

The Ayahuasca brew has been used since ancestral times by the numerous ethnic groups of the western slope of the Amazon basin. It is estimated that 72 ethnic groups in this geographical area used it since remote times to modify their ordinary state of consciousness, for religious, therapeutic and cultural affirmation purposes.

Its importance is shown by the wide dissemination of its use and the persistence of 42 different names for it, as well as the various forms of preparation and use that are still in force, to date, among indigenous and mestizo groups.

Amazonian healers are experts in the induction and management of modified states of consciousness, using plant substances (Ayahuasca and other plants) or animals (bufotenines). They modulate their effects through additives or energetic and ritual techniques, using these states for healing, divination or to reconnect with certain spiritual and cultural elements.

The Ayahuasca brew is made based on the decoction of the Ayahuasca vine (*Banisteriopsis caapi*) and the leaves of Chacruna (*Psychotria viridis*), in a sophisticated and precise combination, discovered millennia ago by the Amazonian inhabitants; the Ayahuasca concoction imitates and enhances the action of some neurotransmitters that we find in our organism as well as in other mammals.

Both the betacarbolines contained in the Ayahuasca vine, as well as the Dimethyltryptamine (DMT) of the Chacruna are found in the digestive tract, the pineal gland and the nervous system. For this reason, James Callaway named it "endohuasca" (1995); although this finding is relatively recent and the role of these substances in our body is not well defined, their mood-regulating action and the association of dimethyltryptamine levels with dream images have been identified.

Due to its psychoactive effect of modifying the ordinary state of consciousness, its healing force or, perhaps, its visionary effect, Ayahuasca became the basis of Amazonian *curanderismo*: the sacred plant around which this ancestral medical system was structured in this region.

The discovery of the indigenous healing system by the Western world was marked by prejudices and projections before concepts, resources and technologies different from those known, in an ambiguous relationship which still persists, although less evident.

The effects induced by Ayahuasca caught the attention of some Spanish chroniclers early on; when interpreting from their perspective the visionary phenomenon and the relationship with the invisible world, they did not hesitate to attribute a diabolical character to these practices, as reported in the description of its effects and the drawing of the Ayahuasca vine under the name of "Diablohuasca", made by Baltazar Martínez de Compagnon:

*"...when they drink it, they lose consciousness, because the beverage is very powerful; through it they communicate with the devil, because they are left without judgment, and they experience various hallucinations that they attribute to a god who lives within these plants"* (Martínez de Compagnon, 1768, cited by García, 1971).

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<sup>1</sup> Published in the magazine Pueblo Continente Vol 23, N°1, p. 82-85, 2012.

<sup>2</sup> Medical doctor, co-founder and responsible for biomedical monitoring of patients of Takiwasi Center, Tarapoto, Peru.

However, its medicinal value was also recognized, as reported in this text of Inés Muñoz:

*"Dr. Montilla, who visited us, will try to bring to Spain a vine that the natives call 'vine of the dead' that has an extraordinary calming and hallucinating power, it is used by sorcerers for their magical and religious rites; he believes it will be highly appreciated by doctors" (Diary of Inés Muñoz, 03/25/1553).*

After this initial contact, Ayahuasca was rediscovered by the Western world as *caapi* by Richard Spruce, at the end of the 19th century, thanks to his contact with Tukano tribes (*banisteria caapi*), Guahibos (Orinoco River: Colombia and Venezuela), Záparos and Lamistas indigenous groups, thus encouraging numerous anthropological and medical studies.

Shortly thereafter, its alkaloids and the botanical species involved in the brew were identified, but interest in research diminished, focusing on corroborating that Caapi, Yagé, and Ayahuasca were the same, as well as harmine, telepatin, and banisterin. Its antiparkinson effects have been studied in the 1930s.

Starting in the 1970s, with the emergence of the counterculture movement and the boom of psychoactive substances, especially among intellectuals and artists, the study of modified states of consciousness, ethnomedicine and its therapeutic possibilities is resumed; this becomes important with the emergence of the Ayahuasca churches in Brazil (Daime and Union de Vegetal), so that the Ayahuasca movement started spreading to other continents.

