



Conscious Life presents

Bipolar Disorder and Psychedelic Research

Guest: Benjamin Mudge

Disclaimer: The information provided in this conference is for informational and educational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment. We do not endorse the use of psychedelic substances without proper medical supervision and guidance. Psychedelic substances can have profound effects on perception, cognition, and may exacerbate underlying mental health conditions. Always seek the advice of your physician or other qualified health provider if you have any questions or underlying medical conditions. Never disregard professional medical advice or delay seeking it because of information presented in this video or on our website. The views and opinions expressed in this conference do not necessarily reflect the official position of Conscious 2 Ltd (T/A Conscious Life). By watching this video or using our website, you agree to and waive any legal claims against Conscious 2 Ltd and Alex Howard Group, its affiliates, agents, and representatives, arising from or related to the information presented herein.

[00:00:05] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, your conference co-host. Today, I'm speaking with Benjamin Mudge, the founder of Bipolar Disorder CIC, a not-for-profit company doing advocacy, education, mentoring, and research work for people with bipolar disorder.

He's nearly finished a PhD in psychiatry at Flinders University, researching the therapeutic potential of ayahuasca for people with bipolar disorder. Benjamin Mudge, thank you so much for joining me today.

Benjamin Mudge

You're very welcome, and thank you for inviting me. And thanks to Ally.

Meagen Gibson

Absolutely. I know many people watching this might not be aware that two of the most common contra-indications - which is just a big sciencey word for people - things that disqualify you from eligibility for a clinical trial on psychedelic medicine, are bipolar disorder and schizophrenia.

And so it makes your personal story that much more compelling in that context. So I would love if you could share your personal story with bipolar disorder and mainstream psychiatry and why you're moved to motivate and develop new treatments.

Benjamin Mudge

Great. I have bipolar disorder type 1, and I've been through the whole range of manic depressive symptoms; I've had a suicide attempt I've had many years of depressed episodes and struggles in

life, and some manic and psychotic episodes as well; I've been hospitalized, and I've been prescribed over the years in mainstream psychiatry, 17 different kinds of psychiatric pharmaceutical drugs.

[00:01:51]

The problem with those was, although some of them, to be fair, particularly lithium, carbonate and lamotrigine, were helpful for me and got me functional, all of these prescription medications had pretty serious adverse effects, some more serious than others. And I just never had a solution to what I wanted in life, which is basically stability of my brain chemistry, but also retaining my creativity and my emotional sensitivity and spirituality and so on.

And also, to be honest, some of these things were really problematic in terms of weight gain and cardiovascular issues and all sorts of other functional problems. So when my psychiatrist said, "There is no other option", I went, "I just don't believe you. I'm going to walk away".

So I quit mainstream psychiatry and I tried to find a solution myself using various herbal medicines, nutritional supplements, and I tried another at least 15 different kinds of herbal medicines, and they were, to be honest, quite problematic themselves.

Eventually, I discovered ayahuasca. This is way back when it was very, very obscure. It was in England about 17 years ago. And to be honest, my first experience of that was terrible, but I have persevered trying to find a solution. And I've got there, basically. Do you want to know more about the psychiatric mainstream?

Meagen Gibson

Yeah. It's interesting because as I think about psychedelics and all the science that's happening and all of the applications that it's being tested on, bipolar and schizophrenia are like this no-go zone. When I talk to researchers and doctors, that's really from their perspective, if I can speak for them, which I shouldn't, but is a "do no harm"...

They don't want to be responsible for offsetting any episodes of mania or depression, and they don't want to trigger episodes of schizophrenia, and they don't want to make anyone worse or instigate anything. It comes from such a good intentioned place.

But at the same time, knowing what we know about trauma and about mental health disorders, and there's so much that can be helped with the psychedelic medicine.

It's like this whole, the people who need the help the most and could benefit the most are possibly completely not studied out of a risk factor. I think that's leading into what you might want to say just about psychiatry in general and your thoughts and feelings about it.

Benjamin Mudge

Right. The Hippocratic Oath, "do no harm", is a fundamental principle for all medical doctors and psychiatrists. Great. I agree with that. But, there's a few but's here. We have to be honest about iatrogenic harm, which is harm done to patients by prescription medications.

