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Amy Morin:

Welcome to *The Verywell Mind Podcast!* I'm Amy Morin, the editor-in-chief of Verywell Mind. I'm also a psychotherapist and a bestselling author of four books on mental strength.

Every Monday I introduce you to a mentally strong person whose story and mental strength tips can inspire you to think, feel, and do your best in life. And the fun part is that we record the show from a sailboat in the Florida Keys!

Don't forget to subscribe to the show on your favorite platform so you can get mental strength tips delivered to you every single week. Now let's dive into today's episode.

Today, I'm talking about ketamine. You've probably heard about it. It's marketed as a miracle drug that treats depression, anxiety, PTSD, chronic pain, substance use disorders, and just about everything else.

We first mentioned ketamine in episode 99, "Can Psychedelics Heal Your Emotional Pain? with Psychologist Brian Pilecki." That episode has been our most popular episode of all time. So I know some of you are really interested in learning more about psychedelics as a treatment option.

Well, many people consider ketamine to be a psychedelic. It's not really a true psychedelic, but it does have dissociative features and it's legal in the United States. Proponents say it works better than other prescriptions that we have on the market, yet at the same time, it's not FDA approved for the treatment of many of those conditions. It's used as anesthesia that is often prescribed off-label to treat mental health issues.

Ketamine infusion clinics are cropping up around the United States where you can get IV ketamine. Most recently though, online telehealth services are prescribing ketamine in the form of an oral lozenge that's mailed directly to your door. While some people insist that this is the miracle drug that the mental health industry has been looking for, other people are concerned about the potential safety risks.

So here today to talk about ketamine is Lauren Swanson. She's a physician's assistant who prescribes ketamine at the telehealth company, Wondermed. Some of the things she shares today are how to know if

ketamine might be right for you, the benefits you might expect to gain, and some real-life stories of patients who have tried prescription ketamine.

Make sure to stick around until the end of the episode for The Therapist's Take! It's the part of the show where I'll give you my take on Lauren's tips for exploring ketamine as a treatment option. So here's Lauren Swanson on the truth about ketamine treatment for anxiety and depression.

Lauren Swanson, welcome to *The Verywell Mind Podcast!*

Lauren Swanson:

Thank you, Amy. So nice to be here.

Amy Morin:

I'm excited to talk to you today about ketamine. Because in fact, there was recently a study that came out that said SSRIs might not necessarily be as effective as we once thought, and that maybe depression isn't linked to serotonin in the brain. Although we've made great gains in the field of psychiatry over the last few years, I feel like we still have a long way to go. But there's some pretty interesting studies out there about ketamine.

Lauren Swanson:

Right.

Amy Morin:

We talked about psychedelics on the show before, but curious to dive into ketamine. But before we dive in and talk about that, I just want to hear a little bit from you. How did you get into this field to become a doctor who prescribes specifically ketamine?

Lauren Swanson:

Right. Exactly, exactly. So I'm a physician assistant and I've been in practice for 15 years now. And for 14 of those years, I actually worked in family practice and urgent care. And in that environment, basically what

was in my toolbox was exactly what you said, SSRIs, SNRIs, benzos, sending patients to a therapist such as yourself.

So I have years of experience with those medications and also everything that they bring, the side effects, not working, patients not wanting to take them and so forth. But anyway, my story's kind of an interesting one. Being in family practice, I loved it initially. The family practice, urgent care is very exciting and very rewarding to be in patients lives in that manner.

But I was really experiencing some serious burnout as so many family practitioners do. Just seeing a million patients a day and working on nights and weekends off the clock, finishing charts, reviewing CT scans, reviewing labs, sending lab letters to patients, calling the pharmacy because the prescription I wrote is out of stock or what have you. So I was really experiencing burnout.

I tried to make some adjustments, I got into a leadership role. So I wasn't seeing patients a few days a week thinking that that would be better. But then all of a sudden I found myself overseeing an entire department and that had its troubles in itself. And there I was again, just working and working and working and working, and burning myself out.

