



# TRIP ADVISOR

From magic mushrooms to MDMA and ayahuasca to ibogaine—everything you need to know before (and after) taking the leap.

BY LIZ BRODY

**T**he stories verge on mythic. A hard drinker eats magic mushrooms and quits the bottle. MDMA unchains a veteran from PTSD. Anorexia and anxiety evaporate in the inner tracers of a hallucination. True, this is psychedelics' highlight reel; your mileage may vary. But what could you learn by taking your mind for a ride?

To be clear, we're still in the rehearsal stage for psychedelics as healthcare. These aren't miracle cures, and like all drugs, they have risks—not to mention, for the most part, they're illegal. But for the curious, psychedelics are unlike any other treatment we have for mental health. Used therapeutically, they zip-line you to the root cause of your struggle or trauma and, like an inner life coach, help you mystically, spiritually, and neurochemically work on yourself to get well.

Each drug is different, and this primer breaks down the most widely used ones. But there are some commonalities to keep in mind. First, know that you'll need a therapist or guide if you're using psychedelics for healing. Ideally, a trip should be sandwiched between one session to prepare you and one afterward to process what came up and integrate it into your life. This protocol has been used in studies showing the power of psychedelics to treat PTSD, depression, and substance use disorders.

How to find a guide? Don't try Yelp, as much of this movement is still underground. If you have a therapist, they may be able to point you to a good person; so can practitioners who specifically do the integration process. ([MAPS has a list](#).) Always ask potential guides these questions: What kind of experience do they have? How do they know the drugs they're providing are safe? Do they screen to make sure you're a good candidate? Troubleshoot, too: "I would ask, 'What's gone wrong in your sessions?'" says Michael Pollan, who broke the cultural ice on psychedelics with his 2018 book, *How to Change Your Mind*. "And 'What if I have a heart event? Are you going to call 911?'"

Just as important, agree beforehand on what your physical boundaries will be during a journey. (Maybe you like your hand held, maybe not; anything sexual is expressly off the table.) "You should be given written guidelines for how to prepare for a session, along with information on the substances you will take and aftercare instructions," says Erica Siegal, founder of NEST Harm Reduction & Consulting (also see "[Psychedelic Safety Flags](#)" for vetting a guide). And if someone throws off "guru" vibes? Run. You don't need a narcissist; this is about *your* healing.

Last, keep in mind that psychedelics tend to raise blood pressure and heart rate, so if you have a cardiac condition, check with your doctor first. Most important, nobody who has a personal or family history of psychosis (schizophrenia, bipolar disorder) should try these drugs, because they can cause a psychotic or manic episode. "I wouldn't advise anyone with a serious mental health history to do this outside medical supervision," says Joshua Siegel, MD, PhD, who studies the brain effects of ketamine and psilocybin at Washington University School of Medicine in St. Louis. "But otherwise, psychedelics are about connection and ritual and community. And in this digital age, I think that's what is resonating with people."

## The Drugs

Mind-altering psychedelics grow from the earth, lurk in the venom of amphibians, and form from chemicals coalesced in a lab. Here's a field guide, from already legal to still underground.

## KETAMINE

**What it is:** A synthetic drug discovered in 1962 in an effort to find a safer version of the dissociative anesthetic PCP (you heard that right—"angel dust"). It was FDA-approved in 1970 to put people under during certain diagnostic and surgical procedures. In sub-anesthetic doses, it can be hallucinogenic, although not with the kind of intense delirium as PCP.

**How you take it:** Therapeutically, it is given by intramuscular injection or IV, or via lozenges. The journey is relatively short—maybe an hour—and its healing effects don't last long, either, so you may need boosters. "But when you've had a profound experience, it lasts for a lifetime," says Phil Wolfson, MD, co-editor of *The Ketamine Papers* and a pioneer in this space.

**Whom it can help:** People with PTSD, alcohol abuse, and depression. A derivative, Spravato (a nasal spray), is FDA-approved to treat serious depression but must be used at certified treatment centers.

