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Effects of Sensory Deprivation Float Tank Preceding Ketamine Administration

Douglas S. Wirthlin, Jarred Brooks, Jordan Nelson, Koy Gubler, Mia Panlilo, Scott Allen, M.D.

Ketamine infusion is an emerging treatment for many mental illnesses. Most commonly studied in the treatment of resistant depression [1-4] studies are also being conducted on its effect in postpartum depression, eating disorders, PTSD, and addiction [5-8]. Zhou et al. showed that ketamine might have pro-cognitive effects that could mediate its positive effects on depression and suicide [9]. What makes ketamine infusion of particular interest in the management of mental illness is its ability to reduce suicidal ideation, and its rapid onset of action [10,11]. SSRIs can take up to 6 weeks to reach their full effect, whereas ketamine infusions begin to work immediately after treatment [12]. This is particularly important in suicide prevention as suicide has been correlated with impulsivity, and rapid onset of action could help stabilize patients with this condition [13].

The mechanism for ketamine's effect on mental health outcomes is not completely understood. Ketamine acts as an NMDA receptor antagonist, which affects neurotransmission; this may contribute to its anesthetic, analgesic, euphoric, dissociative, and hallucinogenic properties [14]. A single prolonged infusion of ketamine provides a tolerated, rapid, and sustained response in treatment-resistant depression and normalizes depression-related hyperconnectivity in the limbic system and frontal lobe [15]. There is a considerable effort toward determining ideal dosages and duration of treatment and prolonging the effect of ketamine infusion treatments [16-18]. Of particular interest to this study are combination therapies involving ketamine infusion to facilitate a more meaningful and durable experience.

Sensory deprivation flotation therapy is an interesting adjunct therapy to ketamine infusion because it has been shown to decrease symptoms of anxiety, depression, muscle aches, and poor sleep [19-21]. It is currently being studied as a treatment for depression, anxiety, anorexia, and insomnia [22-26]. A popular hypothesis for the positive effects of flotation therapy is that taking away the external stimuli allows the body to focus on the internal stimuli [27]. We believe this could augment the effect of ketamine infusions by improving the preparation phase of the treatment, which is recognized as an essential component of psychedelic-assisted treatments [28]. This study describes the experiences of research participants who engaged in ketamine infusion preceded by sensory deprivation flotation. (KI+SD).

METHODS

Participants for this study were gathered through a list of clients who had previously participated in True North Float flotation and ketamine infusion treatment. As part of their treatment, the participants received a one-hour sensory deprivation float tank followed by ketamine infusion (SDFT/KI) [0.5-1 mg/kg]. Participants were contacted via email and telephone with the contact information provided by True North Float Health Spa. Informed consent to the release and use of medical record information was obtained, and assurance of confidentiality preceded the questionnaire. Ultimately, thirteen participants completed the entire survey. Table 1 contains all of the questions answered by the participants. All data was de-identified by Qualtrics Survey Software prior to data

analysis. Responses 1 and 2 were objective questions regarding the religious background and previous psychedelic experiences and did not require further data theming. Responses 3-16 were analyzed by five independent reviewers who categorized the responses into positive and nonpositive responses (Neutral and negative responses). The neutral and negative scores were combined to provide 2 data sets that were mutually exclusive of each other. The scoring of the participant responses was calculated as averages and 95% confidence intervals via Microsoft Excel statistical formulations.

Of the 64 emails sent, 17 started the Qualtrics survey. Thirteen participants completed the survey with a response rate of 20.3%. The four incomplete surveys were discarded from the analysis.

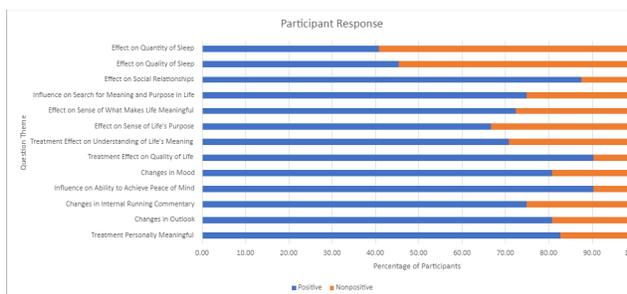


Figure 1

RESULTS

Based on participants' response data, SD+KI was associated with positive effects on most factors. Due to the nature of free responses, responses were interpreted by five independent reviewers and broken into positive vs. nonpositive responses. Any discrepancies were discussed between reviews, and the overall favorable opinion was selected. SD+KI had the least effect on quality and quantity of sleep. Respondents reported "little to no change" in sleep, but did not report a negative effect. (Quality positive 45.45% 95% CI 0; neutral 50% 95% CI 5.14; negative 4.55% 95% CI 5.14) (Quantity positive

40.91% 95% CI 5.14; neutral 59.09% 95% CI 5.14; negative 0% 95% CI 0). The most significant changes were in the themes of peace of mind, quality of life, and effect on social relationships (figure 1 and table 1).

Table 1: The questionnaire consisted of following 15 questions:

1	What is your current religious affiliation? If you are not currently affiliated with a religion, what was your religious heritage, if at all?
2	How many previous experiences have you had with psychedelic compounds? a. 0-5 b. 5-10 c. >10
3	Describe how personally meaningful the SDFT/KI experience was in your life.
4	Describe any changes in your outlook on life after the SDFT/KI experience
5	Describe any changes regarding the running commentary in your mind
6	How has the SDFT/KI experience influenced your ability to achieve peace of mind
7	How has your mood been affected by the SDFT/KI experience, if at all?
8	How has your quality of life been affected by the SDFT/KI experience, if at all?
9	How has your understanding of life's meaning been affected by the SDFT/KI experience, if at all?
10	How has your sense of life's purpose been affected by the SDFT/KI experience, if at all?
11	How has your sense of what makes your life meaningful been affected by the SDFT/KI experience, if at all?
12	How has the SDFT/KI experience influenced your search for meaning and purpose in life?
13	How have your social relationships been positively or negatively affected, if at all?
14	How has your quality of sleep been positively or negatively affected, if at all?
15	How has your quantity of sleep been positively or negatively affected, if at all?