[00:05:18]

Actually, what's going on out there in mainstream psychiatry is that, especially the SSRI and SNRI psychiatric prescription depressants, very often trigger manic episodes anyway. And then other things like cannabis and so on can trigger mania and psychosis as well. And alcohol is bad news too.

So the underlying issue is that people with bipolar disorder have hypersensitive reactions, a hypersensitive nervous system, which includes hypersensitivity to trauma, to stress in general, to life events, to disturbances in sleep, circadian rhythms, and to all kinds of psychoactive substances.

So one thing, by the way, to be honest, I have not drunk alcohol this millennium, and that is one of the reasons why I'm still alive, I think. So I've just realized that that's bad news to me. Same with weed. And I don't smoke, and I don't even eat chocolate. So my nervous system is very, very sensitive. And this is a common trait.

So yes, I agree that there is a theoretical danger of triggering a manic and/or psychotic episode in people with bipolar disorder when you give them psychedelics. And in fact, it's more than a theoretical thing. It is an anecdotally reported Psytrance festivals, and we see it...

There's far too many cases of people smoking, bipolar people smoking too much weed, ending up manic and psychotic. But hang on a minute, this is also happening with the prescription drugs. Do you see what I'm saying?

Meagen Gibson

Yeah.

Benjamin Mudge

It's a vulnerability in the bipolar brain chemistry. All right. So I agree with the principle of doing no harm. And I'm grateful, and I thank the doctors for being careful and being responsible. But the other thing is, what I really need to make clear about myself and all the bipolar people that I read about - and I'm in contact with over 100 bipolar people through either my own personal life or the coaching that I do.

And what's clear is that doing nothing with psychedelics does not equal no harm. And that's because we have the highest suicide rate of any mental illness. According to most of the studies, anorexia nervosa is sometimes higher rated on that unfortunate scale. But basically, it's a big risk. Doing nothing, we will spontaneously suicide sooner or later anyway.

So you got to balance these risks somehow. And what I'd like, what I'd really please, I beg the psychiatrist and psychedelic research scientists to understand that hope is the key here. So I know from the only time I attempted suicide was when I had literally given up hope, when I tried 17 meds and I tried all these other things and nothing was working.

And I thought, "Well, this is never going to get better". And I know, quite frankly, I get a lot of feedback on social media and emails and so on from people with bipolar disorders. They're saying,

"Thank God, someone is trying to come up with a new medication to help our conditions because we hate these meds that we're taking".

[00:09:22]

The other thing about iatrogenic harm is, as well as the danger of psychiatric antidepressants triggering mania, let's be honest about the pretty serious adverse reactions to the antipsychotics and to high doses of lithium carbonate, for example. We're talking not only weight gain, liver and kidney dysfunction, thyroid dysfunction, but then cardiovascular things and erectile dysfunction to things like tardive dyskinesia. Do you even know what that is?

Meagen Gibson

I don't. Please tell us.

Benjamin Mudge

Dyskinesia is like involuntary muscular movements, and tardive means face. When people's faces go into these completely uncontrollable contorted spasms from the antipsychotics that their doctors gave them, right?

Meagen Gibson

That sounds terrible.

Benjamin Mudge

It's terrible. And it's not being acknowledged by the psychiatric profession as that and all the many, many other things, such as emotional numbness, wiping out creativity, disconnection from spiritual awareness, wiping out libido, and just this kind of disconnect.

I know that I had a lot of disconnect from what was going on in my body and there was a point at which I had the early stages of cancer, and I wasn't really aware of this, and that's when it...that's what made me quit, right? So that's got to be way up in the do no harm equation, in my opinion.

So the problem with the term contraindicated, okay, contraindicated. One second. Contraindicated is medical science terminology, which implies it's a statement of fact. It's like this is a medical fact, okay? Which implies that there have been double-blind, placebo-controlled clinical trials to prove that psychedelics are not safe for people with bipolar disorder.

And that is plain wrong. So this contraindication status came about in the 1960s, basically, which is when there was a lot of mescaline and LSD being dosed out there in the world, and there was a lot of manic episodes happening as a result.

And that's when the concerns were raised, and that's fair enough. But actually, although there are a lot of similarities with psychedelics in terms of the effects that they have on people's, the default of their network and their emotional awareness, and being able to access trauma, and perhaps spiritual insights, and so on.

