

Ritual Ayahuasca Use and Health: An Interview with Jacques Mabit

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The structure of the following interview was presented personally to Jacques Mabit during the Conference “The Globalization of the Uses of Ayahuasca” in Heidelberg and the interview was then conducted via a series of email exchanges between the authors and him from February to April 2009. Mabit is the director of the Takiwasi Center for Addiction Rehabilitation and Traditional Medicine Research, in Tarapoto (Peru), which was co-founded by him in 1992. For the past 19 years its staff of therapists has been using ayahuasca together with other forms of traditional Amazonian medicine in the treatment of patients addicted to psychoactive substances such as alcohol, marijuana, coca paste, heroin and methadone. The center claims to have treated over 700 people with their combination of plant medicines and group-centered psychotherapy delivered in the context of Takiwasi’s therapeutic community; patients are supposed to reside at Takiwasi ideally for 9 months, during which they participate in an average of 25 sessions with ayahuasca. In addition to being a complementary treatment center, Takiwasi organizes scientific conferences and cultural meetings as well as experiential workshops for foreigners interested in using ayahuasca for psychotherapeutic and spiritual ends.

This interview examines the thinking and theoretical framework of Takiwasi’s main director Jacques Mabit. One interest of our questions was Mabit’s concept of health benefits and risks of ayahuasca use. Another emphasis was put on investigating the intriguing hybridization of Western psychotherapy and Amazonian traditional medicine that the Takiwasi Center employs to treat drug abuse. Moreover, the interview addresses several important questions about the effects of ayahuasca use on particular aspects of human health – a field of knowledge about which much remains to be learned.

The Takiwasi Center has become an international exemplar for complementary treatment of drug abuse with the help of ayahuasca and many other emetic and psychoactive plants (“teacher-plants”) used traditionally in the context of Amazonian *vegetalismo*. The image of Takiwasi as providing successful cures for addiction has become fairly well accepted within the ayahuasca field, even though very little is yet scientifically known about how the Center’s treatments might work or what their long-term outcomes are. A handful of pilot evaluations and case studies within their current methodological limits have been conducted about Takiwasi¹. According to Mabit (quoting Giove, 2002), Takiwasi itself developed a protocol for self evaluation which demonstrated that after a period of two years post treatment in Takiwasi, 54% of all interviewed ex-patients considered themselves as having “benefited from the treatment”. This number went up to 67% if you consider just those among the interviewees who went through the complete therapeutic process of nine months. A five

year patient follow-up study is currently under development, as is a study about the production of phytotherapeutics from Amazonian medicinal plants.

Before co-founding Takiwasi, Jacques Mabit earned his MD from the Université de Nantes (France) and specialized in Tropical and Natural Medicine. He worked as a physician in several countries in collaboration with organizations such as *Medecins Sans Frontières*. In 1986, his career and spiritual path led him to move permanently to Peru where he eventually became a naturalized citizen. Mabit has dedicated the last two decades of his life to studying the use of altered states of consciousness in Amazonian mestizo and indigenous healing rituals and integrating these studies into his work as a physician and psychotherapist. In relation to this work he has founded the Consejo Interamericano Sobre la Espiritualidad Indígena (CISEI-Mexico) and the Red Internacional de Médicos Tradicionales Ayahuasqueros (RIMTAY-Peru); he also holds the title of Research Professor at the Facultad de Medicina de la Universidad Científica del Sur (Lima-Peru) and he has been named an Honorary Member of the College of Peruvian Psychologists.

Mabit directs the Takiwasi Center with great zeal and has become internationally known for having won a number of awards for his work, including the Seattle Markie Award for Excellence in Communication on Drugs, and being named a Fellow of the Ashoka International Foundation. Mabit is also known for a court case in France in which he was charged with being the leader of a “sect” and with drug (ayahuasca) trafficking, but was later vindicated; and for a series of media interviews, documentaries, and several academic research projects about Takiwasi (see the appended list below). Takiwasi’s visibility is also due to stories told by visitors about conflicts between the Center and local or neoshamanic healers – what can be considered as an example of the many political and spiritual feuds that are typical of the ayahuasca field.

Jacques Mabit seems to belong equally to ‘two worlds’: he lives in Peru, but frequently fundraises for Takiwasi in Europe (especially in France), regularly attends international conferences, and has published a number of articles². Beyond his medical and psychotherapeutic work, he conducts ayahuasca ceremonies in the style of *vegetalistas*. Finally, he is a devout Catholic. According to him, ayahuasca has helped him rediscover his own Christian faith and has shown him that “beyond the forms”, Christianity would be “in agreement with the ancestral wisdoms and their aptitude for shining a new light on the experiences that they engender”.