The post-treatment effects on the study participants were assessed using the secure survey. The participants were asked if they found the ketamine infusion and sensory deprivation float tank (the treatment) personally meaningful. 82.69% (95% CI 3.26) of participants reported it was personally meaningful, and 17.31% (95% CI 3.85) reported that the treatment was not meaningful. 80.77% (95% CI 3.26) reported positive changes in their outlook on life, and 19.23% (95% CI 4.35) reported nonpositive changes. 75% (95% CI 3.26) of study participants reported a positive change in their internal commentary after completing the treatment, and 25% (95% CI 3.77) reported nonpositive changes. 90.38% (95% CI 6.25) of participants reported that the treatment had a positive influence on their ability to achieve peace of mind, and 9.62% (95% CI 7.22) reported that the treatment had a nonpositive influence. Post-treatment, 80.77% (95% CI 6.53) of study participants

reported positive changes in mood, and 19.23% (95% CI 7.54) reported nonpositive changes. For changes in quality of life, 90.38% (95% CI 3.26) reported positive changes, and 9.62% (95% CI 3.77) reported nonpositive changes. 80.83% (95% CI 14.14) reported positive effects on understanding life’s meaning, and 29.17% (95% CI 14.14) reported nonpositive effects. 66.67% (95% CI 20.61) reported a positive influence on their sense of life’s purpose, and 33.33% (95% CI 15.71) reported a nonpositive influence. 72.5% (95% CI 14.70) reported a positive influence on their sense of what makes life meaningful, while 27.50% (95% CI 15.00) reported a nonpositive influence. 75% (95% CI 5.66) of participants reported a positive influence on their search for meaning and purpose in life, and 25% (95% CI 5.77) reported a nonpositive influence. 87.50% (95% CI 4.90) reported a positive impact on social relationships, and 12.50% (95% CI 5.00) reported a nonpositive impact. 45.45% (95% CI 0.00) reported a positive effect on the quantity of sleep, and 54.55% (95% CI 0.00) reported a nonpositive effect. 40.91% (95% CI 5.14) reported a positive effect on the quantity of sleep, while 59.09% (95% CI 5.25) reported a nonpositive effect (Table 2).

DISCUSSION

The results of this study indicate that ketamine infusion preceded by flotation therapy has a generally positive effect on participants in a small sample size. This has potential implications for improving the ketamine experience and prolonging the duration of the effect of ketamine on depressive symptoms. Additionally, further investigation into potential combination therapies, such as sensory deprivation flotation therapy, that increase the efficacy and duration of ketamine infusions is necessary. In this study, the majority of subjects recorded positive responses, indicating that preceding ketamine infusion with flotation therapy may increase the perceived quality of the ketamine experience. Nonpositive responses to the combination treatment were small, indicating that the treatment did not cause harm. Nonpositive outcomes were considerably higher in the effects on quality and quantity of sleep. It is unclear if the treatment caused this, if most participants reported no effect on sleep, or if it was due to a small sample size.

Further studies could consider gathering data on the effects of ketamine preceded by flotation therapy on sleep. The survey revealed particularly high positive responses to questions on the quality of life, peace of mind, and effects on social relationships. It is unclear if these effects have a longer duration or more substantial effect than ketamine alone. The participants in this study ranged from individuals seeking treatment for mental illness to those searching for experiences in self-discovery. This indicates that this therapy could benefit a wide range of individuals positively. Further research should control for psychiatric history to determine if the effects of this treatment change based on the diagnosis.

Table 2:
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Questions Theme	Percent Positive Response (Average)	95% CI	Percent Non-Positive Response (Average)	95% CI
Treatment Personally Meaningful	82.69	3.77	17.31	3.85
Changes in Outlook	80.77	4.35	19.23	4.44
Changes in Internal Running Commentary	75.00	3.77	25.00	3.85
Influence on Ability to Achieve Peace of Mind	90.38	7.22	9.62	7.36
Changes in Mood	80.77	7.54	19.23	7.69
Treatment Effect on Quality of Life	90.38	3.77	9.62	3.85
Treatment Effect on Understanding of Life's Meaning	70.83	14.14	29.17	14.43
Effect on Sense of Life's Purpose	66.67	20.61	33.33	15.71
Effect on Sense of What Makes Life Meaningful	72.50	14.70	27.50	15.00
Influence on Search for Meaning and Purpose in Life	75.00	5.66	25.00	5.77
Effect on Social Relationships	87.50	4.90	12.50	5.00
Effect on Quality of Sleep	45.45	0.00	54.55	0.00
Effect on Quantity of Sleep	40.91	5.14	59.09	5.25

LIMITATIONS

Considering that the purpose of this study was to conduct a preliminary exploration into preceding ketamine by flotation therapy, this study has potential limitations. The sample size was relatively small. As a retrospective sample of volunteers, it did not have a control group to control the effectiveness of the individual therapies. In addition, the thirteen completed surveys had an average of 113 days since their SDFT/KI experience, with a range of 6 - 279 days, which could have influenced survey responses due to decreased recall. Many participants had received psychedelic treatments at one point in their lives; this could have introduced the mere exposure effect, where participants have a preference for the treatment simply because they are more familiar with it than the layperson. In addition, we were unable to identify if ketamine, flotation, or the combination of each of these treatments provided the benefits listed in the results of this paper. Future research could evaluate the timeframe until the effects of treatment are lost, dosing levels and frequency, and quantitative data rather than qualitative data.

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CONFLICT OF INTEREST

No financial support was provided for the work on which the manuscript is based. The

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Treatment of Treatment Refractory Recurrent Major Depressive Disorder in a Patient with Squamous Cell Carcinoma of the Lung: A Case Report

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Abstract:

Ketamine has become a novel therapy in the treatment of Major Depressive Disorder that is refractory to the current standard of care, such as pharmacotherapy and Electroconvulsive Therapy (ECT). This case report details a treatment-resistant 64-year-old female with a history of squamous cell carcinoma of the lung and recurrent Major Depressive Disorder (MDD) that was refractory to pharmacotherapy and ECT. The patient then received a regime of ketamine infusions for the treatment of MDD. After ketamine therapy, she experienced significant improvement in her mood and outlook, leading to a change in her decision to accept radiation therapy for her squamous cell lung carcinoma. This case report demonstrates the role of ketamine therapy in changing the trajectory of patients with refractory depression and complex medical comorbidities.

Keywords: Major Depressive Disorder, Major Depressive Disorder Treatment, Ketamine, Ketamine Depression, Electroconvulsive Therapy (ECT).