**How it feels:** With ketamine, you typically have the sense of being dissociated and detached, in a dreamlike state. The higher the dose, the closer you get to being under anesthesia, numb, and not being able to move—often an extremely intense out-of-body hallucinatory experience called a K-hole. Anisa Stechert had the full range. She was born 30 years ago to a white pastor and a Mexican immigrant nurse who were evangelical fundamentalist Christians in sin city, Las Vegas. Raised in the epicenter of gambling and showgirls, in a home where none of that secular world was allowed in, she struggled to find herself in all the mismatch. By the time she tried psychedelics for depression and anxiety, she was at Columbia grad school, married to a fundamentalist Christian man, no longer religious, and "not knowing," she says, "who I am anymore."

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KETAMINE

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A friend started talking about Nushama, which offers ketamine therapy, and in January 2023, she decided to go. At the center, on the 21st floor of a Madison Avenue office building in Manhattan, she had six journeys over three weeks with prep and integration, the clinic's core protocol (\$4,800 including an initial medical assessment). Usually the sessions included "a bunch of geometric shapes and colors." But there was also high drama, taking her from her *abuela's* traumatic birth to her own white-knuckling death and rebirth. In one journey, she says, "I couldn't wrap up like a mummy in a cathedral-length tulle veil, and I could be seen. Every time I tried to flick it off, it would wind itself back around me. It felt so real, like I couldn't move." She came out going, *What the hell?* It was the integration practitioner who suggested that she was immobilized by her marriage, and in it, she couldn't see who she really was. "And I was like, 'Damn, you're right,'" Stechert says. "I have been a curated child bride, and I need to cut myself out."

The recovery she made (including a divorce) convinced her to join Nushama's staff as an integrationist. "It's not just the 45 minutes in the chair," she now stresses to clients, but what you do in between sessions with that newfound neuroplasticity. "Where talk therapy is a feather duster, ketamine is like a leaf blower. It reminds you that you can always choose differently."

**How it works:** Ketamine seems to affect the brain in several ways, including changing the normal function of glutamate, the primary neurotransmitter that helps neurons connect and plays a crucial role in learning and memory while also regulating mood. When the drug works, it can be a game changer, especially for depression where people can become suicidal. "Antidepressants take four to six weeks to work, but ketamine works within eight hours," says Thomas Insel, MD, the former head of the National Institute of Mental Health. "People with severe depression, you just see them wake up. Most relapse within a few weeks, and they need another treatment and then another one after that, but it's really incredible."

**Safety note:** All kinds of ketamine clinics have sprung up. "Make sure they have a licensed medical practitioner as well as licensed counselors and therapists," says Lynn Morski, MD, president of the Psychedelic Medicine Association. "You also want a challenge that has preparation and integration." Jules Evans, director of the Challenging Psychedelic Experiences Project, adds, "Google it; look on Reddit. Find out if there have been any complaints." Based on how you use ketamine, you can become dependent on it. Typically, that doesn't happen in a clinic or therapeutic setting, "but if you take it at home and you do a little split in your nose every time you're stressed-out, yeah, it can get addictive," says Nushama's chief medical officer, Steven Radowitz, MD. High doses used regularly on your own can lead to a number of issues, including bladder and brain damage.

**Legal status:** Ketamine is the only psychedelic that's fully legal—and then, only in telehealth or clinical settings (not for recreational use). Because it is an FDA-approved anesthetic, doctors can prescribe it legally off-label for other indications.

## PSILOCYBIN

**What it is:** The main active ingredient in more than 200 species of magic mushrooms, which humans have used in healing and spiritual rituals at least as far back as 4,000 BC. This is a so-called classic psychedelic, like its brethren LSD and ayahuasca.

**How you take it:** You can eat the mushrooms, drink them in a tea, or take them in a tincture or an edible. Isolated psilocybin typically comes in a pill. A trip usually lasts four to six hours.

**Whom it can help:** People with depression, anorexia, and substance use disorder, including cigarettes and alcohol; patients facing a terminal illness.