For those interested in the cross-cultural expansion of the uses of ayahuasca, there is likely much to be learned from what this interview reveals about the Takiwasi Center’s amalgam of techniques and traditions which challenge our conventional divisions between the fields of medicine, psychotherapy, and religion. The Center provides a unique structure within which international perspectives on the use of ayahuasca blend and react with a rigorous protocol of ritual consciousness alteration. This interview may also serve as a thought-provoking-impulse for those personally involved in ayahuasca drinking, e.g. when Jacques Mabit discusses the topic of ayahuasca and menstruating women: May menstruating women actually cause harm to others by merely participating in an ayahuasca ceremony? We hope that the answers to questions like this and many others will be found through this interview and the glimpse that it provides into the larger universe of ayahuasca use and health issues.

Ayahuasca Ritual Structure at Takiwasi

1. What kind of preparation is recommended to someone before they drink ayahuasca in Takiwasi?

First of all, I would like to clarify that everything we claim in this interview refers only to how ayahuasca is used inside the Takiwasi Center, which cannot be extended to the multitude of forms of ayahuasca use.

At Takiwasi the ingestion of ayahuasca entails a previous preparation, which starts with the identification of the subject's motivation. The purpose is therapeutic; the mere curiosity, the desire of trying "one more drug" or having recreational experiences are not compatible with the Center's focus. An *elementary sincerity* in the individual search is a basic requirement. An interview with a team's psychotherapist is meant to rule out mental disturbances, which are incompatible with the taking of ayahuasca (schizophrenia, personality-disorders, etc.). The participants are requested to fill out a medical form in order to exclude medical contraindications and, if necessary, complementary medical tests are required. Every subject must previously ingest at least one purgative (emetic) plant. This previous cleansing process might be extended if the candidate is taking certain medications (especially psychotropic substances), is consuming addictive drugs, has ingested psychoactive plants in inadequate contexts, or has an "overloaded" physical and/or energetic body.

Before the *ingestion*, it is required to cut out pork meat, strong condiments (hot pepper), and alcohol from one's nutritional diet and the participants are required to refrain from the consumption of addictive substances (including *Cannabis*). It is recommended to avoid other unhealthy foods although they are not strictly prohibited (ice cream, fried snacks, abundant refined sugar, preserved food, spicy food, red meat...); a list of healthy foods is suggested. The alimentary preparation must be established at least one day before ingestion and must be continued for a minimum of 2 days after, although one week before and after drinking ayahuasca is recommended. In the case of a process with multiple ingestions, it is required to maintain this diet throughout the whole process.

It is recommended to avoid any perturbation of the physical-energetic body such as intensive physical exercise, agitated environments (discotheques, crowds...), strong odors (intense perfumes, essential oils, fuel vapors, burnt smells, etc.) and foreign energetic techniques (Reiki, opening chakras, channeling, massages, saunas...). Sexual abstinence is also recommended for the same period of time.

2. What are the principal plants used in Takiwasi besides ayahuasca and what do they do?

Takiwasi uses several types of Amazonian or universal plants such as:

- Purgative plants – used in ritual context they permit not only physical but also emotional and spiritual cleansing with each somatic zone having its symbolic correspondence. Besides their general purifying effect, each plant or preparation focalizes its effect on certain organs, corporal regions or physiologic systems, e.g. Vervain (*Verbena litorales*) on the liver; White lily (*Lillium spp.*) on the sexual

and reproductive zone; Yawar panga (*Aristolochia didyma*) on the thorax or digestive and respiratory system; Mexican marigold (*Tagetes erecta*) on the head.

- Psychoactive plants – used during specific ceremonies (e.g. purgahuasca) or in the frame of traditional “diets”; the ritual context allows the amplification of their physical effects. At the same time, almost all of them have a purgative effect. They are also known as “teacher-plants” due to their ability to activate certain psychical functions (concentration, stimulation of the memory, capacity to make decisions, etc.) that the patient perceives as revelations, awareness, or “teachings”. In this group we can include tobacco and coca leaf extracts, which also allow the detoxification of individuals addicted to the same plants when used improperly.
- Plants called “of contention” – these plants are given to the resident patients every night to gradually prepare them, physically and psychically, for the ayahuasca sessions and the diets. They have a gentle effect of detoxification, regulation of the nervous system, and the metabolism in general. Among them we mainly find the Camalonga (*Strychnus spp.*) and the Mucura (*Petiveria alliacea*), which are excellent purifiers of negative energy impregnations and good protectors on an energetic level.
- Daily support plants, which are used to respond to daily discomforts - these plants strengthen body and mind, relax, tranquilize, facilitate digestion and sleep, ease pains, etc. These plants are used in different ways such as in infusions, decoctions, sauna, baths, rubbings, etc.

3. Why is it recommended that people do not have sex when drinking ayahuasca? What can happen in your opinion if these recommendations are not followed?

The ritualized session of ayahuasca opens the energetic body and sensitizes it in such a manner that the expulsion of negative energies can be facilitated and positive energies can be incorporated. The rules and preparation aim to direct the process in this direction, rather than in the opposite one where the subject would incorporate bad energies and waste the good ones. The ceremony provokes a reorganization of the subject’s energy with physical, psychical and spiritual consequences. The durable installation of this new energetic status of the patient requires a stabilization period, a waiting time during which there should not be any energetic interference; therefore the recommendations and prohibitions exist. Sexual relations induce a strong alteration of the energetic body and also expose the “open” subject to incorporate the bad energies of their partner, which in certain cases can be very dangerous. This doesn’t have a moralistic connotation, rather it expresses a precaution directed to help the patient benefit from the effects of the ayahuasca.

