IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Universitätsspital Basel	Confirmation No.:
Serial No.:	17/692,105	Group No.:
Filing or 371(c) Date:	March 10, 2022	Examiner:

Entitled: Antidepressant-Psilocybin Co-Treatment to Assist Psychotherapy

THIRD-PARTY PRE-ISSUANCE SUBMISSION

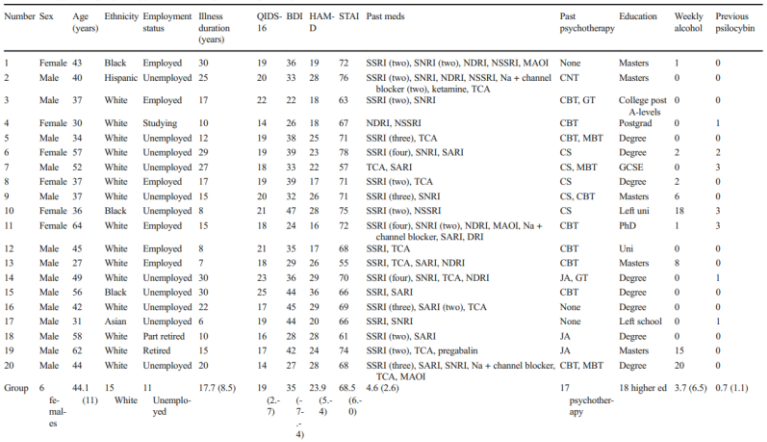
Examiner:

The following documents, which are also identified in the Form PTO/SB/429 filed herewith, are submitted for your consideration as being of potential relevance to the examination of the present application

1. GASSER (2014) "Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases" The Journal of Nervous and Mental Disease 202(7): 513-520
2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408
3. SAM (2019) "A Lysergic-Mescalito Experience LSD & Mescaline" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019
4. BONSON (1996) "Chronic administration of serotonergic antidepressants attenuates the subjective effects of LSD in humans" Neuropsychopharmacology 14(6): 425-436
5. CARHART-HARRIS (April 15, 2021) "Trial of Psilocybin versus Escitalopram for Depression" The New England Journal of Medicine 384(15): 1402-1411
6. WINDUP (2019) "Grand Reception at Tron Valhalla Mushroom" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=112797, retrieved January 29, 2019
7. OVOID (2021) "Lexapro and Its Effect on Tryptamines Escitalopram, Psilocybin, LSD & DMT" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=115139, retrieved January 31, 2021
8. PSYCHEDELIC DREAMER (2006) "Intense Sadness and Analyzing My Personality DOI & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=49906, retrieved July 25, 2006
9. ZOLOFTSHROOMER (2008) "Interferes with Hallucinations Sertraline (Zoloft) & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=70865, retrieved June 6, 2008
10. BONSON (1996) "Alterations in responses to LSD in humans associated with chronic administration of tricyclic antidepressants, monoamine oxidase inhibitors or lithium" Behavioural Brain Research 73(1-2): 229-33

11. JHA (2018) “When Discontinuing SSRI Antidepressants Is a Challenge: Management Tips” The American Journal of Psychiatry 175(12):1176-1184
12. U.S. Pat. App. Pub. No. 2022/0096504 “METHODS AND COMPOSITIONS COMPRISING A 5HT RECEPTOR AGONIST FOR THE TREATMENT OF PSYCHOLOGICAL, COGNITIVE, BEHAVORIAL, AND/OR MOOD DISORDERS” (Published March 31, 2022; Priority Date January 30, 2019)
13. MADSEN (2019) “Psychedelic effects of psilocybin correlate with serotonin 2A receptor occupancy and plasma psilocin levels” Neuropsychopharmacology 44(7): 1328-1334
14. CHUNG (2017) “Pharmacokinetics and effect on the corrected QT interval of single-dose escitalopram in healthy elderly compared with younger adults” International Clinical Psychopharmacology 32(1): 20-26
15. LATENTSANITYDISORDER (2013) “Remeron-berance of Things Past Mirtazapine & Various” retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=69888, retrieved January 11, 2013
16. BAKER (2008) “Getting on the Train with Dimitri DMT” retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=69969, retrieved April 16, 2008
17. TSUJIKAWA (2003) “Morphological and chemical analysis of magic mushrooms in Japan” Forensic Science International 138(1-3): 85-90
18. W.I.P.O. Pat. App. No. 2021/030571 “METHODS OF TREATING PSYCHOLOGICAL AND BRAIN DISORDERS” (Published February 18, 2021)

Attached hereto is a claim chart providing a concise description of the relevance of each reference in the document list to the elements of the presently pending claims.

U.S.S.N. 17/692,105 Pending Claims	References
1. A method of enhancing positive effects of a psychedelic, including the steps of: pretreating an individual with an antidepressant; administering a psychedelic to the individual; and inducing a more positive psychological state in the individual with the antidepressant-psychedelic combination compared with the psychedelic alone.	2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408 From page 402: "Table 1 Baseline characteristics and demographics **Table 1** Baseline characteristics and demographics: SSRI = selective serotonin reuptake inhibitor, SNRI = serotonin-noradrenaline reuptake inhibitor, NDRI = noradrenaline-dopamine reuptake inhibitor, NSSRI = noradrenaline and specific serotonin reuptake inhibitor, MAOI = monoamine oxidase inhibitor, Na + channel blocker = sodium channel blocker (e.g. lithium), TCA = tricyclic antidepressant, SARI = serotonin antagonist and reuptake inhibitor (e.g. trazodone), DRI = dopamine reuptake inhibitor. CBT = cognitive behavioural therapy, MBT = mindfulness CBT, CNT = cognitive narrative therapy, GT = group therapy, CS = counselling, JA = Jungian analysis  | Number | Sex | Age (years) | Ethnicity | Employment status | Illness duration (years) | QIDS-16 | BDI | HAM-D | STAI | Past meds | Past psychotherapy | Education | Weekly alcohol | Previous psilocybin | |---|---|---|---|---|---|---|---|---|---|---|---|---|---|---| | 1 | Female | 43 | Black | Employed | 30 | 19 | 36 | 19 | 72 | SSRI (two), SNRI (two), NDRI, NSSRI, MAOI | None | Masters | 1 | 0 | | 2 | Male | 40 | Hispanic | Unemployed | 25 | 20 | 33 | 28 | 76 | SSRI (two), SNRI, NDRI, NSSRI, Na + channel blocker (two), ketamine, TCA | CNT | Masters | 0 | 0 | | 3 | Male | 37 | White | Employed | 17 | 22 | 22 | 18 | 63 | SSRI (two), SNRI | CBT, GT | College post A-levels | 0 | 0 | | 4 | Female | 30 | White | Studying | 10 | 14 | 26 | 18 | 67 | NDRI, NSSRI | CBT | Postgrad | 0 | 1 | | 5 | Male | 34 | White | Unemployed | 12 | 19 | 38 | 25 | 71 | SSRI (three), TCA | CBT, MBT | Degree | 0 | 0 | | 6 | Female | 57 | White | Unemployed | 29 | 19 | 39 | 23 | 78 | SSRI (four), SNRI, SARI | CS | Degree | 2 | 2 | | 7 | Male | 52 | White | Unemployed | 27 | 18 | 33 | 22 | 57 | TCA, SARI | CS, MBT | GCSE | 0 | 3 | | 8 | Female | 37 | White | Employed | 17 | 19 | 39 | 17 | 71 | SSRI (two), TCA | CS | Degree | 2 | 0 | | 9 | Male | 37 | White | Unemployed | 15 | 20 | 32 | 26 | 71 | SSRI (three), SNRI | CS, CBT | Masters | 6 | 0 | | 10 | Female | 36 | Black | Unemployed | 8 | 21 | 47 | 28 | 75 | SSRI (two), NSSRI | CS | Left uni | 18 | 3 | | 11 | Female | 64 | White | Employed | 15 | 18 | 24 | 16 | 72 | SSRI (four), SNRI (two), NDRI, MAOI, Na + channel blocker, SARI, DRI | CBT | PhD | 1 | 3 | | 12 | Male | 45 | White | Employed | 8 | 21 | 35 | 17 | 68 | SSRI, TCA | CBT | Uni | 0 | 0 | | 13 | Male | 27 | White | Employed | 7 | 18 | 29 | 26 | 55 | SSRI, TCA, SARI, NDRI | CBT | Masters | 8 | 0 | | 14 | Male | 49 | White | Unemployed | 30 | 23 | 36 | 29 | 70 | SSRI (four), SNRI, TCA, NDRI | JA, GT | Degree | 0 | 1 | | 15 | Male | 56 | Black | Unemployed | 30 | 25 | 44 | 36 | 66 | SSRI, SARI | CBT | Degree | 0 | 0 | | 16 | Male | 42 | White | Unemployed | 22 | 17 | 45 | 29 | 69 | SSRI (three), SARI (two), TCA | None | Degree | 0 | 0 | | 17 | Male | 31 | Asian | Unemployed | 6 | 19 | 44 | 20 | 66 | SSRI, SNRI | None | Left school | 0 | 1 | | 18 | Male | 58 | White | Part retired | 10 | 16 | 28 | 28 | 61 | SSRI (two), SARI | JA | Degree | 0 | 0 | | 19 | Male | 62 | White | Retired | 15 | 17 | 42 | 24 | 74 | SSRI (two), TCA, pregabalin | JA | Masters | 15 | 0 | | 20 | Male | 44 | White | Unemployed | 20 | 14 | 27 | 28 | 68 | SSRI (three), SARI, SNRI, Na + channel blocker, TCA, MAOI | CBT, MBT | Degree | 20 | 0 | | Group | 6 females | 44.1 (11) | 15 White | 11 Unemployed | 17.7 (8.5) | 19 (2.-7) | 35 (-7-4) | 23.9 (5.-4) | 68.5 (6.-0) | 4.6 (2.6) | 17 psychotherapy | 18 higher ed | 3.7 (6.5) | 0.7 (1.1) | " From page 400: "This was an open-label feasibility study in 20 patients with treatment-resistant depression. Treatment involved **two oral doses of psilocybin (10 and 25 mg)**, 7 days apart." From page 404: "The complete 11D-ASC scores can be found in the supplementary file. After Bonferroni correction (0.05/11 = 0.004), values for **experience of unity** (mean difference = 0.26, 95% CI = 0.12 to 0.41, p = 0.001), **spiritual experience** (mean difference = 0.28, 95% CI = 0.11 to 0.41, p < 0.001), **blissful state** (mean difference = 0.3, 95% CI = 0.16 to 0.44, p < 0.001), **insightfulness** (mean difference = 0.26, 95% CI = 0.11 to 0.41, p < 0.001) and complex imagery (mean difference = 0.18, 95% CI = 0.08 to 0.28, p < 0.001) **were found to be significantly higher after 25 mg psilocybin than the 10-mg dose**." From page 403: "Treatment was generally well tolerated and there were no serious adverse events. One patient became uncommunicative **during the peak of his 25-mg psilocybin experience** but this normalised after the acute drug effects had abated. Follow-up discussions revealed that his experience had been **"blissful" and beneficial** but also overwhelming (see supplementary file)." 3. SAM "A Lysergic-Mescalito Experience LSD & Mescaline" 2019; retrieved from Erowid.

https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019

From website: "

DOSE:	1.5 tablets		LSD	(blotter / tab)
	650 mg	oral	Mescaline	(powder / crystals)
	repeated	smoked	Cannabis	(plant material)
		oral	Pharms - Citalopram	(daily)

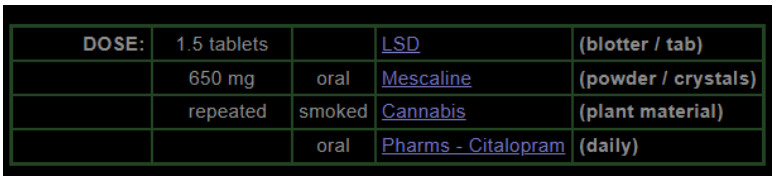
She does take the SSRI citalopram, (which I personally don't like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort, and had taken her last dose a few days before**."