So then came the pandemic. I had already experienced burnout and it was just so difficult really being a practitioner during that and working in that environment. I was in an outpatient setting so I'm not trying to pretend I was working at a hospital at the time. But still had to treat my patients with COVID and long COVID, and their fear and anxiety and explaining to them their options. So that emotionally took a toll.

And I was just thinking, "Well, geez, I can't leave now. I mean, this is COVID, people are getting laid off. I should be very happy that I'm in this position." Worked with fantastic people, awesome doctors, and other PAs and NPs, and just felt really comfortable there. But as time went on, it just was getting worse. My husband was noticing, "You're not even present when you are present, because you're just thinking about all the millions of things you have to do."

And you as a therapist, you probably hear this all the time when people come in and they're like, "This totally changed my entire trajectory." But there was events that happened to me in February of 2021 that completely shifted everything. So I'll just speak on this briefly because it is part of my story.

So essentially everything was going okay, pandemic was well in way. And we kind of figured things out, working from home and just doing our thing. At the time I had a three year old son, going on four, and things were overall decent. And all of a sudden, I woke up one day, was feeling great. And literally by the afternoon I had been admitted to the hospital for an internal bleed, and it was getting worse and we have to do an emergency surgery. So they did.

Unfortunately, the surgery was unsuccessful. I stayed the hospital there that night and things kind of taper down for a moment, but then the next day it got really bad and I lost a lot of blood very rapidly. I actually lost over half of my blood volume. And Amy, I'm telling you it was nuts. It was like a Grey's Anatomy episode. People running around in the room, I'm attached to IVs and I can hear the beeping, and my husband's in the room. Thank goodness they let him be there.

My blood pressure's dropping. I could feel myself fading, thinking, "My gosh, don't fall asleep." But I got my son and my husband's there. And I hear the nurses freak out, "She's dropping, 50 over 40, 47 over 37." My pressure is tanking. They give me adrenaline through my line and they are eventually able to stop the bleed. My blood pressure stabilizes and I made it through.

So to back up a couple of days before that, I woke up again normal morning. My son, the love of my life, comes up to me and gives my stomach a big kiss because I'm pregnant. I'm six months pregnant and he's like, "Mommy, how's the baby doing? Can I feel her kicking?" And everything was great. So really the point of me telling you that is that all of a sudden I found myself on death's door.

I ended up having a placental abruption that got worse and ultimately caused the bleed. Lost the baby, delivered her stillborn. And it was just a crazy event. You wake up one day and your life is one way, and the next

day you're signing a death certificate and trying to find a mortuary and just thinking, "Wait, what happened? Is this a dream?"

So back to where this really lands as far as my career. At that time I was hospitalized for four days. They released me after my blood transfusions and things were getting a little bit better, but I was still physically not even able to walk around. I had to take some time off of work to regain my strength. And during that time, I just really reflected so much on that scenario. Like, wow, your life is so precious and so valuable and tomorrow is not known. And I love life. I want to enjoy life and live life. I have to make some changes here.

So when I went back to work six weeks later, I told my medical director, I said, "You know what? This is it." I said, "It may be in the middle of COVID and I may not be able to find the best fit, but it's time for a change. C'est la vie."

So I did, I started looking for new jobs. I applied to many jobs, I got several offers that I turned down. I knew I didn't want to jump into something just to jump into something, had to be very judicious about it. And I found this company, Wonder Sciences, who is a parent company of our company Wondermed that is a medical group of Wonder Sciences. Their research and development company really getting into psychedelics. And of course that's kind of in the future, but at this point, ketamine is their first offering.

And I had several interviews and basically was like, "Where do I find? Where do I start? This is amazing." I mean, they're talking about ketamine, making it affordable, having a safe way to use it at home, providing all these holistic tools to their patients to go on the ride. And so really that's what jump started it. I knew I needed to make a change, this event happened. I put it out there in the universe and this company arrived on my doorstep essentially.

Amy Morin:

What an amazing journey of how you came to do this and to do the job that you do now. I'm sorry to hear about the things that you went through to get here though. And sometimes those moments make us ask just that like,

"What do I really want to do with my life?" And based on that, we find more meaning and purpose. So we're glad that you're here.