The resident patients in Takiwasi, staying within a controlled environment, follow these regulations strictly. The outpatients or visitors are less controllable and are more exposed to transgressions or errors that can generate a certain level of interference. In general, the participants of the workshops are very disciplined and motivated to obey the regulations.

4. Does dosage vary much from one person to another in the same ceremony?

Ayahuasca doses can vary from 1 to 10 in the same session. If the person is not known he is given a moderate dose to evaluate the first effects with the possibility of taking a second dose during the session. The dose can be set by intuition according to the subject's sensitivity, the previous degree of intoxication with addictive substances, morpho-psychological indicators [measures used to study personality traits through facial and body expressions], the clinical or life history, psycho-emotional background, etc. However, previous experience is crucial for reaching the accurate dose since there is a high degree of unpredictability on the individual susceptibility to the effects of ayahuasca.

5. In your opinion, does the amount that a person generally should drink increase or decrease with time?

In the long term, the doses always diminish as time goes on for one person. I haven't seen any exceptions to this rule.

6. Ayahuasca may in some cases cause people to lose consciousness or have seizures. What do you do in these cases?

Usually there is no loss of consciousness under the effect of ayahuasca. However, there are cases of temporary loss of consciousness that serve the patient as a way of disconnecting or evading an emotional confrontation that he dreads. In this case, it is an emotional reaction that does not present as dangerous; the situation usually spontaneously resolves itself and can be improved by blowing camphor at him (*sopladas*), or by other maneuvers of physical-energetic stimulation. The only danger that should be avoided is the co-occurrence of vomiting efforts and loss of consciousness, because the person could inhale his own vomit. In practice, however, we have never experienced such a case.

7. What are the "sopladas" and "chupadas"?

The *soplada* is an essential technique of *curanderismo*, which is when the curandero exhales over to the patient's body tobacco smoke, perfume vapors, or various *preparados* (blends), which are generally aromatic (cinnamon, camphor, etc.). In this operation, the *curandero* establishes an energetic relationship between his and the patient's energetic body through the blowing, which allows them to harmonize. This evidently assumes that the curandero has strengthened his own energetic body sufficiently to be able to absorb and assimilate the energetic perturbations of the patient without losing equilibrium himself. Each *preparado* has a certain specific effect: to strengthen, tranquilize, protect, etc.

Sopladas are also made on the surrounding areas in order to clear them of bad energies or medicinal products (such as ayahuasca), and to charge them with the curandero's energy before ingestion. These *sopladas* change the energetic quality of the medicinal products and are sometimes physically perceived with a change of flavor at intake.

For the "*chupada*" the curandero sucks on certain parts of the patient's body to extract energetic perturbations from his energetic body. The curandero generally

places tobacco, cinnamon, camphor, etc, in his mouth, in order to support that difficult extraction while protecting himself from the bad energies that he is extracting. The *chupada* is performed frequently on the following body parts: the head (the crown, temples, back of the neck) to diminish the effects of the inebriation from ayahuasca; the solar plexus (“mouth of the stomach”), to unblock it and allow the patient to vomit ayahuasca or any other purgative plant or to eliminate the effects when the patient cannot vomit and is in pain; a part of the body (frequently the abdomen) where a “damage” or witchery is located.

This operation is difficult and risky since the *curandero*, in his efforts to make suction, might ingest whatever he is extracting from the patient’s body and thus intoxicate himself. To efficiently perform the suction, the *curandero* must have his medicinal forces well located on his own body (ideally in the “hara” of the Orientals, the lower abdomen) and must also have sufficient energetic strength accumulated (essentially based on the “diets” with teacher-plants and tobacco smoke ingestion).

The *curanderos* ingest teacher-plants during long periods, allowing a phlegm (called “yachay” or “mariri”) to develop in their stomach, which they can regurgitate at will with the help of the tobacco smoke that they have swallowed (gulped down). This phlegm acts as a magnet for bad energies from the patient at the moment of suction. After each suction the *curandero* spits out the phlegm, which by now is contaminated by whatever it extracted from the patient’s body. On a less developed level, the *curandero* doesn’t materialize that phlegm, but when he inhales smoke, he feels the tip of his tongue itching, which reveals the strength of the yachay or mariri with which he can perform the suction.

This phlegm can be transmitted from teacher to apprentice: the teacher regurgitates the phlegm and makes the apprentice swallow it so he can acquire the same strength. When damage is done because certain objects were dematerialized while performing witchcraft (traditionally these were darts called “*virotos*”, but also spines, pieces of glass, stones, animal bones, etc.), the *curandero* can rematerialize these objects in the moment of extraction from his patient’s body. Although they exist, nowadays these practices are no longer frequently performed since they require a very strong dedication to apprenticeship, which very few people are currently able to muster.