[00:12:47]

The neurobiological mechanisms of all these different psychedelics, like mescaline, LSD, psilocybin, DMT, ayahuasca, and MDMA, and PCP, even, and ketamine, and so on. They're all targeting different receptors in the brain.

And although, for example, LSD and mescaline are usually known as 5-HT2A receptors, which is what DMT is. Sorry, receptor agonists, which is what DMT is. LSD, for example, hits the dopamine receptors really hard as well as 5HT2A.

So that's a different mechanism, and then DMT does not do that. DMTX is sigma-1, so on. This is all like fiddly stuff. The point is, I'm just trying to point out that you cannot make a sweeping generalization about psychedelics in terms of neurobiology.

Certainly not saying all bipolar people are contraindicated indicated with all psychedelic drugs. It's totally illogical. Let's be honest. This is what my appeal is. Actually, the reason why the psychedelic scientists are not allowing bipolar people into clinical trials is...Now, it's valid. Okay, you're too scared to...

Meagen Gibson

Sorry, I want to pause you just for a second because you froze right when you said "is", and I don't want anybody to miss what you said. The reason that bipolar people are taken out of the studies is...

Benjamin Mudge

Because the psychedelic scientists are too scared. You're too scared to trigger a manic episode and/or a psychotic episode in bipolar brain chemistry. And you know what? That's a healthy decision. But just please be honest about it.

And also we're dealing with the situation that psychedelics in general are like, there's been a renaissance, but there was a repair damage from the prohibition, right? So there's a PR thing, okay? And you're too scared to do something really risky that's going to risk your funding and the reputation of psychedelics in general in terms of the law and in terms of academic credibility and public opinion and so on.

And you know what? I agree. That's actually a healthy decision. Please just be honest about it. Okay? So when you say contraindicated, what you are saying, this is how it's received to the bipolar people that I've spoken to.

It's like, "medical fact, you're never, ever going to get any of these benefits from psychedelics that are all out there in mainstream media, and everyone's going, 'Yeah, yeah, yeah, psychedelics are going to heal the world and all this stuff'. But not you! Because medical fact, you're contraindicated".

Well, you haven't done the medical trials. So don't use that language. Say, for example, "Hey, by the way"... Can you imagine what this does to an already suicidal ideation brain?

[00:16:10] Meagen Gibson

Yeah. You were speaking about hope earlier...

Benjamin Mudge

Yeah, exactly. So please, this is what I'd like to be said from now on. Bipolar person, "Can I come and do your trial?". "Well, we really care about you, we acknowledge the fact that you have this suicide risk and you're depressed as hell. We acknowledge the fact that the medications that psychiatry is offering are pretty crap.

We are really trying really hard to develop something that's going to work for you, too. We are trying to engineer a solution to a very, very complicated problem. And we care about you, and we try not to do you any harm in the process of a clinical trial.

So we're trying to work out this really complicated engineering problem. And it's going to take 5 or 10 years to get there. But please don't give up hope, because we value you and we're working towards that goal". That's what I'd say.

And I know that that would make a difference because I know of the hundreds of bipolar people that have contacted me and said, "Wow, thank you for actually giving us some hope. When's your clinical trial?". I said, "I don't know, 5, 10 years? And they go, "Okay, I'll wait as long as I know that something's coming down the line".

Okay. The other thing is, by the way, about the contraindication status is in those few clinical trials where they have done, Where they have used a psychedelic, actually, it's been either ketamine, low dose, or psilocybin, low dose, in a currently depressed phase of a bipolar disorder type 2 person, which is the one that's the type that is less likely to have a manic episode.

Then do you know what? There's almost zero manic episodes...And significant benefits. There's been numerous trials that have come out, and I hope to send people the references. So actually, this is looking pretty good.

Meagen Gibson

There is a lot of hope from what I'm hearing you say. It reminds me a little bit anecdotally, they're not the same, but just how long...For all pharmaceutical drugs, they're only tested on white male men, and that left anybody of color and women to report side effects or to report the ways that they were feeling and then be gaslit because, well, that can't be true because that's not what's normal. That's not how you're supposed to feel.

