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Editorial Article

My Experience with Ketamine Therapy

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1. Editorials

Ketamine is a drug with a long clinical history as an anesthetic and is approved by the US Food and Drug Administration (FDA) for that use. More recently, it's been getting attention as a drug that may be of value in the treatment of depression, anxiety disorders, PTSD, OCD and other mood disorders [1-3].

Clinical experience and feedback has been generally positive from both clinicians and patients alike but is still a novel therapy that's considered experimental at this time [4].

My own interest in Ketamine therapy was not as much for the control of a mood disorder per se, but due to its potentially beneficial effects on the aging brain. As a scientist, my interest was in the data suggesting the drug resulted dendritic growth, increased synaptic connections and synaptic plasticity via an elevation in brain-derived neutrophic factor. I'd read the ketamine experience was described as euphoric, extremely pleasant, and caused stimulating visual experiences. Ketamine is a powerful dissociative drug with psychedelic effects dependent on the dose.

Ketamine has also been used as a recreational drug due the aforementioned effects. I'd read that at higher doses could lead to a term referred to as "falling down the K-Hole" by recreational users and the experience was described as most unpleasant and potentially dangerous. However, I had read of no such experiences when used under medical supervision and medically indicated dosing. Everything I read was universally positive.

The physician who administered the Ketamine was an anesthesiologist with extensive clinical experience with the drug and the dose administered a common one he'd used with many people prior to me without negative effects apparently, Less than 0.5mg/kg.

In my younger days I had experimented with psychedelic's such as Psilocybin mushrooms, so I was not foreign to the experiences of psychedelic compounds.

In rare cases, at higher doses, people can experience schizophrenic-like symptoms and psychosis according to the literature [5].

What I experienced was what felt to me like a trip straight into hell. It's difficult to put into words such an experience, but I was convinced I was dead, I'd ended up in what seemed like hell, and the sense of dread and fear was like nothing I have ever felt or even knew existed. I recall the doctor patting my hand and telling me to take deep breaths and I'd be ok, but he sounded like he was a million miles away, and I was not sure it was actually him or an hallucination of some sort. I saw no visions nor experienced any visuals, only the blackest place that ever existed and I was sure I was never coming back. If you were paralyzed (which I was), and you put a sack over your head, and were then dumped into the ocean to suffocate while some malevolent consciousness laughed at you, that's getting close to what I experienced. I recall telling the doctor to get me out, and I was not sure what I'd said could actually be heard or if I'd actually said it. It was on all levels a nightmarish experience the likes of which, to use an old term, I would not wish on my worst enemy.

The dissociative effect was total. I could not tell if I had a body all or if I was breathing and I recall asking the doctor if I was breathing and he said I was, but not being able to experience it was truly

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disturbing to me. When I finally came out of it approximately 30 minutes later, I recall being particularly excited that I had hands! That and not being dead were the two most important aspects to me at that moment.

In fact once it was finally over I thought that if that effect could be reproduced reliably it might be the most effective interrogation methods of all time as I know I'd tell someone anything they wanted to know before I'd experience that again.

2. Conclusion

Did I experience some idiosyncratic effect of Ketamine? Is there something about my neuro-chemistry that made me unusually sensitive to Ketamine? It's unclear at this time. My experience leads me to conclude that physicians who plan to employ Ketamine for the treatment of mood disorders would be wise to either [1] start with approximately half the typical dose and assess before administering the remaining dose or [2] if planning a multi session protocol, use a half the therapeutic dose for the first session to assess the sensitivity of the patient.

As Ketamine is a new drug for the possible treatment of mood disorders and there's a lack of data examining the rates at which some people may be especially sensitive to Ketamine, I'd strongly recommend extreme caution when by physicians until more data exists. Needless to say, I will not be going back for what was supposed to be three sessions of Ketamine.

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