However, this physiology, which appears improbable to many westerners and derives from “Amazonian legends”, is real and efficient and it would be worthwhile to proceed with further studies concerning all the unanswered questions that it poses about human physiology, its nature, and the relation between matter and energy.

8. How do you interpret the vomiting that occurs during an experience with ayahuasca?

When the vomiting occurs at the beginning of the session, it often indicates that the person rejects ayahuasca out of fear or insecurity in the face of the unknown. In this case it does not have a purgative effect, but is an intention of avoidance, be it conscious or not. During the session certain people make an effort to vomit or to provoke vomiting in order to avoid the effects of ayahuasca.

Besides that, spontaneous vomiting occurs when the psycho-physical effects of Ayahuasca reach and remove whatever internal blockades the subject has. A confrontation is unleashed between the person's resistances and the ayahuasca's strength. If the resistances are more powerful, then the person doesn't vomit. When ayahuasca defeats certain resistances, the subject vomits not only the ayahuasca, but also the corresponding blockades. In this case it acts as an energetic purge that purifies the subject on a physical, psycho-emotional and/or spiritual level. Thus, to the indigenous people, vomiting is a sign of healing.

When a patient in Takiwasi never vomits, we know that there is a strong resistance and that the therapeutic process is not satisfactory. On the other hand, the experienced *Ayahuasqueros* that have been purified over the years rarely vomit.

In other words, ayahuasca is "toxic" to intoxicated bodies...

9. Why do some people have a strong hangover the day after a session while other people feel « light » and in extremely good spirits?

Ideally, ayahuasca should be metabolized during the ceremony itself, through an expulsive method (vomiting, diarrhea...) or by psycho-energetic integration. In this case, an incorporation of energy from the ayahuasca to the energetic body of the subject takes place. The person ends up activating his parasympathetic nervous system with a sensation of relaxation and well-being. If the digestion doesn't occur or it is incomplete, the subject will require several hours or even a day to assimilate the effects of ayahuasca the parasympathetic phase will generally manifest itself after a complete night of rest.

The metabolization may not take place completely due to strong resistances from the patient to the effects of ayahuasca (e.g. fear) or due to excessive doses with a strong inebriation. Through certain energetic techniques and an adequate ritual this can be overcome with time – as for example the "*chupada*," or suction of the excess energy performed by the therapist on the patient's head.

This discomfort could be caused by an inadequate handling of energy by the master of ceremony, be it because of ignorance and lack of experience, or because he intentionally acts to disturb the individuals by managing negative energies (witchery).

10. Are there any recommendations for after a session of drinking ayahuasca?

Besides everything already answered before, I think it is important to reiterate that the transfer of the use of ayahuasca from an indigenous cultural context to a modern therapeutic context presents the problem of the coherent integration of the visionary material one can gain access to. We have observed that among Westerners who drink ayahuasca, there is a tendency not to recognize the symbolic significance of the experience. This, together with a lack of command of the metaphoric code, can result in the misinterpretation of the experience. It is for this reason that we think it is important that the session of ayahuasca is followed by putting the experience into words in such a way that it can be integrated in an appropriate manner. This requires from the therapist the ability of symbolic interpretation and a vast personal experience with altered states of consciousness. To some people with a lack of structure, in

search of the marvelous, who are not willing to explore their “shadow”, or in case of narcissist structures, *the experience of the ayahuasca can lead to an inflation of the ego, instead of an expansion of consciousness*. In this case the therapist must assume the essential function of helping with the discernment after the ingestion of ayahuasca.

Ayahuasca & Health: Indications

11. Can ayahuasca “heal people”? In which sense? What does this “healing” consist of?

In my opinion we cannot talk about the healing effects of ayahuasca without taking into consideration what makes its use effective, ineffective, and even dangerous. Considering only the substance and attributing to it the origin of the observed results stems from a positivist-rationalist reductionism. Thus, every question about “ayahuasca” should be modified into a question about “the use of ayahuasca,” a notion that combines how the substance’s potentials are oriented, guided, and controlled by a certain type of use. Here a variety of factors are influential, such as the individual who takes it (his intention, his physical and mental status, his preparation for the experience); the master of ceremony (his expertise, personal experience, intention, physical and mental status); the context (temporal-spatial conditions of the ingestion, companions, characteristics of the ritual); the ayahuasca product (its concentration, components, the prescribed dose, frequency of ingestions, etc.).

Ayahuasca exercises *an unspecified activation of the natural processes of mental reparation* and therefore it can play an essential role in facilitating approaches in psychotherapy.

We can quote some central elements of its effect on humans, for example: the shifting of psycho-affective complexity in the playing out of the imagination to allow a re-elaboration of mental conflicts; the symbolic visualization of the internal universe; the arousal of memories and reminiscences; readjustment of personal history; anxiety reduction; and the improvement of self-esteem through the discovery of a unique transcendental dimension of the self.