Meanwhile, we were all like, "But that's how I feel". It wasn't until 2016 that they started studying the way that mental health medication would impact people of color and women. They just didn't want that pesky estrogen messing with the results. Because the...darn estrogen.

It's not the same, but I really can relate a little bit to being like, "Wait a minute. Shouldn't we be thoroughly testing all humans that will benefit and need help the most to see what's going to

happen?". Obviously, having somebody like you, let's talk about your professional background a little bit because we talked about your psychiatrist background...

[00:19:39]

Benjamin Mudge

Can I just comment...

Meagen Gibson

Yeah, yeah...

Benjamin Mudge

Can I just comment in response to a couple of things.

Yes, agreed. And part of the reason, although it's not a justification, but part of the reason why they were excluding women in those trials was because it's just too complicated in terms of study methodology, design, and getting it funded and getting it through ethics and so on.

So bipolar people are just too complicated a variable to throw in and to study design. And I understand that. And that's okay. Just be honest about it. And that's what's happening in the early stages. But now that we're in that we've had the psychedelics renaissance, and psychedelics are now in the mainstream, and funding is huge, then include us.

The other thing I think that's really, really important to realize about an unintended effect of excluding bipolar people is parallel to, you can probably relate with your heritage, backyard abortions.

Okay, so if people are, if something's, if women are excluded from the possibility of having legal, safe, healthy abortions, then they're going to, they're desperate, so they're going to do it anyway, some of them.

So then you end up with this mess, right? It's tragic. And that's what's happening with bipolar people is, quite frankly, they're just accessing psychedelics anyway because they're desperate.

I've done so many desperate things, and all these people that I'm speaking on their behalf do desperate things on a regular basis because they're suicidal. I mean, hopefully you can understand that.

So they lie on going to ayahuasca retreats anyway, and then they go and they have a mess, or they lie on the psilocybin retreats, they go and have a mess, or they get it, they buy ketamine off the dark web, and they do it, and they go manic. Or they go with these dodgy people, and they get really low quality medicine.

In the case of ayahuasca, that can be very dangerous. If it's laced...made with Peganum harmala, or if it's got some scopolamine in it, or something like that, it could be a total disaster. They're going to do it anyway.

[00:22:15]

Or I know of people going and getting ripped off financially, getting sexually abused by the facilitators and all these absolute disasters that are happening because the mainstream dream is excluding them. So please, let's work together to include and engineer a solution for bipolar people.

Meagen Gibson

Absolutely. Then you're speaking from experience, but you're also speaking from your professional life as well, which is what inspired your professional life was your personal experience. You're not only a coach, but you're advocating for change and doing studies. Tell us a little bit about your work as well in relationship to this field.

Benjamin Mudge

Well, it started off me just desperately trying to heal and coming to ayahuasca, getting some really good results in the Santo Daime tradition, which, by the way, uses a very particular recipe for the ayahuasca. And then I moved to Australia to an area called Byron Bay.

And what's happened - It's a tropical area and what's happened is some of the ayahuasca plants have been imported in suitcases from the Amazon, planted in the tropical areas of Byron Bay, and are growing. So it was then possible for me to make my own ayahuasca and fiddle about with a recipe and try to figure out a recipe and a cooking technique and so on that would work to balance my brain.

Because basically what I was finding is in my personal experience, there's lots of different recipes for ayahuasca, which have lots of different ratios of the at least seven psychoactive ingredients. So the parallel is medical cannabis, right? So cannabis strains.

So we know that there are some that are really mellow and balancing strains of cannabis, whereas you've got skunk that makes people paranoid and psychotic, so on. That's about the ratio of THC to CBD and some other ingredients.

Ayahuasca has got similar ratio variability, actually a lot wider variability, to be honest. And the point being in my theory, which is now evidence-based from chromatography studies that I've done through my university research.

There's basically, if you get the balance of these ratios in this particular way, then you can balance the brain chemistry of bipolar people, and you can have, certainly in my case, (but I have evidence of other people as well) so that they can have the psychedelic benefits without going manic, to be honest, and the antidepressant benefits from the ayahuasca without going manic.

So that's the conclusion of my PhD, that it actually started in cooking in the rainforest in Byron Bay. And then I realized, actually, at the time, I was on disability support pension, which is quite good in Australia.

