Ritualized Use of Amazonian Psychoactive Plants in the Treatment of Addictions: 7 years of Experience at Takiwasi Center

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1- Takiwasi Center

I’m a French doctor that has been living in Peru for the past 20 years. At first, I dedicated myself to sanitary development in primary health care. Through my professional practice in the poor areas of the country, I was able to discover the use of traditional medicine, still very much used, varied, of low cost and of grand cultural acceptance. Moreover, at a clinical level, it demonstrated in my experience an exceptional efficiency, and with health problems where western medicine is very limited or of low efficiency. This strongly came to my attention because there was such availability, in these depressed areas, of resources concerning knowledge (know how), resources in medical products, especially vegetables, and human resources since there still existed in Peru, a great number of traditional healers, faith healers, medical plant experts, bone experts, midwives, etc. Why then, not resort to these available resources of easy access, to solve the serious public health problems in these needed areas?

So I decided to study these ancestral indigenous and mixed practices distributed in the 3 major geographical and cultural zones of Peru: the coast, the highlands and the jungle. It was quickly evident, that each cultural area placed its medicine in the use of a central psychoactive plant, that based all of its knowledge, not only in medicine, but in all aspects of life: art, hunting and fishing, social coexistence, the elaboration of the cosmogony, religious manifestations, and so forth. At the coast the mescaline cactus called Sampedro is used, which is central in the Moche culture; at the mountain range there is the famous coca plant that has structured the magnificent Inca culture, and at the jungle, in the whole occidental range of the Amazon, there is the liana, Ayahuasca (Banisteriopsis caapi).
Curiously, the degeneration of the ancestral use of coca, in a modern context lacking in ritual, with preparations and inadequate dosages, without guide nor a frame of symbolic integration, generated a phenomenon of addiction to coca paste, that even reached natives themselves, who were compromised by economical matters in the production of cocaine. For these new indigenous addicts, the local healers started to adapt their own practices, and offered the use of purgative plants, and in a central manner the use of Ayahuasca. In other words, it was being suggested to cure the addiction to bpc (basic paste of cocaine) with another psychoactive substance: for somebody from the western world, this would be to cure drug addiction with another drug! The psychiatrist, Mario Chiappe, had already demonstrated that the use of Sam Pedro by the healers of the coast, permitted the cure to alcoholism, with a lot better results than those made through his own practice at the Hospital of Lima. We observed that the use of Ayahuasca effectively made surprising results with the treatment of the local addicts. Meanwhile there surged evidence: the phenomenon of drug dependence surges with the western world, and if there is the use of psychoactive substances, its abuse is almost inexistent within the traditional people. We then decided to install ourselves in the city of Tarapoto, in the center of the bpc production zone, and study this possible new resource for the treatment of addicts.

3- Activities at Takiwasi Center

By means of a medical anthropological project, we studied for 6 years (1986-1991) the traditional medical practice of the area through a participating methodology of observation. This allowed us, at the same time, as doctors, to familiarize with those practices and maneuver them progressively. This is how we achieved the elaboration of a therapeutic mechanism that allowed us to organize a center of reception to patients, where a protocol of rehabilitation could be offered facing the dependence of psychoactive substances, for ambulatory or resident patients.

TAKIWASI Center then developed other areas of work such as:

- the formation of a new alternative in psychotherapy
- the diffusion and communication on subjects concerning the use and abuse of psychoactive substances
- the investigation of traditional medicine and its possible applications, especially in the field of addictions.

It was established as a Peruvian NGO, and thanks to that, we could count on the support of some foundations, the French Government and the European Union, when we first started the project. The Center is recognized by the Peruvian Government, associated to the Ministry of Health, through the National Institute of Traditional Medicine, and in agreement with the laws of the country, the use of ayahuasca being fully accepted, and socially and legally recognized.
4- The Treatment at Takiwasi (Title)

The combination of the resources of the Amazonian traditional medicines, and the contemporary techniques of psychotherapy, took us to the original modelization, that situates this project between the classical model of the therapeutic community and the ancestral ritual for adolescent passing through the initiation to adult life.

