

Ayahuasca: Toxicity and Limitations on its Use¹

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August 2014*

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1. AYAHUASCA AND TOXICITY

At this time, let us remember that the human body secretes its own "endo-ayahuasca", and therefore ingestion of ayahuasca only reproduces a natural mechanism of human physiology.

The usual scientific nomenclature categorizes ayahuasca as a "hallucinogenic" preparation.. This typology derives from the beginning of the XXth. century and continues by tradition, even though it does not correspond to an objective reality. Hallucination refers to an erroneous perception of reality, leading the subject to perceive things that do not exist. This definition assumes that only one objective, material, and perceivable reality exists. Advances in science, especially in quantum physics, have demonstrated that no reality exists independently of the observer, and when consciousness functions in a quantic manner, subjectivity imposes itself, leading each subject to interact with reality in such a way that there are as many ways of perceiving reality as there are human subjects. Theories in these disciplines consider the possibility of many realities, or levels of reality, as well as the possible existence of parallel universes.

This trans-rational mode of considering reality is constituted based on "melodic" functions of the right hemisphere of the brain, as we have indicated before.. It possesses its own logic, which appeals to the symbolic function, generally discarded by the conventional paradigm, This does not constitute a phantasy without any foundation, but instead can lead to very concrete and applicable discoveries, as evidenced by the ayahuasca potion, which represents an extremely sophisticated pharmacological preparation, the subtle mechanism of which has been recently understood by science only a few decades ago. Psychiatry began to utilize the family of the MAOI (mono amine oxidase inhibitors) as anti-depressives some 50 years ago: the active principles of the ayahuasca vine belong to this family. It can be said that healers in the Amazon were prescribing anti-depressives several thousand years ahead of modern science. We could apply the same thought to other discoveries made by traditional medicine, such as the famous curare, which requires very complex preparation, which today permits open surgery in the abdominal cavity.

Similarly, the advances made in deep psychology since the XIXth.century have outlined the extraordinary importance of the subconscious in psychic life, and its functioning mechanisms. Symbolic language has been slowly deciphered and takes into account dreams and their meaning. This signifies that the "phantasy" of dreams is meaningful and constitutes a psychologic production supported by an internal coherence that corresponds to the objective reality of the patient. It is therefore useful that the subject becomes conscious of his own functioning mechanisms, and modify them in accordance with his own vital needs. The visualizations that emerge in an ayahuasca session proceed from the same internal universe, and they possess the same coherence and allow access to the same therapeutic benefits. It must be said that the visions induced by ingesting ayahuasca are not incoherent phantasies, but that instead they represent an illustrated reflection of the unconscious psychological life of the subject. Even if the substrate is not directly material, as it would be in dreams, a real psychic object exists, upon which the vision rests. Therefore we are not

¹ Extract from the expert witness report made for the Manto Wasi case and orally presented to the Court in Santiago de Chile, 2012

dealing with a misperception of reality, but simply with another mechanism of perceiving it. That is why calling ayahuasca a "hallucinogen" is no less than an obsolete vestige in the history of medicine, which does not have a real and scientific basis.

Furthermore, science actually recognizes without doubt, that an attribute of the wrongly classified hallucinogens is the absence of addiction. Empiric evidence would be enough to warrant that statement, since addiction is unknown in traditional populations, even if they have used hallucinogens for millennia. On the contrary, clinical evidence shows a gradual decrease in the dose necessary to produce the same effect in persons who repeatedly use ayahuasca. In other words, the phenomenon of tolerance is absent, and so is the syndrome of abstinence when consumption is stopped. Generally, addiction surges when a psychotropic substance does not generate any sort of vision. It is a characteristic of addicted patients treated in Takiwasi, that they no longer consume ayahuasca after they leave the Center. Ayahuasca contributes to treat dependency not by being a substitute for the substances that the patients were addicted to, but by allowing a detoxification due to its purgative effect, and then authorizing a self-exploration of internal landscapes in order to resolve psycho-emotional problematics.