**How it feels:** On therapeutic doses, people describe everything from object despair to seeing God. Brenda Gantous, who struggled with lifelong depression, took psilocybin and saw her brain split apart into 100 rectangular cubes as all the solidified gunk that had held them together was blasted out. "It was like the pathways got cleared," she says. "And then I was plunged into profound grief and sorrow. After that, I got this message: 'Brenda, depression has held you safe, but you don't need it anymore, and these are the things you can do so you don't get depressed again.' It wasn't words; it was just like this downloaded information." Since then, when she feels the fingers of depression creeping in, she's been able to stop them. "You jump a neural loop," she says, "but you have to do the work. You can't just take mushrooms and walk away."

**How it works:** When scientists scan the brains of people who've taken psilocybin, they view a version of what Gantous describes. Broadly speaking, classic psychedelics seem to open a window of neuroplasticity, where the brain becomes more malleable and open to change. According to one theory, that happens through what's called the entropic effect, where the neural networks become more random and disordered. "We see all these ripples in the oscillating electrical activity, and the change is really dramatic," says Robin Carhart-Harris, PhD, professor of neurology at University of California, San Francisco, and founder of the Centre for Psychedelic Research at Imperial College London. "It's also predictive. The bigger the entropic brain effect under the drug, the bigger the improvements in mental health downstream."

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**Safety note:** Persistent derealization after the trip (where you feel detached from your surroundings, or like you're in a dream) does happen. And in a survey out of Johns Hopkins, among 1993 people who all had bad trips on psilocybin—mostly without guides or therapists—7.6 percent reported that they later sought treatment for problems they felt resulted from it, like anxiety, depression, paranoia, and fear. Still, 84 percent of these people who'd had bad experiences said they'd benefited from them.

**Legal status:** Oregon is the only state where mushrooms are decriminalized and legally regulated. Because there's still a federal ban, you could face criminal charges while following the state rules, but so far, that hasn't happened. Colorado has passed similar laws and is building a more medically oriented system, but it probably won't go live until next year. And major cities including Detroit, Minneapolis, and Washington, D.C., have "deprioritized" psilocybin (meaning they've dialed back law-enforcement efforts to go after things like possession or use) or decriminalized it (treating these activities as a civil offense or minor violation). Still, paying a guide to do a journey with you in one of these cities "has some risk," says attorney Laurel Kilgour, steward of the legalization and regulation committee of the Psychedelic Bar Association. "Even if, nudge, nudge, wink, this is only for the integration services, a court may not see it that way."

## MDMA

**What it is:** A synthetic drug known as ecstasy and molly on the party circuit and as 3,4-methylenedioxymethamphetamine to chemists. It was developed by Merck in 1912 to help synthesize medications that control bleeding, and in the 1970s, psychiatrists discovered its ability to lather their clients in love. It's considered the gentlest of these drugs.

**How you take it:** Usually as a pill. Trips typically last between two and six hours.

**Whom it can help:** Anyone dealing with shame, self-blame, fear, anxiety, and trauma (so...all of us). MDMA has specifically been shown to help reduce symptoms of PTSD and chronic pain.

**How it feels:** "It fills people with self compassion, empathy, and love for others," says Rick Doblin, PhD, who has led the way on MDMA research through his organization, MAPS. For Carrie, a clinician providing integrative and functional medicine (who asked to go by her first name), it eased intractable grief. She turned to psychedelics about a year after her son, KP, died suddenly at age 26 in the middle of the night from a seizure. Her first journey was on psilocybin, and he appeared. "His face was, like, inches away, and he said, 'Mom, you're finally here; I'm so excited!'" she says. "But the MDMA was even more effective and felt so much safer." In one session her therapist recorded, they had the following dialogue:



**Carrie:** I'm stuck in something. I keep hitting up against this. It doesn't feel like love.

**Therapist:** What do you feel?

**Carrie:** It's dark, plastic, big, bigger than me. I'm in it. I want to get through this so I can—

**Therapist:** This is your process. Let's trust what's coming up. Just look around. Really feel and see the experience you're in.

**Carrie:** Okay. It's like an inner tube up and around me. I can see light, but I can't get to it.

**Therapist:** Maybe ask it what it is.

**Carrie:** It's fear. Of being vulnerable. Expressing myself. Saying what I feel. Asking for what I need. Being selfish.