4. BONSON (1996) "Chronic administration of serotonergic antidepressants attenuates the subjective effects of LSD in humans" Neuropsychopharmacology 14(6): 425-436

From page 426: "In order for a report from a subject to be considered usable, the subject must have had **a "control" condition with which to compare the current hallucinogenic experience**. This consisted of either **a personal prior experience with a similar dose of LSD while the subject was not taking an antidepressant (11 = 29)…**

…a 34-year-old male, had extensive experience with hallucinogens. In response to chronic depression, he had been placed on **20 mg/day of fluoxetine**. After 6 weeks of taking the antidepressant, his depression symptoms had considerably improved, and **he ingested approximately 250 µg of LSD**. Upon "quite a bit of psychological effort" he experienced very slight somatic stimulation and "minor" hallucinations limited to bright visual patterns on blank walls. These mild effects were greatly delayed in their onset. **There was little in terms of psychological response**. Overall, the subject likened the effects as similar to those caused by 75 µg of LSD… **The subject had sampled a 250 µg dose of LSD from the same batch prior to antidepressant treatment and noted that he had experienced an "overwhelming" response**.

From page 426-427: "…a 36-year-old male, had extensive experience with hallucinogens. **He had taken 100 mg/ day of sertraline for 3 weeks for depression when he ingested approximately 200 µg of LSD**. He reported that he did **not feel any effects from the LSD** whatsoever. This left him "dumbfounded," especially since **he had taken a similar dose of LSD from the same batch before he had started taking sertraline and had "a rather intense experience."**

	From page 427: "…a 35-year-old male, had extensive experience with hallucinogens. **He ingested approximately 150 µg of LSD following a 3-week course of paroxetine (20 mg/ day) for depression**. After an hour, the subject felt only minor "proprioceptive distortions" and "**mild**" hallucinations that lasted for about 30 minutes… …The results from this investigation indicate that **subjective responses to LSD appear to be generally reduced by the chronic administration of antidepressants with primary serotonin reuptake effects**."
2. The method of claim 1, wherein the antidepressant is chosen from the group consisting of selective serotonin reuptake inhibitors (SSRI) including escitalopram, citalopram, fluoxetine, sertraline, paroxetine, or homologues thereof, analogues thereof, and prodrugs thereof.	3. SAM "A Lysergic-Mescalito Experience LSD & Mescaline" 2019; retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019 From website: "  DOSE: 1.5 tablets — LSD (blotter / tab) 650 mg oral Mescaline (powder / crystals) repeated smoked Cannabis (plant material) oral Pharms - Citalopram (daily) She does take the **SSRI citalopram**, (which I personally don't like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort,** and had taken her last dose a few days before." 4. BONSON (1996) "Chronic administration of serotonergic antidepressants attenuates the subjective effects of LSD in humans" Neuropsychopharmacology 14(6): 425-436 From page 426: "In order for a report from a subject to be considered usable, the subject must have had **a "control" condition with which to compare the current hallucinogenic experience**. This consisted of either **a personal prior experience with a similar dose of LSD while the subject was not taking an antidepressant (11 = 29)…** …a 34-year-old male, had extensive experience with hallucinogens. In response to chronic depression, he had been placed on **20 mg/day of fluoxetine**. After 6 weeks of taking the antidepressant, his depression symptoms had considerably improved, and **he ingested approximately 250 µg of LSD**. Upon "quite a bit of psychological effort" he experienced very slight somatic stimulation and "minor" hallucinations limited to bright visual patterns on blank walls. These mild effects were greatly delayed in their onset. **There was little in terms of psychological response**. Overall, the subject likened the effects as similar to those caused by 75 µg of LSD… **The subject had sampled a 250 µg dose of LSD from the same batch prior to**

	antidepressant treatment and noted that he had experienced an "overwhelming" response. …a 36-year-old male, had extensive experience with hallucinogens. **He had taken 100 mg/ day of sertraline for 3 weeks for depression when he ingested approximately 200 µg of LSD**. He reported that he did **not feel any effects from the LSD** whatsoever. This left him "dumbfounded," especially since **he had taken a similar dose of LSD from the same batch before he had started taking sertraline and had "a rather intense experience."** …a 35-year-old male, had extensive experience with hallucinogens. **He ingested approximately 150 µg of LSD following a 3-week course of paroxetine (20 mg/ day) for depression**. After an hour, the subject felt only minor "proprioceptive distortions" and "**mild**" hallucinations that lasted for about 30 minutes" 5. CARHART-HARRIS (April 15, 2021) "Trial of Psilocybin versus Escitalopram for Depression" The New England Journal of Medicine 384(15): 1402-1411 From page 1402: "In a phase 2, double-blind, randomized, controlled trial involving patients with long-standing, moderate-to-severe major depressive disorder**, we compared psilocybin with escitalopram**, a selective serotonin-reuptake inhibitor, over a 6-week period. Patients were assigned in a 1:1 ratio to receive two separate doses of 25 mg of psilocybin 3 weeks apart plus 6 weeks of daily placebo (psilocybin group) **or two separate doses of 1 mg of psilocybin 3 weeks apart plus 6 weeks of daily oral escitalopram (escitalopram group)**; all the patients received psychological support." From page 1404: "At visit 2, which occurred 1 day after visit 1, the patients in the psilocybin group received 25 mg of psilocybin, and **those in the escitalopram group received 1 mg of psilocybin, which was presumed to have negligible activity** (dosing-day 1)… …The capsules contained either microcrystalline cellulose (placebo), which were given to the patients who had received the 25-mg dose of psilocybin on dosing-day 1, or **10 mg of escitalopram, which were given to the patients who had received the 1-mg dose of psilocybin on dosing-day 1**… …After dosing-day 2, the patients were asked to take two capsules each morning (either placebo in the psilocybin group **or an increased dose of 20 mg of escitalopram in the escitalopram group**) for the next 3 weeks."

3. The method of claim 1, wherein the antidepressant is chosen from the group consisting of serotonin-norepinephrine reuptake inhibitors, serotonin modulator and stimulators, serotonin antagonist and reuptake inhibitors, norepinephrine reuptake inhibitors, norepinephrine-dopamine reuptake inhibitors, tricyclic antidepressants, tetracyclic antidepressants, monoamine oxidase inhibitors, melatonin receptor agonists, and analogs thereof.	2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408 From page 402: "Table 1 Baseline characteristics and demographics **Table 1** Baseline characteristics and demographics: SSRI = selective serotonin reuptake inhibitor, SNRI = serotonin-noradrenaline reuptake inhibitor, NDRI = noradrenaline-dopamine reuptake inhibitor, NSSRI = noradrenaline and specific serotonin reuptake inhibitor, MAOI = monoamine oxidase inhibitor, Na + channel blocker = sodium channel blocker (e.g. lithium), TCA = tricyclic antidepressant, SARI = serotonin antagonist and reuptake inhibitor (e.g. trazodone), DRI = dopamine reuptake inhibitor. CBT = cognitive behavioural therapy, MBT = mindfulness CBT, CNT = cognitive narrative therapy, GT = group therapy, CS = counselling, JA = Jungian analysis Number Sex Age (years) Ethnicity Employment status Illness duration (years) QIDS-16 BDI HAM-D STAI Past meds Past psychotherapy Education Weekly alcohol Previous psilocybin 1 Female 43 Black Employed 30 19 36 19 72 SSRI (two), SNRI (two), NDRI, NSSRI, MAOI None Masters 1 0 2 Male 40 Hispanic Unemployed 25 20 33 28 76 SSRI (two), SNRI, NDRI, NSSRI, Na + channel blocker (two), ketamine, TCA CNT Masters 0 0 3 Male 37 White Employed 17 22 22 18 63 SSRI (two), SNRI CBT, GT College post A-levels 0 0 4 Female 30 White Studying 10 14 26 18 67 NDRI, NSSRI CBT Postgrad 0 1 5 Male 34 White Unemployed 12 19 38 25 71 SSRI (three), TCA CBT, MBT Degree 0 0 6 Female 57 White Unemployed 29 19 39 23 78 SSRI (four), SNRI, SARI CS Degree 2 2 7 Male 52 White Unemployed 27 18 33 22 57 TCA, SARI CS, MBT GCSE 0 3 8 Female 37 White Employed 17 19 39 17 71 SSRI (two), TCA CS Degree 2 0 9 Male 37 White Unemployed 15 20 32 26 71 SSRI (three), SNRI CS, CBT Masters 6 0 10 Female 36 Black Unemployed 8 21 47 28 75 SSRI (two), NSSRI CS Left uni 18 3 11 Female 64 White Employed 15 18 24 16 72 SSRI (four), SNRI (two), NDRI, MAOI, Na + channel blocker, SARI, DRI CBT PhD 1 3 12 Male 45 White Employed 8 21 35 17 68 SSRI, TCA CBT Uni 0 0 13 Male 27 White Employed 7 18 29 26 55 SSRI, TCA, SARI, NDRI CBT Masters 8 0 14 Male 49 White Unemployed 30 23 36 29 70 SSRI (four), SNRI, TCA, NDRI JA, GT Degree 0 1 15 Male 56 Black Unemployed 30 25 44 36 66 SSRI, SARI CBT Degree 0 0 16 Male 42 White Unemployed 22 17 45 29 69 SSRI (three), SARI (two), TCA None Degree 0 0 17 Male 31 Asian Unemployed 6 19 44 20 66 SSRI, SNRI None Left school 0 1 18 Male 58 White Part retired 10 16 28 28 61 SSRI (two), SARI JA Degree 0 0 19 Male 62 White Retired 15 17 42 24 74 SSRI (two), TCA, pregabalin JA Masters 15 0 20 Male 44 White Unemployed 20 14 27 28 68 SSRI (three), SARI, SNRI, Na + channel blocker, TCA, MAOI CBT, MBT Degree 20 0 Group 6 females 44.1 (11) 15 White 11 Unemployed 17.7 (8.5) 19 (2.-7) 35 (-7-4) 23.9 (5.-4) 68.5 (6.-0) 4.6 (2.6) 17 psychotherapy 18 higher ed 3.7 (6.5) 0.7 (1.1) " 15. LATENTSANITYDISORDER (2013) "Remeron-berance of Things Past Mirtazapine & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=69888, retrieved January 11, 2013 From webpage: " DOSE: 35 mg oral Pharms - Mirtazapine (daily) I am a male in my late twenties, and I have been on **a prescription for mirtazapine (Remeron) for the last two and a half years of my life and I have taken a wide variety of street drugs while on this medication**, including **LSD**, MDMA, Ecstasy, cocaine, **magic mushrooms**, opium, Salvia, and, of course, marijuana and alcohol… …Since I started taking **LSD**, the only other drug I have really done more than a few times has been mushrooms. And I have eaten a lot of **magic mushrooms**. **I have never had a problem combining these with medication**." 16. BAKER (2008) "Getting on the Train with Dimitri DMT" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=69969, retrieved April 16, 2008 From webpage: "I took some advice that a friendly tripper had given me that **melatonin** that kicks in late at night and **that it can be**