INTRODUCTION

Routine treatment of MDD commonly utilizes monoamine-modulating pharmacotherapy or psychotherapy, with ECT reserved for refractory cases. However, the disease remains difficult to treat, and symptoms often take 4-12 weeks to resolve. According to the literature, the prevalence of Major Depressive Disorder is approximately 5% [1]. Ketamine is a dissociative anesthetic that has many uses at different doses. Recent literature suggests that intravenous (IV) ketamine can help treat Major Depressive Disorder that is refractory to treatment as usual. According to the Journal of Clinical Psychiatry, a dose of 0.5 mg/kg as an IV infusion over 40 minutes is commonly used [2].

CASE PRESENTATION

Our 64-year-old patient (henceforth referred to by the pseudonym Ms. K). Ms. K is a divorced, unemployed Caucasian female who presented to the emergency department with suicidal ideation. She was brought to the hospital after walking into a police station, stating, "If I had a gun, I would kill myself." Ms. K was subsequently admitted to the inpatient psychiatric unit for stabilization and further evaluation. She reported a depressed mood endorsing hypersomnia, anhedonia, extreme guilt, low energy, poor concentration, decreased appetite, and suicidal thoughts. Her orientation and memory were somewhat impaired, and her overall outlook was poor. She also presented with a tangential thought process and could not maintain a linear, coherent conversation.

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In the past, Ms. K was diagnosed with Major Depressive Disorder, recurrent, severe, without Psychotic Features, at the age of 32. Her history was significant for Squamous Cell Lung Carcinoma, Hypertension, and Thickened Endometrium. An extensive electronic medical record review revealed no history of a past manic episode. Ms. K was noted to have been trialed on adequate doses and durations of many different psychotropic medications, including chlorpromazine, valproic acid, vortioxetine, cariprazine, lurasidone, ziprasidone, lithium, sertraline, amitriptyline, clonazepam, and quetiapine. She reported little to no improvement with the medications and endorsed significant adverse side effects of the medication trials. At the time of admission, Ms. K was taking clonazepam and quetiapine with no relief. She also had three previous inpatient ECT treatments. However, during the last two ECT treatments, Ms. K had an extensive episode of sinus pause immediately after stimulus administration. Therefore, the anesthesia team felt the patient was too high risk to proceed with future ECT treatment. Ms. K continued to have suicidal thoughts associated with major depressive disorder.

Ms. K was diagnosed with squamous cell carcinoma of the lung in April of 2022. She refused treatment at that time and said that she just wanted to die. In April, the lung mass was found to be 2.2 X 1.6 cm with a staging of T1N0. A repeat CT found the mass to have increased to 4.0 X 3.9 cm on 8/29 with stage IB cT2aN0m0 found to be in the right bronchus, lower lobe.

Ms. K also had a history of extensive psychosocial issues. She was previously married with three children. However, her youngest son committed suicide in 2012. Subsequently, her husband became an alcoholic, and she was assaulted and battered by him. After separating from her husband, she became homeless. Ms. K was raped at a homeless shelter which caused her difficulty

feeling comfortable going to other homeless shelters, and as a result, she was mostly living on the street. Due to the patient's social circumstances, she encountered barriers to care, which contributed to noncompliance with pharmacotherapy and other medical treatments.

METHODS

Prior to ketamine treatments, the Hamilton Depression Rating Scale (HAM-D) survey was administered to Ms. K. The HAM-D scale is a highly validated scale used for measuring major depression severity and is based on 21 items. However, the score is calculated from the first 17 items. The scale was administered to Ms. K each morning before each treatment as well as the day after treatment. According to current literature, the internal validity of the HAM-D survey is robust, and it has been considered the gold standard for years^[3].

Ms. K was continued on clonazepam and quetiapine for the entirety of her inpatient stay. The clonazepam was held on the morning of treatment days. She was given a three dose regimen of intravenous (IV) ketamine therapy during her inpatient stay. Ms. K received a dose of 0.5 mg/kg IV infusion over 40 minutes on three separate occasions spaced one week apart. During Ms. K's infusions, she was given calming music, without lyrics, to listen to through noise-canceling headphones in a private room.

Ms. K was given this therapy in the intensive care unit (ICU) out of an abundance of precaution. She was monitored using noninvasive blood pressure monitoring, pulse oximetry, and three lead electrocardiogram (ECG). Also, due to the potential transient increase in blood pressure and history of hypertension, the patient was pretreated with 0.1 mg clonidine one hour prior to treatment. After treatment, she was monitored for one hour

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in the ICU before returning to the inpatient psychiatric unit.

RESULTS

The results from the HAM-D score can be seen in table 1. The patient started at a score of 29, which indicated very severe depression. Ms. K's lowest score was in the morning before the second treatment. One week after Ms. K's first treatment, she scored 17 points, which indicates moderate depression. After all three treatments, Ms. K scored an 18, which indicates moderate depression. Ms. K consistently reported she had extreme feelings of guilt which was worth four points. However, Ms. K did report less depressed mood symptoms after three treatments, which contributed to one point instead of four at the start of the treatments.

Table 1.
HAM-D Scale Results

Time Administered	Scale Score	HAM-D Scale Score	HAM-D Scale Severity
On Admission		29	Very Severe Depression
Morning of Treatment 1		28	Very Severe Depression
Afternoon After Treatment 1		29	Very Severe Depression
Morning of Treatment 2		17	Moderate Depression
Afternoon After Treatment 2		22	Severe Depression
Morning of Treatment 3		20	Severe Depression
Afternoon After Treatment 3		18	Moderate Depression

DISCUSSION

Ms. K reported that she felt increasingly better after each treatment. However, she reported that she did not have a good experience during her first treatment. Ms. K stated that she felt as if the ketamine opened her mind to different ideas and memories that she had not thought of in a while, and the level of introspection was somewhat frightening to her. She reported that the feeling did subside after about four hours. Ms. K reported a better experience during the following two infusions. She stated that she felt calm, and even though she was able to self-reflect and be introspective, it was not an unsettling

experience. She reported that her feelings of guilt significantly decreased after the therapy.

Ms. K reported that she was able to have more meaningful conversations with her son over the phone, and she felt more at peace with her past decisions. After talking with her son and receiving ketamine therapy, she was more optimistic about her cancer treatment. This change was significant as originally, she was hesitant to start treatment, despite the high success rate of treatment for her cancer.

