

# Jacob Moth

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## Jacob Moth Bio

Moth's bio as per his website, [The Magic Garden](#):

My upbringing

I was born in May 1967 around the same time as the hippie movement was born. My father was a well-educated man working with supercomputers and helping leading scientists. He was an atheist and I was raised with a materialistic world view. He told me that the philosophers have declared that "God was dead".

On my 11th birthday, I got an electric guitar and a tape with Jimi Hendrix Smash Hits.

From that day I knew that music would become a major part of my life, and I started to practice the art of playing the guitar with great discipline.

As a teenager, a deep inner call awakened in me, which led me to explore the mysteries of the universe and seek answers to the great questions of life: Who am I? What's the meaning of life? Where are we coming from? Where are we going?

At high school, I was introduced to smoking cannabis. This resulted in some profound personal experiences. When my classmates went to parties on the weekends, I went to the beach and forest for meditation or to listen to Hendrix. I never touched alcohol. At one point, a companion of mine handed me the key to my longing soul - Stanislav Grof's book: *Realms of the Unconscious*.

I was immediately turned on.

I started experimenting with the psychedelic substance, LSD, which opened my eyes to a deeper understanding of the Universe, which fueled my stormy search for my authentic and deeper self.

### Shamanic Initiatory Crisis

My introduction to the fantastic and magical properties of LSD led to the most important and life-shattering experience in my entire life. At the age of 17, in 1984, I suffered from a very intense experience. I refer to it as a shamanic initiatory crisis, which triggered my deep and powerful inner journey, an adventure of self-discovery. I knew there were only two possible outcomes: either I suffered a psychological breakdown or a psychological breakthrough.

## The Call for Adventure

I interpreted this as a call from higher powers - my call for adventure. I knew that I had to undertake this inner journey and dare to go beyond my own fear and really explore the awe-inspiring inner space of the psyche. And to find success in this quest, I had to find qualified trainers and teachers.

## Teachers, training, and journeys in consciousness

I dropped out of ordinary school and made my own personalized curriculum. I studied and practiced various spiritual disciplines and as well as psychotherapy. I did this with great passion, focused and with discipline only found in spiritual warriors and dedicated seekers.

My main teacher in psychotherapeutic methods and techniques was Jørgen Lumbye, MSc in Psychology, and Klaus Gormzen, MSc in Psychology.

Jørgen Lumbye was a leading pioneer in psychedelic therapy taught by the world-renowned Dr. Stanislav Grof MD.

Klaus was, and still is, an amazing and absolutely extraordinary teacher in psychotherapy in theory and practice without involving psychoactive substances.

What makes him unique is that he has implemented techniques and methods from leading worldwide pioneers: Friz Perls who invented Gestalt Therapy, Dr. Arthur Janov -

Primal Therapy, Dr. Carl Gustav Jung - Dream Therapy, Stanislav Grof's cartography of COEX systems, perinatal matrices and transpersonal realms to name but a few.

Klaus developed a system he called Mutual Therapy. From 1985 to 1994, I took all his courses and practiced all these techniques in groups for many years slowly but surely making them an integral part of my own life.

I have participated in other seminars hosted by other renowned names such as Stanislav Grof, Terence McKenna, Michael Barnett, Art Read, and more - and was also educated as a yoga teacher with the Danish yoga teacher Torben Blond who was educated in India.

For many years I used the technologies of the sacred - meditation, yoga, shamanistic practice, experience orientated psychotherapy and psychedelic substances in safe environments with experienced sitters.

Land of the Nocturnal Butterfly

My journey is described in my autobiographical travelogue "**Land of the Nocturnal Butterfly**", which has a preface by the internationally renowned psychiatrist Dr. Stanislav Grof M.D.

The preface from Stanislav Grof meant a great deal to me. I experienced his act as a great blessing and power transmission which released a kind of quantum leap in my consciousness.

I thought that if I could receive a preface from Stanislav Grof - whom many recognize as the leading consciousness researcher - then anything is possible. This gave me the courage to believe and act in the process of manifesting our temple and sanctuary - the main building in The Magic Garden - Axis Mundi Studio.