5- The Treatment at Takiwasi

The treatment places itself in three complementary spaces:

1. **The use of medical plants** with purgative effects, and the controlled induction of alternate states of consciousness: this is where the Ayahuasca plays a central part, as well as the empirical knowledge of the Amazonian cultures.

2. The psychic material that surges from these therapeutic sessions is worked through **psychotherapy workshops that** recur to diversified techniques, but over all psychodynamic ones. The study of the symbolism of the visions caused by the ingestion of Ayahuasca, and during dreams is essential.

3. The Final integration is done through the **daily living**. The residence at the Center is presented as a micro-society, where social relations are amplified, and so much can the patients, as well as the therapists, observe the mechanisms each one constructs to manage their living. Every incident, problem, or achievement later become subjects of observation during the Ayahuasca sessions, and orientate the choosing of psychoactive plants, called teacher plants, to apply them to the needs of the individual.

Therefore, there exists a permanent and reciprocate feedback between these three areas that compliment each other, so that the model works correctly. It is very clear that **just the use of plants is not enough**, but it serves to facilitate the psychotherapy for the structural changes of personality, and it facilitates the daily integration for behavioral modifications.

6- Daily Life

The daily life is the same as it is in many therapeutic communities: basic shared needs, sports, distractions...

7- Psycho-therapeutic Follow Up

The psychotherapeutic accompany is of classical background. It includes the individual and personalized following of each patient through interviews. There are also daily psychodynamic workshops that go all the way from the fabrication of masks, to biodancing, group dynamics, martial arts, etc.

There is also a conventional biomedical evaluation throughout the process, before entering, up until the exiting of the patient from residence.
8. Treatment (Title)

We don’t want to go deep into those aspects that are not specifically about Takiwasi Center. We want to make evident how the resources of the traditional Amazonian medicines constitute the more original dimension, which is inserted in an integrated model of curing.

9. Steps

The treatment is made up of various basic steps:

- The first is a previous evaluation before the internment, to see that the patient is a suitable candidate for the model. There exist very few contra-indications to the model, with the exception of extreme physical or psychological deterioration (borderline or psychotic disturbances). The main thing is to be able to count on the basic motivation of the subject, especially to take plants, which without, nothing could be done.

- The internment starts off with eight days in isolation, and the ingestion of depurative plants to reduce the immediate withdrawal syndrome. Up until the end of the second month, there comes a process of physical detoxication, without the need of pharmaceutical medicines.

- The psycho-emotional restructuring will be the third step, where the Ayahuasca, and the rest of the psychoactive plants will play a fundamental part.

- The last step, is the preparation for the exiting of the Center, and the beginning of social reinsertion. It requires the formulation of a project of life, once the patient gives personal meaning to living. The exploration of the inner universe with the visionary plants will be at this point of great usefulness.

10. Therapeutic Process

The residence lasts an average of 9 to 12 months, but that is only the first step of a total process of recovery, that ideally, would follow up for 5 more years. We summarize the steps of psychotherapeutic evolution in the following manner:

- “Me and my past”: the taking notice of the real situation of the subject, their grade of addiction, the damage they have done to their general environment and themselves.

- “Me and the Others”: the opening to the existence of others, of the exterior world, the exiting of one’s self-closing, and the evaluation of the affective constellation.

- “Me and Life”: the putting into conscious one’s destiny, the values, the meaning of life, the transcendental, existential or spiritual dimension.
11- The Taking of Medical Plants

Within this schema, medical plants cover various aspects:

- **Cleaning Plants**: purgatives, vomititives, for sauna, bathing plants, etc. It allows the drastic and quick reduction of the withdrawal syndrome, and also the recuperation of sleep, which together predisposes psychotherapeutic work.

- **Re-accommodating Medical Plants** are used for all the minor physical disturbances relative to the somatic reorganization of the subject. (pains, fever, elimination through the skin, etc.)

- **Teacher Plants** are taken during the retreats to the jungle.

- **Psychoactive Plants** are central to induce the modifications of states of consciousness during special sessions: basically Ayahuasca.

