

My Response to the FDA Call for Input on Ibogaine Research

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I support carefully supervised research into ibogaine because people living with persistent trauma symptoms and opioid use disorder deserve better answers. My support comes with a clear expectation: every study must protect participants and produce evidence that patients and clinicians can trust.

On October 5, 2026, the FDA invited public input on early-phase ibogaine trials. Its questions address study populations, dose selection, safety monitoring, and ethical oversight. The announcement identifies adults with opioid use disorder and adults with post-traumatic stress disorder as initial priorities for federally supported research. Comments are due November 20, 2026, under Docket FDA-2026-N-10429. [1]

Why I support careful investigation

As a registered nurse and PMHNP student, I want mental health research to address the daily realities of suffering. A treatment should be evaluated for its effect on functioning, relationships, sleep, and sustained recovery, alongside symptom scores. People who have struggled through several treatments deserve honest information about what a new approach might offer and what remains unknown.

A small prospective observational study of magnesium–ibogaine treatment in 30 male Special Operations Forces veterans with predominantly mild traumatic brain injury reported improvements in functioning and psychiatric symptoms. The authors called for controlled trials to validate those findings. That study gives us a reason to ask better questions; it does not establish effectiveness across patient populations or settle safety concerns. [3]

Patient safety must shape the research

Ibogaine has serious cardiac risks, including potentially fatal abnormal heart rhythms. [2] I would support early trials only where staff can recognize deterioration and respond immediately. Medical screening, medication review, cardiac monitoring, and independent safety review should be built into the study before enrollment begins.

I also want researchers to consider the harm that can occur during preparation for a trial. If participation requires a medication change, the study team should explain the risks and provide a supervised plan. Patients should never be encouraged to stop psychiatric medication or treatment for opioid use disorder on their own to pursue an experimental intervention.

Consent should protect a person under pressure

When someone has lived with symptoms for years, the possibility of relief can carry enormous weight. Consent should make room for that hope while explaining uncertainty plainly. I recommend a conversation in which the participant explains, in their own words, the possible harms, the alternatives, and the fact that benefit is not guaranteed.

Trauma-informed care should guide that conversation and the research encounter. Participants should understand who will be present, how touch and personal boundaries will be handled, and how they can raise a concern. Accessible written information, time for questions, and communication accommodations should be available without requiring someone to disclose more personal history than necessary.

Recovery needs follow through

I want studies to follow participants beyond the immediate experience. Researchers should ask about persistent distress, cognition, substance use, daily functioning, and additional treatment needs. Follow-up at six months and one year would help us understand whether early changes last and whether new difficulties emerge.

Patient reports deserve attention even when they do not match the expected result. A study should make it as easy to report worsening symptoms or disappointment as it is to report improvement. Researchers should publish negative findings and describe who was lost to follow-up so readers can judge the evidence fairly.

My request to the FDA and research community

Please develop a research pathway that treats patient protection as part of scientific progress. Include nursing perspectives and people with lived experience when designing consent, monitoring, and follow-up. Keep the public informed about both the findings and their limits. I support ibogaine research that earns trust through careful methods and sustained responsibility to the people who participate.

This statement expresses my perspective as a nurse and student. It is not a treatment recommendation, a claim of established benefit, or an endorsement of a specific ibogaine product or provider.

Sources and public comment information

[1 FDA announcement dated October 5 2026](#)

[2 FDA request for information published October 6 2026](#)

[3 Cherian and colleagues 2024 magnesium–ibogaine observational study](#)

[Submit a comment to Docket FDA-2026-N-10429 by November 20 2026](#)