Ayahuasca induces an initial exacerbation of the sympathetic autonomous system that corresponds, in the intrinsic life experience of the subject, to a powerful liberation of the emotional contents stored in the deepest memory of the subject, the archive of his somatic engramations [energetic “memories” inscribed in the physical body]. This leads to a catharsis that in general is physically translated into an expulsion through vomiting where in a concomitant manner the person evacuates the emotion associated with his experience (fear, anger, anguish, etc.). Then a phase of parasympathetic exacerbation of the autonomic nervous system will follow, a phase of peace and tranquility that allows the person to enter a reflexive process of integration of the lived experience, and an awareness of the underlying unconscious forces that have affected him in his daily life. These insights are accompanied by two dominant feelings: gratitude and forgiveness; they lead to an internal reconciliation of the person and a better acceptance of his own life. In other words, the different roles that the individual plays in his daily life and that divide him, come together and unify. It is

essentially a semantic experience, a sense-bearer, which restores coherence to daily life.

12. Does drinking ayahuasca increase suggestibility? Is “healing” with ayahuasca different from activating the “placebo response”?

Ayahuasca temporarily reduces the rational functions (the epicritic) and arouses the non-rational functions (the melodic); therefore it opens the subject to trans-rational dimensions that must not be confused with a manner of irrational, chaotic and senseless thinking. On the contrary, we know that the melodic functions (the “base”) are indispensable to every praxis (action), mnesis (memory) and gnosis (knowledge), and they allow the coherent integration of the perceptions (the “form”). In the end, they offer a better structure of the rational mind. The discovery of a transcendental order in life, which manifests itself in the body of the individual and stands in harmony with the order of nature and the cosmos, fulfilling a repairing function through the reestablishment of coherence between the universe and life in general, pacifies the experimenter and gives security.

However, we need to consider that in rituals that are conducted poorly or with an unclear intention on the part of the subject and/or the guide, the emotional opening can be used to serve dishonest purposes. The suggestibility in this case appears as in any other therapeutic relationship when there is a bad handling of the transference between therapist and patient, be it intentional or unconscious. The effect of ayahuasca intensifies the transference relationship for therapeutic uses as much as it does for incorrect uses.

The placebo response towards any therapeutic strategy plays a role and so it does in the taking of ayahuasca, but it cannot in anyway account for the results obtained with its use. The placebo is effective when acting on the suggestible psycho-emotional dimension of our being. Among other mechanisms, ayahuasca triggers the structures of the base of the brain (paleo-cortex) that rule the basic and not suggestible functions of the body for its subsistence and which escape from both the rational mind (neo-cortex) and the psycho-affective dimensions (meso-cortex). In other words, it “jumps” the psycho-emotional barriers to reach directly the deepest foundations of our life (personal unconscious) and of our nature (collective unconscious). This is precisely what makes it so interesting.

13. Does everyone who is treated at Takiwasi drink ayahuasca?

Although in the Amazonian tradition the *curanderos* can treat certain patients without them taking ayahuasca, it is a procedure we do not utilize in Takiwasi, considering that the patient’s awareness of his problems are fundamental for his subsequent evolution outside of Takiwasi.

14. Are there specific illnesses for which ayahuasca might be beneficial?

We cannot say that there are specific illnesses for which someone can benefit from ayahuasca since it depends more on the patient than on the illness. For example it cannot be assured that ayahuasca heals cancer yet there are people with cancer that

are cured with ayahuasca. In general, due to its activity on the energetic body and its somatic engramations, ayahuasca potentially has good effectiveness on illnesses of psychosomatic origin. A stimulation of the immune system that corresponds on a psychical level to the effectiveness against psychical depression is clinically confirmed.

Ayahuasca is also a powerful instrument (when managed properly) in those pathologies which are normally classified as psychological or psychiatric and which actually result from a form of energetic perturbation with a spiritual origin, infestations due to magic practices, occultism, spiritualism, trans-generational malicious inheritances, etc. In this chapter we can integrate the cases of sexual abuse and incest. The addiction to drugs, alcohol, or medications are an exceptional symptom as they associate different levels (psychosomatic and spiritual) and they respond to the erratic search for altered states of consciousness, through an induction which is now controlled and guided, that allows a re-education of that search. Ayahuasca demonstrated to be equally interesting for the obsessive-compulsive disorders (OCD). Very encouraging results were observed (at least temporarily) for Parkinson's (and Parkinsonian syndromes) and would merit larger studies than the ones already existing (Sanchez-Ramos, 1991; Reynolds, Riederer & Sandler, 1981; Stoliarova, Kadykov, Shvedkov & Shakhparanova, 1988). In addition, ayahuasca is a natural anti-malarial and a vermifuge.

15. Have you already dealt with a case of treating an illness or imbalance (either physical or spiritual) with ayahuasca?

I have never treated a pathologic case with ayahuasca alone. The therapeutic protocol always includes at least a psychological accompaniment and the preparation with purgative plants. And it should be noted that in a single ayahuasca ceremony, many therapeutic acts (*sopladas*, *chupadas*, chants, etc.) and some other products (perfumes, camphor, tobacco, etc.) are used, without forgetting the essential ritual's function, the intention of the patient and the context. The product ayahuasca cannot be artificially isolated because that is not what occurs in real life.