12- Medical Plants

13- The Diet in the Jungle

Every three months, there is an 8 day retreat to the jungle, in which the patient is completely isolated in a private hut. This is where the ingestion takes place of psychoactive teacher plants, each one presenting specific functions: to overcome fears, for self-esteem, to fortify decision making, etc. Therefore, we dispose of a broad selection of master-plants, with very precise and effective psychotherapeutic effects. The isolation permits a profound introspection, together with the effects of stimulus of attention, and the capacity of concentration placed by the plants.

14- Learning Plants for the Diet

The retreats are locally called “diets” because of the very special conditions it requires for the processing, without danger of the psychoactive effects of the teacher plants (rules concerning food, sexual abstinence, physical and mental rest, etc.). They require the close following of a therapist.

Apart from the habitual depurative effects, the plants “teach” the patient through stimulation of the oniric function; the surging of insight, flashes with powerful emotional connotation; the facilitation and acceleration of mental processes, such as the associative, the mnestic, and the cognitive ones. In general terms, it generates a broader connection between the mind and the emotions that allow the subject to center himself at an improved level.

15- Chiric Sanango

In the case of Chiric Sanango, for example, it gives an excessive amount of “coldness”; so much at a physical level, as well as at a psychic or emotional level. The patient experiments somatic freezing, to the point of trembling and paraesthesia at the extremities... This, together with psychic effects of dizziness, fear, and dreams filled with symbolism.
Then there comes an inverse phase of great heat and solutions to their emotional blockage. This is associated to their excessive retention of human and affective heat, together with a process of relaxation and positive emotions.

16- Therapeutic Uses of the Ayahuasca

Let’s center now on the specific interest of the Ayahuasca. I want you to take notice, that the observation is not only of the internal patients at Takiwasi, since it receives numerous visitors, organized seminars, and also the members of the team follow a process of personal evolution based on Ayahuasca sessions. In the past 15 years we’ve observed 8000 individual Ayahuasca takes.

17- The Ayahuasca Potion

The potion is a mixture of two plants: pieces of the liana Ayahuasca (Banisteriopsis caapi) and the leaves of a bush called Chacruna (Psychotria viridis). The alkaloids of the two plants combine in such a way, that it inhibits MAO, and through this it allows the visionary effects of DMT. The mixture requires boiling for a long amount of time, finally giving a dark liquid, with a bitter taste.

18- Immediate Physical Effects

The psychoactive effects of Ayahuasca are accompanied by purgative effects (vomiting and diarrhea). The oral ingestion assures in this way a system of self-regulation, the organism eliminating the eventual excess of dosage: there can’t be an overdose with the ingestion of Ayahuasca, and there is no known case of death, neither in any scientific literature nor empirically with the ingestion of pure Ayahuasca. However, the inadequate use of Ayahuasca can unbalance the autonomous nervous system, and provoke psychic and neurovegetative disturbances, sometimes serious. The chamanistic techniques allow the quick regulation to those problems, but they require a long and authentic preparation. In this field, improvising can result dangerous.

19- Immediate Psychic Effects

Seen that there is a powerful increase in all perceptions, the sessions are done in a silent and tranquil ambience, preferably during the night. The therapist modules the psychoactive effects of the potion through sound stimulus, defined through chants, whistling, and the eventual use of instruments: this requires a real mastering and long-term training. It also uses smell stimulus through aromatic plants and perfumes. This permits the subject to develop internal images that recreate the symbology of their inner universe. This is facilitated through the reduction of rational and discriminative functions of the cerebral cortex, and the amplification of the paleo or reptilian brain.

The therapist recreates the symbolic frame, through the ritualization of the session that permits the adequate integration of the intense experiences that can be manifested. This structuring is supported by an ancestral knowledge that is very elaborated, consisting of figures, concepts, and cultural postures that refer to arquetipical forms of the human psyche.
These elements demonstrate the existence of a “technology of the sacred”, fundamental to give security to the subject, to give guidance during the exploration of their unconscious, and to allow them to reintegrate to their original consciousness, without disturbances.