**Therapist:** How old is it?

**Carrie:** [Giggles] It's genetic; my mother line, cellular. Be a good girl; don't make waves.

**Therapist:** Not even yours. You have custody of it now.

**Carrie:** I come back to: I didn't save KP. I didn't protect him.

That, she realized as she came out of the journey, was keeping her trapped in agony. "It was all the guilt and shame I held for not saving KP," she says, "not only as his mom, but also as someone who helps so many others heal." Three days later, her whole body relaxed from being on high alert, and suddenly, for the first time since the death, she could sleep, eat, and breathe again. "It was a 180-degree turn," she says.

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**How it works:** "MDMA basically floods the synapse [where neurons communicate] with serotonin," says Frederick Barrett, PhD, director of the Center for Psychedelic and Consciousness Research at Johns Hopkins. That seems to create a buffer of self-compassion and nonjudgment for people to face painful material. "In ordinary therapy, when you try to address trauma, it has so much charge, you can't progress," says Devon Christie, MD, senior lead of psychedelic programs at Numinus in Vancouver, British Columbia. "With MDMA, people have a much wider tolerance for what they can actually process."

**Safety note:** After all that loving, you can feel down for a couple of days after a journey. If you're bingeing on MDMA as a party drug (and sold on the street, it often contains fentanyl), it can affect your memory and verbal learning and cause depression, but those effects will probably go away over time, says David Nutt, neuropsychopharmacology professor at Imperial College London, and author of the new book *Psychedelics*. Further research is needed for therapeutic use, which is true of all these drugs.

**Legal status:** MDMA is illegal, but that might change this year. The FDA could approve MDMA-assisted therapy for PTSD as soon as August. Mason Marks, MD, senior fellow and project lead on the Project on Psychedelics Law and Regulation at Harvard Law School, warns that approval would probably come with serious restrictions. "It's pretty likely that the facilities and potentially the professionals who administer MDMA might have to be certified by a REMS program," he says, referring to rules around certain drugs the FDA can require. In that case, it's unclear whether doctors would be able to legally prescribe the drug off-label for other conditions.

## AYAHUASCA

**What it is:** Known as "the grandmother," ayahuasca hails from the Amazon, where it has been used for medical and religious purposes for thousands of years. It's typically made by mixing two plants, the vine *Banisteriopsis caapi* and the shrub *Psychotria viridis*—an ingenious concoction that keeps our gut from kneecapping the most active ingredient, DMT, which provides most of the hallucinogenic gymnastics.

**How you take it:** Typically, you drink this drug as a tea in a traditional ceremony at a retreat in the jungle conducted by shamans. A trip usually lasts four to six hours and is intense. (Heads up: You'll probably get your own bucket to throw up in—a side effect considered spiritual cleansing.) DMT can also be synthesized or extracted, and smoked, injected, snorted, or administered through an IV.

**Whom it can help:** People with depression, trauma, and eating disorders.

**How it feels:** "On ayahuasca, you can go to heaven, to hell, and everywhere in between," says Christie, the doctor at Numinus, who tried it in 2012—her first foray into psychedelics for healing and spiritual growth—and found it transformative. At the time, she'd overcome years of starving herself and purging but still hated her reflection in the mirror. "How do I heal from that?" she asked as she took a sip of the brew in a Peruvian ceremony in Canada. The answer came under the sway of the medicine, which showed her its infernal side by hurling her deeper into self-loathing, "like a hand pushing on my back and my whole body caving and wanting to disappear," she says. "Like this trap door had been opened and now there was all this darkness. It was just like, *You want to heal? Here's your stuff*." That time, there was no prep or integration, leaving her almost retraumatized, which speaks to the importance of having support to help you find meaning in what comes up. Not knowing what else to do, she tried it again at a different place. This time, it took her back to being an infant in the arms of her mother, "held in this pure love that wasn't the majority of my experience, because my mom had her own layers of trauma," she says. "It was such a beautiful antidote to the deep toxic shame that was absolutely at the root of my eating disorder and of hating my reflection. From there, I started to climb my way out."