Since 1992, and due to the need to answer legal questions, the scientific and bioprospecting study on the Ayahuasca brew was promoted. Its non-toxicity, its inexistent addictive capacity and its therapeutic possibilities were mainly shown in investigations carried out by Brazilian and North American scientific institutions (Proyecto Hoasca [www.hoasca-project.com](http://www.hoasca-project.com)).

A pioneering therapeutic protocol that uses Ayahuasca in the treatment of various addictions was established in 1992 in our country at the Takiwasi Center, for the rehabilitation of drug addicts and for the research on traditional medicines ([www.takiwasi.com](http://www.takiwasi.com)).

The studies, widely documented and available online, describe the physiological and clinical effects of Ayahuasca. Numerous clinical uses of Ayahuasca have been described, from the detoxifying and vermifuge effect, that gives to it the nickname "purge" among the indigenous groups, as well as the first studies describing its antiparkinsonian effect, to the recent ones that attribute to Ayahuasca immunostimulatory and antidepressant effects.

It has a serotonergic physiological effect, increasing platelet serotonin, plasma cortisol and growth hormone; however, the most important effect could be to balance, to regulate mood, psychological and biological functions, and stimulate the immune system.

During the Ayahuasca-induced trance, we can appreciate a cathartic effect, with the emergence and physical expulsion associated with memories and emotions, in a process of cleansing and emotional rebalancing, without loss of consciousness.

The dissociative phenomenon that occurs, partial and temporary, allows to reorganize the psychic instances (deep reintegration, reconciliation), and the experience of an initiatory death-rebirth process is very frequent. The symbolic visualization of the internal psychic universe, with personal and transpersonal contents, allows learning through access to oneself and, above all, connecting with the deep meaning of life and one's existence, with the experience of expanding consciousness.

In addition to its medicinal and teaching action, Ayahuasca is an important means of cultural reproduction, as shown by the vast artistic production inspired by the visions and the *ikaros*, or healing songs.

*Ikaros* deserve special analysis; these are the songs that Amazonian healers use to heal, and to modulate the "dizziness" provoked by the ingestion of Ayahuasca. These songs, which were transmitted to the healers by their teachers or taught in dreams and altered states of consciousness by the plants themselves, maintain linguistic structures and words derived from ancestral languages, some of which are already extinct.

Under the synesthetic effect of Ayahuasca, the *ikaros* are perceived as colors, shapes; the sounds can be seen. These visualizations allow the healer to redesign the energetic state of his patient, to put order into chaos, to draw harmonious shapes. This has been described by Mrs. Herlinda Agustín, whose "*Telas que Cantan*" (Fabrics that Sing), embroidered with Shipibo drawings called *kené*, have earned much interest from the medias.

She says: "Each *kené* drawing is a song... The drawings are musical paths, and these paths are not dictated by people, but by the plants".

By revealing the founding myths to the members of the tribe, the *ikaros* allow the re-appropriation of the same myths by the youth, in an initiatory process of reinforcement of the sense of belonging that our western society has lost.

The healing act in traditional Amazonian medicine is an ordering act, through which the healer, using various elements and his personal energy, seeks to restore the order altered by the disease, and which at the same time has the characteristic of a spiritual combat between the healing forces and the negative forces that caused the damage. The healer assumes the role of intermediary and negotiator between these different forces. Plants considered sacred fulfill the important role of connecting both worlds, the conscious, everyday world, with the invisible, spiritual or transcendent world, helping to unveil the mysteries of the cosmos and of the human being, giving to healing a religious connotation, in the etymological sense of the word "*religare*", by linking the visible and the invisible, and the human being with its existential meaning.

Despite everything said, that shows the importance and wealth of these medicines and their therapeutic possibilities, we find that these resources and knowledge are under threat.

The risks they face come from outside, from the environment and from the official system, but also from within themselves.

To the environmental deterioration and the territorial problems that involve the ethnic communities and to the little incentive for the study of traditional Peruvian medicine, an inadequate legal framework is added that does not ensure the rights over the resources and traditional knowledge, penalizing the exercise of *curanderismo* as "illegal exercise of medicine".

Another difficulty for the study of traditional medicines is that in most cases it cannot be systematized, since the actions of healers are based on their personal characteristics or "gifts", and there is no standardized model.