Ms. K had extensive barriers to good healthcare for multiple reasons. Along with being homeless, Ms. K had trust issues with the medical system and her providers due to her past trauma history. Ms. K did not feel safe in many of her living conditions. She was unable to have continuous access to her medications as well. Further, she could not be compliant with her medications when she did have them due to her inability to take them and access her medications consistently. . . Due to these reasons, Ms. K's treatment for her psychiatric and medical conditions was hindered and, in some cases, delayed. The repercussions regarding her prognosis are unknown.

Approximately 10-20 percent of patients in treatment for depression are thought to meet the criteria for treatment-resistant depression. This disorder is difficult to treat and often limits patients' quality of life and daily activities. Recent literature describes how using ketamine in treatment-resistant depression can be effective, with rapid results in some cases. Despite robust literature, smaller case reports have shown benefits. Furthermore, ketamine has been shown to improve clinical symptoms within hours to days after administration. It has also been shown to reduce suicidality in treatment-resistant depression [4]. This is important for patients with acute depression, especially in complex medical illnesses.

CONCLUSION

The use of ketamine should be considered as a therapy for the treatment of refractory recurrent major depressive disorder without psychosis refractory as a mainstay treatment. Ketamine is a safe and effective medication when used in the right setting and can considerably decrease depressive symptoms. Further studies on the use of ketamine in psychiatry are recommended, including more data to evaluate the entirety of its applications.

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Overthrowing Reality the Story of Marc Steven Rosenthal the Undercover Messiah

Ronald M. Baseman

BACKGROUND

Marc Steven Rosenthal was a mystic visionary who lived the life of an insane schizophrenic in Western Pennsylvania during the late 20th and early 21st century. He was a secret saint, a fountain of mystic power drawn from the rivers and seas of the Almighty, someone who taught occult secrets and was my dear friend for 46 years. This is an account of what I saw and heard in his presence and what I learned from him over the years.

Chronically insane, Mark was mostly unhappy throughout his life. He was very tall and gaunt with hollow cheeks. He wore his hair long and had a large wiry beard. His hands and feet were huge. He walked with a relaxed gait, often wore dark glasses and inappropriately many layers of clothes.

He frightened many people, fascinated a few, and made his family miserable and frustrated with his antics. His mother once poured her heart out to me about all she had been through trying to deal with him. She had to draw a line between herself and her hopeless insane son to preserve her own well-being.

As a mere friend and a sort of disciple, I always had the luxury of leaving Marc after a few hours. I didn't have to commit him to mental hospitals nor bail him out of jail.

Marc was the son of Bernard Rosenthal, who died young in 1955. Bernard had married Dorothy Weiner, heiress of a prominent Jewish family in Pittsburgh that owned a large luggage factory. Marc might have been a millionaire if he hadn't been ill and dispossessed.

In the late 1940s, Marc's paternal grandparents, Simon and Libby, had been

neighbors of my grandparents Louis and Anna. The two grandfathers used to play pinochle together at the Knights of Pythias.

I grew up in the Squirrel Hill neighborhood of Pittsburgh. In 1967 Marc was a student at the University of Pittsburgh. He contacted some of my gifted classmates at the local and prestigious Taylor Allderdice High School. Marc first called the parents of the kids he was interested in, asking permission to involve them in 'project challenge.' He told me that he picked his potential subjects from a list of students with high IQ scores provided by the Allderdice administration.

I wondered why the school administration gave a Pitt undergraduate access to academic records. The Pitt news printed an article about his project in 1967, so one can assume that he had some sort of backing from the University of Pittsburgh.

Marc sent a letter to my house which my mother read. It was on the University of Pittsburgh letterhead. It said that I was invited to participate in a program that Marc - as "head of the math club" - supervised. My mother called Pitt, and they said they had never heard of any math club. She also asked my grandparents about him, and they told her there was something very strange about him. Some of my old friends went to some of Marc's sessions. As he later described it to me, they basically sat around and talked about philosophy.

At that time, I don't think anyone realized he was secretly on a life and death mission to incarnate Jesus Christ into the body of a gifted Jewish male child and bring about the dawn of the Messianic age.

Project Challenge

New Program Encourages the Gift



MARC is seen with two Project Challenge students.

by BERNIE McLEOD

During his four years at New Castle Senior High School, Marc Rosenthal, now a University junior, studied the way in which his school handled the high IQ student. Concluding that too many students have wasted potential, Rosenthal, a philosophy major, recently started a county-wide program for the "gifted"—Project Challenge.

Serving as chief organizer and financial supporter for the project, Rosenthal began by visiting the Pittsburgh Board of Education.

“We are not trying to produce non-conformists,” said “but we want them to do radical and imaginative thinking. We try to stimulate their creativity by contact with good art and literature, and by encouraging them to write their own plays, music, poetry. We try to encourage their sense of self-awareness and try

to get them to do things for themselves.

All the groups, which are small and focused on individual attention, meet on a flexible schedule. Those singled out for “intensive work,” who can benefit most from the program, may meet two or three times a week.

Recently made an evaluation of the children’s progress in the program. Two things were obvious. Project Challenge students, due to encouragement, were usually freer with strangers, interested in learning what they could offer. In addition, their diversification of interests were quite high.

is now interested in expanding his program in the near future to include more bright underprivileged children. He also looks forward to working in cooperation with the Learning Research and Development Center and other groups in the community.

Miriam, a ten-year-old East End Elementary School student, explained that she thought the program was “just great.” “We get to talk about psychology,” said Miriam, “and we even discussed why we hurt others. It’s a good chance to find out about ourselves.”

through his project, is trying to see what can be done to develop the gifted individual into the genius. For this reason he feels the project should be of interest to everyone in the academic community. He encourages those interested to call the YMCA office.

After working nearly 40 hours a week last summer in establishing the project, now puts in 25 hours per week in helping leaders provide a “re-creative” approach to learning. No facts are taught the students, instead they are encouraged to do critical thinking.

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ENGINEER

PERIODICITIES IN THE POSITIVE INTEGRAL POWERS OF
 MINUS-89. AN APPLICATION OF LOGARITHMS AND
 OTHER ELEMENTARY ALGEBRAIC TECHNIQUES

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Marc was highly intelligent and literate. He was fluent in German and had been given many educational advantages as a youngster. He had been an observer at Cape Canaveral during the Apollo 14 moon shot and had formed a relationship with Burgert Roberts from South Africa, author of “Spacewalks -- Poems for the Moon Age” in 1971. He spent time as an intern with the famous psychiatrist Ronald D. Laing.

