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MINDSTREAM MEDICINE
Start your Therapeutic Journey

July/August 2026

Hello patients, colleagues and friends! Thanks for opening our newsletter, I hope it finds you well. Early July was such a busy time in Philadelphia between all of the sporting events and Independence Day celebrations that it feels good to settle in to a little more normalcy. In this newsletter, I wanted to share some new research on the durability of neuroplasticity as well as some interesting brain imaging studies that show there may be patterns that can be visualized in the brain that tell us whether or not a person will respond to ketamine therapy. Hope you are all able to enjoy some time outdoors!

Loro Parrot

National Aviary, Barú Island, Colombia

How Ketamine Keeps Working After Your Infusion

Something about ketamine that was appealing to me as both a patient and a provider is that it's not a medication that needs to be taken every day to achieve or maintain progress. In a recent article in *Psychology Today*, Dr. Mark Gold writes about how some recent research demonstrates how the brain responds to psychedelic medicines such as ketamine and psilocybin, and how the changes continue after the drug is metabolized out of the body. He suggests that psychedelic research needs to be reframed from - "What receptor does this drug activate?" Instead, it is becoming, "What kind of brain does this drug leave behind?"

The different studies presented provide some evidence of how the brain's ability to adapt and change is increased in the time following a psychedelic medicine treatment. This bolsters the idea that the treatments themselves do not cure or fix the source of a mental health struggle, but create conditions that make change easier to achieve. "Rather than simply suppressing symptoms, these therapies may temporarily restore the brain's capacity to *learn and recover*." The notion that brain remodeling can occur in the days and weeks after an infusion and not just in the immediate aftermath just reinforces the importance of appropriate psychological support while undergoing these treatments and how subtle changes in behavior and thought patterns need to be recognized and nurtured during this process.

Ketamine and Micropractices

When some people initially reach out to start ketamine therapy with us, they are under the impression that the infusions themselves will "just fix me" or "just wipe away the trauma." While many of us experience an afterglow of positivity or a mood boost after a treatment, this is not universal and the truth is that in order to make real progress, you need to "do the work," whether it be more deeply engaging in talk therapy or working towards goals of improved socialization or physical activity.

If a person's only goal is to not be depressed or just feel less anxious, these are difficult to achieve in the short term of an induction series, and this may make people feel like they're not improving fast enough or that they're still feeling "stuck." A good remedy for this is to set up smaller, more achievable goals or micropractices. These can be determined on your own or with the help of your therapist or partner and need to be tailored to the individual, as a micropractice for one person may seem unobtainable to another.

I enjoyed this micropractice explanatory short from a Yoga/Ketamine Integration therapist from Seattle, please take a look. As she explains, demonstrating to ourselves that we can achieve small and maintain small goals is fundamental to achieve larger therapeutic goal. Click the button below for a quick example for a micropractice that anyone can try.

Read more here

Ketamine in the News:

Brain Imaging: Predicting Ketamine Response

Although recent research has provided evidence that greater than 70% of depressed patients will respond positively to ketamine infusions, this reinforces the problem that not everyone gets the relief they are looking for after completing an induction series. As a provider, it is interesting to imagine a future where patients who are interested in pursuing psychedelic therapy can have a simple imaging study performed that can let their clinicians know things like: "This person's brain has a make-up that looks like it should respond well to ketamine," or "this imaging is consistent with someone who won't respond to ketamine but should respond well to psilocybin."

A study published in May 2026 in the *Translational Psychiatry* journal seems to indicate that specific aspects of brain structure can be used to predict whether a person is likely or unlikely to respond to the anti-depressant effects of ketamine. It's doubtful that brain imaging will be able to show us exactly what treatment a person needs, but it is exciting to think that such imaging could help predict which medication offers the highest chances of success.

In Pennsylvania, ketamine is currently the only legal psychedelic therapy available, but hopefully this will change in the near future. By the time people reach out to us to consider ketamine therapy, they have usually been through an extended trial and error process only to find that they did not get the relief they needed from multiple different antidepressants. Any advances like this that can help eliminate the guess work of trial and error would be great progress!

Announcements:

There will be no closures for the remainder of the summer. Please be aware of your "warning signs" of losing progress or returning to your pre-treatment baseline. Reach out to schedule your booster when you feel ready-

Check out our Google reviews!

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