

MINDSCAPE RETREAT · COZUMEL, MÉXICO

Hyperbaric Oxygen at MindScape

The pairing study

Ibogaine opens a window of heightened neuroplasticity; pressurized oxygen fuels the ground it works on. MindScape is pairing the two – and measuring the combination on validated instruments, with promising early observations from the clinical team. This October a chamber arrives at all three residences: unlimited use, included in your stay once our medical team clears it. Every published claim in this document carries its citation, and every citation carries its limits.

Version 1.1 · August 2026 · Drafted ahead of the October installation – pending clinical team review



We didn't wait for someone else to study the pairing

No registry lists a trial of ibogaine combined with hyperbaric oxygen – so MindScape built one into its own walls. Guests in the pairing program are scored on validated instruments (WHO-5, PHQ-9, GAD-7 among them) before arrival, through the stay, and after departure, with chamber sessions logged beside every score. It is the same measurement architecture that already runs the clinic – pointed at a question nobody else is asking rigorously.

Early observations from the clinical team are promising – enough that the chambers are moving from the study setting into every residence this October, with unlimited use included in each stay. As measured stays accumulate, we will publish what the instruments show. Observational, in-clinic measurement – not a randomized trial, and we say so; findings are shared once reviewed by the clinical team.

Ibogaine opens the window

Growth-factor signalling that sustains itself after a single exposure, a long-lived active metabolite, and brain-rhythm changes measured a month out – days when biology appears unusually ready to change.

Oxygen fuels the ground

Pressurized oxygen floods plasma with dissolved O₂, mobilizes stem and progenitor cells, and – by the leading hypothesis – switches on the repair cascades the body reserves for scarcity.

We measure what happens

Validated instruments before, during, and after every stay, chamber hours logged beside them. The pairing is not a hunch here; it is a study in motion.

Pressure, oxygen, and plain physics

A hyperbaric chamber raises the air pressure around you while you breathe concentrated oxygen. Because dissolved gas rises with pressure (Henry's Law), the oxygen carried in your blood plasma climbs many-fold – oxygen reaches tissue without depending on red blood cells alone. That much is physics, verified in a 2021 review in *Medicina* (PMID 34577787).

Around that fact sits a genuine research program: a double-blind trial in chronic wound care, a randomized trial in veterans with PTSD, measured stem-cell mobilization in blood, and a proposed mechanism – the "hyperoxic-hypoxic paradox" – by which repeated oxygen swings switch on repair biology. Each is cited, with its limits, on page 3.

A session is quiet: you lie on a mattress inside a hard-shell chamber with a wide viewing window, ears equalizing as pressure rises gently, an intercom to your care team, an unhurried hour to read or rest.

The regulatory boundary, up front

The U.S. FDA has cleared hyperbaric chambers for a specific list of thirteen medical conditions – decompression sickness, carbon monoxide poisoning, and certain wounds and infections among them.

Supportive use at a retreat is not among the cleared indications, and we say so plainly. Our chambers are a wellness amenity of a physician-supervised clinic in Mexico, offered alongside – never as a substitute for – the medical program itself.

What we offer, exactly

One hard-shell monoplace chamber at each residence – Casa Selva, The Hacienda, and the Oceanfront Residence – from this October. Chamber time is unlimited and included in your stay, with no session fees, once our medical team clears it for your program. The full operating protocol (pressures, session lengths, supervision) will be published when our clinical team finalizes it at installation.

Every claim, with its limits attached

RANDOMIZED TRIAL Löndahl et al., Diabetes Care, 2010 · PMID 20427683

The strongest randomized evidence for pressurized oxygen remains outside the brain: in a double-blind, placebo-controlled trial of 94 patients with chronic diabetic foot ulcers, 52 percent of the oxygen group achieved full ulcer closure at one year versus 29 percent given pressurized air.

WHAT THIS DOES NOT SHOW – A wound-care population nothing like retreat guests. It establishes that this is a real medicine with a sham-controlled trial behind it – not that the effect transfers to mood, brain, or post-treatment rest.

RANDOMIZED TRIAL Doeniyas-Barak, Efrati et al., J Clin Psychiatry, 2024 · PMID 39566051

In a 2024 randomized, sham-controlled trial of veterans with combat-associated PTSD, 60 daily sessions at 2 atmospheres lowered the mean CAPS-5 symptom score from about 43 to 26, while the sham group's score did not improve.