In the long term, no adverse or dangerous physical effects are known to be caused by ayahuasca, as long as the diet rules are followed. Healers of advanced age have consumed ayahuasca all their lives and maintain themselves in perfect health, as is the case with the greatest Kofan healer in Colombia. Don Querubin Queta, more than 80 years old, continues giving and taking ayahuasca. We have also personally known a healer from Chazuta in the Peruvian Amazon jungle, who was 107 years old, still active, who administered ayahuasca up until he was 95 years old.. The Hoasca project carried out by the University of California (Berkeley) scientifically demonstrated the absence of any negative consequences of consuming ayahuasca by regular users who had consumed it for more than 15 years.

In Brazil, Dr. Mirta Costas reported in a study, that the habitual dose of ayahuasca during a session is 50 times lower than the DL50 (the lethal doses for half the laboratory animals intentionally intoxicated). Considering the extreme bitterness of the brew and enormous quantity that would have to be ingested, voluntary intoxication of human beings is completely impossible, and in fact, scientific literature does not report even a single case.

2. LIMITATIONS TO THE USE OF AYAHUASCA.

Physical contraindications are relatively few, concerning purely organic problems. To be cautious, persons who present grave metabolic deficiencies (uremia, for example) or functional ones (cardiac insufficiency for example), or suffer from advanced degenerative pathologies (lupus, multiple sclerosis, SLA, etc) or strong alterations of the nervous system (epilepsy), should not take ayahuasca. It has been observed that generally these patients exclude themselves from taking ayahuasca. Their pathologies are sufficiently advanced and serious that they cannot be ignored, and a simple screening interview can select them out.

Considering its purgative nature, it is best to avoid administering ayahuasca to persons that could be hurt by efforts to vomit (fissures in the esophagus, gastric ulcers, etc.). For the same reason and also because of the possible emotional effects, it is not indicated in cases of hypertension and serious cardiac-circulatory problems.

Normally there is no loss of consciousness under the effects of ayahuasca. Some cases are seen of temporal loss of consciousness as a way for the person to disconnect or to escape a feared emotional confrontation. Such cases represent an emotional reaction, that do not involve any danger, and usually resolve by themselves, and can be aided by the use of "blowings" with camphor or with other maneuvers of physical-energetic stimulus.

Before taking ayahuasca, some items should be excluded from the diet: pork meat, strong condiments (chilis), alcohol, and addictive psychotropic substances.. Abstention from certain other food products is recommended although not strictly prohibited (ice creams, fritters, amounts of refined sugar, preserves, highly condimented foods, red meat.....) and a list of recommended healthy foods is provided. Avoidance of the inadequate foodstuffs should be implemented at least for the day before ingesting ayahuasca, and continued for a minimum of 2 days after ingestion. Ideally such avoidance should begin one week before ingestion and be continued for one week after. When a series of ingestions is planned, the recommended diet should be maintained during the whole process.

It is also recommended to avoid any strong disturbance of the physical-energetic body such as intensive physical workouts, agitated environments (large crowds, discotheques, ...), strong odors (perfumes, essential oils, gasoline vapors...etc). Sexual abstinence is also indicated for the same periods of time.

Callaway and Grob(1998) mention the possibility of serotoenergetic shock if ayahuasca is administered to a person consuming anti-depressive compounds which inhibit recapture of serotonin or SSRIS. However, no such precise case has yet been reported in scientific literature.. As a precaution, and as may be possible, it is recommended that use of this type of anti-depressants be stopped some weeks before ingesting ayahuasca. In this context, up to now, no case of serotoninenergetic overload has been observed. These precautions can be enlarged to avoid prescription of major psychotropic pharmaceuticals (lithium, neuroleptics, etc), although there exist no studies that show contraindications and no clinical experience to indicate otherwise.