The Vision of Magic Garden

The Magic Garden is a **modern-day temple** born out of a **powerful psychedelic vision** our shaman, Jacob Moth, had in 1995.

Since then countless years have been spent turning that vision into a reality.

Today, The Magic Garden is fulfilling its purpose as a **modern-day Eleusis** and **sanctuary**, offering transformative ceremonies to **help people overcome psychological issues** and **traumas**, so they can find inner peace, balance and rediscover their joy of life.

Side Note: Eleusis ([Source](#))

In ancient Greece near Eleusis, about 20 kilometers north-west from Athens, a special event was celebrated every September. According to the tradition the goddess Demeter was said to have been reunited here with her daughter Kore, who was also known as Persephone, after she had been kidnapped by the god of the underworld Pluto.

The festival of the mysteries took place twice a year, in spring and in autumn, but the former was not so great and important as the latter. The mysteries, whose origins date

to the pre-hellenic era, became particularly popular when Eleusis came under sovereignty of Athens. In the 5th century B.C. the telesterion—the great hall of mysteries was built there. In this building the most important part of the ritual is supposed to have occurred: the ingestion of the *kykeon*, the mysterious sacrament that caused in participants intensive psychic changes, which cleared their souls, and made them accept death not so much as harm as a blessing, as one of the ancient diarists reported.

Yet, this was only *part* of the vision.

**The end goal** has always been to **reach** and **connect** with as many people as possible, and help them transform their lives. And to use our live streaming capabilities to achieve this.

Professional musician and composer.

From the age of 20, I made my living by being a professional musician, composer and music teacher. I played with well-known Danish rock bands such as Savage Rose, Fate and my trio Purple Haze. At the end of the 90s, I became a rock star in South Korea performing with my band BLINK.

In 2003 through 2005, Ecaterina and I worked with English producer and former drummer of Pink Floyd on several tracks for the LilaRose Odyssey.

From 2003 to 2006, I worked as a producer and technician for the well known Danish composer Jacob Groth on several TV series (The Eagle, Young Anderson and more). In

2006-2007, I was educated in composing for symphonic orchestra by the American film composer Hummie Mann, who has worked on several Hollywood movies.

From the year 2007, I started to compose music for TV series, documentaries, films and more (Clown, Tigers & Tattoos, Storm, and more). I compose ongoing for the leading music publisher Apollo in Scandinavia and my music is used and distributed worldwide.

Besides my professional life as a composer and musician, I continually studied and practiced psychotherapy, philosophy, mythology, yoga, meditation, shamanistic practice and more.

## Filmography and Discography

Filmography as shown on [IMDB](#)

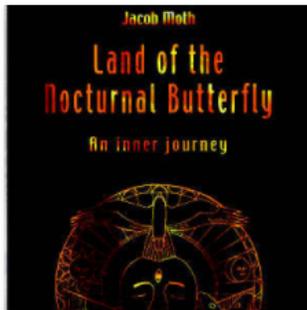
## Filmography

Hide all | Show by... | Edit

Jump to: [Composer](#) | [Music department](#) | [Soundtrack](#)

<b>Composer</b> (6 credits)	<a href="#">Hide</a>
<a href="#">Tigre og tatoveringer</a> (Short)	2010
<a href="#">Twists and Turns: On the Set of 'No Right Turn'</a> (Video short)	2009
<a href="#">Storm</a>	2009/II
<a href="#">No Right Turn</a>	2009
<a href="#">Peking Express Scandinavia</a> (TV Series)	2007
<a href="#">Last Exit: The Making of</a> (Video documentary short)	2005
<b>Music department</b> (6 credits)	<a href="#">Hide</a>
<a href="#">Det grå guld</a> (mix technician: score)	2013
<a href="#">Der Adler - Die Spur des Verbrechens</a> (TV Series) (score mixer: Axis Mundi)	2004
<a href="#">Der Ketchup-Effekt</a> (music recording engineer)	2004
<a href="#">Last Exit</a> (composer: theme music)	2003
<a href="#">Fukssvansen</a> (music technician)	2001
<a href="#">Mifune</a> (musician: guitar)	1999
<b>Soundtrack</b> (1 credit)	<a href="#">Hide</a>
<a href="#">Forbrydelsen</a> (TV Series) (writer - 1 episode) - Episode #1.1 (2007) ... (writer: "Love Has Gone Blind")	2007