Lauren Swanson:

Thank you. Yeah, so I've actually been there a year. It is a startup. And so we did a six-month beta trial before we launched to the public. And we just launched in May of this year, so it's been one year.

Amy Morin:

So in the year that you've been here prescribing ketamine, what are you seeing? As a therapist I'm hearing about it everywhere, but I don't know what the general public is hearing about ketamine these days. Do you find that people know what it is and how it works? Or how do people come to find you in the first place?

Lauren Swanson:

Exactly. So I'll say it back when I was working in family practice, I knew about ketamine. It's an anesthesia agent, emergency room doctors use it for procedures. So I mean, it was definitely in my wheelhouse of knowledge. And I had a couple patients that were on it. So I had one patient that had a very severe complex regional pain syndrome that had gone through pain management and all these different things that didn't work. And finally, they got her on IV ketamine and it worked.

So that was the first time I was like, "Wait, what? For pain management?" And then after that, I actually had a dear friend of mine whose husband is a veteran and suffers from fairly substantial PTSD. And he found ketamine after trying all of these medications, and it was helpful to him. So I had heard about ketamine in my life as a family practice doctor.

But honestly, Amy, I didn't even know that it was available in a way like this, that is low dose and safe and easy to access. I mean, I had sent patients to psychiatrists knowing that they used ketamine, and the psychiatrist wouldn't even do it. They would say, "Oh, well, your patient's been on three medications. Let's try two more and get two more failures before we try this."

Amy Morin:

What kind of conditions do you find that ketamine is most useful in treating?

Lauren Swanson:

Yeah. So ketamine is used for a lot of conditions. So as far as its FDA approval, it's an anesthesia agent. In 2018, a new product came on the market called SPRAVATO from Janssen, a pharmaceutical company. So that actually did have an indication for mental health use. That's the first time that any type of ketamine variant has been approved for mental health, that's been approved in major depressive disorders.

But generic ketamine, which is what we're talking about today, is used in anxiety, depression, PTSD, eating disorders, substance abuse disorders. It's actually really remarkable. I mean, we'll talk about how it works and the mechanism in the brain. But I mean, they're using it, they're studying it in dementia disorders, in autism spectrum, in nonverbal children, in long COVID.

I mean, it's just because of its very immense mechanism in the brain and how it produces this neuroplasticity effect, you get the mental health benefits but you also get these other benefits as well.

Amy Morin:

Let's talk about that just a little bit since we mentioned neuroplasty. How does ketamine actually work?

Lauren Swanson:

Yeah. So the way that ketamine works, it actually works in several different ways. And the first thing I want to mention is that it works on a neurotransmitter system called glutamate. So we've heard about neurotransmitters. Serotonin is one that's thrown out a lot, dopamine, norepinephrine. These are the neurotransmitters that our traditional meds work on. Like Lexapro, Prozac, Effexor, those types of medications.

So with ketamine, it's working on a completely different neurotransmitter pathway than all of these other medications in the past. So that's important too. I'm just kind of going on a side note here. But just

to also mention that because of that, ketamine can be used safely with these other meds. There's not necessarily one size fits all for anything. This isn't like ketamine or nothing. I mean, a lot of times we combine the two. And you can do that safely, you don't have to worry about a serotonin overload.

So when the glutamate system is activated, you actually have an immediate reduction in your symptomatology. I mean, this is remarkable. These medications that I used for all these years would take weeks to kick in. Because of its immediate reduction in anxiety and depression, we're actually seeing ketamine being used in the emergency department for acute suicidality. I mean, how amazing is that? That a one dose can really pull someone out of that deep, deep, dark depression.

I will just throw a caveat to that. One dose of ketamine is not going to cure someone's very deep depression, and that person in the emergency room would need to be closely followed by psychiatry and definitely involved with the psychotherapist. But that just shows you how powerful this is, that it can actually take someone out of that mind space so quickly.

So when you take ketamine, you have these immediate effects of just reduced anxiety, reduced depression, elevation, and mood. And then what happens is that you have this, this is kind of where we get into the psychedelic talk. Ketamine is actually not a psychedelic, but it does have psychedelic properties. And so people kind of tag it under that umbrella. But it does, it puts you in an altered state of consciousness. And that can be scary for some people, but that's also very valuable because that space is very useful when we're using ketamine and really trying to maximize its potential.

