

Response of cluster headache to LSD and psilocybin



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ABSTRACT:

OBJECTIVE: TO DESCRIBE THE USE OF PSILOCYBIN AND LYSERGIC ACID DIETHYLAMIDE (LSD) FOR TREATMENT

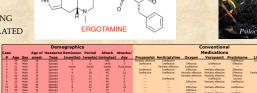
METHODS: PATIENTS, RECRUITED BY ONLINE INTERNET SURVEYS AND INTEREST GROUPS, WERE OUESTIONED ABOUT THEIR USE OF PSILOCYBIN AND LSD TO TREAT THEIR CLUSTER HEADACHES, OF 383 PATIENTS IDENTIFIED, 53 CONSENTED TO INTERVIEWS AND PROVIDED MEDICAL RECORDS.

RESULTS: 52 PARTICIPANTS HAD USED PSILOCYBIN AND NINE HAD USED LSD TO TREAT THEIR CLUSTER HEADACHES, TWENTY-TWO (85%) OF 26 PSILOCYBIN LISERS REPORTED THAT PSILOCYBIN HAD ABORTED ATTACKS: 25 (52%) OF 48 PSILOCYBIN USERS AND SEVEN (88%) OF 8 LSD USERS REPORTED TERMINATION OF AT LEAST ONE CLUSTER PERIOD; AND 18 (95%) OF 19 PSILOCYBIN USERS AND FOUR (80%) OF FIVE LSD USERS REPORTED EXTENSION OF THEIR REMISSION PERIOD, TWENTY-TWO (42%) PSILOCYBIN USERS AND

TWO (22%) LSD USERS EXPERIENCED THERAPEUTIC EFFECTS WITH SUB-HALLUCINOGENIC DOSES.

CONCLUSIONS: LSD AND PSILOCYBIN MAY BE EFFECTIVE IN TREATING CLUSTER ATTACKS. TERMINATING CLUSTER PERIODS AND EXTENDING REMISSIONS, POSSIBLY BY A MECHANISM UNRELATED

TO THEIR HALLUCINOGENIC PROPERTIES.



METHYSERGIDE

METHODS: 120 cases were recruited from the **Clusterbusters** website, 242 from an online survey on quality of life hosted by Erowid and 21 who contacted us via email.

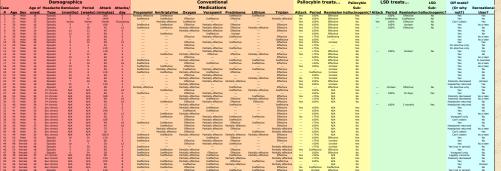
Consent was obtained from 197 for an interview regarding use of medications and hallucinogens, and medical records obtained from 53 who met ICHD-2 criteria for cluster headache to verify the diagnosis. Patients rated the effectiveness of each treatment in aborting an individual attack, terminating a cluster period and

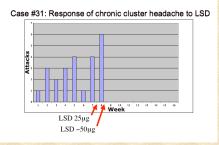
SILOCYBIN NMe, preventing future clusters or extending the remission period.

RESULTS: There were 11 women and 42 men, mean age 46 (SD 8.0), with mean age of cluster headache onset 31 (SD 12). Thirty-two had episodic cluster headaches, 7 had primary

chronic and 13 had secondary chronic cluster headaches. 52 used psilocybin to control their headaches, and nine had used LSD. Three patients (6%) found psilocybin ineffective. Twenty-five (48%) rated it as 100% effective (termination of cluster period) and 20 (38%) partially effective. Of the 26 people who took psilocybin during an attack,

22 (85%) found it aborted the attack. The psilocybin effectively extended the remission





INTRODUCTION: Cluster headache is generally considered to be the most painful headache that exists, described as feeling like a hot poker or awl slowly driven through the eyeball. It affects predominantly men (0.4% versus 0.08% of women) in their third decade, and is divided into two categories:

episodic: attacks for a four- to eight-week cluster period once or twice a year

with a pain-free remission period.

chronic: attacks constantly for more than a year with no remission period

greater than two weeks.

Ten percent of episodic cluster headaches ultimately evolve into the chronic form. Each cluster is marked by **periodic stabbing headaches** that increase in intensity over five to ten minutes, last 45 minutes to two hours, then die away. They typically will occur one to three times a day, usually at strikingly predictable times (often two hours after the patient falls asleep) but can occur as often as every two hours. The intensity of the pain is severe enough that patients have been known to commit suicide.



period in 18 (95%) of 19. Twenty-two (42%) took the psilocybin in a subpsychedelic dose; of these, 19 (86%) found it >75% effective, comparable to the 20 (67%) of 30 taking a psychedelic dose who reported similar efficacy. Of the eight who took LSD to terminate a cluster, seven (88%) felt that it was 100% effective. One LSD user found that it aborted an attack, and four (80%) of five experienced remission extension when they took LSD between periods. Only two ingested a sub-psychedelic dose of LSD, but it was still effective.

CONCLUSION: LSD and psilocybin may be effective treatment for cluster attacks and cluster periods and may prophylax against future cluster periods with a single dose, a quality shared by no other medication. A randomized placebocontrolled trial is warranted. ACKNOWLEDGEMENTS

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