	particularly useful for making the trip easier to handle so I got my pipe and vial of **DMT** out and weighed out what I believe to be approximately 35-45mg using my 0.01g scales which can be a little inaccurate when they only read 0.04g."
4. The method of claim 1, wherein the psychedelic is chosen from the group consisting of psilocybin, psilocin, lysergic acid diethylamide (LSD), mescaline, dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine (DOI), 2,5-dimethoxy-4-bromoamphetamie (DOB), phenethylamine or tryptamine psychedelics, salts thereof, analogs thereof, prodrugs thereof, and homologues thereof.	1. GASSER (2014) "Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases" The Journal of Nervous and Mental Disease 202(7): 513-520 From page 519: "Concomitant Medication… During the study, **two participants (both experimental dose) received concomitant selective serotonin reuptake inhibitor (SSRI) treatment for depression and tapered off of these medications five half-lives before each experimental session** because SSRIs may attenuate the effects of the serotonergically active experimental drug (Bonson et al., 1996)." From page 516: "The participants were randomly assigned to the experimental dose groups, receiving either **an oral dose of 200 Kg of LSD** (n = 8) or an active placebo of 20 Kg of LSD (n = 4)." 2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408 From page 402: "Table 1 Baseline characteristics and demographics **Table 1** Baseline characteristics and demographics: SSRI = selective serotonin reuptake inhibitor, SNRI = serotonin-noradrenaline reuptake inhibitor, NDRI = noradrenaline-dopamine reuptake inhibitor, NSSRI = noradrenaline and specific serotonin reuptake inhibitor, MAOI = monoamine oxidase inhibitor, Na + channel blocker = sodium channel blocker (e.g. lithium), TCA = tricyclic antidepressant, SARI = serotonin antagonist and reuptake inhibitor (e.g. trazodone), DRI = dopamine reuptake inhibitor. CBT = cognitive behavioural therapy, MBT = mindfulness CBT, CNT = cognitive narrative therapy, GT = group therapy, CS = counselling, JA = Jungian analysis | Number	Sex	Age (years)	Ethnicity	Employment status	Illness duration (years)	QIDS-16	BDI	HAM-D	STAI	Past meds	Past psychotherapy	Education	Weekly alcohol	Previous psilocybin
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1	Female	43	Black	Employed	30	19	36	19	72	SSRI (two), SNRI (two), NDRI, NSSRI, MAOI	None	Masters	1	0
2	Male	40	Hispanic	Unemployed	25	20	33	28	76	SSRI (two), SNRI, NDRI, NSSRI, Na + channel blocker (two), ketamine, TCA	CNT	Masters	0	0
3	Male	37	White	Employed	17	22	22	18	63	SSRI (two), SNRI	CBT, GT	College post A-levels	0	0
4	Female	30	White	Studying	10	14	26	18	67	NDRI, NSSRI	CBT	Postgrad	0	1
5	Male	34	White	Unemployed	12	19	38	25	71	SSRI (three), TCA	CBT, MBT	Degree	0	0
6	Female	57	White	Unemployed	29	19	39	23	78	SSRI (four), SNRI, SARI	CS	Degree	2	2
7	Male	52	White	Unemployed	27	18	33	22	57	TCA, SARI	CS, MBT	GCSE	0	3
8	Female	37	White	Employed	17	19	39	17	71	SSRI (two), TCA	CS	Degree	2	0
9	Male	37	White	Unemployed	15	20	32	26	71	SSRI (three), SNRI	CS, CBT	Masters	6	0
10	Female	36	Black	Unemployed	8	21	47	28	75	SSRI (two), NSSRI	CS	Left uni	18	3
11	Female	64	White	Employed	15	18	24	16	72	SSRI (four), SNRI (two), NDRI, MAOI, Na + channel blocker, SARI, DRI	CBT	PhD	1	3
12	Male	45	White	Employed	8	21	35	17	68	SSRI, TCA	CBT	Uni	0	0
13	Male	27	White	Employed	7	18	29	26	55	SSRI, TCA, SARI, NDRI	CBT	Masters	8	0
14	Male	49	White	Unemployed	30	23	36	29	70	SSRI (four), SNRI, TCA, NDRI	JA, GT	Degree	0	1
15	Male	56	Black	Unemployed	30	25	44	36	66	SSRI, SARI	CBT	Degree	0	0
16	Male	42	White	Unemployed	22	17	45	29	69	SSRI (three), SARI (two), TCA	None	Degree	0	0
17	Male	31	Asian	Unemployed	6	19	44	20	66	SSRI, SNRI	None	Left school	0	1
18	Male	58	White	Part retired	10	16	28	28	61	SSRI (two), SARI	JA	Degree	0	0
19	Male	62	White	Retired	15	17	42	24	74	SSRI (two), TCA, pregabalin	JA	Masters	15	0
20	Male	44	White	Unemployed	20	14	27	28	68	SSRI (three), SARI, SNRI, Na + channel blocker, TCA, MAOI	CBT, MBT	Degree	20	0
Group	6 fe-mal-es	44.1 (11)	15 White	11 Unemplo-yed	17.7 (8.5)	19 (2.-7)	35 (-7-.-4)	23.9 (5.-4)	68.5 (6.-0)	4.6 (2.6)	17 psychother-apy	18 higher ed	3.7 (6.5)	0.7 (1.1)	 " From page 400: "This was an open-label feasibility study in 20 patients with treatment-resistant depression. Treatment involved **two oral doses of psilocybin (10 and 25 mg)**, 7 days apart."

3. SAM “A Lysergic-Mescalito Experience LSD & Mescaline” 2019; retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019

From website: “

DOSE:	1.5 tablets		LSD	(blotter / tab)
	650 mg	oral	Mescaline	(powder / crystals)
	repeated	smoked	Cannabis	(plant material)
		oral	Pharms - Citalopram	(daily)

She does take the SSRI citalopram, (which I personally don’t like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort, and had taken her last dose a few days before**.”

7. OVOID (2021) “Lexapro and Its Effect on Tryptamines Escitalopram, Psilocybin, LSD & DMT” retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=115139, retrieved January 31, 2021

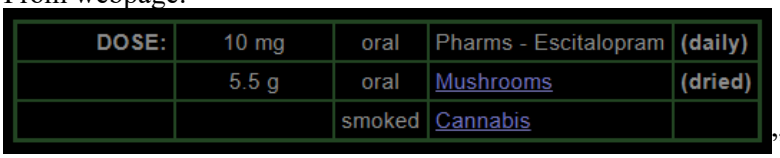
From webpage: “While on **Lexapro, DMT seemed to work as it always had**. **In retrospect, that is not completely true**. I realized that **on Lexapro DMT causes strange auditory hallucinations I don't experience today**. Also noteworthy is the fact that today DMT has a dynamic and fast paced "swirling" motion to its visuals that is almost mechanical in nature. **On Lexapro, the "motion" of the visual hallucinations is better described as stagnant or stationary**. Upon onset, the landscape would merely transform to a foreign or even alien environment. **Post Lexapro, DMT is once again the roller coaster it used to be**, complete with the presence of divine entities and sentient consciousness.”

8. PSYCHEDELIC DREAMER (2006) “Intense Sadness and Analyzing My Personality DOI & Various” retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=49906, retrieved July 25, 2006

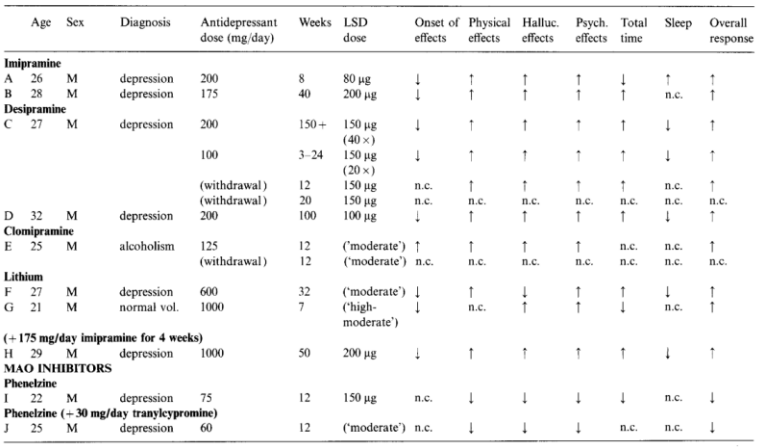
From webpage: “

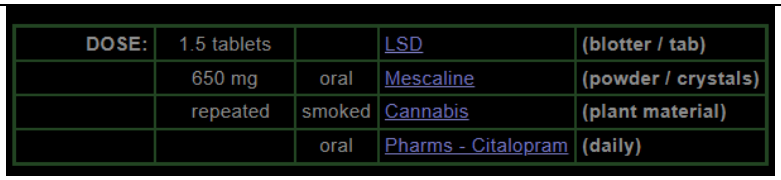
DOSE: T+ 0:00	14 mg	oral	DOI	
T+ 5:50		smoked	Salvia divinorum	
T+ 9:30	3000 mg	oral	Pharms - Gabapentin	
T+ 9:30	2	oral	Poppies - Opium	(plant material)
T+ 9:30	30 mg	oral	Pharms - Amitriptyline	

”

	9. ZOLOFTSHROOMER (2008) "Interferes with Hallucinations Sertraline (Zoloft) & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=70865, retrieved June 6, 2008 From webpage: "I have been on **daily doses of Zoloft (100 mg) for about a year now**, and recently began experimenting with new drugs. **I first tried mushrooms**, and have taken half an eighth of mushrooms three separate times. I never experienced any hallucinations of any kind, and at most was influenced by the atmosphere into **feeling slightly high or euphoric**. I even tried a half eighth of golden caps and ended up simply falling asleep on my couch without experiencing any psychedelic effects. After shrooms I sampled **DOB**, starting with a dose of two hits. I didn't feel anything after taking those, so I tried again a few days later. The second time I took four hits under the tongue and smoked one. I initially felt **euphoria** after smoking the last hit and became very giggly... Finally, I tried **LSD**. I was tired of psychedelics being ineffective, so I wanted something stronger. First I took one hit of acid, the same dose as my friends who had experienced obvious effects. The acid supposedly wasn't very 'visual,' but just made you think differently and feel **euphoric**...My **LSD experience was quite pleasent**."
5. The method of claim 1, wherein the antidepressant is escitalopram administered at a dose of 10-20 mg and the psychedelic is psilocybin and is administered at dose of 10-50 mg.	6. WINDUP (2019) "Grand Reception at Tron Valhalla Mushroom" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=112797, retrieved January 29, 2019 From webpage: "  DOSE: 10 mg oral Pharms - Escitalopram (daily) 5.5 g oral Mushrooms (dried) smoked Cannabis " From webpage: "When I woke up on the day of this experience **I took my daily escitalopram prescription of 10 milligrams**. I hadn't drank for a few days. I had not eaten any food in at least 6 hours prior to dosing and I think that, even then, I'd only had a croissant and a cup of coffee. If I remember correctly, I took this dose sometime between 10:30 and 11:30 PM on either the first or second Saturday of the month. It had been slow at work and I'd cut out around 9:30 PM. **I went home and consumed all the mushrooms I had left, 5.5 grams**."