[00:25:40]

And I realized, well, I could do one of two things. I could either sit on this on my own, go to the beach, play my guitar in a rainforest, and drink ayahuasca and get the pension for the rest of my life, or I could try to get this out there.

And because basically, I'm an activist, going back several decades, I went, "I have to get this out there", my compassion to all these people suffering in the hospitals and at home and all the suicides and then and and and favorite people of mine, like Amy Winehouse, Robin Williams, suiciding. It was just like, "Argh, this is too much. I *have* to do something".

And so I applied for a PhD in a psychiatry department and got a scholarship and went on and it's been a lot of work and it's been very difficult. And I've had quite strikingly different responses. So I've had some people who get me and actually support me and put me on a platform like ICEERS at the World Ayahuasca Conference, breaking convention, and select scientists, particularly like David Nichols.

But I've also had, quite frankly, some people trying to shut me down from speaking, literally, because of this fear about contraindication. And what I believe has happened in psychedelic research is that bipolar has become a cultural taboo within the culture. It's like, "It's too weird, too scary, too controversial. We're just not going to talk about it, we're going to sweep it under the carpet".

To the point where I've had people who are starting up psychedelic...A startup, right? Trying to do a clinical trial. And they said to me, "Look, we just had so much peer pressure that you just have to exclude bipolar people. You just write it in big black letters, 'We dare not... We promise we won't touch bipolar people'". It's kind of like a taboo. Do you see what I'm saying?

Meagen Gibson

Yeah, absolutely. Wow...

Benjamin Mudge

The good news is for me personally, I've been off psychiatric pharmaceutical drugs for 16 or 17 years. And so to simplify this study, so this is a controlled study, I just don't have any other psychoactive substances in my bloodstream. So ayahuasca is the only variable that can either be, if something's going well or going badly, it's because of the ayahuasca, right?

So I've managed. And in that time, I can't say it's been easy because some of the ayahuasca brews that I've had have been terrible for me. And I have actually once gone totally psychotic, some I've gone manic. But when I've been cooking it my own way, I've been getting these results, and I've basically been stabilizing my brain chemistry. So my baseline is a lot better.

I've been developing this self-awareness and self-discipline around when I'm escalating towards mania, I realized that, and I have this - you know how psychedelics make you more empathic and your social conscience is heightened? So I'm like, "I don't want to put my friends and my family through the nightmare of me going manic again because it hurts them too. And I can be a real pain in the ass when I'm manic, to be honest".

[00:29:39]

So I've learned to see that, to have the awareness to others that I don't want to annoy them, and then to discipline myself to do the things that I need to do to chill. And I have been gradually healing quite a lot of trauma, and that's been going well. And the major unpredicted effect was my spiritual awareness and creativity have increased, basically.

Meagen Gibson

As I'm listening to you and I'm thinking about people at home, whether they love somebody with bipolar disorder or they are someone with bipolar disorder, and I can feel my protective parts popping up and saying, "I don't want them to watch this and listen to this and hear, I should stop taking my meds".

Because a lot of these psychedelic drugs, that is the recommended even if you're part of a research study, you have to wean off a lot of drugs. I actually just heard a horrible story, literally from a neighbor yesterday, about somebody that was trying to get into a ketamine trial. They had to wean off of their drugs and died of self-inflicted.

It's crushing and heartbreaking, so I have that on my heart as I'm listening to you speak and also want to send the distinct message to people that pharmaceutical drugs are not perfect, and there are a ton of side effects, and they're not great for a lot of people. Also, the message that we're sending here is not "Get off of them right away".

Benjamin Mudge

Absolutely. Look, I get asked this question so many times. "Can you hook me up with an ayahuasca ceremony that you recommend?". And "I'm sick of these drugs, so come off them", "Plant medicines are surely better than pharmaceuticals". So these sorts of things.

Now, obviously, there's legal restrictions on me recommending this, but I got to say this is not about the legal things. If there was places you could go, I would send people there. If it was simple to just come off your pharmaceuticals, I would say, do that. But no, it's not that simple, and it really is not safe.

So as you pointed out, firstly, there's this to be honest, I'm not idealistic about the ayahuasca community that's out there. There's a lot of almost snobbishness, like spirituality is more superior to science and just basically going, in this case, advising people to go against their prescription medication and to come off.