Marc had also written a short monograph on the positive integer powers of 98, which he self-published on a mimeograph at his family’s company and which was at one time in the reference collection at Carnegie Library of Pittsburgh. I used to read it, and I copied some of the pages. It was a simple exposition of some principles of elementary number theory, especially the Galois cycles.

Marc's little book explained that if you took the number 98 and raised it to successive powers, expressed them in scientific notation, and ignored the exponent, the values would cycle over and over in periods of 114 or 113 terms. The significant thing about this seemingly trivial observation - that if you perform an operation repeatedly upon a number, it generates a repeating cyclic pattern – is that it leads you to consider that perhaps the daily events that appear around us, and indeed the whole natural environment, might be nothing but the appearance of a complex collection of mathematical cycling permutations.

This is not an idea original to Marc Rosenthal - some philosophers and mystics, such as Meher Baba, have described the reality we humans experience as an endless sequence of repeating cycles. Marc told me that his "early research on number theory" led to his mystical understanding of the cosmos.

I was not the only one who appreciated Marc's unusual characteristics. Marc had

been declared legally insane by a court and involuntarily committed to mental institutions more than once. He spent most of his adult life living under the care and supervision of others. Marc also had an esoteric collection of friends and acquaintances - philosophy professors, Rabbis, Ministers, Psychedelic Explorers, and various others with an appreciation for genuine spirituality, even when wild and flawed. He had at least two romantic relationships with women I knew of while confined in the mental hospitals. I remember dancing around with Marc and Elsa VanEkartsburg (spouse of Rolf VanEkartsburg - a distinguished psychology professor at Duquesne University and one of Timothy Leary's one-time grad students) to the sound of the 13th Floor Elevators one afternoon in the 1980s.

PSYCHEDELIC ENCOUNTERS

Each of us has an inner experience that can never be genuinely communicated to anyone else. Although the neurons that fire in my brain when I see the color 'blue' may be very different from those firing in your brain, as long as we both agree that the bluebird we see is indeed 'blue,' life goes on normally.

Mentally ill people see the bluebird as orange, changing colors, or having no color. Madness makes the innocent bluebird into a threatening hawk or vulture. The 'insane' are isolated and feared not because of their inner perceptions but because they react and behave differently from 'normal people' when presented with the same common stimuli.

Such deviant thoughts can be threatening. The person next to you could be thinking about hurting you. The guy next door could be pondering his next terrorist outrage right now. People passing on the street could be completely delusional, with troll splinters in their eyes, unpredictable, experiencing good as evil, and kindly actions as attacks.

"Normal" people communicate their feelings to each other partly to provide reassurance that they are not dangerous. People under stress -- for example, foster children who have undergone severe stress, chatter constantly doing safety checks. But many of the mentally ill tend to be silent and mysterious. Marc was like that, often very quiet, and would often abruptly change the subject, or get up and ask to leave, regardless of circumstances and without any explanation. You never knew where Marc "was coming from." He frightened many people.

I took Marc to a Bob Dylan concert one warm summer's evening at Station Square in Pittsburgh. Dylan and his band were playing on a slightly raised platform in a parking lot while the audience stood around. Marc and I were standing about 10 feet away. Dylan was one of Marc's favorite psychedelic saints - he believed all kinds of spiritual messages were encoded in the lyrics of Dylan songs.

After three or four songs, Marc turned to me, looked into my eyes, and gently said it was time to leave. I was responsible for Marc; I had checked him out of whichever halfway house he was in at the time. But if I had hesitated, he would simply have wandered away. So, in the middle of what was a peak experience for me, in the middle of a close encounter with someone he constantly quoted and regarded as a secret saint and spiritual leader of our whole generation, he suddenly decided to leave.

I put up with Marc because there was something very special about him. There was a secret to him, under all the craziness, something very precious - *a connection to another world*. He was more than insane, he was an insane *saint*, and you had to suffer and pay your dues just to be around him. Being with Marc led to hidden rewards that emerged every now and then.

I first experienced this when Marc led me out of my mind and body to a heavenly world, a life-changing experience. I had been a

Baseman

dreamy intellectual kid who spent most of his young life trying to understand the universe's secrets. I had spent many hours trying to meditate and pouring over spiritual books. But it had been mostly all academic -- wishful thinking and fantasy, without concrete, tangible results.

When I first met Marc Rosenthal in 1970, my life turned upside down. Whether his insanity was simply contagious or if he was truly able to open a gateway into the higher world, I cannot say. I experienced amazing, frightening, and mysterious things in his presence. After this madman was done with me, a mundane two-dimensional world became a magical and three-dimensional one. This produced a bond between us and profound gratitude that I must honor forever.

Think seriously - has humanity ever found the "holy one" among the rich, the happy, the brilliant, and the powerful? Smug, worldly, successful, powerful people do not need messiahs. The successful worldly ones see the messiah as a threat and ignore or kill any messiahs they encounter.

The miserable are the fertile ground for the messiah. And what group of people is more miserable, neglected, rejected, and helpless than the institutionalized insane? For most of the years, I knew him, Marc called himself the "Undercover Messiah." Perhaps this "Undercover Messiah" was performing secret work among the inmates of mental institutions.

Marc was so disorganized and ill that he could not live independently; he constantly got himself in trouble, and the police arrested him at least once. Marc's impossible delusions led him on disastrous missions.

Every now and then, I would look into his eyes and wonder if all his suffering, craziness, and helplessness were nothing but an act and if he was one hundred percent in control of everything going on around him and it was the rest of us who were deluded!

Marc's "Psychedelic Bible" makes a case for a secret "perfect" world underlying reality that can be entered via the special "sacramental" use of psychedelic drugs. The book also includes a guide to Marc's meditation technique and a cookbook recipe for the vitamins and supplements Marc combined with LSD to produce otherworldly experiences in his subjects.