	17. TSUJIKAWA (2003) "Morphological and chemical analysis of magic mushrooms in Japan" Forensic Science International 138(1-3): 85-90 From abstract: "The psilocin/psilocybin contents in Psilocybe cubensis were in the range of 0.14-0.42%/0.37-1.30% in the whole mushroom (0.17-0.78%/0.44-1.35% in the cap and 0.09-0.30%/0.05-1.27% in the stem), respectively. The hallucinogenic alkaloids in Copelandia were 0.43-0.76%/0.08-0.22% in the whole mushroom (0.64-0.74%/0.02-0.22% in the cap and 0.31-0.78%/0.01-0.39% in the stem)."
6. The method of claim 1, wherein the antidepressant is administered for 1-30 days before the psychedelic and reduces effects chosen from the group consisting of bad drug effects, anxiety, autonomic effects, adverse effects of the psychedelic, and combinations thereof.	6. WINDUP (2019) "Grand Reception at Tron Valhalla Mushroom" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=112797, retrieved January 29, 2019 From webpage: " DOSE: 10 mg oral Pharms - Escitalopram (daily) 5.5 g oral Mushrooms (dried) smoked Cannabis " From webpage: "When I woke up on the day of this experience **I took my daily escitalopram prescription of 10 milligrams**. I hadn't drank for a few days. I had not eaten any food in at least 6 hours prior to dosing and I think that, even then, I'd only had a croissant and a cup of coffee. If I remember correctly, I took this dose sometime between 10:30 and 11:30 PM on either the first or second Saturday of the month. It had been slow at work and I'd cut out around 9:30 PM. **I went home and consumed all the mushrooms I had left, 5.5 grams**. … **I felt no anxiety**. I felt an energy starting to pass through me that felt like waves of "YES." I felt pretty confident that this was going to be a good time." 3. SAM "A Lysergic-Mescalito Experience LSD & Mescaline" 2019; retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019 From website: " DOSE: 1.5 tablets LSD (blotter / tab) 650 mg oral Mescaline (powder / crystals) repeated smoked Cannabis (plant material) oral Pharms - Citalopram (daily)

	My pulse was elevated and it felt like my blood pressure was up, and I had weird and uncomfortable electric tingling in my body. My friend didn't experience this discomfort, but the ratios of mescaline and LSD he ingested were different to myself and **my sister** (more tipped towards the LSD side of things). **She does take the SSRI citalopram**, (which I personally don't like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort, and had taken her last dose a few days before...**" 10. BONSON (1996) "Alterations in responses to LSD in humans associated with chronic administration of tricyclic antidepressants, monoamine oxidase inhibitors or lithium" Behavioural Brain Research 73(1-2): 229-33 From page 230: "Summations of the case reports compiled from individual interviews are presented in Table 1. Information in the table follows the outline of the questions in the structured interview. In addition to the **reports of our subjects' responses to LSD during chronic administration of an antidepressant**, certain subjects were able to provide data on their response to the hallucinogen during or after withdrawal from an antidepressant. Table 1  Data in this table were drawn from structured interviews with 10 subjects concerning subjective assessments of their responses to LSD during chronic administration of an antidepressant, as described in the text. All doses of LSD are estimates provided by subjects based on prior experience with hallucinogens. Halluc. effects = hallucinatory effects; Psych. effects = psychological effects; ↑ symbol indicates an increase in response; ↓ symbol indicates a decrease in response; n.c., indicates no change in response. An arrow indicating 'increase' in onset of effects means it took longer than normal for the effects of LSD to first be felt, while a 'decrease' in onset of effects means the effects were first felt sooner than normal. When the response occurred following complete withdrawal from the antidepressant, 'withdrawal' is noted, with the number of weeks of withdrawal listed at time of LSD ingestion. "
7. The method of claim 1, wherein treatment with the antidepressant is maintained during administering the psychedelic.	3. SAM "A Lysergic-Mescalito Experience LSD & Mescaline" 2019; retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019 From website: "

	 **She does take the SSRI citalopram**, (which I personally don't like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort, and had taken her last dose a few days before**."
8. The method of claim 7, further including a step chosen from the group consisting of avoiding a withdrawal syndrome from the antidepressant, avoiding relapse of depression, avoiding relapse of anxiety, avoiding relapse of a disorder for which the individual is treated with the antidepressant, and combinations thereof.	10. BONSON (1996) "Alterations in responses to LSD in humans associated with chronic administration of tricyclic antidepressants, monoamine oxidase inhibitors or lithium" Behavioural Brain Research 73(1-2): 229-33 From page 230: "Summations of the case reports compiled from individual interviews are presented in Table 1. Information in the table follows the outline of the questions in the structured interview. In addition to the **reports of our subjects' responses to LSD during chronic administration of an antidepressant**, certain subjects were able to provide data on their **response to the hallucinogen during or after withdrawal from an antidepressant**. Table 1 Age Sex Diagnosis Antidepressant dose (mg/day) Weeks LSD dose Onset of effects Physical effects Halluc. effects Psych. effects Total time Sleep Overall response **Imipramine** A 26 M depression 200 8 80 µg ↓ ↑ ↑ ↑ ↓ ↑ ↑ B 28 M depression 175 40 200 µg ↓ ↑ ↑ ↑ ↑ n.c. ↑ **Desipramine** C 27 M depression 200 150+ 150 µg (40×) ↓ ↑ ↑ ↑ ↑ ↓ ↑ 100 3–24 150 µg (20×) ↓ ↑ ↑ ↑ ↑ ↓ ↑ (withdrawal) 12 150 µg n.c. ↑ ↑ ↑ ↑ n.c. ↑ (withdrawal) 20 150 µg n.c. n.c. n.c. n.c. n.c. n.c. n.c. D 32 M depression 200 100 100 µg ↓ ↑ ↑ ↑ ↑ ↓ ↑ **Clomipramine** E 25 M alcoholism 125 12 ('moderate') ↑ ↑ ↑ ↑ n.c. n.c. ↑ (withdrawal) 12 ('moderate') n.c. n.c. n.c. n.c. n.c. n.c. n.c. **Lithium** F 27 M depression 600 32 ('moderate') ↓ ↑ ↓ ↑ ↑ ↓ ↑ G 21 M normal vol. 1000 7 ('high-moderate') ↓ n.c. ↑ ↑ ↓ n.c. ↑ **(+175 mg/day imipramine for 4 weeks)** H 29 M depression 1000 50 200 µg ↓ ↑ ↑ ↑ ↑ ↓ ↑ **MAO INHIBITORS** **Phenelzine** I 22 M depression 75 12 150 µg n.c. ↓ ↓ ↓ ↓ n.c. ↓ **Phenelzine (+30 mg/day tranylcypromine)** J 25 M depression 60 12 ('moderate') n.c. ↓ ↓ ↓ n.c. n.c. ↓ Data in this table were drawn from structured interviews with 10 subjects concerning subjective assessments of their responses to LSD during chronic administration of an antidepressant, as described in the text. All doses of LSD are estimates provided by subjects based on prior experience with hallucinogens. Halluc. effects = hallucinatory effects; Psych. effects = psychological effects; ↑ symbol indicates an increase in response; ↓ symbol indicates a decrease in response; n.c., indicates no change in response. An arrow indicating 'increase' in onset of effects means it took longer than normal for the effects of LSD to first be felt, while a 'decrease' in onset of effects means the effects were first felt sooner than normal. When the response occurred following complete withdrawal from the antidepressant, 'withdrawal' is noted, with the number of weeks of withdrawal listed at time of LSD ingestion. " 11. JHA (2018) "When Discontinuing SSRI Antidepressants Is a Challenge: Management Tips" The American Journal of Psychiatry 175(12):1176-1184

	From page 1181: " **TABLE 2. Review of Systems to Identify Discontinuation Signs and Symptoms After Discontinuation of Selective Serotonin Reuptake Inhibitors** System — Signs and Symptoms General — Chills, malaise, flu-like symptoms, fatigue, lethargy, fever, diaphoresis Eyes — Blurred vision, eye movement abnormalities, sore eyes, eye twitch Ears, nose, mouth, and throat — Tinnitus, rhinorrhea, sinus congestion, nasal congestion, increased salivation Respiratory — Shortness of breath Cardiovascular — Palpitation, tachycardia, elevation in systolic and diastolic blood pressure Gastrointestinal — Nausea, vomiting, diarrhea, abdominal pain, stomach cramp, abdominal bloating Genitourinary — Genital hypersensitivity, premature ejaculation Musculoskeletal — Sore muscles, myalgia, arthralgia, muscle cramps Skin and hair — Pruritus Neurological — Disequilibrium (vertigo, dizziness, light-headedness, gait instability, and ataxia), sensory disturbances (unusual sensitivity to sound, electric shock–like sensations, paresthesia, tinnitus, dysgeusia, and brain zaps), neuromuscular symptoms (acute dystonia, myoclonus, tremor, shaking, akathisia), and cognitive symptoms (delirium, amnesia, memory impairments, disorientation, and confusion) Psychiatric — Worsening of mood (dysphoria, hypomania, depression, bouts of crying, tearfulness, impulsiveness, irritability, agitation, anger attacks, mood swings, impaired concentration, muscle tension, suicidal and homicidal ideations), exacerbation of anxiety (tension, panic, and generalized anxiety), sleep disruption (insomnia, hypersomnia, vivid dreams, nightmares, disrupted circadian rhythm), and perceptual impairments (depersonalization, derealization, hypnogogic hallucinations, unusual visual sensations such as geometric shapes and colors, auditory and visual hallucinations) …This symptom trajectory differs from the **more insidious return of depressive symptoms over weeks to months following a period of symptomatic remission (relapse) or recovery (recurrence)** (75)… …However, as **depression is a chronic disorder**, we recommend continued, potentially indefinite, treatment to **reduce the risk of relapse or recurrence in patients** whose depression is highly recurrent or chronic, is difficult to treat, and is comorbid with other psychiatric and medical conditions (2, 4)."
9. The method of claim 1, wherein the individual has a psychiatric disorder chosen from the group consisting of depression, anxiety, anxiety related to life-threatening disease, obsessive-compulsive disorder, personality disorder, and addiction.	1. GASSER (2014) "Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases" The Journal of Nervous and Mental Disease 202(7): 513-520 From page 519: "Concomitant Medication During the study, **two participants (both experimental dose) received concomitant selective serotonin reuptake inhibitor (SSRI) treatment for depression and tapered off of these medications five half-lives before each experimental session** because SSRIs may attenuate the effects of the serotonergically active experimental drug (Bonson et al., 1996)." From page 516: "The participants were randomly assigned to the experimental dose groups, receiving either **an oral dose of 200 Kg of LSD** (n = 8) or an active placebo of 20 Kg of LSD (n = 4)." From page 515: "Table 1. Participant Demographic Characteristics

TABLE 1. Participant Demographic Characteristics

Characteristic	Categories	Experimental Dose Group n = 8		Active Placebo Group n = 3		Total n = 11	
Sex	Female	3	37.5%	1	33.3%	4	36.4%
	Male	5	62.5%	2	66.7%	7	63.6%
Age, mean (SD)	Range 39–64 yrs	49.6	8.5	57.4	9.9	51.7	9.1
Marital status	Single	1	12.5%	1	33.3%	2	18.2%
	Married/living with partner	4	50%	2	66.7%	6	54.5%
	Divorced/separated	3	37.5%	0	0%	3	27.3%
Work status	On disability	1	12.5%	0	0%	1	9.1%
	Fit for limited employment	2	25%	2	66.7%	4	36.4%
	Working full time	4	50%	0	0%	4	36.4%
	Retired	1	12.5%	1	33.3%	2	18.2%
Spiritual orientation	Protestant	1	12.5%	1	33.3%	2	18.2%
	Roman Catholic	0	0%	1	33.3%	1	9.1%
	Buddhist	1	12.5%	0	0%	1	9.1%
	Not religious	6	75%	1	33.3%	7	63.6%
History of substance abuse/dependency	Alcohol	0	0%	0	0%	0	0%
	Illegal drugs	0	0%	0	0%	0	0%
History of suicidal tendencies	None	8	100%	1	33.3%	9	81.8%
	Mild	0	0%	2	66.7%	2	18.2%
Life-threatening illness	Metastatic breast carcinoma	3	37.5%	1	33.3%	4	36.4%
	Metastatic gastric carcinoma	2	25%	0	0%	2	18.2%
	Plasmocytoma	1	12.5%	0	0%	1	9.1%
	Non-Hodgkin's lymphoma	0	0%	1	33.3%	1	9.1%
	Celiac disease	0	0%	1	33.3%	1	9.1%
	Parkinson's disease	1	12.5%	0	0%	1	9.1%
	Bechterew's disease	1	12.5%	0	0%	1	9.1%
Comorbid disorder	GAD	5	62.5%	1	33.3%	6	54.5%
	Major depression	6	75%	1	33.3%	7	63.6%
	Reactive depression	0	0%	1	33.3%	1	9.1%
	Dysthymia	1	12.5%	1	33.3%	2	18.2%
	PTSD	1	12.5%	0	0%	1	8.3%
	Panic disorder	2	25%	1	33.3%	3	27.3%
	Social phobia	1	12.5%	0	0%	1	8.3%
Prestudy medications	Antidepressant	3	37.5%	1	33.3%	4	36.4%
	Antianxiety	1	12.5%	2	66.7%	3	27.3%
	Pain relief	3	37.5%	2	66.7%	5	45.4%
	None	3	37.5%	1	33.3%	4	36.4%

PTSD indicates posttraumatic stress disorder.