We can talk about that just for a little bit longer. As far as this altered state of consciousness with ketamine, if you give a really high dose you're going to put someone to sleep. We don't want to do that, that's anesthesia. If we go slightly under, the person could have a really scary experience where they just feel completely ungrounded, "Who am I? What am I? What am I doing?" They come out of that and it's very scary.

Really, what we're looking at is the dose under that, where you're in an altered state, you know who you are, where you are, what you're doing.

And you use this altered state to actually see things differently. It's really hard to put in words, and even with Western medicine to explain how this actually happens. But it puts you in this altered stage, it allows you to just visualize your life differently, see things through different lens, come out of it with a new perspective, pull out insights into your life that can be used.

So the subconscious space is actually important for that reason. It's about an hour long, so it's not too much time out of someone's day. And then what happens after, actually very quickly. I mean, within two hours is you start to have this neuroplasticity effect.

So the term neuroplasticity, what that means is that it is the brain's ability to create new neural connections. So neural connections are important for everything, if I'm moving my fingers to play the violin or speaking to you right now. But also, neural connections are where thought patterns come down. So if someone is really conditioned in their depression or anxiety to have a negative thought pattern or rumination, or just a very narrow outlook on their situation, ketamine will just immediately take them out of that and can take them on a whole new, like just totally rerouted.

So with the neuroplasticity, you have this ability instead of your brain to only think that one way, all of a sudden, it's like primed for new possibilities, new routes. Under the influence of the ketamine also, you're feeling better, you're feeling less anxious. So you have that available to you to think in a new way. I know we'll get into this, but I mean it's really important with ketamine to also use integration tools, to kind of unpack that session and use what you learned from it to integrate into what might help you in your life.

Amy Morin:

So let's talk about the integration piece for a minute. Because I know a lot of people don't actually want to talk about what they have been through, they just want to use ketamine, they want to feel better, they want the medicine to fix whatever their problem is. But we know that the integration is important. Can you explain a little bit about that?

Lauren Swanson:

Yes. Isn't that so true? It's we're so used to in society, it's like taking a pill and that's it. That's not really what we need to do here with ketamine. So there are some providers, I will say, that just do ketamine therapy for the drug benefit alone. I can't speak to that because my company doesn't. We use all of these other holistic tools to really capitalize on that integration.

So essentially, what we're able to do is we're able to, before the session, have the patient set an intention or really a focus for that session. Before they go into this altered state, they've already set their intention. So maybe their intention is like, "I just want to feel really relaxed and feel love and gratitude." Something non-specific. Or it could be something very specific of, "I just can't seem to get out of this negative thought pattern. Help me get out of this."

And you set the focus for the actual session. Go into the session, you have this kind of altered state where you're able to see things differently, pull out insights. And then what happens afterwards, once you come out of the session, is we have our patients journal, everything they can think of, how they felt, were they able to pull any insights.

In addition to that, we have all of our patients have the Breathwrk app. So we give a Breathwrk membership and we teach our patients how to use that. Breathwrk is very simple, it's just a sequence of breathing. But what it does is it puts you directly into the parasympathetic state. So like the rest and digest. So when we're feeling anxious and agitated, if you do some breath work it helps to relax you. So that's just one of the tools as an example that we use as how do we help self regulate mood when you're feeling in that moment.

We also have a whole integration program that goes along with our ketamine. And this combines, you'll know because you're a therapist, cognitive behavioral therapy, internal family systems model. We actually had a psychotherapist help us with the program. But it's essentially just a daily practice, 15 minutes. First five minutes is a journal prompt. The next 10 minutes is either going to be a Breathwrk session or a meditation session.

Every few days there's a challenge. One of the examples of one our challenges that we have in the program is for patients, it's like a challenge for the day or for the week. That if you have a negative thought or a negative emotion that pops up, to acknowledge it and see its purpose for being there, acknowledge that it's temporary and let it pass. So when we're saying this right now, it's like, "Oh, that sounds like a great idea. I should do that."