As a significant example I can quote the case of a 45-year-old man, Peruvian, educated, Catholic, and with permanent cardiac discomforts (tachycardia, chest pain, anguish, etc.) for which neither the doctors nor the cardiologists could find any problem despite his suffering. The many years of treatments with anxiolytic medication and sedatives couldn't alleviate his pain. He didn't believe in the plants but being tired of not finding answers to his problem he finally agreed to take ayahuasca. In *only one session* he was able to see his childhood, the pain of an early loss of his mother when he was 8 years old, his implication in his relationships with women and the personal significance for him of the spiritual figure of the Virgin Mary. His heart's discomforts vanished *the next day* and 5 years later they haven't reappeared.

Another man, French, 68-years-old, industrial, had a chronic gastritis treated for over 10 years with gastric protectors, antacids and all the resources of allopathic medicine. During 4 sessions he vomited gastric acid in surprising quantities. After this difficult and painful process, the gastritis that had made him suffer so much disappeared completely and indefinitely.

16. Do you think that ayahuasca might have the potential to treat people with depression?

Depression is a good indication for the use of ayahuasca and we know that the beta-carboline alkaloids from the ayahuasca liana (*Banisteriopsis caapi*) act as monoamine-oxidase inhibitors (MAOI), a pharmacological group already known for the psychiatric treatment of depression. In clinical practice we observe good results in the resolution of depressive profiles and sometimes, when the subject is motivated enough, very rapidly. It is also noticeable that all addicts display an underlying depression in their addictive behavior.

As we previously pointed out, the conventional nosology must be revised to include the energetic-spiritual dimension of the patient. A “depression” for example can hide a spiritual infestation that generates discouragement and even despair. Therefore, every depressive profile deserves a previous evaluation in order to consider the adequateness of the use of ayahuasca.

The degree of frustration tolerance of the patient will be especially evaluated as it is necessary to be cautious with patients who are evidently manifesting suicidal tendencies: the expectations of these patients can contradict their low motivation to explore their inner world, a task which demands commitment and effort. In this case, if ayahuasca appears to this individual as the ultimate solution but is not accompanied by the decision of making a therapeutic effort, the individual can feel frustrated due to the lack of immediate resolution of his problem and therefore his depression can deepen and he can be pushed to act out his suicidal tendencies again. Once again we face the essential criteria for the consumption of ayahuasca: the intention of the patient, which, beyond the verbal expression by the patient himself, must be evaluated by the therapist.

Ayahuasca & Health: Contraindications**17. In general terms, can the consumption of ayahuasca cause any sort of difficulties?**

The consumption of ayahuasca is benign if the contraindications are observed and the subject is previously evaluated; also an adequate preparation must be assured and trained, reliable people must conduct the session.

The most frequent error nowadays seems to happen when Western subjects abruptly agree to a trans-personal experience without a context of containment and the appropriate accompaniment. If the subsequent integration of the experience does not happen, some people could be misled to regard spiritual information as psychical or even physical realities, due to the lack of symbolic reading (or interpretation) of their experiences and visions. This can lead to projections, confusions or an alienating fascination. The expansion of consciousness can result in an inflation of the ego. For example, it is frequent to see a person visualizing the energetic aura of his hands for the first time, leading him to think that he can cure by the laying of hands. As such, a potential ability (as we all have this aura) might be mistaken for an acquired power.

In the case of spiritual infestations, their sudden revelation can destabilize a subject who is unfamiliar with this dimension and cannot locate it symbolically nor metabolize it. He then feels overwhelmed with anguish by something he cannot handle.

This kind of problem is encountered especially when a Western subject consumes ayahuasca with a mestizo or an indigenous person, whose cultural codes are completely different. Idem in the case of Western “Ayahusqueros” who improvise as guides or therapists while having neither the training in providing assistance nor a sufficient knowledge of symbolic reading.

The desacralization of post-modern society and the New Age’s cultural relativism generate a manner of ingenuousness in relation to the evil potentials of the invisible world that require more than “good will,” but also knowledge and skills. To post-modern New Agers, good intentions are all that is needed to be protected, a belief which represents a great illusion and a major danger.

The traditional energetic management of ayahuasca for evil purposes (magic, sorcery, witchery...) in the Amazonian Indian world is left aside: the ignorance or denial of these risks by the westerners makes them very vulnerable to those efficient maneuvers beyond the patient’s belief. Numerous westerners wrongly believe that they are immune to those risks because they don’t believe in them. Those are techniques of the energetic type that can affect the energetic physiology of any person.

And more so than the remarkable crises that compare to psychotic breaks, which are very rare in proportion to the great quantity of people actually taking ayahuasca in poorly elaborated contexts, we should be wary of the surreptitious distortion of an adequate discernment of what is at risk when one relates so directly and powerfully to the forces of the invisible world. In my point of view, the danger of the use of ayahuasca is essentially spiritual, since the psychological and physical manifestations can be affected immediately in an invisible and unconscious way.

