

CLINICAL OBSERVATIONS ON THE EFFECTS OF PANAEOLUS VENENOSUS VERSUS PSILOCYBE CAERULESCENS MUSHROOMS

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Presumably no systematic or objectively measured studies have been reported of the clinical effects of the use of the so-called hallucinogenic Mexican mushrooms (*Psilocybe*). Recently, the significant chemicals allegedly productive of these psychopharmacological effects were reported (Hofman, 1958).

In a clinical study with *Panaeolus campanulatus*, Child (1952) used 2 g of parboiled material, and reported a "noticeable intoxication" but no hallucinosis. Because of a chance relatively favorable personal experience (Singer et al., 1958) with one variety of psychoneurophysiologically significant *Panaeolus* (probably *P. venenosus*) in contrast to an undesirable one with a 5 g amount of *P. cubensis*,² I had decided to proceed with my exploration of the psychoneurophysiological effects of selected mushrooms.

The following is an outline of a case study where both *Panaeolus venenosus* and *Psilocybe caerulescens* fried in butter were used in graduated amounts:

Patient J. H., age 27, under my care since April 13, 1958, because of homosexual thoughts, and in whom on first examination I had found very rapid pulse (112) and a moderate hypertension (165/90), was taking the following medication designed to control his symptoms: Sandril Con. solution, 16 drops q.i.d.; Marsalid 25 mg tablet, $\frac{1}{2}$ tablet b.i.d.; Amphetamine 5 mg, $\frac{1}{2}$ tablet; Amytal grain $\frac{1}{2}$, 1 b.i.d. On May 4th, the subject reported a diminution of his homosexual thoughts and by May 6th he could not restore these thoughts even if he tried. On May 6th his readings were pulse 72, blood pressure 120/70, and weight 126. The Draw-A-Person test was used almost daily to substantiate his subjective claims. Positive heterosexual thoughts were asserting

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² Identified by Prof. Rolf Singer and grown by Prof. Leon Kneebone.

themselves only slightly. The subject was from Ireland via Canada and his visa time was becoming short. He had read of my work with mushrooms and volunteered to try the crude material in hope of expediting the effect he was seeking. In addition to the medication listed above, on May 20th, 0.5 g *P. venenosus*² was given without significant effect. On successive days 1 g produced positive results; 1.5 g produced a strong favorable and euphoriant effect. I have tape recordings and polygraphic tracings of some of the effects. *Psilocybe caerulescens*,² 1.5 g, was also tried but a different, relatively hallucinogenic, and much less pleasant effect was secured or reported. The *Panaeolus venenosus* effect was only minimally hallucinogenic and only in 1.5 g portions.

There is no doubt that the *Panaeolus venenosus* contains psychoneurophysiologic ingredient. Its effect was clearly different from that of the *Psilocybe*. Its effect was mainly stimulatory (euphoriant) and no undesirable side effects were reported or noted. The subject asked for more of the effect which was secured with 1.5 g of the *Panaeolus*. I believe this mushroom area deserves intensive experimental study and clinical exploration. I believe the chemical content or chemical arrangement in *Panaeolus* may be found significantly different from that of *Psilocybe*, since my clinical observations suggest a more favorable medicinal potential for *Panaeolus* in contrast to the mainly hallucinogenic and depressant effects obtaining with *Psilocybe*.

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