**Toward the Solution of the Master Bead Game
Implications of Meta-Mathematical/Energy
Foundations of Consciousness and the Universe**
by John Rudolf

*A Report on the Most Revolutionary and Crucial Step in Human History-Now Being Advanced
Through Scientific Breakthroughs*

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When I first met him, Marc handed me copies of his 'psychedelic bible,' where he recorded his psychedelic religion. From the introduction:

"The truth about the psychedelic consciousness must again be stated. Ordinarily a human being exists through time in a state of limited involvement in life. It is possible, however, through psychedelic chemicals to exist in a state of intelligent creativity, fully awake to reality, exponentially compressing many more psychological moments into a unit of time--in short existing in the ecstatic state of so called Enlightenment.

*This state is not just a dream or a verbal symbol. It is the real, practical, operational condition YOUR life can take. As stated in the Tibetan Book of the Dead, You are "nobly born," that is to say, you are born-with the potential to be truly awake to Reality. The DNA, deoxyribonucleic acid that genetically codes every human being contains the "seed" relation between consciousness and the divine matter-energy that makes up your body and the rest of the universe. Your noble condition is to be allowed this ecstatic high-entropy form of existence, rather than a random being of mere physical particles that make you up. ... The sacred relation that gives your being consciousness is presently in an expendable form. You have only fifty or one hundred years. Every minute that passes, goes by irreversibly with you half-asleep. This half-asleep state of normal consciousness does not even realize its enslaved form compared to awakened ego-transcendence or the even higher state of so called cosmic consciousness.**

Understanding Marc requires some background on the drug culture and the collective thinking of young Americans in the 1960s. Most everyone in the subculture in those days believed that there was a "secret reality" to nature. Underlying the hippie movement was shared folklore, a collective body of belief colored by drug use and the events of the time.

Thinking like the ancient Gnostics, hippies believed that a secret reality was revealed only to the most elect. Charismatic ones, like Stephen at the farm, Augustus

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Owsley Stanley, Dr. Timothy Leary, and the many gurus who traveled among the hippie milieu, were presumably full knowers of these secrets. But the “modern miracle” of psychedelics allowed all to partake by turning inside and experiencing “the light.”

Secrets were whispered from ear to ear by kids in stoned reveries. Wisdom from backpacking trips to India or wise sayings heard here and passed from person to person. Young seekers spent their days collecting these bits of wisdom and weaving them into a tapestry of how things “really were.”

A lot of these ideas and beliefs just “felt true.” Some were mundane explanations of current events. Everybody “knew” that the bad guys, the “power freaks,” were running the world and would do anything and everything to stop the young hippies from liberating humanity. We all also “knew” that the Vietnam War would end if Ho Chi Minh and LBJ got stoned together. And finally, we all “knew” that if all the soldiers in the world took enough acid, all the fighting would stop, and there would be universal peace forever!

Marc's philosophy was built on what was floating around in the air in those days. Marc taught us that many popular songs, especially Dylan's, carried secret messages. He also quoted The Thirteenth Floor Elevators, Pearls Before Swine, The Band, Tim Buckley, The Byrds, and Leonard Cohen. He used them in his rituals and chants.

Marc's description of his meditation technique is as follows:

Specific preparation involves some...

quiet meditation, especially to produce mental concentration, one-pointedness of mind, attention to the immediate present (instantaneous time), awareness of the very 'existence' or 'being' quality itself, regardless of the thoughts, senses, etc. attached to it. There is also the importance of being able to feel love from one's heart, regardless of thoughts, to be able to recall the most touching moments of one's life and to meditate on them. Finally, there is the ability to feel profound sorrow (or love-sorrow). The subject should be able to cry at will after several minutes of meditation and to have only the unitary consciousness of the being of the sorrow feelings.

... The crying should be the kind that clears the mind of anxiety as with a child. Practice at turning fears and terrors into this kind of emotion with its particular biochemical-secretion release is very important. It should be done with the purpose of giving up one's regular ego completely, being aware of the unitary emotional feeling, allowing the 'mind', 'intellect' to be a clear 'void', and putting one's consciousness into the realm of a symbolic all encompassing protective energy field.

With these few instructions one can set out on the pathway and learn what else is necessary on one's own. In fact many people in the occult, if not wasting one's time with myths, etc., may be simply dangerous to one's safety when one is truly on the right track.

Going beyond what he wrote, Marc showed practical ways to enable this meditation. He trained me to repeat my thoughts verbally as soon as they came into my head – which is like tying a bowling ball to the leg of a runner – it slows down the thinking process. After a while, you quit having thoughts altogether. He taught me to concentrate on the suffering of innocents, - realize the horrible evil in the flawed satanic world.

The world had been a garden of Eden once, where there was no evil, no unjust suffering, but Satan had come and disrupted this heavenly state. His answer to this suffering was to bring back the “messianic age” -- the world from before the fall. He would chant or sing the lyrics from “All Along the Watchtower,” which he believed depicted the tragic triumph of Satan in the material world.

“All along the watchtower, princes kept their view while all the women came and went, barefoot servants too, far off in the distance, a wildcat did growl, wo riders were approaching; the wind began to howl...”

Marc's sacred mission and the goal of his religion was to return and remake the material world back into the ‘garden of Eden’ as it was ‘supposed to be.’ I believe, even today, - - that the restoration of paradise is the most extraordinary mission of the soul.

Many researchers have explored the links between psychedelics and ecstatic religious experiences. There is plenty of evidence that the use of plants containing mescaline, DMT, lysergic acid, and psilocybin has been associated with shamans and mystics for thousands of years.

While the great eastern teachers always cautioned that drugs were not the “good way” and that the “best” monks never used them, that would not stop the determined hippies of the 60s from trying it. They were using the

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Then at night and on weekends, I worked Marc's magic. It did not require taking drugs to go into his trance state, although it did help.

By playing Dylan's songs, or Melanie's "Lay Down," doing deep breathing, and chanting his chants, the experience would return. My voice would change, my body would shake, I would feel my heart beating differently, and everything would become different.

The voice that came from me was from someone and somewhere else. At that time, channeling was a popular phenomenon among those dabbling in the occult. Many young people across the country claimed to channel different spirits, the Great white brotherhood, for example, or the Edgar Cayce followers - "association for research and enlightenment." The experience that Marc promoted in me was much like this channeling.

Marc was often with us and guided us, but we also had many strange experiences without him. After the initial life-changing experience with Marc, I spent about a month practicing the trance techniques that he taught me. I also worked with some friends who also practiced his techniques to some extent.