But when you're actually under the influence of ketamine, you take your ketamine and you have this neuroplastic window for a whole week after, it really allows you to do that easier. And so you start to reprime your brain and have these new ways of thinking and these healthier thought patterns. And week over week, that becomes your normal. Now that's the path of least resistance, when you're confronted with a trigger that would normally make you anxious or frustrated or standoffish, that that's not your reaction anymore.

Amy Morin:

Is ketamine prescribed right now in every state?

Lauren Swanson:

Yes. So ketamine is legal. Ketamine have been FDA approved since 1970. It's been used in mental health disorders since the 2000s. I mean, it is considered off-label, unless you're using SPRAVATO for major depressive disorder. But also say with SPRAVATO, and we don't use that in my company, but that's also not easily accessible for people because the doctor has to have special approval from SPRAVATO to actually be a prescriber.

The patient has to come in the doctor's office for two hours. A lot of doctors don't have a room that can be occupied by a person for two hours. And then also it's expensive, it's hard to get it covered through insurance. So yes, it's legal. If you can go through all those hoops, perhaps SPRAVATO is an option for you. If you just go to a group like me, or you go to a psychiatrist or ketamine clinic and we're using generic ketamine, yes,

it's legal. Comes from a pharmacy that to compound it as long as you're a medical provider with a license to prescribe.

Amy Morin:

So people who go to ketamine clinic are getting it via an IV?

Lauren Swanson:

Right, yes. So there's multiple forms of ketamine, IV. There's an intramuscular, which is an injection, no shot. And then there's an oral lozenge. And actually some psychiatrist and ketamine clinics will give the oral lozenge as well. They'll add it to their injectable regimen. But the oral lozenge, the way that our... Of course, it's dose dependent. So we do low dose, safe, gentle ketamine that you can take at home. There's a plethora of literature actually indicating how efficacious low dose ketamine can be in these disorders. You don't necessarily have to have the real high IV or IM experience to get the benefits.

Amy Morin:

And when you prescribe it, does everybody get the same dose or does it depend?

Lauren Swanson:

No. Yeah, it depends. So we take a lot of things into consideration. The patients wait their general sensitivity to medication. Have they taken psychedelics before? Because that's another thing. Some people they're a bit skeptical or scared to go into an experience like this. So in that case, we may want to start even on a lower dose or a more gentle dose. If someone's taken ketamine before, a lot of people will come to us and maybe they've had a series of an IM, and now six months has gone by and they want to do a boost with the oral version.

Amy Morin:

How long are people usually doing it at home?

Lauren Swanson:

Average is three months. And different providers have different opinions on this. So our group, we max the treatments out at six months. So the idea is that you get someone on ketamine to get them off. This is a whole different frame of mind than what we're used to. These other medications, Prozac, they only work when you're taking them. The ketamine, you use it as a catalyst to really make these changes, mold that neuroplasticity, and then you get off of it.

Amy Morin:

And we know from experience when people take an antidepressant and it works, then a few months later they'll often think, "Well, I don't need this anymore because I feel great." And the compliance rate is really low because people quit taking it. And as soon as they stop taking it, they start struggling again. We know people have to wait four to six weeks to see if their antidepressant is going to work. So that seems to be one of the huge advantages of ketamine. It works really fast and you don't necessarily need to take it forever.

Lauren Swanson:

Yeah.

Amy Morin:

Is it contraindicated for anybody?

Lauren Swanson:

Yes, there are contraindications. So ketamine in general, it's a stimulant. So that's one of the things to consider. It does have a stimulant side effect. That's just going to be short-lived, a few hours. But still, anyone that has cardiovascular disorder that has uncontrolled high blood pressure, has maybe glaucoma or pressure, they've had it, a concussion or some kind of head trauma, like any kind of physical disorder where you wouldn't want to elevate blood pressure would not be a good candidate for this. On the psychiatry side, any patient that actually has a psychotic disorder, schizophrenia, some personality disorders, they actually don't do well with ketamine. So we don't treat those patients.