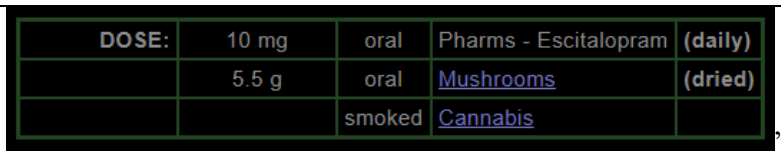
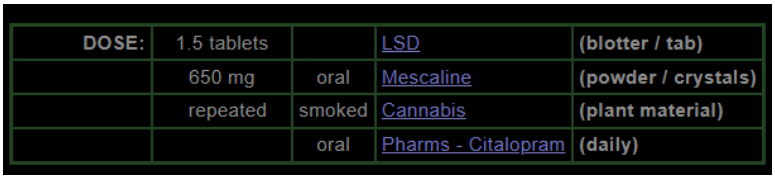
18. WO2021030571 - METHODS OF TREATING PSYCHOLOGICAL AND BRAIN DISORDERS

From claim 1: "A method for preventing or **treating a psychological disorder**, comprising the step of: administering **a serotonin agonist** in combination with a serotonin receptor 2A antagonist, wherein said agonist is administered separately, sequentially or simultaneously with said antagonist."

From claim 2: "The method of claim 1, wherein said serotonin agonist is **psilocybin**, psilocin, baeocystin, norbaeocystin, lisurgide, **LSD, dimethyltryptamine**. carboxamindotryptamine, ibogaine, 3,4-methylenedioxy-methamphetamine (MDMA) or a compound that promotes a release of serotonin or a combination thereof."

From claim 11: "11. The method of claim 1, wherein the psychological disorder is **depression… paranoid personality disorder…addiction…obsessive-compulsive disorder**…"

10. The method of claim 1, wherein said step of administering an antidepressant reduces bad drug effects chosen from the group consisting of anxiety, fear, fear of loss of body control, anxious-ego dissolution, disembodiment, fear of impaired thought	6. WINDUP (2019) "Grand Reception at Tron Valhalla Mushroom" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=112797, retrieved January 29, 2019 From webpage: "

control, paranoia, panic, negative thoughts, grooming, nadir effects, increases in blood pressure, increases in body temperature, increases in pupil size, acute and subacute adverse effects, and combinations thereof.	 	DOSE:	10 mg	oral	Pharms - Escitalopram	(daily)
	5.5 g	oral	Mushrooms	(dried)
		smoked	Cannabis	| ,, From webpage: "When I woke up on the day of this experience **I took my daily escitalopram prescription of 10 milligrams**. I hadn't drank for a few days. I had not eaten any food in at least 6 hours prior to dosing and I think that, even then, I'd only had a croissant and a cup of coffee. If I remember correctly, I took this dose sometime between 10:30 and 11:30 PM on either the first or second Saturday of the month. It had been slow at work and I'd cut out around 9:30 PM. **I went home and consumed all the mushrooms I had left, 5.5 grams**. … **I felt no anxiety**. I felt an energy starting to pass through me that felt like waves of "YES." I felt pretty confident that this was going to be a good time." 3. SAM "A Lysergic-Mescalito Experience LSD & Mescaline" 2019; retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019 From website: "  | DOSE:	1.5 tablets		LSD	(blotter / tab)
	650 mg	oral	Mescaline	(powder / crystals)
	repeated	smoked	Cannabis	(plant material)
		oral	Pharms - Citalopram	(daily)	 **My pulse was elevated and it felt like my blood pressure was up, and I had weird and uncomfortable electric tingling in my body**. My friend didn't experience this discomfort, but the ratios of mescaline and LSD he ingested were different to myself and **my sister** (more tipped towards the LSD side of things). **She does take the SSRI citalopram**, (which I personally don't like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort, and had taken her last dose a few days before**…"
11. The method of claim 1, wherein said step of administering an antidepressant does not interfere with the psychedelic improving good drug effects chosen from the	2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408 From page 402: "Table 1 Baseline characteristics and demographics

group consisting of drug linking, oceanic boundlessness, experience of unity, spiritual experience, blissful state, insightfulness, connectedness, mystical experiences, mystical-type effects, positive mood, transcendence of time/space, ineffability, well-being, trust, feelings of love, feeling open, peak experience, and combinations thereof.

Table 1 Baseline characteristics and demographics: SSRI = selective serotonin reuptake inhibitor, SNRI = serotonin-noradrenaline reuptake inhibitor, NDRI = noradrenaline-dopamine reuptake inhibitor, NSSRI = noradrenaline and specific serotonin reuptake inhibitor, MAOI = monoamine oxidase inhibitor, Na + channel blocker = sodium channel blocker (e.g. lithium), TCA = tricyclic antidepressant, SARI = serotonin antagonist and reuptake inhibitor (e.g. trazodone), DRI = dopamine reuptake inhibitor. CBT = cognitive behavioural therapy, MBT = mindfulness CBT, CNT = cognitive narrative therapy, GT = group therapy, CS = counselling, JA = Jungian analysis

Number	Sex	Age (years)	Ethnicity	Employment status	Illness duration (years)	QIDS-16	BDI	HAM-D	STAI	Past meds	Past psychotherapy	Education	Weekly alcohol	Previous psilocybin
1	Female	43	Black	Employed	30	19	36	19	72	SSRI (two), SNRI (two), NDRI, NSSRI, MAOI	None	Masters	1	0
2	Male	40	Hispanic	Unemployed	25	20	33	28	76	SSRI (two), SNRI, NDRI, NSSRI, Na + channel blocker (two), ketamine, TCA	CNT	Masters	0	0
3	Male	37	White	Employed	17	22	22	18	63	SSRI (two), SNRI	CBT, GT	College post A-levels	0	0
4	Female	30	White	Studying	10	14	26	18	67	NDRI, NSSRI	CBT	Postgrad	0	1
5	Male	34	White	Unemployed	12	19	38	25	71	SSRI (three), TCA	CBT, MBT	Degree	0	0
6	Female	57	White	Unemployed	29	19	39	23	78	SSRI (four), SNRI, SARI	CS	Degree	2	2
7	Male	52	White	Unemployed	27	18	33	22	57	TCA, SARI	CS, MBT	GCSE	0	3
8	Female	37	White	Employed	17	19	39	17	71	SSRI (two), TCA	CS	Degree	2	0
9	Male	37	White	Unemployed	15	20	32	26	71	SSRI (three), SNRI	CS, CBT	Masters	6	0
10	Female	36	Black	Unemployed	8	21	47	28	75	SSRI (two), NSSRI	CS	Left uni	18	3
11	Female	64	White	Employed	15	18	24	16	72	SSRI (four), SNRI (two), NDRI, MAOI, Na + channel blocker, SARI, DRI	CBT	PhD	1	3
12	Male	45	White	Employed	8	21	35	17	68	SSRI, TCA	CBT	Uni	0	0
13	Male	27	White	Employed	7	18	29	26	55	SSRI, TCA, SARI, NDRI	CBT	Masters	8	0
14	Male	49	White	Unemployed	30	23	36	29	70	SSRI (four), SNRI, TCA, NDRI	JA, GT	Degree	0	1
15	Male	56	Black	Unemployed	30	25	44	36	66	SSRI, SARI	CBT	Degree	0	0
16	Male	42	White	Unemployed	22	17	45	29	69	SSRI (three), SARI (two), TCA	None	Degree	0	0
17	Male	31	Asian	Unemployed	6	19	44	20	66	SSRI, SNRI	None	Left school	0	1
18	Male	58	White	Part retired	10	16	28	28	61	SSRI (two), SARI	JA	Degree	0	0
19	Male	62	White	Retired	15	17	42	24	74	SSRI (two), TCA, pregabalin	JA	Masters	15	0
20	Male	44	White	Unemployed	20	14	27	28	68	SSRI (three), SARI, SNRI, Na + channel blocker, TCA, MAOI	CBT, MBT	Degree	20	0
Group	6 females	44.1 (11)	15 White	11 Unemployed	17.7 (8.5)	19 (2-7)	35 (7-4)	23.9 (5-4)	68.5 (6-0)	4.6 (2.6)	17 psychotherapy	18 higher ed	3.7 (6.5)	0.7 (1.1)

”

From page 400: “This was an open-label feasibility study in 20 patients with treatment-resistant depression. Treatment involved **two oral doses of psilocybin (10 and 25 mg)**, 7 days apart.”

From page 404: “The complete 11D-ASC scores can be found in the supplementary file. After Bonferroni correction (0.05/11 = 0.004), values for **experience of unity** (mean difference = 0.26, 95% CI = 0.12 to 0.41, p = 0.001), **spiritual experience** (mean difference = 0.28, 95% CI = 0.11 to 0.41, p < 0.001), **blissful state** (mean difference = 0.3, 95% CI = 0.16 to 0.44, p < 0.001), **insightfulness** (mean difference = 0.26, 95% CI = 0.11 to 0.41, p < 0.001) and complex imagery (mean difference = 0.18, 95% CI = 0.08 to 0.28, p < 0.001) **were found to be significantly higher after 25 mg psilocybin than the 10-mg dose**.”

From page 403: “Treatment was generally well tolerated and there were no serious adverse events. One patient became uncommunicative **during the peak of his 25-mg psilocybin experience** but this normalised after the acute drug effects had abated. Follow-up discussions revealed that his experience had been **“blissful” and beneficial** but also overwhelming (see supplementary file).”

6. WINDUP (2019) “Grand Reception at Tron Valhalla Mushroom” retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=112797, retrieved January 29, 2019

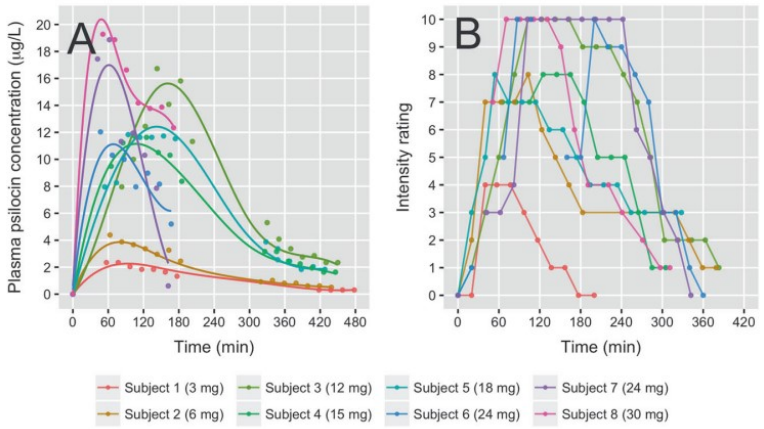
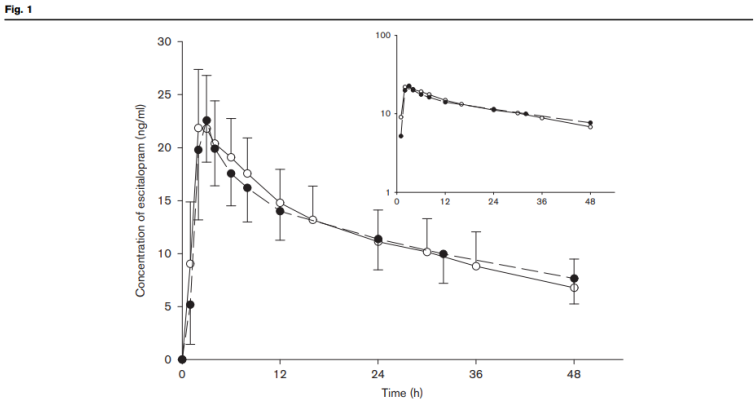
From webpage: “