It is important to note that there is no loss of consciousness throughout the experience, that is what permits the recollection of what has been seen, and the ulterior psychotherapeutic work. It is also important to insist on the fact that Ayahuasca is not an addictive substance, and it has never generated dependence, and therefore, it is not a substitute for the use of drugs, but an authentic procedure for curing.

Likewise, it is important to note that neither any of the natural visionary substances, inadequately called hallucinogens, induce dependence.

20- Therapeutic Uses of Ayahuasca

Ayahuasca demonstrates various therapeutic effects, at a clinical level, and was known at the beginnings of the 20th century essentially for curing Parkinson Syndrome, and other neurological disturbances. It empirically cures malaria. It allows the general detoxication of the organism, with regulating effects over the metabolism, and in general the nervous system. What is of our particular interest, is the clear stimulus over the immune system, very evident in the day-to-day clinic, that goes parallel with its psychotherapeutic effects, and so in our opinion, they deserved more research. The potential of this mixture seems considerable.

21- “Endoayahuasca”

The most recent studies, give evidence that our organism hides beta-carbolines, as well as triptaminic alkaloïds, present in Ayahuasca. Therefore, this is not about a substance that is foreign to the body; in fact this is a sign that in some way we have “endoayahuasca”! The external contribution of the Ayahuasca, doesn’t do anything more, than to temporarily exalt natural functions of the organism, that can be summarized as the accumulation of the serotoninergic effects. In a psychotherapeutic context, we therefore induce an oniric process, but conscious, and emotionally dramatized. The psychic material is then visualized through symbolic forms that have a real support, at a psycho-emotional level, such as in a dream production, for what is not properly expressed as hallucinatory, but should be expressed as visionary, since it has a psychic support. Therefore, we consider that the Ayahuasca is not a hallucinogenic but visionary plant.

22- Contra-indications for the Use of Ayahuasca

The access to Ayahuasca is very broad. Pregnancy by itself does not constitute a contra-indication for the native people, in fact it’s considered by them to be a good indication that the baby will have a better neuro-psychic development. No signs of teratogenic effects have been observed, however, in sight of the lack of systematic studies, due to the risk of expulsive vomiting effects, coughing, and diarrhea, we’ve decided not to include that indication. The use of anti-depressives at a more and more frequent level should be discarded, since it could provoke a serotoninic shock.

The protocol of the treatment for addicts with Ayahuasca, and other Amazonian plants has been systematically applied since 1992, and we made an evaluation in 2000, considering that the patients had a minimum of 2 years, after leaving the Center. Let's observe the evaluation of the sample and the noted results.

24- Seen Patients between 1992-2000

The Center could put a maximum of 15 patients at a time as residents; our human and financial resources being limited. Since 1997, the Center is self-financed, and without external support. 382 patients were attended, with 285 only for the abusive consumption of drugs.

25- Principal Drug

In function to the drugs of major circulation in Peru, we see that our experience is referred in priority to consumers of coca paste, associated to alcohol. The addiction to cigarette smoking does not generate requests for internment, though it is almost always associated to the consumption of coca paste, and sometimes cannabis, that almost always constitutes as the substance of initiating drug use.

26- Patients

The population of patients has been quite varied, from underage kids, already very hooked on hbc, to subjects of enormous physical and psychological deterioration. With the pass of time, and the diffusion of our model, there have been patients presenting themselves from all over the country. From Latin America, and now even Europe, which explains the recent presence of crack, heroin, ecstasy and synthetic drug users. Takiwasi does not make conditional for internment, the economical resources of the patient, the fundamental criteria of acceptance is the motivation of the subject to change his life.

27- Characteristics of the Patients

The Center is open, since it requires the absolute will of the patient, and there is no existence of forced retention. Only one forth of the patients wait until they are given consented release. Half of them decide to leave before the therapeutic team decides it to be adequate. This has incidents in the results. The patients that leave secretly escaping the treatment, do so every time, at an earlier pace, and in fewer cases, which indicates a better adaptation to the protocol. Of those who leave secretly, 75% come back to knock on the door of Takiwasi, which is a sign of the conviction, that the procedure can be valid for them.