18. Have you already witnessed a case of someone going through serious difficulties because of using ayahuasca?

As an extreme case I can cite a 15 year-old Haitian young man who entered an authentic state of possession by an entity who spoke through his mouth... It was then revealed that when he was a baby his parents consecrated him to a Voodoo entity. The possession lasted 3 hours and he even required physical restraint. Afterwards this young man needed a 3 day follow up until he came back to equanimity. However, it represented a great liberation for him. He changed to a more pacific character, a good student, and his uncontrolled rage crises ceased.

It is frequently observed that people practice methods of channeling and by ignorance link themselves to evil entities from the invisible world, believing with all their best intentions that they are connecting to “spiritual guides”, angels, ancient masters, etc. They are actually infested and they infest the others, charging their energetic bodies little by little until they develop serious illnesses (cancer, kidney failure...) as I saw in various Reiki masters.

A young European woman, after taking ayahuasca with an indigenous man, ended up in a hotel in the city in the middle of a psychological regression, locked up for days in her room surrounded by many stuffed animals, drinking nothing but milk.

She had to be repatriated. In this case the *curandero*, who is competent, faced a psychiatric case with a person from a foreign cultural context. He knew neither how to handle the psychotherapeutic relation nor how to make an adequate preliminary evaluation. Somebody had told the young lady “take ayahuasca and you will be healed”... and she ventured to do it.

Other Europeans taking ayahuasca in similar contexts abruptly reach spiritual truths which they are not prepared to face and immediately concretize as facts information which should gradually be integrated on a psychological, emotional and physical level. In this way, a young lady realized her need of “freeing herself from the superfluous and living life in simplicity” so she immediately took off her clothes and threw her identification documents into the river. In this case, the integration didn’t happen during the same ceremony because there was a failure in the accompaniment. This person left the session while she was still “opened” and didn’t finish her integration process within the same ceremony. We cannot consider this a delirium but a sort of “spiritual emergency” which then does not require restraint with psychotropic medication that will petrify her process without solving anything; rather it requires an adequate psychotherapeutic and energetic accompaniment with which she can finish the integration of her process.

In cases of paranoid and paranoiac features, a deficient restraint could theoretically result in even more dangerous situations if individuals are encouraged and abandoned. However, the fact is that I have never witnessed situations that go beyond verbal aggression or tempestuous gestures that do not jeopardize the integrity of the person, the other participants, or the ones managing the session.

19. Are there specific conditions or illnesses for which ayahuasca might be harmful or should be avoided?

The use of ayahuasca must be avoided in cases of dissociative psychic processes where delirious elements (psychosis) are manifest. However, certain patterns of apparent psychotic episodes are indeed attributable to intoxication by drugs (cannabinoid psychosis for example) and the patient can benefit from a controlled use of ayahuasca if it is administered inside a global structured therapeutic approach that includes a previous detoxification and a psycho-therapeutic accompaniment in long term integration.

In the same way, the cases called *borderline* must be evaluated individually to analyze each person’s capacity of integration of the symbolic experience, their motivation, their family environment, etc. The consumption of ayahuasca in these cases cannot be completely ruled out or systematically recommended, nor can it be taken out of the context of the frame of contention and integration that may be, or not, assigned by the therapeutic team. According to my observations, in the right context, as described above, if the disassociated person cannot reach his psychological hiatus (*clivage*) zone, the psychological defense mechanisms override any psychoactive effect, and those of physical auto-regulation will proceed to expel the brew. In summary, it must be considered that the personality disturbances do not represent an ideal indication for ayahuasca consumption.

Another issue is the risk of a serotonergic shock linked to the use of serotonin reuptake inhibitor antidepressants, or SSRIs, which has been indicated as a possibil-

ity (Callaway & Grob, 1998). However, until now, not a single actual case has been documented in the scientific literature (for a discussion of this topic, see Lima & Tófoli, in this volume). With caution and to the extent possible, the therapeutic protocol undertaken by Takiwasi demands the suspension of those antidepressants three months before the beginning of the consumption of ayahuasca. Furthermore, a previous detoxification is performed with purgative plants and in this context, until now, not a single case of serotonergic overload has been observed. These precautions can be extended to the prescription of major psychotropic drugs (lithium, neuroleptics, etc.).

The ingestion of ayahuasca seems inconvenient to us in cases of bulimia-anorexia where the pathologic expression is focused on the oral sphere and because of that it can be enforced by the subject of vomiting and the rules of nutrition that surround its use.

On the other hand, the physical contraindications are reduced relatively when concerning purely organic problems. With caution, the persons who present with severe metabolic deficiencies (diabetes, uremia for example) or functional deficiencies (cardiac insufficiency for example) are excluded. This is also the case in advanced degenerative pathologies (lupus, multiple sclerosis, SLA, etc.).