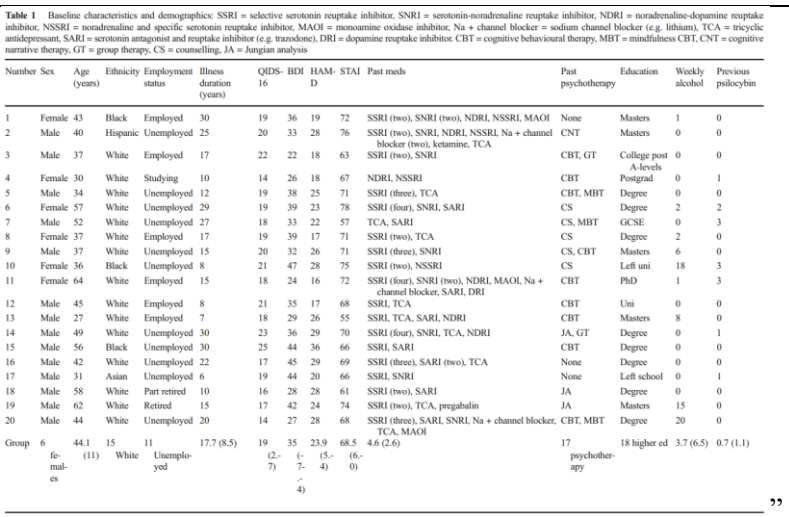
DOSE:	10 mg	oral	Pharms - Escitalopram	**(daily)**
	5.5 g	oral	Mushrooms	**(dried)**
		smoked	Cannabis	

”

	From webpage: "When I woke up on the day of this experience **I took my daily escitalopram prescription of 10 milligrams**. I hadn't drank for a few days. I had not eaten any food in at least 6 hours prior to dosing and I think that, even then, I'd only had a croissant and a cup of coffee. If I remember correctly, I took this dose sometime between 10:30 and 11:30 PM on either the first or second Saturday of the month. It had been slow at work and I'd cut out around 9:30 PM. **I went home and consumed all the mushrooms I had left, 5.5 grams**. … **I felt no anxiety**. I felt an energy starting to pass through me that felt like waves of "YES." I felt pretty confident that this was going to be a good time. …**The voice told me that the space that I was looking out over was mine**, that it had always been mine and that it will always be mine. It told me that in this space I am the same as god and I am free to be exactly what I am. …Something **opened up** in me."
12. The method of claim 1, wherein the psychedelic is administered repeatedly and/or at a low dose.	2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408 From page 400: "This was an open-label feasibility study in 20 patients with treatment-resistant depression. Treatment involved **two oral doses of psilocybin (10 and 25 mg)**, **7 days apart**."
13. The method of claim 1, wherein the individual has an increased risk for adverse events caused by psychedelic administration.	4. BONSON (1996) "Chronic administration of serotonergic antidepressants attenuates the subjective effects of LSD in humans" Neuropsychopharmacology 14(6): 425-436 From page 426: "In order for a report from a subject to be considered usable, the subject must have had **a "control" condition with which to compare the current hallucinogenic experience**. This consisted of either **a personal prior experience with a similar dose of LSD while the subject was not taking an antidepressant (11 = 29)…** …a 34-year-old male, had extensive experience with hallucinogens. In response to chronic depression, he had been placed on **20 mg/day of fluoxetine**. After 6 weeks of taking the antidepressant, his depression symptoms had considerably improved, and **he ingested approximately 250 µg of LSD**. Upon "quite a bit of psychological effort" he experienced very slight somatic stimulation and "minor" hallucinations limited to bright visual patterns on blank walls. These mild effects were greatly delayed in their onset. **There was little in terms of psychological response**. Overall, the subject likened the effects as similar to those caused by 75 µg of LSD… **The subject had sampled a 250 µg dose of LSD from the same batch prior to**

	antidepressant treatment and noted that he had experienced an "overwhelming" response. …a 36-year-old male, had extensive experience with hallucinogens. **He had taken 100 mg/ day of sertraline for 3 weeks for depression when he ingested approximately 200 µg of LSD**. He reported that he did **not feel any effects from the LSD** whatsoever. This left him "dumbfounded," especially since **he had taken a similar dose of LSD from the same batch before he had started taking sertraline and had "a rather intense experience."** …a 35-year-old male, had extensive experience with hallucinogens. **He ingested approximately 150 µg of LSD following a 3-week course of paroxetine (20 mg/ day) for depression**. After an hour, the subject felt only minor "proprioceptive distortions" and "**mild**" hallucinations that lasted for about 30 minutes"
14. A composition comprising an antidepressant and a psychedelic in the same dosage form.	12. U.S. Pat. App. Pub. No. 2022/0096504 "METHODS AND COMPOSITIONS COMPRISING A 5HT RECEPTOR AGONIST FOR THE TREATMENT OF PSYCHOLOGICAL, COGNITIVE, BEHAVORIAL, AND/OR MOOD DISORDERS" (Published March 31, 2022; Priority Date January 30, 2019) From claim 21: "The method of claim 18, wherein the second agent is a stimulant, an antihistamine, an antiemetic, an **antidepressant**, an anti-inflammatory, a growth factor, a lithium compound, resveratrol, phosphatidylcholine, curcumin, magnesium, melatonin, pregnenolone, ginseng, **lysergic acid diethylamide**, **or combinations thereof**." 18. The method of any one of the preceding claims, wherein **the pharmaceutical composition further comprises an effective amount of a second agent**. 1. A method of managing a neurological condition or one or more symptoms thereof in a subject in need thereof, comprising administering to the subject a pharmaceutical composition comprising: a) a therapeutically effective amount of one or more 5HT receptor agonist or a pharmaceutically acceptable salt, solvate, metabolite, derivative, or prodrug thereof; and b) a pharmaceutically acceptable excipient wherein the therapeutically effective amount of the 5HT receptor agonist or a pharmaceutically acceptable salt, solvate, metabolite, derivative, or prodrug thereof is provided to the subject in need thereof in an amount insufficient to provide an adverse side effect, such as hallucinogenic experience.
15. The composition of claim 14, wherein said antidepressant and said psychedelic have a release profile chosen from the group consisting of the same	13. MADSEN (2019) "Psychedelic effects of psilocybin correlate with serotonin 2A receptor occupancy and plasma psilocin levels" Neuropsychopharmacology 44(7): 1328-1334

release profile and a different release profile.	From page 1330: “  Fig. 1 Psilocin and intensity rating time course. a Plasma psilocin levels. Individual data points are measured plasma psilocin concentrations, fitted with spline fits. b Time course of subjective intensity ratings. Time = 0 indicates time of psilocybin injection” 14. CHUNG (2017) “Pharmacokinetics and effect on the corrected QT interval of single-dose escitalopram in healthy elderly compared with younger adults” International Clinical Psychopharmacology 32(1): 20-26 From page 23: “  ”
16. The composition of claim 14, wherein said antidepressant is chosen from the group consisting of serotonin-norepinephrine reuptake inhibitors, serotonin modulator and stimulators, serotonin antagonist and reuptake inhibitors, norepinephrine	2. CARHART-HARRIS (2018) “Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up” Psychopharmacology 235: 399–408 From page 402: “Table 1 Baseline characteristics and demographics

reuptake inhibitors, norepinephrine-dopamine reuptake inhibitors, tricyclic antidepressants, tetracyclic antidepressants, monoamine oxidase inhibitors, melatonin receptor agonists, and analogs thereof.	**Table 1** Baseline characteristics and demographics: SSRI = selective serotonin reuptake inhibitor, SNRI = serotonin-noradrenaline reuptake inhibitor, NDRI = noradrenaline-dopamine reuptake inhibitor, NSSRI = noradrenaline and specific serotonin reuptake inhibitor, MAOI = monoamine oxidase inhibitor, Na + channel blocker = sodium channel blocker (e.g. lithium), TCA = tricyclic antidepressant, SARI = serotonin antagonist and reuptake inhibitor (e.g. trazodone), DRI = dopamine reuptake inhibitor. CBT = cognitive behavioural therapy, MBT = mindfulness CBT, CNT = cognitive narrative therapy, GT = group therapy, CS = counselling, JA = Jungian analysis  ”
17. The composition of claim 14, wherein said psychedelic is chosen from the group consisting of psilocybin, psilocin, lysergic acid diethylamide (LSD), mescaline, dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine (DOI), 2,5-dimethoxy-4-bromoamphetamie (DOB), phenethylamine or tryptamine psychedelics, salts thereof, analogs thereof, prodrugs thereof, and homologues thereof.	1. GASSER (2014) “Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases” The Journal of Nervous and Mental Disease 202(7): 513-520 From page 519: “Concomitant Medication… During the study, **two participants (both experimental dose) received concomitant selective serotonin reuptake inhibitor (SSRI) treatment for depression and tapered off of these medications five half-lives before each experimental session** because SSRIs may attenuate the effects of the serotonergically active experimental drug (Bonson et al., 1996).” From page 516: “The participants were randomly assigned to the experimental dose groups, receiving either **an oral dose of 200 Kg of LSD** (n = 8) or an active placebo of 20 Kg of LSD (n = 4).” 2. CARHART-HARRIS (2018) “Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up” Psychopharmacology 235: 399–408 From page 402: “Table 1 Baseline characteristics and demographics

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Number	Sex	Age (years)	Ethnicity	Employment status	Illness duration (years)	QIDS-16	BDI	HAM-D	STAI	Past meds	Past psychotherapy	Education	Weekly alcohol	Previous psilocybin
1	Female	43	Black	Employed	30	19	36	19	72	SSRI (two), SNRI (two), NDRI, NSSRI, MAOI	None	Masters	1	0
2	Male	40	Hispanic	Unemployed	25	20	33	28	76	SSRI (two), SNRI, NDRI, NSSRI, Na + channel blocker (two), ketamine, TCA	CNT	Masters	0	0
3	Male	37	White	Employed	17	22	22	18	63	SSRI (two), SNRI	CBT, GT	College post A-levels	0	0
4	Female	30	White	Studying	10	14	26	18	67	NDRI, NSSRI	CBT	Postgrad	0	1
5	Male	34	White	Unemployed	12	19	38	25	71	SSRI (three), TCA	CBT, MBT	Degree	0	0
6	Female	57	White	Unemployed	29	19	39	23	78	SSRI (four), SNRI, SARI	CS	Degree	2	2
7	Male	52	White	Unemployed	27	18	33	22	57	TCA, SARI	CS, MBT	GCSE	0	3
8	Female	37	White	Employed	17	19	39	17	71	SSRI (two), TCA	CS	Degree	2	0
9	Male	37	White	Unemployed	15	20	32	26	71	SSRI (three), SNRI	CS, CBT	Masters	6	0
10	Female	36	Black	Unemployed	8	21	47	28	75	SSRI (two), NSSRI	CS	Left uni	18	3
11	Female	64	White	Employed	15	18	24	16	72	SSRI (four), SNRI (two), NDRI, MAOI, Na + channel blocker, SARI, DRI	CBT	PhD	1	3
12	Male	45	White	Employed	8	21	35	17	68	SSRI, TCA	CBT	Uni	0	0
13	Male	27	White	Employed	7	18	29	26	55	SSRI, TCA, SARI, NDRI	CBT	Masters	8	0
14	Male	49	White	Unemployed	30	23	36	29	70	SSRI (four), SNRI, TCA, NDRI	JA, GT	Degree	0	1
15	Male	56	Black	Unemployed	30	25	44	36	66	SSRI, SARI	CBT	Degree	0	0
16	Male	42	White	Unemployed	22	17	45	29	69	SSRI (three), SARI (two), TCA	None	Degree	0	0
17	Male	31	Asian	Unemployed	6	19	44	20	66	SSRI, SNRI	None	Left school	0	1
18	Male	58	White	Part retired	10	16	28	28	61	SSRI (two), SARI	JA	Degree	0	0
19	Male	62	White	Retired	15	17	42	24	74	SSRI (two), TCA, pregabalin	JA	Masters	15	0
20	Male	44	White	Unemployed	20	14	27	28	68	SSRI (three), SARI, SNRI, Na + channel blocker, TCA, MAOI	CBT, MBT	Degree	20	0
Group	6 females	44.1 (11)	15 White	11 Unemployed	17.7 (8.5)	19 (2-7)	35 (7-4)	23.9 (5-4)	68.5 (6-0)	4.6 (2.6)	17 psychotherapy	18 higher ed	3.7 (6.5)	0.7 (1.1)

”

From page 400: “This was an open-label feasibility study in 20 patients with treatment-resistant depression. Treatment involved **two oral doses of psilocybin (10 and 25 mg)**, 7 days apart.”