Discography as listed on [Discogs](#)



## Jacob Moth – Land Of The Nocturnal Butterfly - An Inner Journey

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# Psychonautics

**Psychonautics** (from the [Ancient Greek](#) ψυχή *psychē* 'soul, spirit, mind' and ναύτης *naútēs* 'sailor, navigator') refers both to a methodology for describing and explaining the subjective effects of altered states of consciousness, especially an important subgroup called holotropic states, including those induced by meditation or mind-altering substances, and to a research cabal in which the researcher voluntarily immerses themselves into an altered mental state in order to explore the accompanying experiences.

The term has been applied diversely, to cover all activities by which altered states are induced and utilized for spiritual purposes or the exploration of the human condition, including shamanism, lamas of the Tibetan Buddhist tradition, sensory deprivation, and archaic/modern drug users who use entheogenic substances in order to gain deeper insights and spiritual experiences. A person who uses altered states for such exploration is known as a **psychonaut**.

## Methods

- Hallucinogens, oneirogens, and especially psychedelics such as peyote, psilocybin mushrooms, LSD and DMT, but also dissociatives and *atypical* psychedelics such as ketamine, dextromethorphan, *Tabernanthe iboga*, *Amanita muscaria* and *Salvia divinorum*
- Icaros, which are the songs (i.e. something verbal that is ordinarily perceived as an auditory sensation) the Ayahuasceros sing to induce pictorial

representations, rich tapestries of colors and patterns that are visually seen by the listener. (See: synesthesia) The ayahuasca ingredient, harmine, was once known as telepathine because of this group-facilitated activity of singing icaros and the shared perception it cultivates. A shaman who is one of the Ayahuascero people is expected to memorize as many icaros as they can.

- Disruption of psychological and physiological processes required for usual mental states - sleep deprivation, fasting, sensory deprivation, oxygen deprivation/smoke inhalation, holotropic breathwork
- Ritual, both as a means of inducing an altered state, and also for practical purposes of grounding and of obtaining suitable focus and intention
- Dreaming, in particular lucid dreaming in which the person retains a degree of volition and awareness, and dream journals
- Hypnosis
- Meditation
- Meditative or trance inducing dance, like Sufi whirling can also be used to induce altered state of consciousness
- Prayer
- Biofeedback and other devices that change neural activity in the brain (brainwave entrainment) by means of light, sound, or electrical impulses, including: mind machines, dreamachines, binaural beats, and cranial electrotherapy stimulation
- Guided Imagery and Music (GIM) refers to all forms of music-imaging in an expanded state of consciousness, including not only the specific individual

and group forms that music therapist and researcher Helen Bonny developed, but also all variations and modifications in those forms created by her followers.

These may be used in combination; for example, traditions such as shamanism may combine ritual, fasting, and hallucinogenic substances.

## Psychedelic Therapy

Sourced from a [nature](#) article:

The idea behind psychedelic therapy is that the receptive state that the drug confers opens the door to fresh ideas about how to think about the past and future, which the therapist can reinforce.

Over the past few years, clinical trials were launched using illicit psychedelic drugs such as psilocybin, lysergic acid diethylamide (LSD) and MDMA (3,4-methylenedioxymethamphetamine, also known as molly or ecstasy) to treat mental-health disorders, generally with the close guidance of a psychiatrist or psychotherapist. The idea has been around for decades — or centuries in some cultures — but the momentum has picked up drastically over the past few years as investors and scientists have begun to champion the approach again.

Once dismissed as the dangerous dalliances of the counterculture, these drugs are gaining mainstream acceptance. Several states and cities in the United States are in the process of legalizing or decriminalizing psilocybin for therapeutic or recreational

purposes. And respected institutions such as Imperial; Johns Hopkins University in Baltimore, Maryland; the University of California, Berkeley; and the Icahn School of Medicine at Mount Sinai in New York City have opened centres devoted to studying psychedelics. Several small studies suggest the drugs can be safely administered and might have benefits for people with intractable depression and other psychological problems, such as post-traumatic stress disorder (PTSD). One clinical trial involving MDMA has recently ended, with results expected to be published soon. Regulators will then be considering whether to make the treatment available with a prescription.