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**How it works:** Similar to psilocybin, ayahuasca binds with serotonin 2A receptors in the brain, causing an entropic effect. As for the kind of experience Christie had, Carhart-Harris says, "If you twin that increase in brain plasticity with a supportive context, the better someone will do. But if you have that big entropic brain effect in a really stressful or distressing context, it's probably going to be bad news."

**Safety note:** Ayahuasca and DMT seem to lead to more negative aftereffects (like visual distortions, derealization, and anxiety) than psilocybin or MDMA. That's what Evans found in a survey of 608 people who reported extended problems after doing psychedelics. In a separate survey of 7,839 people who did just ayahuasca, 55.4 percent said they also had difficulties like continuing to hear or see things others don't and feeling disconnected, and around 12 percent sought professional support for them, but the authors described the effects as generally mild and transient. (If you do have lasting problems, the Challenging Psychedelic Experiences Project, ICEERS, and Fireside Project may be able to help). In the first survey, most of the participants did the drugs in nonsupervised settings, and in both, about nine out of 10 still considered psychedelics worth it for the positive insight or growth.

**Legal status:** While it's federally illegal, some places in the U.S. have deprioritized or decriminalized personal possession, but that doesn't cover doing ayahuasca with a guide. Many people interested in its healing properties go to retreats in countries like Peru and Costa Rica, although the legal status can be murky.

## IBOGAINE

**What it is:** Of all these drugs, ibogaine is the one pushing the front lines of psychedelic healing. Derived from the root bark of the African rainforest shrub *Tabernanthe iboga*, ibogaine has been used as a sacred plant for centuries and is still a staple in Bwiti ceremonies. It was a 19-year-old named Howard Lotsof who discovered that the substance helped him escape his heroin addiction. Now, more than 60 years later, it's bridging the political aisle as a controversial Hail Mary for both the opioid epidemic and the soaring veteran suicide rate. "The effects seem just unbelievable," says Johns Hopkins's Barrett. "We don't want to use the C-word, but, like, people are cured of opioid use disorder."

**How you take it:** It's dried and ground up and can be taken as is, with water, in a tea, or by capsule. Consider the journeys like road trips; they can last from 24 to 72 hours.

**Whom it can help:** People who want to get off opioids, and people with PTSD and traumatic brain injuries.

**How it feels:** Ibogaine is heavy equipment compared with other psychedelics, churning up the consciousness like a Cat long-reach excavator. It's also cardiotoxic and almost killed a 27-year-old named Juliana Mulligan—but opioids were about to do the same. She'd gotten hooked as the pill mills moved into her Southern Florida hometown and spent seven years running from the sickness of withdrawal—overdosing, homeless, getting thrown in jail for petty theft, and cycling in and out of rehab. She finally found rock bottom in Bogotá, Colombia, eating whole fentanyl patches and any other opioids she could get, which seemed limitless. "Finally, I was tired," she says. She'd heard about ibogaine and flew to a clinic in Guatemala, where she was given a few capsules of the drug that sent her off into a journey. She remembers coming to a hospital, where her mother (after a frantic flight) found her hooked up to a pacemaker. She'd had six cardiac arrests.

What Mulligan didn't have, though, was anywhere near the withdrawal she normally suffered. And as she woke up with wires all over her, all she could think was *This medicine is the future of opioid use treatment*. Mulligan attributes her cardiac arrests to mistakenly being given double the safe dose of ibogaine. (The clinic is no longer there.) Although she didn't initially remember the journey, it delivered a life purpose—to make ibogaine treatment safely accessible to more people. "That was in November of 2011, and I haven't used an opioid or had a craving for one since," she testified last July to big applause, having become a licensed psychotherapist. It was at a public hearing for the Kentucky Opioid Abatement Advisory Commission where she crossed paths with veterans like Marcus Capone.