Amy Morin:

What about a family history of psychotic disorders? If somebody in your family has something like schizophrenia, is it still safe to take it?

Lauren Swanson:

Yeah. We always ask our patients. So we're seeing adults only, and we do ask if there is a family history that prompts further discussion about the patient. And so if they've never had any hallucinations or delusions, or seeing things that weren't there, then they're going to be safe with ketamine. I mean, if they themselves have a psychosis, what can happen when you put them into that altered state is that it can exacerbate the psychosis.

Amy Morin:

Are there any insurance companies right now that will cover ketamine being prescribed via telemedicine?

Lauren Swanson:

Only if it's esketamine which is the SPRAVATO, which is not the generic ketamine. No, I mean to my knowledge, it's not covered by insurance. So you may be able to get the office visit covered if you're senior psychiatrist whose giving ketamine. But the actual medication itself, not that I know of.

Amy Morin:

Okay. So if somebody logs on, they decide, "Yes, I want to try ketamine." You prescribe it, it gets mailed to their house, and then what do you recommend? Do you take this on a Friday night when you're home alone, or do you take it when there's somebody there? How do you go about actually taking it and deciding when to take it? Should you have somebody there? Should you be alone? Do you need a dark room?

Lauren Swanson:

Yes. Yeah. So that's so important. Really the preparation for ketamine session is very, very important. We have all of our patients choose what we call an ally or simply a person that's going to be there physically with them.

It could be a family member or good friend that they feel physically safe with and comfortable with. We do have them... Usually the patient is doing it at their house and in their bedroom, in a comfortable area.

We have a whole list of to-dos, not to-dos, and those step-by-step on the day of all in our patient dashboard for our patients. But essentially yes, we want them to be with someone that they feel safe with. We don't want them to be completely alone in an altered state, just in the event that maybe they do start to get physically sick. Nausea is a common side effect of ketamine, or maybe they have a very profound, emotional release. We don't want them to be alone or just if they need anything else. We want someone to be at the home with them.

So we mail them the lozenges, we give a journal, an eye mask. We have some supplements that go along with our ketamine. All of our patients get access to our patient dashboard where we give the Breathwrk membership and we have the integration program. We have special music that goes along with the ketamine journey. So we really try to make it as easy as possible for the person to really embark on their own self-healing journey.

Yeah. So this question is asked a lot, and really a bad trip. So if you're talking about a psychedelic bad trip, that can potentially happen with ketamine just as it can with real psychedelics. But usually, the bad trip is going to be precipitated by a bad, what we call set and setting. So if you are in an area, a space that you don't feel comfortable, or your friends are messing with you, or you're at a rave or something where you just don't feel comfortable and you're out of your head, that can definitely create a bad trip.

Now with ketamine, it's not actually a psychedelic. You're not going to hallucinate, but it does put you in this altered state. The thing that is more common than a bad trip would be a patient actually being confronted with a suppressed emotion that they need as part of their healing, but they really suppressed that trauma. And then all of a sudden, here we go, I just relived it in my session. And that can be difficult, but that's also where a lot of the healing is, is working through that. What can you take from it? Let the things that don't serve you go and move on from it.

Amy Morin:

What about patient success stories? Can you share any of those?

Lauren Swanson:

I would love to. Thank you for asking. So yes, I actually have two that I can share with you that are recent patients I've seen just over the last two weeks. And these two that I'll share with you had remarkable results. I mean, I will say that we've had really high results. 92% of our patients do report some degree of anxiety reduction. The two stories I'm going to tell you are quite remarkable. So I don't think everyone is going to have this drastic of a experience after their first month.

But anyway, one patient experience I can share with you. This is a female, a 60 year old female who was cognitively high functioning, working pre-COVID. And when COVID hit, stopped working and was isolated the rest of us. And all of a sudden, just really spiraled downhill. Now she did tell me, she said, "I've had social anxiety issues." Going back in time, I could see that this wasn't something that just came up all of a sudden. But essentially the pandemic was just really hard for her. And she actually developed full-blown agoraphobia.

