

Asclepius Revisited—Ancient Myth and 21st-Century Psychedelic Medicine

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Psychedelic medicine is emerging into the medical mainstream, supported by an expanding foundation of clinical and neuroscientific research. Ketamine, a dissociative anesthetic with psychedelic properties, has been approved by the US Food and Drug Administration (FDA) as an antidepressant, and the entactogen 3,4-methylenedioxymethamphetamine (MDMA) is in phase 3 trials for [posttraumatic stress disorder](#). The classic serotonergic agent psilocybin is in phase 2 trials for [depression](#), while also demonstrating efficacy in the treatment of [alcoholism](#) and [end-of-life distress](#).

Little acknowledged in these advances is that psychedelic medicine uses strategies that align with Asclepian therapeutics—treatment approaches that originated at the dawn of Western medicine. This essay explores the ways psychedelic medicine is revitalizing and integrating analogues of these ancient practices into contemporary clinical care.

Asclepian Healing

In Greek mythology Asclepius was revered as the god of medicine and considered the founding patron of the medical profession.¹ Dedication to Asclepius began in the sixth century BCE and Asclepian temples (Asclepeions) eventually spread across the ancient Greco-Roman world. The temples were both places of worship and medical care centers. Treatment in Asclepeions was holistic, situating the patient within broader systems of community, nature, and cosmos, all held in a ceremonial and sacred framework.² In contemporary understanding the sacred aspects of this approach could be described as [transpersonal](#), indicating phenomena extending beyond ordinary perception into domains often labeled as spiritual.

Central to Asclepian treatment was the process of [dream incubation](#)—a divination process designed to facilitate receptivity to dreams or visions that could provide healing. The incubation process had 3 distinct stages.²

1. Separation: Asclepian sanctuaries were typically constructed in settings of great natural beauty and sacred significance, the [physical location](#) thought to be integral to their healing capacity. When patients arrived, they separated from ordinary life and engaged in lengthy preparation procedures such as exercise, massage, and fasting—all designed to facilitate maximum receptivity to the healing process.
2. Transformation: Treatment was inward-focused and designed to directly activate endogenous healing processes. It commenced with a ritual induction including prayers, washings, sacrifices, donning special attire, and entering the *abaton*—the sacred sleeping chamber. Incomplete literary and archeological [evidence](#) suggests psychoactive substances may have been used in the induction process. In the *abaton* the patient would enter an altered state wherein ordinary and imagined worlds would commingle

and new, alien, and sometimes challenging experiences would arise. The patient would have dreams or visions and encounter the god Asclepius in human or animal form, who would directly facilitate healing or provide directions for attaining a cure.

3. Reintegration: After completion of the visionary experiences, patients would return to normal consciousness. As needed, further exploration and interpretation of the healing dreams and visions would be provided by the temple attendants. After leaving a thanks offering and recording the details of their healing experiences, patients would reintegrate back into their usual lives.

The Decline of Asclepian Healing

Hippocratic medicine emerged in the fifth century BCE and also became prominent in classical antiquity, emphasizing a natural approach aligned with a nascent rational and scientific orientation.³ Asclepian and Hippocratic traditions coexisted and evolved in a complementary manner over almost 1000 years.⁴ As Christianity ascended in the Western world, Asclepian healing sanctuaries faded and by the sixth century CE had disappeared, although transpersonal forms of healing continued.⁵ The Enlightenment of the 17th and 18th centuries consolidated a significant and enduring change in Western approaches to knowledge. Enlightenment scholars were highly skeptical of any phenomena that could not be subjected to rational analysis. Their strict alignment with rationalism and a materialist ontology favored the Hippocratic tradition and relegated transpersonal healing to the shadows, leaving only the [snake-entwined staff](#) as an enduring reminder of medicine's Asclepian heritage.

Psychedelic Medicine—Asclepius Revisited

The methods used in psychedelic medicine have similarities to the ancient practices of Asclepian healing, though in contemporary form. Current standards of treatment with psychedelics have largely been defined by FDA-approved clinical trials.⁶ Similar to Asclepian medicine, the therapeutic use of psychedelics typically involves 3 stages:

1. Preparation: Considerable attention is paid to *set* (the mindset of the patient entering into psychedelic treatment) and *setting* (the physical environment of the experience). Several sessions are typically used to optimize preparation for psychedelic treatment.
2. Psychedelic session: The administration of the psychedelic medicine initiates the core component of psychedelic treatment. Therapeutic support is provided and encourages an inward-focused engagement with the psychedelic process. Patients report a continuum of experiences, from altered sensory experiences, to personal biographical

experiences, to more expansive incursions into transpersonal states.⁷ Transpersonal experiences can include archetypal and visionary dramas, including meetings with seemingly autonomous dream-like entities sometimes described as guides, healers, or spirits. In deeper states mystical experiences can emerge wherein the familiar sense of ego identity is dissolved and patients may describe transcendence of time and space, deeply felt positive mood, sacredness, unity, ineffability, and a sense of ultimate truth or reality.⁸ The psychedelic experience is thought to activate self-healing in a direct manner, while also unveiling issues requiring support within sessions, and further attention in integration sessions.