Knowledge is not being properly transmitted and is being lost, either because of the death of the traditional healers and because they do not find an echo in the young people to receive their teachings, or because they stop practicing due to lack of incentives or due to the loss of resources.

In this sense, the murder of fifteen healers or "sorcerers" in Balsapuerto, for reasons that are not yet clear, has called our attention during the last year, with a "campaign of extirpation of

idolatries" was allegedly conducted by fundamentalist religious groups. However, it is even more surprising that in a rule of law, these deaths have not yet deserved the interest of the authorities, any investigation or sanction, despite the irreparable loss of ancestral knowledge and, of course, of human lives.

At the same time, from within the traditional system, we are witnessing today a phenomenon of "trade" in traditional medicine, especially regarding modified states of consciousness, inducing commercial drift and a decontextualized use: the emergence of "shamans" or *ayahuasqueros*, shamanic tourism, "Ayahuasca Raves", the sale of our sacred plants on the Internet and the use of synthetic substances that imitate Ayahuasca, such as anahuasca and pharmahuasca. This implies the risk of accidents or unwanted side effects.

The consequence of all this is an ancestral system, valid and very valuable, but parallel and unknown to the official system; this system is threatened by a commercial and non-inclusive globalization movement, which is weakened at the same time by the loss of resources, territory, knowledge and practitioners.

In this situation, it is imperative for the traditional system to be strengthened by becoming an interlocutor recognized by its bases before the official system. For this, it is necessary to promote exchange networks between healers from the different regions, hold meetings, promote exchanges, make institutions legal, improve their organizational level.

The ethical care of the exercise of traditional medicine is the responsibility of these instances, which may exercise a kind of self-control, at the same time that recognition and fair treatment is achieved for those who exercise this way of healing, including fair payment.

This has been achieved in Colombia through the creation of the UMIYAC (Union of Indigenous Yageceros Doctors of Colombia), an entity that empowers its members and regulates their practice.

The work of political lobbying in this field is essential, informing and sensitizing political decision-makers for the protection of the resources of traditional medicine: territory, flora and fauna, the environment, the healers and their knowledge, as well as opening the possibility that those who practice traditional medicine participate in the formulation of laws that concern them.

The revision of the laws and regulations that oppose the right to intercultural health, that is, the incoherence between the political will expressed in some statements that call for equity in health care, the right of all Peruvians to be cared for according to their own culture, and legal norms and actions. The repeal of the norms that penalize the practice of *curanderismo* would be an important step to build trust and facilitate organization and institutionalization.

Research and dissemination of knowledge about traditional Peruvian medicines, aimed at the articulation of both systems, the traditional one and the modern one, in favor of collective health, must go through culturally appropriate services and also together with a new curricular, inter or transcultural perspective, for health sciences students.

There is an urgent need to protect the traditional medical system and broaden its therapeutic perspectives, with the possibility of articulating it with the prevailing system, within a framework of inclusion, equity and respect for ancestral knowledge, trans-practitioners and their healing resources.

In the specific case of Ayahuasca, its significant current media presence and the interest of the Western world in these practices, has opened an important political and legal space to debate.

Thus, while the ancient experience of indigenous peoples and scientific studies show that the ritualized and respectful use of traditional knowledge does not generate health risks, the fact of containing DMT, a substance classified as a "drug without medical use" by the Vienna Convention determines that its use is prescribed.

Although the WHO promotes the recovery and study of traditional medicines, the INCB (International Narcotics Control Board) recommends that countries control and restrict the use of psychotropic plants of traditional use, such as Ayahuasca, Peyote, Iboga, among others, to monitor and as far as possible avoid their traffic or export, for "*causing adverse effects such as nausea, vomiting, weakness, poisoning and flashbacks, with serious consequences on well-being...*" (June 2011).

This shows the mismatch between the customary law of native populations, and the laws and regulations that are inadequate and obsolete because they are marked by prejudice or commercial interest in megaprojects.

What model of development or life do we want? An in-depth debate is urgently needed, showing that the goal of the Allin Kawsay, or good living, of ethnic populations is not opposed to the collective good, but on the contrary, tends to a harmony between human beings, their environment and the cosmos.