The effects Marc's techniques produced were very palpable to others. We often perceived changes in the weather, especially producing lightning from apparently clear skies. I saw ball lightning in Marc's presence. I experienced the "great setting face to face" of the first Bardo in the Tibetan book of the Dead. I verily lost my mind and was institutionalized for a week in a small mental hospital. When I was released, my father tried to get the police to arrest Marc, who had disappeared.

I spent more than a year without knowing what had happened to Marc. During that time, I became initiated into Ananda Marga yoga. In early 1972 I was traveling to a Yoga retreat with a group of other initiates. One

was a charming young girl named Micky. As I was relating the tale of Marc during our long drive, her eyes opened wide. She told me she worked as an orderly at Dixmont state mental hospital and saw Marc daily. She told me he was now classified as catatonic and spent all his time in silence, lying prone in bed.

PSYCHIATRIC DETERIORATION

I did not know when I first met him and fell under his spell that Marc had never been "quite right." As I found out from his family, he had once been hospitalized while a freshman at the University of Pittsburgh for "dehydration" after being found unresponsive in his dorm room. As time passed, he fixated more on security and police fantasies. He showed many classic paranoid symptoms. As the years went by, he got worse and worse and drifted away from his noble mission of saving the universe.

When I first met him, Marc talked about the evil ones who had cut into his tongue and implanted stitches to cause pain and tension to stop him from carrying out his great work. He said the cataclysmic experience happened to him in 1968 or 1969 in New Hope, Pa. He said he had gone there to help a woman, -- a friend or perhaps a relative who lived there. He was staying with her, and she introduced him to members of the "Emerson Society" and got him involved with someone named John Rudolph, the creator of Rudolph or "R groups." Evil ones connected with these groups had drugged him and performed the evil operation.

Marc used to talk about a 'thread and needle stitching technique' that originated in ancient Persia and the pain it caused him. Marc said he had once persuaded a doctor to operate on his tongue and explore, but the doctor had found nothing. From the book:

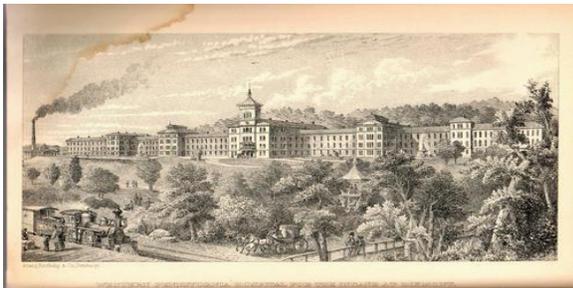
"There are secret techniques of concealed physical operations with thread-and-needle type stitching done after the victim is drugged without his knowledge, or the use of certain potions, both of which can drive a person crazy, let alone the standard techniques of killing or brainwashing a person."

Baseman

Part of the evolution of Marc's thought, or his paranoia, was his firm belief in angels. Marc had carefully considered which humans most needed angelic help and concluded that it was policemen. Policemen were in the gravest danger and also in the best position to do good and thwart evil. This led him to a hierarchy of angelic policemen - the 'state policemen of heaven.' Marc's mind soon came populated with angelic intelligents, some on one side and some on the other, of the eternal cosmic battle. Among many other things, he believed that a telepathic secret agent code-named "Bob Wade" had sacrificed his life in an effort to help him with his quest. He also began referring to himself as Marc "Stephen" Rosenthal "Evans" ("Stephen" was a special "security name," and "Evans" came from Bob Evans, another psychic security agent.) He became the "Undercover Messiah" and sought redemption and release from "Egypt Pennsylvania," where he was held in bondage.

Marc called the offices of the FBI, the Pennsylvania State Police, and even the local police departments constantly over the years, mostly from pay phones in the institutions where he was confined. He told me once how the secretary who answered the phone at the Pittsburgh FBI office told him he was 'the nicest of all those who call here.' I should also say that he called me personally almost every day for the 46 years I knew him.

After learning of Marc's institutionalization at Dixmont, I persuaded my friend and one-time fellow disciple Vince to go there with me and visit him.



It was late in the afternoon, and the skies were darkening. We walked up a road between towering trees on either side. It wasn't long until we heard someone screaming in the distance, and then the first of the looming dark stone buildings became visible.

We finally got to the main building and signed in. We were taken upstairs to a locked ward and let inside. A long corridor with various inmate rooms on each side, then a nurse's station, and then a day room where the people sit and watch TV or play games day after day. The first time we visited Marc, he was alone in a room to one side of the large day room. The door was open, and we were taken in and left alone.

Sure enough, Marc was lying on a bed, eyes firmly shut and his two hands at different angles on his chest pointing toward his heart. There was a palpable feeling - a hiss in the air as we entered the room. He would not speak to us. Totally oblivious. We sat there

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for a while and spoke to him gently. Eventually, we left and made our way back to the city.

The next time we visited, he was more animated and spoke to us, and over the years, I visited him every two weeks or at least monthly. He introduced me to friends he made, and I spent some fascinating times in the day room and the cafeteria with the "crazy" crowd.

At one point in the 1980s, Marc's family decided that a computer might be helpful to Marc, and they asked me to find and buy one for him. The Commodore 64 had just been released and looked like a likely candidate. The hospital provided an old wooden desk on the second floor of his building. I took a metal hinge, a couple tubes of super glue, and some heavy-duty wire cable and attached it to the desk with a padlock. Marc used it very rarely,

At first, Marc was in Reed hall, the ancient main building, but near the end of his stay, he was moved to the Cammarata Building, the geriatric center of Dixmont, and housed a significant portion of the hospital's patients towards the final years. Built in 1971, its architectural stylings were modern and sleek compared to the ancient design of Reed Hall. In 1984 Dixmont was closed permanently.

When Dixmont closed, Marc disappeared. He had lived in a room at Boomy's motel in South Hills. As someone explained to me later, his family had decided to get him released and put him on an allowance. Marc was living there and had posted signs outside his room door saying only people with "special clearance from the CIA," etc., could come in. Eventually, the motel management had enough, and they called the cops. He was taken away and wound up in Western Psychiatric Hospital in Oakland. I cannot remember how I found him, but I did and visited him there one evening. When I approached him,

he started singing Tim Buckley's "Once I was":

"Once I was a soldier
And I fought on foreign sands for you
Once I was a hunter
And I brought home fresh meat for you
Once I was a lover
And I searched behind your eyes for you
And soon there'll be another
To tell you I was just a lie

And sometimes I wonder
Just for a while
Will you ever remember me

And though you have forgotten
All our rubbish dreams
I find myself searching
Through the ashes of our ruins
For the days when we smiled
And the hours that ran wild
With the magic of our eyes
And the silence of our words

And sometimes I wonder
Just for a while
Will you ever remember me"

It was very moving and mystical, as I had never heard it before.