28- Form of Exit

Half of the patients decide to leave through their own criteria, without the consent of the team, though the grand majority stay in contact for the following of the reinsertion step. One forth leaves without advising.
Another forth of the patients culminates with the whole process, and wait for the full consent of the team: this is where the best results are observed.

29- Index of Retention

The index of retention confirms a well accepted model of treatment. It is observed that when a patient reaches 6 months of internment, the possibilities of the subject finishing the treatment, are very high. Inversely, when a patient stays for over a year, there is no notice of a general improvement in the results. The time of 9 months, such as gestation of a new life, seems to be the most adequate duration in this system.

30- Results

Takiwasi Center has felt obliged to keep a systematic register of the results in order to defend its model, evaluate its achievements, and its errors. So in this way improving step by step, this proposal that doesn’t have a referential model. In this sense, we feel sorry that the majority of treatment centers for addicts, public or private, do not publish their results in a consistent manner.

31- Criteria of Evaluation

In this way, we have had to develop our own standards of criteria of evaluation, taking into consideration, not only absolute abstinence, but the structural changes of personality, which is fundamental in the long run. This is manifested in levels of personal stability, familial, and work stability. We consider that there exist patients that may not have an absolute abstinence, but substantially change their lives based on a notorious structural modification of their personality: they have benefited in an important manner this type of therapeutic protocol, and are classified as “improved”. We know that as a long term effect, the abstinence that is not accompanied by profound structural changes, generate rigid, obsessive, or depressive personalities, many times with substitute treatments with psychotropic pharmaceuticals. In our evaluation, the subjects did not consume medicines with neuro-psychic effects during the treatment, and are free of them after the treatment. They don’t keep consuming psychoactive plants, or Ayahuasca outside of their treatment.

32- Current State

The evaluation of the patients, that have at least 2 years finished after their residency at Takiwasi, shows that half of them have benefited in a positive way from the treatment, being cured or with substantial improvement, with structural changes of personality and behavior. This number elevates to 67%, when the patients complete the whole treatment and wait for the consent of exit. It’s worth taking notice, that of those who left in secrecy without consent, we have later been able to prove that one third made the effect of treatment a success. Even though their treatment was brief, and they had an abrupt way of leaving, they have been able to change their lives successfully. Therefore, globally it can be affirmed, that two thirds of the patients that ingress Takiwasi Center, retire with great benefits from their stay.
33- Current State and Consumed Drugs

The results are better when the principal drug of dependence that motivated the patient to take the treatment is cannabis or cocaine, the good results for heroin and pharmaceuticals require confirmation, since the source of samples is so small at the moment to make definitive conclusions. When alcohol is consumed with other substances, the results are better than with pure alcoholics, where the model does not have good results.

34- Current State and Stability

The improvements made through this protocol, is more evident when it comes to the reinstatement in a job or study, and there is reconnection to the family. Also, this report suggests, that if the reinstatement is not accompanied by a personal project towards life, then the subject doesn’t finally reach a lasting improvement.

35- Patients Before and After

In the desire that we have to change the wounded faces, inflicted by the suffering of drugs, we believe it is valid to explore the paths that indicate the ancestral cultures. That from millenniums back explores the intimate mechanisms of the human mind, and was able to discover a non-addictive, and adequate use of numerous psychoactive substances.

36- Traditional Healers

Because of this, we would like to contribute homage to the healers of the Peruvian jungle, who showed us the empirical science, and proved to be grand experts in the controlled induction, of the modification of the states of consciousness, and in phytotherapy. They have a lot to show us, and they invite us to humbleness facing their extraordinary knowledge, that deserves more attention that what it’s given. It is very possible that many of the solutions to the most serious problems of western society, are found deep in the jungles, the mountains, and the deserts of our planet.

37- Final Picture

The challenge for Takiwasi Center is to try to act as a link between two worlds, the ancestral world, and the modern world. They can’t ignore each other, and if they don’t want to mutually destroy themselves, then they have to meet, and get to know one another, and in this humble way, finally fecundate.