And then what happens basically is people, if you come off an SSRI, it might stay in your bloodstream for about three weeks, same as when you start an SSRI, it doesn't kick in for about three weeks. So you might get this period, Okay. And you're okay for about three weeks. Then you do the ayahuasca ceremony or the ketamine or the psilocybin. These are the other things that are happening.

And that may hopefully help people for two, one, two, four weeks, maybe max. And then what? And then they get it. That's died out. And then they crash back into suicidal ideation because

they've now been seven weeks off their antidepressant pharmaceuticals. And that's just grossly irresponsible, I think.

[00:33:37]

So what I'd like to see is a collaboration between psychiatrist and an informed retreat center and a protocol that was specially developed for bipolar people, which would include, for example, doing the ceremonies during the daytime rather than all night and messing up the sleep cycles.

But I think, to be honest, the phytochemistry is the biggest issue. So, basically, when people go to an ayahuasca ceremony, it's becoming as vague as "We're going to go eat a curry at a curry house". Because the ayahuasca could be made with lots of different plants.

So Banisteriopsis caapi, Banisteriopsis muricata, Alicia anisopetala, Peganum harmala, and so on. And that's just for the harmalas in the DMT. It could be Chacruna, it could be chaliponga, it could be jurema, it could be one of the many acacias and so on.

And they've all got different phytochemistry, and some of them have got these other things in there. So the chromatography from the lab from my PhD was done by these experts in Estonia. And it shows that actually quite a lot of the ayahuasca has got these other rogue, unpredictable, and mania-triggering ingredients in it. For example, bufotenine.

Meagen Gibson

Is the nickname for that Bufo? I feel like I've heard that before.

Benjamin Mudge

The Bufo Sonoran Desert toad from Mexico contains 5-methoxy-DMT and bufotenine. Okay, so bufotenine is in some brews of ayahuasca, depending on which plant it's made from, for example. Scopolamine, it's a terrible psychotic freak-out thing from Datura, that's in some ayahuasca brews. And then the Peganum harmala, it basically spikes the dopamine and various other ingredients.

And they're all called ayahuasca out there in the market of, you know, the hippie market of ayahuasca ceremonies, that's not really scientifically... Not much of it is science-informed. To be fair, the UDV religion, are pretty on scientifically aware.

But it's quite random. What are you going to be drinking? You don't know. And it all looks brown and tastes terrible. You can't tell the difference unless you really trust the person who cooked it and you can find out exactly. And this is before they know how to look after bipolar people.

And then this is before the consideration of that, are they going to offer you marijuana in the form of Santa Maria, or are they going to blow high nicotine tobacco up your nose and say, "Oh, this is sacred medicine" and so on? These are also triggers for manic episodes.

So that's been when I've done all these interviews with other bipolar people who have drunk ayahuasca. When it goes bad, it's usually, to be honest, because it's been one of these cocktails. They go to the ceremony and either their sleep is messed up or they have a combination of ayahuasca with some other substance, and they combine together in trigger mania.

[00:37:25]

So to be honest, I hate to say this, but the thing that I say is please be patient and wait till there's a clinical trial of a safe... Sorry, I can't even say it's safe, but as least unsafe harm minimization version of basically medical ayahuasca that's been lab tested and where the whole ceremony is designed to to avoid manic episodes and to support bipolar special needs.

That's what I'm working towards. And I think it's possible. And ideally, we do a trial and then it would be rolled out to the various retreat centers. I think it's fair to do for a retreat center in Peru or California or wherever, to one in twenty, which is roughly the population of bipolar type 1, type 2, and cyclothymia added together, about 1 in 25 % of the population, right?

So one ceremony in twenty, just do it different. Do it for the bipolar people with this different recipe in the daytime, no weed, no happy, and so on. I think that's fair.

Meagen Gibson

It seems like a reasonable request, doesn't it?

Benjamin Mudge

Yeah.

Meagen Gibson

And that's not even to say that bipolar people are not a monolith either. There's the ayahuasca part of like, "Let's figure out that part", and then let's also know, and as much as we can, understand the individuals that we're trying to treat and help as well, because I don't think that you would say that they're a monolith either, right?