A former Navy SEAL, Capone served 13 years with six combat tours, only to come home to a war in his head. "Some things you can't unsee, undo," he says, "and there's guilt, shame." He found himself extremely depressed, flying off the handle, and drinking a lot as his marriage crumbled. Even with all the antidepressants, other pharmaceuticals, and treatments, he seemed to be getting worse. "He had become more or less like a monster," says his wife, Amber, who felt suicide was imminent. With nothing left to lose, he went to a medically staffed clinic in Mexico and did a session of ibogaine with a second psychedelic, 5-MeO-DMT, vomiting the whole time. "You're puking trauma, right?" he says. "It was awful. But it just pulled me out of a dark hole, almost immediately."

The Capones started Veterans Exploring Treatment Solutions (VETS) in 2019, a nonprofit that has now sent nearly 1,000 former Special Ops members and their spouses for ibogaine treatment in Mexico. They also teamed up with Nolan Williams, MD, an associate professor at Stanford University on a groundbreaking study that came out in January—the first to measure the effect of the drug on traumatic brain injury (TBI) and its debilitating effects. Williams's team assessed 30 special ops veterans with TBI—19 of them having thought about suicide, with seven having attempted it. After a session of ibogaine, given with magnesium to help prevent heart complications, they went from mild to moderate disability on things like memory and problem-solving to none, and their PTSD, depression, and anxiety all improved dramatically. "It's a pretty wild set of findings not expected by any of us going into the trial," Williams says of the study, published in *Nature Medicine*.

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**How it works:** There's comparatively little research on how ibogaine impacts the brain. It seems to affect multiple neurotransmitter systems and, like other psychedelics, increase brain-derived neurotrophic factor (BDNF), which is a key player in brain plasticity. "What ibogaine does in particular is called 'the slideshow' or 'life review,' where you view old memories as a neutral party," says Williams. Looking at your trauma without judging yourself, you're able to understand why it happened and think about it differently. "Also, say you had a big disagreement with your ex. Remarkably, you have insights about how they were thinking about it." As for making opioid withdrawal disappear, again, it's not clear. But there are several published cases and reports on people for whom it worked.

**Safety note:** Ibogaine is the riskiest psychedelic because it can lead to irregular heart rhythms and cardiac arrest. Between 1990 and 2020, 33 deaths were reported, mostly from the drug being taken without proper monitoring or precautions. Advocates stress that patients get screened for heart issues and do treatment in a medical setting. "There are ways to make it completely safe," says Williams.

**Legal status:** Ibogaine is federally illegal. The state of Colorado and a few cities across the U.S. have deprioritized or decriminalized personal possession, although that doesn't include providing it as treatment. W. Bryan Hubbard is crusading to change that, working to spearhead the clinical research necessary for eventual FDA approval. As a son of Virginia's Appalachian coalfields and the descendant of a family whose history has been blighted by substance misuse, Hubbard, who became a lawyer and a leader in Kentucky state government, saw opioids stub out the soul of his people. "Ibogaine is not a forever cure," he says. "What it does is provide the very best possible start to long-term, durable recovery."

Last year, he made waves leading Kentucky's Opioid Abatement Advisory Commission and gaining bipartisan support to use a small portion of the conservative state's settlement funds to drive ibogaine research. It looked promising until he was replaced by the incoming attorney general in December. But within days, Hubbard was contacted by several other states, he says, including Ohio, which has almost double the fatal opioid overdoses as the national average. Now he's been retained by Ohio's Treasurer's Office and REID Foundation to show through research that ibogaine, in a controlled medical setting, can be a safe, innovative approach to helping victims of the opioid epidemic, as well as those with PTSD and TBI.

Meanwhile, people aren't waiting. Most are seeking treatment at ibogaine clinics in other countries, where the legality can be a gray area. (Here's a good [list of questions](#) to ask if you're considering one.) Like all psychedelics for healing, this treatment is not like entering a car wash and driving away shiny and clean. "Ibogaine can open up a lifetime of issues you've been trying to hide from, and people who aren't prepared will run back to whatever drug they're using as fast as possible," says Mulligan, now 39. "For this to make a difference, you need to be doing some work on yourself." 🍊

This article is for informational purposes only and does not constitute medical advice, diagnosis, or treatment. It should not be regarded as a substitute for professional guidance from your healthcare provider.

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