materials not the way they were, right? But now we are forging ahead with these particular tools.

You know, in the meditation space, you know, there's a lot of apps out there. I like, in particular, the work of Sam Harris in his Waking Up app, you know, because he is very gentle with the way...he's the author "Waking Up," something of, you know, Spirituality Without Religion. Right? And, you know, from the apps out there, in terms of meditation and using it in addiction and eating disorders and so on, you know, the work of Judson Brewer is actually great. You know, he has apps as well, and he has a good, you know, I think it's a paid app on anxiety. But I like his work.

So, all of this, there is a space of meditation. And the space of psychedelics essentially is very, very fast-moving, right? If you want to take a look at classic books on this, you should, you know, check out the work of James Fadiman, right? What is it? I'm blocking out the Bible. It's kinda like a Hitchhiker's to the Galaxy. This is like, you know, Hitchhiker's Guide to psychedelics, something like that. But he has a new book now, you know, on us having many selves. And, you know, this is sort of, like, for me, the main people that I observe and what they're doing, right, are these people, James Fadiman, Carhart-Harris. Carhart-Harris, of course, is supported by Amanda Feilding, right, there in London. And then, of course, you know, there's very good podcast from Dennis McKenna, the brother of Terence, you know, on all of these.

So, for me to be safe in these areas is for me to follow...because your information is only as strong as the authorities that you respect, right? If you don't give someone authority over the information, then you won't believe the person. So, you know, follow, like, you know, Rick Doblin and what he says and what they're doing at MAPS and so on, and what the studies are there. So I follow their work and follow what's being done. I follow also...there's Rick Doblin, and then there is Roland Griffiths out of Johns Hopkins is big on psilocybin research. And then there is Dennis McKenna in the Heffter foundation. He's big on LSD research, right?
And then, you know, in the meditation space, have you a lot of apps. There's many, many beautiful people in the meditation space. I mean, Shinzen Young, you know. But really, you don't have time for all of them. So, you know, for me, you know, I use it myself, I recommend Sam Harris's Waking Up. And for those who with addictions or having to do fight with something, like, changing particular pieces of behavior, you probably would like to try Judson Brewer's apps, and he's an addiction expert. He is also a psychiatrist. And he's really cool. He's also a meditator and has a big Buddhist background, you know, behind him.

Usually, just try to remove Buddhism out of the whole thing and just present the things scientifically and neuro scientifically so that it's easier to relate, right, for those who have very hard-cherished notions of whether or not there is a God or gods. And so to remove all of that in the equation, right, and just say, "Okay, here's what we need to work on and focus on."

And so, Katie, to put everything into perspective, here, there's a study that was done on how the East and West perceive things, right? This will show in the psychedelic studies. This will show in things that we do even in regular life. When they asked American kids, you know, what they saw in a particular image, they said, "Oh, I saw three fish with stripes and big ones in front. And there were two other fish in the back." That's the Western way of looking at it. It's a foreground. The Japanese kids, what do they say? "I see an aquarium with the water." Right? "It has rocks also in the bottom. It has, you know, this plant on the left side and their fishing net. You know, there's three in front and back."

So, someone starts... You know, in Eastern philosophy, you see immediately that they start with the context first, right? Where is this happening from, instead of the foreground? In other words, you know, they don't focus in the foreground. They look at the background first, by which things are happening. And you could see this, you know, with their approach, the Eastern philosophy, with their approach to life, right? They're very group oriented, right? It's a context of a group. One of the things that you know when you travel a lot, you notice is that in Asia, you know, there are restaurants that are always built for large groups, right? Here in the United States, it's built for two people. You know, restaurants are actually built, you know, for two people or just a nuclear family. And, you know, none of the big Chinese roundtables that can accommodate 32 people, right, and then fill it up.

So, that's the, sort of, like, the point of view that I like to emphasize to people when they're looking at psychedelics and they're looking at, you know, all these other forms of therapy that they might wanna use or a consciousness expansion, is that there's a difference with the way we look at things, right? When we look at it from a scientific point of view, then you look at it as a fish, this is what it does. This is what it does in the receptor. You know, these are the effects. But when you add the spirituality to it, like, this is the context by which I am feeling that this is one of the top five best experiences of my life. And then you're seeing the actual aquarium, right, when you do that. And I'd like people to be able to do that, despite where you're coming from the foreground or the background, to see the big picture every time, you know, when you're looking at these things.
Katie: I think that's a perfect place to wrap up. I appreciate you sharing so much of your time. I will probably split this into two episodes so that people can digest it a little at a time. But I am so appreciative of the work that you're doing and the extremely patient explanations you gave today. It's always a joy to talk to you. And this was incredible. So, thank you, Dr. Ted.

Dr. Ted: Thank you for having me, Katie.

Katie: And as always, thanks to all of you for listening, for sharing your most valuable assets, your time and your energy with us today. We're so grateful that you did, and I hope that you will join me again on the next episode of the "Wellness Mama" podcast.

If you're enjoying these interviews, would you please take two minutes to leave a rating or review on iTunes for me? Doing this helps more people to find the podcast, which means even more moms and families could benefit from the information. I really appreciate your time, and thanks as always for listening.