3. Integration: Integration sessions attempt to bridge the expanded experiences of the psychedelic session with new learning in ordinary waking consciousness. They also attend to relevant issues that often emerge in psychedelic sessions.

Thus, both Asclepian practices and psychedelic medicine use nonordinary states of consciousness, are inner-directed, and they are thought to facilitate endogenous healing.

Current historical research suggests that healing in Asclepian temples may have relied upon a placebo effect,⁹ a phenomenon wherein somatic inputs are activated by mental processes. Psychedelic medicines can induce a radically altered experience of self and conventional mind. How this may relate to placebo effects, and whether placebo effects are a common pathway to endogenous healing, requires further research.

The Challenge of Systemic Integration

Patients' experiences in psychedelic sessions are often extraordinary, deeply meaningful, and commonly extend into transpersonal realms.¹⁰ Research suggests that the depth or quality of the transpersonal experience mediates therapeutic outcomes in [treatment-resistant depression](#), [alcohol use disorder](#), [depression and anxiety in patients with cancer](#), and in [smoking cessation](#). These are novel, relevant, and provocative discoveries. They are also challenging. The [neurosciences](#) provide a foundation of knowledge regarding the neural mechanisms involved, but the phenomenological experiences extend beyond the conceptual boundaries that typically delimit conventional medical perspectives.

As psychedelic medicines advance through the [regulatory process](#) and gradually enter mainstream medicine, the promise of new treatment strategies is presented. To meet this promise, practitioners are tasked with developing the [clinical skills](#) required for implementation, and researchers with increasing the evidence base pertaining to clinical applicability. More fundamentally, the overarching challenge will be to expand conceptual frameworks to integrate transpersonal elements with somatic frames of healing, and to reintegrate Asclepian origins with the dominant Hippocratic, rationalist, allopathic

traditions. This integration is in its early beginnings. Nevertheless, it supports a novel approach to treatment and a frontier for future development.

Conclusions

In the ancient world the transpersonal nature of Asclepian healing fit seamlessly into the culture. From the perspective of contemporary health care the Asclepian model can seem an anachronism—perhaps relevant to historians of antiquity but not to contemporary clinicians. The reemergence of psychedelic medicine encourages a renewed interest in the possibilities that this orphaned approach to healing might bring. Further neurophenomenological exploration of this area potentially expands the understanding of therapeutic processes. It also encourages a reconsideration and reintegration of healing practices that have been part of medicine's legacy for 2500 years.

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Additional Information: Additional sources appear as embedded hyperlinks in the article text online.

1. Edelstein EJ, Edelstein L. *Asclepius: A Collection and Interpretation of the Testimonies*. Vol 2. Johns Hopkins University Press; 1998.
2. Steger F. *Asclepius: Medicine and Cult*. Franz Steiner Verlag; 2018:37-132.
3. Jouanna J. *Hippocrates*. Johns Hopkins University Press; 1999:181-209.
4. Rigato D. Medicines, doctors, and patients in Greek and Roman society. In: Malatesta M, ed. *Doctors and Patients: History, Representation, Communication From Antiquity to the Present*. University of California Medical Humanities Press; 2015.
5. Hart GD. *Asclepius: The God of Medicine*. Royal Society of Medicine Press; 2000: 201-219.
6. Mithoefer M, Mithoefer A. MDMA. In: Grob CS, Grigsby J, eds. *Handbook of Medical Hallucinogens*. Guilford Press; 2021:233-263.
7. Garcia-Romeu A, Richards WA. Current perspectives on psychedelic therapy: use of serotonergic hallucinogens in clinical interventions. *Int Rev Psychiatry*. 2018;30(4):291-316. doi:10.1080/09540261.2018.1486289
8. Richards WA. *Sacred Knowledge: Psychedelics and Religious Experience*. Columbia University Press; 2016:37-96.
9. Panagiotidou O. The placebo drama of the Asclepius cult. *De Gruyter*. 2021;13(1):195-226. doi:10.1515/tc-2021-0007
10. Podrebarac SK, O'Donnell K, Mennenga SE, et al. Spiritual experiences in psychedelic-assisted psychotherapy: case reports of communion with the divine, the departed, and saints in research using psilocybin for the treatment of alcohol dependence. *Spiritual Clin Pract*. 2021;8(3):177-187. doi:10.1037/scp0000242