WHAT THIS DOES NOT SHOW – Fifty-six completers at one centre, all male, and the dose was 60 daily 90-minute hard-chamber sessions over roughly twelve weeks – far longer than any retreat stay. Its senior author is the same researcher whose hypothesis paper above discloses commercial ties to a hyperbaric clinic company. An encouraging signal; not a promise about shorter exposure.

RANDOMIZED TRIAL Boussi-Gross et al., PLoS One, 2013 · PMID 24260334

A randomized crossover trial in 56 people with post-concussion symptoms one to five years after mild head injury reported better cognitive function and quality of life after 40 sessions at 1.5 atmospheres, with no change during the untreated control period.

WHAT THIS DOES NOT SHOW – No sham arm: the control was no treatment, so participants knew when they were being treated. The neuroplasticity conclusion is contested for exactly this reason.

MECHANISM Thom et al., Am J Physiol Heart Circ Physiol, 2006 · PMID 16299259

A University of Pennsylvania study found a single two-hour session at 2.0 atmospheres doubled circulating CD34+ stem and progenitor cells in humans, rising roughly eightfold over a 20-session course.

WHAT THIS DOES NOT SHOW – A blood biomarker, not an outcome. A higher cell count is not proof anyone healed faster. Note the dose: 2.0 atmospheres, a clinical hard-chamber pressure.

MECHANISM Hadanny & Efrati, Biomolecules, 2020 · PMID 32630465

The leading proposed explanation for why intermittent pressurized oxygen may trigger regenerative biology is the "hyperoxic-hypoxic paradox": repeated rises and falls in oxygen level appear to be read by cells like an oxygen shortage, switching on repair cascades normally reserved for low-oxygen states.

WHAT THIS DOES NOT SHOW – A hypothesis paper, and its authors disclose commercial ties to a hyperbaric clinic company. A plausible framework, not an established fact.

COHORT Heyboer et al., Undersea Hyperb Med, 2018 · PMID 30241117

Oxygen dose is pressure-dependent: among wound patients whose tissue oxygen did not reach target at 2.0 atmospheres, 41 percent reached it at 2.4 – chamber pressure materially changes what tissue receives.

WHAT THIS DOES NOT SHOW – A retrospective wound-care series. Its value is the dose principle itself: evidence generated at one pressure cannot be borrowed by a chamber run at another.

What ibogaine starts – and what nobody has studied

COHORT Cherian, Williams et al., Nature Medicine, 2024 (MISTIC) · PMID 38182784

In Stanford's 2024 Nature Medicine report, 30 male Special Operations veterans with mostly mild traumatic brain injury showed large one-month improvements in disability, PTSD, depression, and anxiety scales after a magnesium-ibogaine protocol, with no serious adverse events in that screened, monitored cohort.

WHAT THIS DOES NOT SHOW – Open-label and uncontrolled: no placebo group, 30 self-selected veterans. The authors call the findings preliminary. The protocol did not include pressurized oxygen – this study cannot support a combination claim.

COHORT Nature Mental Health, 2025 (Stanford) · DOI 10.1038/s44220-025-00463-x

A 2025 follow-up measured brain activity by EEG before and after magnesium-ibogaine in the same veteran cohort and found changed brain rhythms that persisted at one month and tracked with improvements in executive function, PTSD, and anxiety.

WHAT THIS DOES NOT SHOW – Correlational, single-arm, open-label. The best objective human hint of a weeks-long changed brain state – the anchor for the "window" idea – but it does not prove what causes what.

PRECLINICAL He et al., J Neurosci 2005 (PMID 15659598) · He & Ron, FASEB J 2006 (PMID 17023388)

In rodent and cell-culture work, ibogaine engages growth-factor signalling (GDNF) that can sustain itself after the compound is gone – a proposed mechanism for a durable neurotrophic state outlasting the drug.

WHAT THIS DOES NOT SHOW – Rats and dishes, not people. The strongest mechanistic rationale for a "window" – and only that.

MECHANISM Glue et al., J Clin Pharmacol, 2015 · PMID 25279818

Ibogaine's active metabolite, noribogaine, is eliminated slowly – a placebo-controlled Phase I study measured half-lives of 28 to 49 hours – so the pharmacology continues for days after a single treatment.

WHAT THIS DOES NOT SHOW – A safety and pharmacokinetics study at low doses in healthy volunteers. It times the window; it does not measure benefit inside it.