So she had seen her doctor, been on all kinds of medications over the years, was on a little cocktail when she saw me. Her doctor actually told her to find ketamine. So didn't have any resources to personally refer her to, she found us just on her own through a search. But essentially we had the visit and she told me, she said, "It's so bad. I had an appointment with my doctor last week and I had to cancel it. I couldn't even get out of the house."

She told me, "I had to take a clonazepam." Which is essentially Valium, it's a benzo. "30 minutes before this call just to talk to you, Lauren." She said, "I'm just so embarrassed, but I just have to tell you that this is what's going on. This is my life. I can't get out of the house, I can't do anything. I don't know what's happened to me. I've got this really supportive, loving husband. And at his wit's end, he doesn't know what happened to the person he was married to."

And she said, "I want to try your program. I want to try ketamine." "Great. We'll go through your medical history." She ultimately was a candidate, but she also had some other things. She's had some autoimmune disorders, disorder that caused her chronic pain. She had hypothyroidism. She was treated with medications so her thyroid function was actually normal at the time. But anyway, I said, "Great. Let's try ketamine, low dose." We did it, gave her the instructions, sent her on her way. That's a patient that I really did think about for weeks after. And I said, "I really hope that this works for her, that ketamine should help." And I just really hope it does.

So I saw her a month later and we're literally both tearing up on the call, talking to each other as she's reporting to me her experience. She said, "Lauren, after my first lozenge, the next day, I asked my husband to take me to the public pool so I could swim laps." Because that was something that she used to do that was good for her mental health, was getting out and swimming, being outside. And he did. And of course was just like, "Oh my gosh, my wife, she's coming back to me."

She said, "I've gone out to eat twice with him. And I didn't have any issues getting ready and getting out." And she said, "And not only that I'm engaging with people. Before, I was pushing them out, and now I'm engaging with people. And my pain is better. My pain's not gone, I wouldn't expect my pain to be gone." Ketamine, by the way, also helps with pain.

And she said, "But I'm able to do my stretches and my rehab exercises with ease, and I'm feeling better and it's changed my life." And she thanked me. She said, "Thank you for being accessible to me on telemedicine at a low price point." And that was that, yeah. I mean, I don't even have words. I just want to have these patient experiences. It's just so profound even to me to participate in that and be part of that.

Amy Morin:

What a great example of somebody who wouldn't have been able to get out there perhaps to see a therapist and do talk therapy in person.

Lauren Swanson:

Yeah. And then I'll share another one. This was a 27 year old male, and he struggled from social anxiety disorder and actually major depressive disorder. And by the time I saw him, his depression had lifted a bit. I mean, he had been on meds and seen a psychiatrist and had a therapist. But at one point, not too far before I saw him, he actually had some suicidal thoughts to the point where he was pushing people away.

He didn't tell me this the first time, he told me this on the follow-up visit. That he was pushing family, friends, colleagues away, because he said, "I just don't want them to be emotionally attached if I leave." I mean, how sad is that? So just really felt for this guy. He said, "My anxiety is so bad. But I know I need to get out and do things because that's what people are telling me, is I need to be social, I need to hang out with my friends."

So he would smoke marijuana just enough for him to have that ability to go out in the social situation. But he said he was like a wallflower. The marijuana would numb him to the point where he could go out, but he didn't really feel he was fully immersing himself in this situation. So started him on our program, saw him a month later, and he was like, "Lauren, I'm not even using marijuana anymore. It is amazing."

He goes, "I don't even want it. Because you know why? I want to go out. I want to socialize. I want to engage. And I want to be present. I've reconnected more with my colleagues. I was pushing away with my family and my friends. I just feel like a totally different person." And he also thanked me for being part of this company. So very rewarding to hear these stories.

Amy Morin:

So one last question for you. If there's somebody out there who's considering ketamine but isn't quite sure if they want to try it or not, what would you say to that person?

Lauren Swanson:

I've got personally had anyone that it didn't work for that used the program. There have been cases where the patients can't or maybe better be suited in a one on one environment with a therapist because their traumas are so

intense to really do that alone. I have had patients, it's a stimulant. So the stimulant effect or the nausea side effect can be very difficult for people.