3. SAM “A Lysergic-Mescalito Experience LSD & Mescaline” 2019; retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019

From website: “

DOSE:	1.5 tablets		LSD	(blotter / tab)
	650 mg	oral	Mescaline	(powder / crystals)
	repeated	smoked	Cannabis	(plant material)
		oral	Pharms - Citalopram	(daily)

She does take the SSRI citalopram, (which I personally don’t like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort, and had taken her last dose a few days before**.”

7. OVOID (2021) “Lexapro and Its Effect on Tryptamines Escitalopram, Psilocybin, LSD & DMT” retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=115139, retrieved January 31, 2021

From webpage: “While on **Lexapro, DMT seemed to work as it always had**. **In retrospect, that is not completely true**. I realized that **on Lexapro DMT causes strange auditory hallucinations I don't experience today**. Also noteworthy is the fact that today DMT has a dynamic and fast paced "swirling" motion to its visuals that is

almost mechanical in nature. **On Lexapro, the "motion" of the visual hallucinations is better described as stagnant or stationary**. Upon onset, the landscape would merely transform to a foreign or even alien environment. **Post Lexapro, DMT is once again the roller coaster it used to be**, complete with the presence of divine entities and sentient consciousness."

8. PSYCHEDELIC DREAMER (2006) "Intense Sadness and Analyzing My Personality DOI & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=49906, retrieved July 25, 2006

From webpage: "

DOSE: T+ 0:00	14 mg	oral	DOI	
T+ 5:50		smoked	Salvia divinorum	
T+ 9:30	3000 mg	oral	Pharms - Gabapentin	
T+ 9:30	2	oral	Poppies - Opium	(plant material)
T+ 9:30	30 mg	oral	Pharms - Amitriptyline	

"

9. ZOLOFTSHROOMER (2008) "Interferes with Hallucinations Sertraline (Zoloft) & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=70865, retrieved June 6, 2008

From webpage: "I have been on **daily doses of Zoloft (100 mg) for about a year now**, and recently began experimenting with new drugs. **I first tried mushrooms**, and have taken half an eighth of mushrooms three separate times. I never experienced any hallucinations of any kind, and at most was influenced by the atmosphere into **feeling slightly high or euphoric**. I even tried a half eighth of golden caps and ended up simply falling asleep on my couch without experiencing any psychedelic effects.

After shrooms I sampled **DOB**, starting with a dose of two hits. I didn't feel anything after taking those, so I tried again a few days later. The second time I took four hits under the tongue and smoked one. I initially felt **euphoria** after smoking the last hit and became very giggly...

Finally, I tried **LSD**. I was tired of psychedelics being ineffective, so I wanted something stronger. First I took one hit of acid, the same dose as my friends who had experienced obvious effects. The acid supposedly wasn't very 'visual,' but just made you think differently and feel **euphoric**...My **LSD experience was quite pleasent**."

18. A method of enhancing positive effects of a psychedelic, including the steps of: inhibiting serotonin transport in an individual; increasing levels of endogenous monoamines in the individual; and stimulating 5-HT.sub.2A receptors in the individual.	4. BONSON (1996) "Chronic administration of serotonergic antidepressants attenuates the subjective effects of LSD in humans" Neuropsychopharmacology 14(6): 425-436 From page 426: "In addition, we collected data not only from those who were taking serotonergic antidepressants but also from individuals who were being treated with other classes of antidepressants. These results, published elsewhere, indicated a differential response pattern to LSD taken in conjunction with the non-SRI antidepressant treatments (Bonson and Murphy in press). Briefly, individuals who were chronically taking tricyclic antidepressants or lithium (alone or in combination with tricyclic antidepressants) had a potentiation of their response to LSD. **In contrast, individuals who had been chronically taking MAOIs had a reduced response to LSD similar to that reported in the present study**. These data suggest that the **chronic administration of different classes of antidepressants may differentially affect serotonin and other neurotransmitter systems in the brain that are activated by LSD**." From page 426: "In order for a report from a subject to be considered usable, the subject must have had **a "control" condition with which to compare the current hallucinogenic experience**. This consisted of either **a personal prior experience with a similar dose of LSD while the subject was not taking an antidepressant (11 = 29)**… …a 34-year-old male, had extensive experience with hallucinogens. In response to chronic depression, he had been placed on **20 mg/day of fluoxetine**. After 6 weeks of taking the antidepressant, his depression symptoms had considerably improved, and **he ingested approximately 250 µg of LSD**. Upon "quite a bit of psychological effort" he experienced very slight somatic stimulation and "minor" hallucinations limited to bright visual patterns on blank walls. These mild effects were greatly delayed in their onset. **There was little in terms of psychological response**. Overall, the subject likened the effects as similar to those caused by 75 µg of LSD… **The subject had sampled a 250 µg dose of LSD from the same batch prior to antidepressant treatment and noted that he had experienced an "overwhelming" response**. From page 430: "It has been shown that **acute administration of fluoxetine can increase the inhibitory effects of LSD at serotonin raphe neurons, suggesting a potentiation effect** (Trulson and Crisp 1986). Therefore, it is possible that the subject in the present study who reported an increase in response to LSD after only 1 week of fluoxetine use was experiencing a potentiation based on the interaction of two drugs that can produce similar initial effects."
19. The method of claim 18, wherein said inhibiting and increasing steps are	2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408

accomplished by administering an antidepressant chosen from the group consisting of a selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, serotonin modulator and stimulators, serotonin antagonist and reuptake inhibitors, norepinephrine reuptake inhibitors, norepinephrine-dopamine reuptake inhibitors, tricyclic antidepressants, tetracyclic antidepressants, monoamine oxidase inhibitors, melatonin receptor agonists, and analogs thereof.	From page 402: "Table 1 Baseline characteristics and demographics **Table 1** Baseline characteristics and demographics: SSRI = selective serotonin reuptake inhibitor, SNRI = serotonin-noradrenaline reuptake inhibitor, NDRI = noradrenaline-dopamine reuptake inhibitor, NSSRI = noradrenaline and specific serotonin reuptake inhibitor, MAOI = monoamine oxidase inhibitor, Na + channel blocker = sodium channel blocker (e.g. lithium), TCA = tricyclic antidepressant, SARI = serotonin antagonist and reuptake inhibitor (e.g. trazodone), DRI = dopamine reuptake inhibitor. CBT = cognitive behavioural therapy, MBT = mindfulness CBT, CNT = cognitive narrative therapy, GT = group therapy, CS = counselling, JA = Jungian analysis Number Sex Age (years) Ethnicity Employment status Illness duration (years) QIDS-16 BDI HAM-D STAI Past meds Past psychotherapy Education Weekly alcohol Previous psilocybin 1 Female 43 Black Employed 30 19 36 19 72 SSRI (two), SNRI (two), NDRI, NSSRI, MAOI None Masters 1 0 2 Male 40 Hispanic Unemployed 25 20 33 28 76 SSRI (two), SNRI, NDRI, NSSRI, Na + channel blocker (two), ketamine, TCA CNT Masters 0 0 3 Male 37 White Employed 17 22 22 18 63 SSRI (two), SNRI CBT, GT College post A-levels 0 0 4 Female 30 White Studying 10 14 26 18 67 NDRI, NSSRI CBT Postgrad 0 1 5 Male 34 White Unemployed 12 19 38 25 71 SSRI (three), TCA CBT, MBT Degree 0 0 6 Female 57 White Unemployed 29 19 39 23 78 SSRI (four), SNRI, SARI CS Degree 2 2 7 Male 52 White Unemployed 27 18 33 22 57 TCA, SARI CS, MBT GCSE 0 3 8 Female 37 White Employed 17 19 39 17 71 SSRI (two), TCA CS Degree 2 0 9 Male 37 White Unemployed 15 20 32 26 71 SSRI (three), SNRI CS, CBT Masters 6 0 10 Female 36 Black Unemployed 8 21 47 28 75 SSRI (two), NSSRI CS Left uni 18 3 11 Female 64 White Employed 15 18 24 16 72 SSRI (four), SNRI (two), NDRI, MAOI, Na + channel blocker, SARI, DRI CBT PhD 1 3 12 Male 45 White Employed 8 21 35 17 68 SSRI, TCA CBT Uni 0 0 13 Male 27 White Employed 7 18 29 26 55 SSRI, TCA, SARI, NDRI CBT Masters 8 0 14 Male 49 White Unemployed 30 23 36 29 70 SSRI (four), SNRI, TCA, NDRI JA, GT Degree 0 1 15 Male 56 Black Unemployed 30 25 44 36 66 SSRI, SARI CBT Degree 0 0 16 Male 42 White Unemployed 22 17 45 29 69 SSRI (three), SARI (two), TCA None Degree 0 0 17 Male 31 Asian Unemployed 6 19 44 20 66 SSRI, SNRI None Left school 0 1 18 Male 58 White Part retired 10 16 28 28 61 SSRI (two), SARI JA Degree 0 0 19 Male 62 White Retired 15 17 42 24 74 SSRI (two), TCA, pregabalin JA Masters 15 0 20 Male 44 White Unemployed 20 14 27 28 68 SSRI (three), SARI, SNRI, Na + channel blocker, TCA, MAOI CBT, MBT Degree 20 0 Group 6 female-s 44.1 (11) 15 White 11 Unemployed 17.7 (8.5) 19 (2.-7) 35 (-7-.-4) 23.9 (5.-4) 68.5 (6.-0) 4.6 (2.6) 17 psychotherapy 18 higher ed 3.7 (6.5) 0.7 (1.1) "
20. The method of claim 18, wherein said stimulating step is accomplished by administering a psychedelic to the individual chosen from the group consisting of psilocybin, psilocin, lysergic acid diethylamide (LSD), mescaline, dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine (DOI), 2,5-dimethoxy-4-bromoamphetamie (DOB), phenethylamine or tryptamine psychedelics, salts thereof, analogs thereof, prodrugs thereof, and homologues thereof.	1. GASSER (2014) "Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases" The Journal of Nervous and Mental Disease 202(7): 513-520 From page 519: "Concomitant Medication… During the study, **two participants (both experimental dose) received concomitant selective serotonin reuptake inhibitor (SSRI) treatment for depression and tapered off of these medications five half-lives before each experimental session** because SSRIs may attenuate the effects of the serotonergically active experimental drug (Bonson et al., 1996)." From page 516: "The participants were randomly assigned to the experimental dose groups, receiving either **an oral dose of 200 Kg of LSD** (n = 8) or an active placebo of 20 Kg of LSD (n = 4)." 2. CARHART-HARRIS (2018) "Psilocybin with Psychological Support for Treatment-Resistant Depression: Six-Month Follow-Up" Psychopharmacology 235: 399–408 From page 402: "Table 1 Baseline characteristics and demographics