Use of ayahuasca should be avoided in cases of dissociative psychic processes where delirious elements are present (psychosis). Nevertheless, certain cases of apparent psychotic breakdowns are really attributable to an intoxication with drugs (cannabis psychosis, for example) and can benefit from a controlled use of ayahuasca, if inscribed within a global therapeutic picture, and is structured in such a way that it includes disintoxication techniques, along with accompanying therapy over the long term.

In an adequate context, there exist self-regulatory phenomena by means of which a subject would never go beyond what he can metabolize depending on the context and his own possibilities. Therefore with borderline personalities or subjects simply with pre-psychotic structures, ayahuasca does not have any effect on them, or it has moderate effects which can be handled.

Persons of advanced age can consume ayahuasca as long as their psycho-physical state does not present any of the contraindications previously mentioned.. Advanced age may require more moderate doses, but that is not exclusive, and that can vary between one person and the next.. Generally in all cases of assumed physical or psychical fragility, one can begin with low doses to evaluate the person's reaction, and the adapt subsequent doses accordingly.

When persons finish the process in Takiwasi, they do not wish to ingest ayahuasca further, knowing the difficult demands made by this process of auto-analysis, in view of the diet proscriptions, sexual abstinence, disagreeable flavor of the preparation, difficult confrontations with their internal worlds, and ritual and conduct requirements. Ayahuasca specifically teaches that access to the "other world", to the symbolic world, internal or spiritual, is highly demanding and requires sacrifice, vocation, motivation, and infinite respect.

For this same reason, we believe ayahuasca is not easily handled and can be described as a massive therapeutic instrument. The demands made upon both the therapists or guides, as well on the patients, indicate that this tool is suitable only for persons who are strongly motivated, with clear intentions, and ethical values,

Concerning physical health, we have seen that there is very little danger in the use of ayahuasca, except in cases of extreme metabolic deficiencies, which affect persons who generally exclude themselves from this type of therapeutic work and furthermore, can be discarded with a simple anamnesis prior to the session. In a similar way, anamnesis in a prior interview can discard, at a psychical level, persons with any strong personality disturbance or cases of psychiatric pathology. For this reason, selection by means of an interview with the patient prior to ingesting ayahuasca constitutes a basic precautionary measure. It would also allow identification of the motivations of the subject. The intentionality of the patient orients ayahuasca therapy. Mere curiosity, or the desire to "try another drug", or simply the wish to undergo a sensual/sexual experience, do not constitute serious therapeutic motivations, but even then, the ayahuasca process may lead those persons to change their way of thinking, and let them become conscious of an erroneous view about life, and that by itself represents a potential precaution against abusive consumption of drugs.

The essential requirement rests upon the abilities of the persons who lead the sessions, who must be well formed, but not necessarily doctors or psychologists. But those therapists must have a solid personal experience with ayahuasca, which is the best warranty of their aptitude to handle embarrassing situations during a session.

The transferring of ayahuasca use from an indigenous cultural framework, to a modern therapeutic context, presents the problem of coherent integration of the visionary material that can be accessed. We have observed that non-indigenous persons who consume ayahuasca cannot easily correctly interpret their experiences at a symbolic level due to the absence of a background of symbolic readings. This may lead to confusion or errors of interpretation. For this reason, to us it seems important that an ayahuasca session be followed by a verbal summary of the experience, so it can be integrated adequately. This requires on the part of the therapists, a capacity for symbolic interpretation, of the material, and a long personal experience with altered states of consciousness. For many loosely structured persons, avid of the marvelous, poorly disposed to explore their "shadow", or with narcissistic structures, the ayahuasca experience may provoke ego inflation, instead of an amplification of consciousness. The therapist must take over the essential function of clarifying discernment, after the ingestion of ayahuasca.

Finally we may consider that ayahuasca is an excellent facilitator in the processes of psychotherapy, with almost no vital risks. The risks of psychologic disturbances, quite reduced by the self-regulatory mechanisms of ayahuasca, could originate from the lack of preparation or selection of the subject, or from poor conduct of the session by the therapist.