REGULATORY FACT ClinicalTrials.gov registry query, 2026-08-25

As of August 2026, the U.S. ClinicalTrials.gov registry lists nine studies involving ibogaine – and zero studying ibogaine together with pressurized oxygen. No registered trial of the combination exists anywhere in that registry. The landmark Stanford study did not include it either; the word "hyperbaric" does not appear in the paper.

WHY WE PRINT THIS – Registries are not exhaustive and counts change. But this is why no honest clinic – including ours – can tell you today that the combination produces better results.

Why the chamber opens only after your window closes

Ibogaine lengthens the heart's QT interval for hours to days – in one monitored series the effect lasted beyond 24 hours in 6 of 14 patients (Knuijver et al., *Addiction* 2022, PMID 33620733). Chamber sessions nudge the same interval through a slower heart rate (StatPearls NBK482231). Nobody has studied the overlap – so at MindScape the overlap simply never happens.

1 • Treatment

Through your session and the continuous cardiac telemetry that follows it, the chamber stays closed. Resuscitation inside a pressurized chamber is slower by design – defibrillators stay outside, and decompression takes minutes (PMID 37872558). The wrong room for a monitored heart.

2 • The monitored window

Your care team follows your telemetry until your own cardiac window has closed. This is a reading of your data – never a fixed timetable, because the window closes on a different clock for every person.

3 • Cleared – unlimited

Once your physician clears you, chamber time is yours for the rest of your stay: unlimited sessions, no added fees, fitted around integration and rest.

Who the chamber is not for

- Certain lung conditions, and any history of collapsed lung
- Recent ear surgery or ear injury
- An active fever or heavy cold
- Pregnancy
- Claustrophobia that a wide window and open intercom cannot ease

These are screening conversations, not medical conclusions – the pre-screen and our physicians settle what is right for you, and guests screened out of chamber use are told exactly why.

The most common side effect

Ear-pressure discomfort (middle-ear barotrauma) is the most common side effect anywhere chambers are used – a five-year hospital series observed it in about one in ten patients (PMID 32574438). Unhurried, ears-first pressurization and simple ear-clearing techniques are used to prevent it.

Why we won't tell you it works better together – yet

The chambers arrive this October. There is no registered trial of ibogaine combined with pressurized oxygen, and the landmark Stanford study did not include it. Clinics elsewhere already bundle the two and let the implication do the selling. We think you deserve the sentence they leave out: **no one knows yet whether the combination adds anything.**

What we can do is find out honestly. Every MindScape guest is already scored on validated instruments – WHO-5, PHQ-9, GAD-7 among them – before arrival, through the stay, and after departure. Chamber use will be recorded alongside. When enough stays have been measured, we will report what the numbers say, whatever they say.

– The MindScape clinical team · drafted August 2026, ahead of the October installation

Under the same roof as the rest of your care

The chamber joins a stay that is already medically supervised end to end: a chest monitor strap fitted the day you arrive on technology MindScape built itself, heart rhythm and readings streaming to physicians and nurses on site around the clock, and a recovery program measured with validated instruments rather than adjectives. The chamber is one more quiet hour inside that architecture – never a replacement for any of it.

After you leave

There is no take-home chamber, and the studies showing durable change used long multi-week courses. What continues after departure is the part we can stand behind: integration coaching and re-scoring on the same instruments, so your trajectory is seen, not assumed.

A confidential pre-screen, reviewed by physicians

Everything at MindScape starts the same way: a confidential pre-screen at mindscapecaretreat.com/prescreen, reviewed by the medical team, and a treatment plan you can see in your portal – chamber time included where your physicians place it.

Questions? info@mindscapecaretreat.com · WhatsApp and chat at mindscapecaretreat.com

References

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Plain-language notices

This document is educational and is not medical advice; nothing here replaces a consultation with a physician. Treatment at MindScape Retreat is provided in Cozumel, México; ibogaine is not an FDA-approved medication, and hyperbaric chambers are not FDA-cleared for the supportive retreat use described here. Individual experiences vary and no outcome is guaranteed; this document deliberately contains no testimonials. Cited studies describe their own populations and protocols, not MindScape's program. If you are in crisis in the United States, call or text 988 (Suicide & Crisis Lifeline) or call 911. Version 1.1, August 2026 – drafted ahead of the October chamber installation and pending review by the MindScape clinical team; a revised version will replace this one after that review.