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Number	Sex	Age (years)	Ethnicity	Employment status	Illness duration (years)	QIDS-16	BDI	HAM-D	STAI	Past meds	Past psychotherapy	Education	Weekly alcohol	Previous psilocybin
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2	Male	40	Hispanic	Unemployed	25	20	33	28	76	SSRI (two), SNRI, NDRI, NSSRI, Na + channel blocker (two), ketamine, TCA	CNT	Masters	0	0
3	Male	37	White	Employed	17	22	22	18	63	SSRI (two), SNRI	CBT, GT	College post A-levels	0	0
4	Female	30	White	Studying	10	14	26	18	67	NDRI, NSSRI	CBT	Postgrad	0	1
5	Male	34	White	Unemployed	12	19	38	25	71	SSRI (three), TCA	CBT, MBT	Degree	0	0
6	Female	57	White	Unemployed	29	19	39	23	78	SSRI (four), SNRI, SARI	CS	Degree	2	2
7	Male	52	White	Unemployed	27	18	33	22	57	TCA, SARI	CS, MBT	GCSE	0	3
8	Female	37	White	Employed	17	19	39	17	71	SSRI (two), TCA	CS	Degree	2	0
9	Male	37	White	Unemployed	15	20	32	26	71	SSRI (three), SNRI	CS, CBT	Masters	6	0
10	Female	36	Black	Unemployed	8	21	47	28	75	SSRI (two), NSSRI	CS	Left uni	18	3
11	Female	64	White	Employed	15	18	24	16	72	SSRI (four), SNRI (two), NDRI, MAOI, Na + channel blocker, SARI, DRI	CBT	PhD	1	3
12	Male	45	White	Employed	8	21	35	17	68	SSRI, TCA	CBT	Uni	0	0
13	Male	27	White	Employed	7	18	29	26	55	SSRI, TCA, SARI, NDRI	CBT	Masters	8	0
14	Male	49	White	Unemployed	30	23	36	29	70	SSRI (four), SNRI, TCA, NDRI	JA, GT	Degree	0	1
15	Male	56	Black	Unemployed	30	25	44	36	66	SSRI, SARI	CBT	Degree	0	0
16	Male	42	White	Unemployed	22	17	45	29	69	SSRI (three), SARI (two), TCA	None	Degree	0	0
17	Male	31	Asian	Unemployed	6	19	44	20	66	SSRI, SNRI	None	Left school	0	1
18	Male	58	White	Part retired	10	16	28	28	61	SSRI (two), SARI	JA	Degree	0	0
19	Male	62	White	Retired	15	17	42	24	74	SSRI (two), TCA, pregabalin	JA	Masters	15	0
20	Male	44	White	Unemployed	20	14	27	28	68	SSRI (three), SARI, SNRI, Na + channel blocker, TCA, MAOI	CBT, MBT	Degree	20	0
Group	6 females	44.1 (11)	15 White	11 Unemployed	17.7 (8.5)	19 (2-7)	35 (7-4)	23.9 (5-4)	68.5 (6-0)	4.6 (2.6)	17 psychotherapy	18 higher ed	3.7 (6.5)	0.7 (1.1)

”

From page 400: “This was an open-label feasibility study in 20 patients with treatment-resistant depression. Treatment involved **two oral doses of psilocybin (10 and 25 mg)**, 7 days apart.”

3. SAM “A Lysergic-Mescalito Experience LSD & Mescaline” 2019; retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=100568, retrieved October 13, 2019

From website: “

DOSE:	1.5 tablets		LSD	(blotter / tab)
	650 mg	oral	Mescaline	(powder / crystals)
	repeated	smoked	Cannabis	(plant material)
		oral	Pharms - Citalopram	(daily)

She does take the SSRI citalopram, (which I personally don’t like) **but she has taken this along with LSD, psilocybin, 25i numerous times and only had very positive experiences without any trace of physical or psychological discomfort, and had taken her last dose a few days before**.”

7. OVOID (2021) “Lexapro and Its Effect on Tryptamines Escitalopram, Psilocybin, LSD & DMT” retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=115139, retrieved January 31, 2021

From webpage: “While on **Lexapro, DMT seemed to work as it always had**. **In retrospect, that is not completely true**. I realized that **on Lexapro DMT causes strange auditory hallucinations I don't experience today**. Also noteworthy is the fact that today DMT has a dynamic and fast paced "swirling" motion to its visuals that is

almost mechanical in nature. **On Lexapro, the "motion" of the visual hallucinations is better described as stagnant or stationary**. Upon onset, the landscape would merely transform to a foreign or even alien environment. **Post Lexapro, DMT is once again the roller coaster it used to be**, complete with the presence of divine entities and sentient consciousness."

8. PSYCHEDELIC DREAMER (2006) "Intense Sadness and Analyzing My Personality DOI & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=49906, retrieved July 25, 2006

From webpage: "

DOSE: T+ 0:00	14 mg	oral	DOI	
T+ 5:50		smoked	Salvia divinorum	
T+ 9:30	3000 mg	oral	Pharms - Gabapentin	
T+ 9:30	2	oral	Poppies - Opium	**(plant material)**
T+ 9:30	30 mg	oral	Pharms - Amitriptyline	

"

9. ZOLOFTSHROOMER (2008) "Interferes with Hallucinations Sertraline (Zoloft) & Various" retrieved from Erowid. https://erowid.org/experiences/exp.php?ID=70865, retrieved June 6, 2008

From webpage: "I have been on **daily doses of Zoloft (100 mg) for about a year now**, and recently began experimenting with new drugs. **I first tried mushrooms**, and have taken half an eighth of mushrooms three separate times. I never experienced any hallucinations of any kind, and at most was influenced by the atmosphere into **feeling slightly high or euphoric**. I even tried a half eighth of golden caps and ended up simply falling asleep on my couch without experiencing any psychedelic effects.

After shrooms I sampled **DOB**, starting with a dose of two hits. I didn't feel anything after taking those, so I tried again a few days later. The second time I took four hits under the tongue and smoked one. I initially felt **euphoria** after smoking the last hit and became very giggly...

Finally, I tried **LSD**. I was tired of psychedelics being ineffective, so I wanted something stronger. First I took one hit of acid, the same dose as my friends who had experienced obvious effects. The acid supposedly wasn't very 'visual,' but just made you think differently and feel **euphoric**...My **LSD experience was quite pleasent**."

Electronic Acknowledgement Receipt

EFS ID:	47761379
Application Number:	17692105
International Application Number:	
Confirmation Number:	4566
Title of Invention:	ANTIDEPRESSANT-PSILOCYBIN CO-TREATMENT TO ASSIST PSYCHOTHERAPY
First Named Inventor/Applicant Name:	Matthias Emanuel LIECHTI
Customer Number:	48924
Filer:	Sisi Li
Filer Authorized By:	
Attorney Docket Number:	0614.00110
Receipt Date:	29-MAR-2023
Filing Date:	10-MAR-2022
Time Stamp:	15:27:45
Application Type:	

Payment information:

Submitted with Payment	yes
Payment Type	CARD
Payment was successfully received in RAM	$72
RAM confirmation Number	E20233SF27426980
Deposit Account	
Authorized User	

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File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Concise Description of Relevance	Concise-description-generated.pdf	51676 442516e0435d353a34bc7ece661c8e90f8b6f1d4	no	11
Warnings:					
Information:					
2	Third-Party Submission Under 37 CFR 1.290	Third-party-preissuance-submission.pdf	76046 fc1a1c0f8d116a46893730d687245b9b1559d1dc	no	5
Warnings:					
Information:					
3	Request for Notification of Non-compliant Third-Party Submission	Third-party-notification-request.pdf	23617 21021a9db7058dbc9fd6bdf44c6eede45b9427cf	no	1
Warnings:					
Information:					
4	Concise Description of Relevance	Claims_Chart.pdf	1238858 ae017f6bda9db611988e0051516e0179fb787400	no	27
Warnings:					
Information:					
5	Evidence of Publication	1_GASSER.pdf	2026101 1ea04645064e6048cf7f78fa9f83fdd2e8e8f8c8	no	8
Warnings:					
Information:					
6	Evidence of Publication	2_CARHART-HARRIS.pdf	2127802 fe44dad0cde28ec3c622741851508454ecf1d9c2	no	10
Warnings:					
Information:					

7	Evidence of Publication	3_SAM.pdf	1072860 b2cfeb2889f0432bc29b4cb8c33534e2a209e8f9	no	5
Warnings:					
Information:					
8	Evidence of Publication	4_BONSON.pdf	3029989 6e90798fb0c17a5043bb7c4ce94fba25c3ed700d	no	13
Warnings:					
Information:					
9	Evidence of Publication	5_CARHART-HARRIS.pdf	479825 0c807d216f3168171bd9ff0793dd1b7fde4fc0e7	no	10
Warnings:					
Information:					
10	Evidence of Publication	6_WINDUP.pdf	544524 5b3b33918e7745823a8fcc63f9f9beae1c81a237	no	3
Warnings:					
Information:					
11	Evidence of Publication	7_OVOID.pdf	384829 5a9c55b1cfd5a6d551c7f758f354199641d64d46	no	2
Warnings:					
Information:					
12	Evidence of Publication	8_PSYCHEDELIC_DREAMER.pdf	368946 65af03fa60ffc6616bb93ea28b20a12676cad915	no	3
Warnings:					
Information:					
13	Evidence of Publication	9_ZOLOFTSHROOMER.pdf	189159 415e26469ff28d6535674886198549765ec962ed	no	1
Warnings:					
Information:					

14	Evidence of Publication	10_BONSON.pdf	543948 93117cf56f525a0af47980d1e8bfb70e2d5bac19	no	5
Warnings:					
Information:					
15	Fee Worksheet (SB06)	fee-info.pdf	37130 66fd1a70d2869ee7b1a704ba70f15ec5fd909509	no	2
Warnings:					
Information:					
			Total Files Size (in bytes):	12195310	

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If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

Electronic Acknowledgement Receipt

EFS ID:	47761498
Application Number:	17692105
International Application Number:	
Confirmation Number:	4566
Title of Invention:	ANTIDEPRESSANT-PSILOCYBIN CO-TREATMENT TO ASSIST PSYCHOTHERAPY
First Named Inventor/Applicant Name:	Matthias Emanuel LIECHTI
Customer Number:	48924
Filer:	Sisi Li
Filer Authorized By:	
Attorney Docket Number:	0614.00110
Receipt Date:	29-MAR-2023
Filing Date:	10-MAR-2022
Time Stamp:	15:38:27
Application Type:	

Payment information:

Submitted with Payment	yes
Payment Type	CARD
Payment was successfully received in RAM	$72
RAM confirmation Number	E20233SF38247297
Deposit Account	
Authorized User	

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Concise Description of Relevance	Concise-description-generated.pdf	43839 2a28d4feab7993e1c6db1848cebd2884afea5ce0	no	7
Warnings:					
Information:					
2	Third-Party Submission Under 37 CFR 1.290	Third-party-preissuance-submission.pdf	67273 fae778aa02d695a341ccec9b7040d3e495b81839	no	4
Warnings:					
Information:					
3	Request for Notification of Non-compliant Third-Party Submission	Third-party-notification-request.pdf	23614 45814d73b192865fc72ece7ca160435c15eb0948	no	1
Warnings:					
Information:					
4	Concise Description of Relevance	Claims_Chart.pdf	1238858 ae017f6bda9db611988e0051516e0179fb787400	no	27
Warnings:					
Information:					
5	Evidence of Publication	11_JHA.pdf	579883 ef4ad84856906b04d5d5cb7529a2a4393d67d883	no	9
Warnings:					
Information:					
6	Evidence of Publication	13_MADSEN.pdf	1189006 007def6b43167f29c16a9bf58675de804df69233	no	7
Warnings:					
Information:					

7	Evidence of Publication	14_CHUNG.pdf	243854 4ffbcae7d51584b65ada0f03539d54430fd3f1ef	no	7
Warnings:					
Information:					
8	Evidence of Publication	15_LATENTSANITYDISORDER.pdf	400928 1e584ba40c6c61c4b668e7a87f26c1a7d4bd4248	no	2
Warnings:					
Information:					
9	Evidence of Publication	16_BAKER.pdf	367844 c6edbab0922b224735f809748fc5cf0273eed00b	no	2
Warnings:					
Information:					
10	Evidence of Publication	17_TSUJIKAWA.pdf	281389 90f46879b4607b443090205a4f70c0f2fe73b47a	no	6
Warnings:					
Information:					
11	Fee Worksheet (SB06)	fee-info.pdf	37130 4487579afc5b49b65ad36d2964aa081825700407	no	2
Warnings:					
Information:					
		Total Files Size (in bytes):	4473618		

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