Psychedelic-assisted psychotherapy could provide needed options for debilitating mental-health disorders including PTSD, major depressive disorder, alcohol-use disorder, anorexia nervosa and more that kill thousands every year in the United States, and cost billions worldwide in lost productivity.

But the strategies represent a new frontier for regulators. “This is unexplored ground as far as a formally evaluated intervention for a psychiatric disorder,” says Walter Dunn, a psychiatrist at the University of California, Los Angeles, who sometimes advises the US Food and Drug Administration (FDA) on psychiatric drugs. Most drugs that treat depression and anxiety can be picked up at a neighbourhood pharmacy. These new approaches, by contrast, use a powerful substance in a therapeutic setting under the close watch of a trained psychotherapist, and regulators and treatment providers will need to grapple with how to implement that safely.

And there are risks. In extremely rare instances, psychedelics such as psilocybin and LSD can evoke a lasting psychotic reaction, more often in people with a family history of psychosis. Those with schizophrenia, for example, are excluded from trials involving psychedelics as a result. MDMA, moreover, is an amphetamine derivative, so could come with risks for abuse.

But many researchers are excited. Several trials show dramatic results: in a study published in November 2020, for example, 71% of people who took psilocybin for major depressive disorder showed a greater than 50% reduction in symptoms after four weeks, and half of the participants entered remission. Some follow-up studies after therapy, although small, have shown lasting benefits.

The current wave of interest in the therapeutic potential of psychedelics is something of a renaissance. In the 1950s and 1960s, scientists published more than 1,000 articles on using psychedelics as a psychiatric treatment; the drugs were tested on around 40,000 people in total<sup>4</sup>. Then, as recreational use of the drugs spread, they were banned and the FDA constricted supplies for research. Only recently have neuroscientists and psychopharmacologists such as Carhart-Harris had the technology to start unpicking how they work in the brain. That has given them some insights as to how these compounds might help in psychiatric disease.

Researchers started exploring the biological effects of psychedelics in the late 1990s, using neuroimaging techniques such as positron emission tomography<sup>5</sup> before and after volunteers used the drugs, or in conjunction with antagonists that dampen some of

their effects. The studies show similarities in how brains respond to psychedelics such as psilocybin and LSD, as well as to N,N-dimethyltryptamine (DMT), the active ingredient in ayahuasca, and to mescaline, a psychedelic compound derived from the peyote cactus. They all act on receptors for serotonin, a neurotransmitter that affects mood.

Serotonin is also the target of the predominant class of psychiatric drugs known as selective serotonin reuptake inhibitors, or SSRIs. It is now thought that these antidepressants work not by flooding the brain with the neurotransmitter, as was initially assumed, but by stimulating neuroplasticity — the brain's ability to forge new neuronal connections. There is some evidence that psychedelic drugs, such as psilocybin, enhance neuroplasticity in animals, and limited evidence suggests that the same might happen in human brains.

March 2021 [Article](#)

A powerful hallucinogenic drug known for its part in shamanic rituals is being trialled as a potential cure for depression for the first time.

Participants will be given the drug DMT, followed by talking therapy.

It is hoped this could offer an alternative for the significant number of people who don't respond to conventional pills for depression.

Psychedelic-assisted therapy might offer longer-term relief from symptoms, some researchers believe.

A growing body of evidence indicates other psychedelic drugs, particularly alongside talking therapy, are safe and can be effective for treating a range of mental illnesses. This will be the first time DMT is given to people with moderate to severe depression in a clinical trial.

Dr Carol Routledge, the chief scientific officer of Small Pharma, the company running the trial said: "We believe the impact will be almost immediate, and longer lasting than conventional antidepressants."

The drug is known as the "spirit molecule" because of the way it alters the human consciousness and produces hallucinations that have been likened to a near-death experience.

It is also the active ingredient in ayahuasca, a traditional Amazonian plant medicine used to bring spiritual enlightenment.