Being in Marc's presence is hard to describe. On the one hand, you were confronted with the physical appearance and behavior of a paranoid schizophrenic. But behind this external appearance were his singing, mystical pronouncements, extremely loving and gentle behavior, and the gestures, songs, and prayers that could transfix the observer.

I would journey on buses or drive long distances to get to the various places he was housed for many years. I would spend an hour or two with him and feel very different as if I had been in the presence of a great mystical teacher, even though I had been merely humoring him and listening to his nonsensical repetitive talk. Marc would repeat a beautiful version of the Amidah. Sadly, the mystical aura around him dwindled over the years while the insane, nonsensical patterns became stronger.



I was always disturbed by the fact that Marc, who came from a wealthy family, had to live in public mental hospitals with others who were wards of the state. In 1988 I tried to find a nicer place for him to stay and researched various high-class places that provided care to the mentally ill.

I even wrote a letter to Sebastian Grof at the Spiritual Emergency Network at Esalen Institute looking for advice. He was kind enough to reply.



Esalen Institute
Big Sur September 8, 1988

Dear Ronald B,

Many thanks for your moving letter. Unfortunately, I do not have a context at the Esalen Institute to see patients and no facilities for those who require systematic treatment. In addition, your friend seems to have transcended the boundary of what we would call "spiritual emergency" and falls into the category of psychosis.

The problem seems to be to find for him a facility where he could get good psychiatric treatment and somebody who is also current in transpersonal psychology to understand the spiritual dimensions involved. I will pass on the letter to our coordinator Rita Roher and see if she has any suggestions.

Sincerely, Stanislav Grof

When I approached Marc's family, they were polite and sympathetic. They arranged for me to meet with Marc's legal guardian and family attorney. But the message I got was that it did not matter where Marc lived. He would continue to be disorganized and delusional. They did not believe that there was any value, therapeutic or otherwise, in placing him in a more uplifting environment. This was very sad because I think Marc could have

flourished in the right environment. Based on what I have seen, keeping the insane isolated in institutions with other sub-optimal persons only leads to further deterioration over time.

After the brief interlude at Western Psych, Marc wound up at Mayview with many of the others from Dixmont. I visited Marc many times at Mayview. Mayview was much more modern and relaxed than Dixmont. Marc was in Mayview for almost twenty years and was finally released to the Leonard Staisey halfway-house in Squirrel Hill primarily because he had become much easier to manage due to the miracle drug clozapine.

Marc used to preach against the evils of mind-numbing psychiatric medications when I met him in 1970. But after years in mental institutions, he fondly referred to his 'miracle Thorazine in conversations. The Thorazine made him feel much better, but it also gave him a severe case of tardive dyskinesia.

With the advent of Clozapine, Marc and countless other psychiatric patients were released from locked wards around the country. Fueled with Clozapine, Marc graduated to the Leonard Staisey house described below, a residential half-way house with a much less restrictive and more relaxed environment.

This refurbished apartment building was run by Jewish Residential Services, and Marc became one of the residents in 2003. There were eight apartments, and Marc lived on the third floor with a roommate. Although I had moved to New Jersey at that point, whenever I was in Pittsburgh I would visit him there. He lived there for about 6 years. Marc called my house at least once a day all during this period, and would leave messages on the answering machine if no one was around. Generally he would report that he was waiting for "his miracle call to get out of Egypt Pennsylvania." On bad days he would complain that Satan was torturing him terribly and he couldn't take it anymore.

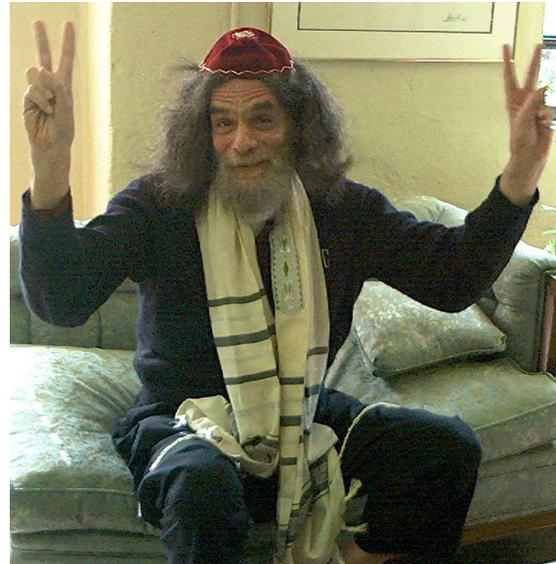
Overthrowing Reality the Story of Marc Steven Rosenthal the Undercover Messiah.

It was unclear why Marc ended up leaving Staisey House and moving to the Heritage Place nursing home. The first time I visited him, there was in 2009 or 2010.

This place, built on the site of the former H.B.Davis elementary school, where I was a student in the 1950s, was much more like a hospital than Staisey House. Instead of sharing an apartment with a roommate, Marc lived in a hospital room. It was a depressing existence.

Marc always sought to reaffirm his own importance as a man of wisdom and spiritual guidance. He dwelt continually on events in his past. He also built up his own mythology of events in his life, fantasies, hallucinations, and ideas he cooked up that he believed had spiritual significance. He referred to a "formal document for the sacrament of drugs and Jesus Christ." Marc had written several justifications and religious charters for a religion that legitimized drug use as a way of achieving transcendence. I think he always felt guilty about advocating drug use and was continually trying to justify it to himself and his past actions. It's one thing to propagate a wild spiritual philosophy but quite another to administer powerful psychedelic drugs to impressionable young people and induce them to live it out.

When the phone calls stopped coming, I knew something was amiss. When I called Heritage Place, they only told me he had been taken to the hospital. Phone calls to Marc's sister went unanswered for months until, in the summer of 2017, she answered one of my calls. She told me how Marc had called in December saying that he felt critically ill, and when she had the staff check on him, he was comatose in his wheelchair. They had kept him on life support for months but finally had taken off, and he passed away.



SUPPLEMENTAL MATERIAL

A copy of Marc's psychedelic bible is available by request.

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