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## Excerpts from *New York Times* site

*Three years before the Washington hearings, Psychamine™ was used on an experimental basis in an urban area in the Northeast. The **New York Times** reported on the results.*

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Susan A. has spent most of her adult life fighting with people—her parents, her neighbors, her co-workers, her husband. The 39-year-old Providence woman has suffered bouts of depression and bulimia, abused drugs and alcohol, and twice tried to kill herself. She once sought relief in an antidepressant called doxepin, but she didn't like the way it made her feel.

Two years ago her therapist, Dr. Michael Borden, suggested she take part in testing the new drug called Psychamine. She did. Within a month, Susan had given up psychotherapy in favor of school and a full-time job. She had also given up tranquilizers and street drugs. "I feel 1,000%," she said in a written note. "I actually like Mom & Dad now, I'm well liked at work, I don't ruminate on the negatives, I don't have any murderous rages, my marriage is five times better."

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Nearly everyone has something good to say about the new treatment. It looks like a "wonder drug." The drug has had such good press that even healthy people have started asking for it. "Our phone rings off the hook every time someone does a story about Psychamine," says Dr. David Stein. "People want to try it. If you tell them they're not depressed they say, 'Sure I am!'"

Though it was intended only as a treatment for depression, research doctors are using Psychamine to treat anxiety, addictions, bulimia and obsessive-compulsive disorder.

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After ten years of testing, psychamine is so far completely without side effects, and has never produced an overdose. Brain receptors can absorb only so much of the chemical, and the rest is excreted harmlessly away. A wide range of people, from the suicidal to the mildly depressed, are receiving the drug, but critics say simply too early to know if Psychamine is the answer for all of them. Some experts fear it is being passed out too freely, much as Valium was in the 1970's. Yet even skeptics agree that Psychamine is casting new light on the nature of mental illness and expanding the potential of psychiatry.

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In the light of Psychamine's many virtues—its lack of a real "high," its non-toxicity, the convenience with which doctors and patients can use it—the excitement it generates is not hard to fathom. But there are good reasons for handling Psychamine with care. All drugs have the potential for adverse reactions, and none works for everyone who takes it. Psychamine is no exception. And because it's so new, some therapists argue that it shouldn't be the treatment of first resort.

One concern is that therapists, not to mention family doctors, might give the drug to people without fully diagnosing their problems. A full work-up might show that depression stems from some hidden illness—cancer, hypothyroidism, AIDS—or from a job or marriage problem that no drug can possibly solve. Because Psychamine is perceived as safe, the temptation would be to prescribe first and ask questions later.