Researchers believe the drug might help loosen the brain's fixed pathways, which can then be "reset" with talking therapy afterwards.

Dr Routledge likened the drug to "shaking a snow globe" - throwing entrenched negative thought patterns up in the air which the therapy allows to be resettled into a more functional form.

But this hypothesis still needs to be proven.

The team is consulting Imperial College London, which runs the pioneering Centre for Psychedelic Research.

As part of the study, they hope to investigate whether the drug can be administered as a one-off or as part of a course.

Subjects will be followed up for at least six months to see how long the effects of the treatment last.

#### Ketamine clinic

Meanwhile, a ketamine-assisted therapy clinic is set to open in Bristol next week.

While the drug is already used for depression in clinics like the ketamine treatment service in Oxford, it is not accompanied by psychotherapy.

Rather, it is used to provide temporary relief from symptoms for people who have very serious, treatment-resistant depression.

So-far unpublished researched presented at a conference by professor of psychopharmacology at the University of Exeter, Celia Morgan, suggests ketamine accompanied by therapy has much longer-lasting effects.

Prof Morgan said there was mounting evidence that drugs, including psilocybin, LSD, ketamine and MDMA (Ecstasy), were safe and could play a role in the treatment of mental health disorders.

And there was some early evidence they could have longer-term effects than the medicines conventionally prescribed as antidepressants, known as SSRIs, but more research was needed.

They also worked using a completely different mechanism, Prof Morgan explained.

#### 'Long-lasting change'

While conventional drugs may numb negative feelings, "these drugs seem to allow you to approach difficult experiences in your life, sit with that distress and process them," she said.

"It might be getting at something more fundamental" that was the root cause of the problem, Prof Morgan said.

"Through that we think you can get much more long-lasting change."

Prof Michael Bloomfield, a consultant psychiatrist at University College London, said although it was a "really exciting" area of research, caution was needed in overpromising the drugs' potential.

It was also a field of therapy that could be open to abuse and misuse, he said.

Prof Morgan also stressed the importance the drugs being used within the context of therapy as there were concerns that "people might think they can give it a go with some recreational drugs".

"But it's really not how it works" she said.

## Microdosing

Sourced from [MedicalNewsToday](#):

Microdosing is a relatively recent phenomenon involving taking very small doses of some popular psychedelic hallucinogens or other drugs.

Importantly, this is a very small dose of the psychedelic that is not enough to produce a "trip" or the hallucinations often associated with these drugs.

As a study in the *Journal of Psychopharmacology* notes, a technical definition of a microdose would be a dose of a drug that is only 1% of the active dose.

However, the more common term for microdosing — a small fraction of a “normal dose” — is rather vague, as it does not provide a defined numerical value. Therefore, the common accepted definition is a small dose that does not cause any intoxication or significant alteration of consciousness.

Anecdotal evidence suggests that people tend to take a small dose and then take it regularly or semi-regularly for an extended period. The duration of use varies from person to person.

The intention of microdosing also differs from that of normal psychedelic or hallucinogenic substance taking. Many people use psychedelics at higher doses for self-exploration, recreation, or spiritual purposes. On the other hand, microdosers tend to take these doses to improve their well-being or enhance their emotional or mental state.

At these low levels, many people do not notice the effects in the same as a person would notice a psychedelic trip. Many say that the feeling has no relation to a psychedelic experience.

Proponents of microdosing claim that taking these psychedelics in small, measured doses benefits the mind, making them think more clearly or feel more open throughout the day.

The more popular psychedelics to microdose include lysergic acid diethylamide (LSD) and psilocybin mushrooms (magic mushrooms).

Others may microdose using other psychedelics, such as N,N-dimethyltryptamine (DMT) or the cactus peyote, though these seem to be less popular and may be harder to come by.

Other substances that people may microdose include:

- ketamine

- cannabis
- methylenedioxyamphetamine (MDMA)
- methylphenidate (Ritalin)
- nicotine
- iboga

However, classic hallucinogens, such as LSD and psilocybin, are the most common and well-researched options.

What are the health benefits?

Few studies have investigated the effects of microdosing directly. Furthermore, experts know little about the effects of long-term microdosing.

