

LSD...A Capsule Report

Paul Lowinger, M.D.

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A drug is known by the controversies that it raises as a person is known by the enemies he makes. The first argument around LSD was the kind of mental abnormality that it produced in research subjects. Some scientists contended the loss of contact with reality resembled schizophrenia while others said that it was comparable to a toxic mental condition such as may be seen with a high fever in a physical illness. The LSD psychosis was eventually conceded by most to be different from schizophrenia. It remains of scientific importance to study the changes associated with LSD but it cannot serve as a model for schizophrenia. It was hoped that drugs which cut short or prevented the LSD state of mental distress would be effective against schizophrenia. This was only partly true. Wishful thinking, attempts to find a short-cut to fame, poor observation and a lack of training in scientific method were responsible for the early conclusions that the LSD psychosis was like the schizophrenic illness and similar factors have led some workers to conclude that the medical use of LSD is a cure for illnesses ranging from neurosis to drug addiction.

There is no doubt the drug addict needs help as does the neurotic who is so fearful and anxious when he has sexual or blasphemous thoughts that he cannot work or enjoy life. Many patients have been given LSD and cures have been reported. Some feel that LSD has a real potential for psychiatric treatment of personality disorders. Other authorities contend that LSD has little usefulness for this purpose. What does this mean? This simply means we have a potent drug which affects the brain and behavior and it calls for careful study to see what its therapeutic effects really are. Despite the fact that LSD has been the subject of over 3,000 scientific reports in a 23 year period, there is no double-blind study of its effectiveness in any psychiatric illness. At least, there was none when I reviewed the literature in 1963 and I have not seen any since then. In a double-blind study one patient would receive LSD while another would receive an inactive substitute which is identical in appearance, the placebo. Neither the patient nor the doctor would know who gets the placebo and who gets the LSD. The placebo may induce mental changes like LSD in some patients and LSD may be taken without any effect in others. The experimenter withholds information on who received the active agent until all the results are available. Both the LSD patients and the placebo patients would receive psychotherapy.

The double-blind study is a standard technique for the evaluation of drugs. Double-blind studies sometimes have a sobering effect on partisans of a new treatment. Dr. Hoffer of Saskatchewan is a proponent of the nicotinic acid treatment of schizophrenia, however, Dr. Nathan Kline of New York did a double-blind study which showed that the nicotinic acid treatment was no better than the usual treatment for this illness. The study done by Dr. Kline was attacked by Hoffer as inadequate but there is a real question in the psychiatric community as to whether Hoffer's treatment has anything to offer. We do not need a double blind study to show that penicillin which comes from a mold is effective in 1966. But in 1900 a rural physician was giving moldy bread to patients with typhoid fever and tonsillitis. He wrote in his diary, "If I should tell other doctors about this, they would think I am crazy." If Dr. A.C. Richmond had known more about clinical pharmacology including double-blind techniques, we might have had the era of antibiotics 40 years earlier. So the controversy about LSD as an aid to psychotherapy is still with us and we are further away from its solution as LSD becomes too controversial for Sandoz to handle.

The third controversy is one that extends outside the area of science and medicine. LSD has become the focus of attention among the college age group in the United States. The cry that LSD promises internal freedom or biochemical ecstasy has been raised by Leary, Alpert, Huxley and others. In contrast has been the threat of the Establishment to restrict the drug and punish the sellers and users. Several dangers exist for all of us whether we use LSD, marihuana or alcohol to promote our internal freedom. One danger is that the new laws restricting the use of LSD and punishing those who have it in their possession will in fact create a new black market in LSD, a new criminal class and a new source of income for the crime syndicate, all of which will promote the use of LSD. The most important factor in the spread of narcotics addiction is that it is illegal and that it is a profitable activity for the crime syndicate. This could be the pattern of LSD "control." The social danger of the new LSD laws in California and New York and those proposed in other states is much greater than the benefit offered. We choose high speed cars despite traffic fatalities; we choose cigarettes despite lung cancer; we choose alcohol despite delirium tremens. You can experience ecstasy by jumping out of a plane with a free-fall before your parachute opens despite the fact that we lose some sky divers each year. So I suggest the risk of psychosis to individuals who use LSD to their disadvantage is not too high a price to pay for the opportunity to continue scientific research on LSD, the need to avoid the crime syndicate and the new class of criminals which would be created by the restrictive legislation. The problem of two or three mentally ill a month due to LSD described in California and New York does not yet exist in Michigan. The campus use here is either less frequent or more cautious. Education, not legislation offers the best protection against the misuse of LSD.

The hysteria about LSD which drove Sandoz Pharmaceuticals from the field threatens to suspend all scientific study despite the presence of the National Institute of Mental Health to license further investigation. Lysergic acid derivatives offer new approaches to the treatment of migraine headache and severe pain. We need clinical studies to extend this usefulness to other conditions. We require further LSD study in both human beings and animals to tell us more about how the brain works.

LSD bears too close a relationship in theatre, music, painting, sculpture and religion to be exclusively the property of scientists. The world of Warhol, Rauschenberg, Once and Underground films available at the psychodelicatessen is an important part of our cultural future. LSD has a role in the religion of Alan Watts and Gerald Heard. We may need LSD to explore the realm of extra sensory perception.

Those who demand a psychedelic synthesis of science, art and philosophy will be disappointed. The opportunity to understand and create exists only if we preserve an atmosphere free of hysteria, social censure and repressive legislation for the study and use of LSD.

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