Benjamin Mudge

No, there's a lot of variability. Just in type 1 to type 2, in cyclothymia, that's a huge brain chemistry variability. But there's different cultural backgrounds, there's different traumas, there's different addictions, there's comorbidities which vary, and so on.

Meagen Gibson

Yeah, absolutely. What are you..Speculatively, how far out do you think we are from a legit bipolar clinical trial scenario?

Benjamin Mudge

I think it's possible within five years. I think it's because... Well, if I could find some people who are willing to take on board everything that I've learned so far in this recipe, then you'd have to go through ethics, then you'd have to get the legal stuff, and you'd have to study design and all the rest of it, and raise the funds and so on. But that could be done within five years.

[00:40:40] Meagen Gibson

That's hopeful.

Benjamin Mudge

That's basically that's what I'm working towards.

Meagen Gibson

Any last words of encouragement or an infusion of hope for those people who are either they're bipolar and listening or love someone who is?

Benjamin Mudge

What I know is that there are, although relatively small numbers, there are enough people who really, really care about this issue to take it on and work towards a solution. There's a lot of people that understand the condition and understand the problems of iatrogenic harm from the available medications and are working towards new, better solutions.

I feel certain now that it will happen sooner or later. I acknowledge that it sucks to wait in the meantime in the current condition. I do say there is, there are actually a lot of things that can be done to, I'd say, strike a balance between psychiatric meds and - the high doses of psychiatric meds - and the condition itself.

So actually finding a progressive psychiatrist who's willing to talk who's willing to talk about nutrition, who's willing to talk about adverse effects and make strike a deal with you about lowering the dose if you stop smoking weed and stop drinking alcohol, for example, and doing all these trigger things and get your lifestyle more structured and so on.

So do the things that you can do, which are within your power. So rather than being rebellious against the psychiatrist and the high doses of the medication and getting in the mess, it's actually do self constructive things and minimize the things that you're doing which are unhealthy, which make you need to have such a high dose of these meds in the first place.

And all of that, getting all that sorted, is going to be an absolutely necessary prerequisite to being in a clinical I'm trying with ayahuasca anyway. So you can do the preparation work.

For example, although it hasn't been studied, there is enough anecdotal evidence out there that says that lamotrigine - which is an antidepressant and mood stabilizer at some extent - is not contraindicated with ayahuasca MA-wise, whereas some of the other, well, basically all the SSRIs and as SNRIs are widely believed to be contraindicated.

You could look at getting onto some of those meds, and then you got one step closer. See what I'm saying? Progress can be made and keep the hope going because never give up hope. I'm so glad that the one day I gave up hope and attempted suicide, it wasn't meant to be.

[00:44:33]

And I'm really glad that it didn't work out. Because eventually, through dedication and discipline and a lot of luck and some support from the right people and the blessings of ayahuasca, I have actually got a good life now.

Meagen Gibson

That's what I want everybody to hear. Yeah, and we're really glad, too.

Benjamin Mudge

And it's happening out there. It's not just ayahuasca. There is the psilocybin trials that have happened. They have mainstream trials, and that's hopefully going to be rolled out as well. Probably psilocybin is going to work for some people, ayahuasca worked for other people, ketamine will work for other people and so on. But there's multiple avenues in the psychedelic realm that are opening up and a lot that can be done in the meantime as well.

Meagen Gibson

Absolutely. Benjamin, how can people find out more about you and your work?

Benjamin Mudge

Bipolardisorder.me is my website. It's kind of easy. It's not supposed to be about me, it's supposed to eventually be an online resource for those of us to self-help. It's eventually, hopefully, going to be a self-education, self-help website. But it's on there. The stuff is on there at the moment.

Meagen Gibson

Fantastic. Benjamin, thank you so much for sharing your story with us. I hope that everybody got as much hope out of it as I did.

Benjamin Mudge

Great. I'm happy, and I'm really grateful to be included with a controversial perspective in your conference. It's a real honor, and I thank you for myself and all the people that want me to be speaking up about this.

Meagen Gibson

You got it. I don't think there's anything controversial about wanting to help people, especially those in most need. Benjamin Mudge, thank you again.

Benjamin Mudge

Thank you.