Another issue is that many studies to date have relied on self-reporting. This method often involves asking questions to people who have been microdosing or were already interested in it. As such, there may be a bit of bias in these studies, as the people may expect to have a good experience while microdosing.

There is not yet enough strong evidence, including comparative research using placebos, to make a case for microdosing.

However, users report a few different benefits, which generally relate to mental health and well-being. A study in *Harm Reduction Journal* categorized several possible benefits from reports by microdosers. These benefits include:

- improved focus, concentration, and mindfulness
- improved energy, wakefulness, and stimulation
- cognitive benefits, such as enhanced problem solving
- social benefits
- reduced anxiety
- creativity

- reduced symptoms, such as stress
- improved mood, optimism, and life appreciation
- improved body functioning
- self-efficacy, including improved ambition, productivity, and motivation

People also reported other benefits and enjoyments of microdosing, such as the ability to control the dose and the general lack of side effects.

#### Improved mental health

Many of the reasons why people microdose involve some aspects of mental health, such as reducing stress and anxiety or alleviating symptoms of depression.

In a study in *Psychopharmacology*, researchers asked people their reasoning for microdosing.

21% of people responded that they primarily used microdosing as a therapy for depression, while 7% used microdosing for symptoms of anxiety. About 9% of people who responded used microdosing to help with other mental health disorders.

Overall, 44% of people who responded perceived that their mental health was much better as a consequence of microdosing.

Another study in *Frontiers in Psychiatry* used an online questionnaire to ask people who microdose to compare its effects with those of other treatments for symptoms such as depression and anxiety. The answers indicated that people found microdosing more effective than some other forms of treatment but less effective than higher doses of psychedelics.

In an animal study, researchers noted that microdose levels of DMT helped the subjects overcome fears and anxieties in a test that scientists commonly use to model issues such as post-traumatic stress disorder (PTSD) and general anxiety.

More research in humans is necessary to support this early evidence.

### Improved brain functioning

Anecdotal evidence shows that some people believe that microdosing helps improve their brain function by allowing their brain to operate at its fullest potential or making them more open to new ideas.

A study in *PLOS ONE* found that microdosing makes people report better brain function on dosing days, but these effects do not carry over to other days when the person does not microdose.

### Creativity

Creativity is a harder concept to quantify and validate, but many people who microdose claim to do so for its ability to boost their creative faculties. However, a combination of other factors, such as stress reduction or increased focus, may lead to this benefit. Again, evidence for this is anecdotal, and scientific studies are yet to back these claims.

### Focus

Microdosing may also help with temporary focus, allowing a person to work on a big project without their mind wandering. One study suggests that microdosing led to lower levels of distractibility.

### Quitting other habits

Another claim is that microdosing helps people quit other habits, such as smoking cigarettes or drinking alcohol. Some people even feel as though they do not need to use simple stimulants such as coffee when they microdose.

Although some formal research explores the possibility of using psychedelics, such as psilocybin, to help people stop using other drugs, there is little scientific research or proof as of yet. However, anecdotal claims suggest promise.

What are the risks?

Microdosing is not for everyone. Many people who try it may find that the effects are not to their liking. Some people may be very sensitive to the compounds in common hallucinogens. Others report side effects while microdosing, such as:

- reduced focus
- reduced energy
- increased anxiety
- worsened mood
- uncomfortable sensations or feelings

Some people with underlying mental health disorders may also wish to avoid microdosing. These people may include those with anxiety disorders, who may find that the practice makes anxiety and traits such as neuroticism worse.

People with a history of psychotic disorders, such as bipolar disorder, schizophrenia, or other disorders, may also want to avoid microdosing, as the practice may be too stimulating.

Additionally, most of the substances that people microdose are illegal.

For instance, according to the Drug Enforcement Administration (DEA), hallucinogens such as LSD and peyote are Schedule 1 drugs, meaning that they have “no currently accepted medical use and a high potential for abuse.”

While many may challenge this scheduling, the fact remains that these substances are illegal to possess or consume in most cases. This fact adds a new level of risk to the act of microdosing.

Drug tests that check for these substances may be able to pick up on microdoses.