So it's quite rare, but I actually have had a couple of patients that didn't continue on just because physically it was too difficult. Although with that said, for the most part, people do fine with the nausea piece and with the stimulant effect. Because you definitely need to know a little bit more about their case, but I would say it's definitely worth at least looking into. Is that person a candidate from a medical standpoint?

Ketamine is something that they don't have to take long term. They can take a low dose form. It's not necessarily going to be an endeavor where they have to go in, and get a shot and pay thousands of dollars like some of these inpatient ketamine clinics. So I think it is always looking at the risk, the reward ratio. And I would say that anyone that is suffering from anxiety or depression, look into it.

If you're a candidate, if you go, whether it's my office or you go somewhere else, I mean, an evaluation will be done. And if that patient is ultimately not a candidate or would be better suited to do ketamine, maybe with their therapist, for example, there are ketamine-assisted psychotherapist. A lot of training programs for those now popping up, and so therapists are getting into that as well. Then I might push a patient into that direction versus doing the telemedicine platform that we do.

Amy Morin:

That's a good point. We can always explore if it's right for you. You can make an appointment. You can talk to somebody. And you can ask them, "What do you think?" And ask all the questions that you have, do your research ahead of time, and find out if it's good for you.

Lauren Swanson, thank you so much for being on The Verywell Mind Podcast and for sharing so much incredible information about ketamine with us.

Lauren Swanson:

Thank you. Thanks again for having me.

Amy Morin:

Welcome to The Therapist's Take! This is a part of the show where I'll break down Lauren's tips for learning about whether ketamine might be good for your mental health. Here are three of my favorite strategies that Lauren shared.

Number one: educate yourself on ketamine. Before you commit to taking any prescription, it's important to educate yourself. But I can't tell you how many people have come into my therapy office over the years who had no idea why they took a certain medication. Some of them had really long lists of prescriptions prescribed by multiple doctors who didn't communicate.

Ketamine isn't something you should just take without doing your homework. Don't just read one article or review one website. Read the studies on it for yourself to see how it affects your specific condition. The more you learn about it, the more confident you might feel about your decision about whether it's right for you.

Number two: research your provider and administration options. A good place to start the conversation might be with your physician. Your doctor might be able to talk about any potential risk factors that you might have that could affect whether ketamine's right for you. Do your homework on the different ways you might try ketamine. Some people want to go to an infusion clinic where there'll be medical providers standing by. Other people prefer to try it from home.

But you should educate yourself on things like the fees, the risks, the potential benefits, and all those other factors before giving it a try. Keep in mind that, at the moment, there's not a lot of oversight about who can prescribe ketamine, and it hasn't been prescribed for mental health issues for all that long. So it's important to consider who's prescribing it, what pharmacy's dispensing it, and where you'll have it administered.

And number three: talk to people who've tried it. It's one thing to hear from someone who prescribes ketamine but completely different to hear firsthand experiences from people who have tried it. If you know someone who's tried it, you might ask them if it feels appropriate. If you

don't know anyone who's personally tried it, look for real patient stories online. Check out a site like Reddit, where people share information in forums. And you might discover what people have to say about how it's affected their symptoms, any problems they've had, and how their ketamine treatment compares to other treatments that they've tried. Learning more from other people might help you decide if it's a treatment that you want to explore.

So those are three strategies that I highly recommend. Educate yourself on ketamine, research your treatment options, and talk to someone who's tried it.

To learn more about Lauren Swanson and Wondermed, a company that prescribes ketamine via online telehealth services, visit wondermed.com.

If you know someone who could benefit from hearing this message, share it with them. Simply sharing a link to this episode could help someone to feel better and grow stronger.

Do you want free access to my online course? It's called "10 Mental Strength Exercises That Will Help You Reach Your Greatest Potential." To get your free pass, all you have to do is leave us a review on Apple Podcasts. Then send us a screenshot of your review. Our email address is podcast@verywell.com. We'll reply with your all-access pass to the course.

Thank you for hanging out with me today and for listening to *The Verywell Mind Podcast!* And as always, a big thank you to my show's producer (who's tried prescription ketamine), Nick Valentin.