Due to its purgative characteristics, giving ayahuasca to people that could be harmed by the vomiting efforts (esophagus fissure, gastric ulcer, early pregnancy, etc.) is avoided. For the same reason and given the possible emotional mobilization, it is neither indicated in cases of hypertension nor serious cardio-circulatory problems.

Obviously, little can be expected from ayahuasca regarding the fixing of purely mechanical problems, although it would not hurt either.

Pregnant women are also excluded from the sessions, especially during the first three months of pregnancy.

20. Can ayahuasca cause a “psychotic break”? Have you already dealt with a case like this?

In the right context (I have to repeat this because it is the special condition of the effects of ayahuasca), there are *auto-regulation* phenomena whereby a person will never go beyond what he can metabolize in function of his and the context's possibilities. Thus, *borderline* persons or persons with pre-psychotic structures simply either are not affected by ayahuasca or are affected moderately, which can be handled.

On the other hand, as I have already shown, there are energetic-spiritual problems (infestation or various levels of possession) which having not been recognized as such by psychiatry would be falsely categorized as psychotic breaks. The differential diagnosis is utterly important as in this case the classic intervention with neuroleptics would erase the exterior, symptomatic, manifestation without resolving the situation. Upon removing the pharmacologic intervention, the syndrome reappears... which in the end can lead to a “psychiatricization” of a poorly handled spiritual manifestation and which denies the subject a possible resolution of his crisis.

It is important to point out that for patients consuming neuroleptic drugs it is possible to take ayahuasca without them having to stop taking their medication. However, it is possible to gradually reduce medications while taking ayahuasca.

21. Are there both “positive” breaks (which are “useful” in some way) and “negative” breaks (undesirable ones)?

The confusion between authentic psychotic breaks (if they exist, which remains to be seen) and spiritual disturbances with psychic manifestations is frequent among drug-intoxicated patients. Drug consumption, in the same way as ayahuasca, opens the energetic body, it makes it porous or permeable to the energetic-spiritual influences, but, unlike a well-conducted therapeutic session with ayahuasca, it does this in contexts that are very pejorative and dangerous on an energetic level (sexual promiscuity, confused intentions, lack of an effective ritual, lack of guidance, etc). These inadequate conditions of recreational drug consumption, allow the subject to be infested by a malignant entity (*bad spirits* as the *curanderos* say, or *demons and devils* according to religious nomenclature). As such many cannabinoid psychoses reveal themselves to be, in reality, consequences on a mental level of the disturbing invasion of the subject’s spirit by foreign malignant forces. Proceeding to the patient’s detoxification and then to an intervention to extract or eject that parasitic entity, the subject returns to normal without the need for any anti-psychotic medication. This spiritual liberation is equivalent to a form of exorcism.

The qualification of psychotic breaks as positive or negative can only be determined over the long term, a posteriori and according to the possibilities of integration of the individual or the possibilities his environment has to offer. In an adequate context, a “break” will not occur without being metabolized within the same context of the session or the therapeutic dynamic from which it surges. The ritual establishes a super-order that allows the containment and integration of the possible excessiveness of the subject’s unconscious expectations; it can be said that the ritual contains and channels the potential disorder of each individual experience.

In a wrong context, the subject can open himself to transpersonal dimensions without being able to integrate them immediately into his psychical structure. This represents an unfinished therapeutic process that leaves the subject open and vulnerable. It will be up to his own resources and the possibilities that his environment has to offer for him to eventually process and integrate his experience. It will then go from a “negative” break to a “positive” break. In the long run, it is observed that the most difficult experiences under ayahuasca, which in the moment could have been labeled as “bad trips” or “pseudo-breaks” are the most fruitful on a level of liberation and personal progress.

In Takiwasi we have never needed to appeal to biomedical support to control an unstable post-ayahuasca experience. The most difficult cases are managed only with energetic techniques and the use of other plants.

22. Have you observed epileptics drinking ayahuasca?

Some cases of compulsive crisis can be observed in people that suffer from epilepsy. For these people regular precautions must be taken in order protect them from

hitting themselves. The crises are reduced in intensity and frequency in these patients after taking ayahuasca. In people for whom the emotional factor is fundamental in triggering their epileptic seizures, the use of ayahuasca in progressive doses can be a complementary therapeutic method that is worth being combined with other plants and techniques. Ayahuasca should not be considered as a treatment for epilepsy and its use is not recommended for epileptic seizures with different origins than the psycho-emotional ones.

During our longtime experience we have only seen one case of a short convulsive crisis in a patient without such a background and without further consequences. Therefore we generally consider this problem as almost nonexistent if the regular precautions in the selection of patients are taken.

23. Have you observed diabetics drinking ayahuasca?

As I mentioned before, we normally exclude diabetics from our works but we have had some cases of diabetics taking ayahuasca and they have not faced any problems when they follow the dietary rules of correct hydration and an adequate preparation. We even had two cases of insulin-dependant diabetic patients who controlled themselves and who experienced their ayahuasca sessions in a completely normal way. A young Peruvian man who was an addict and diabetic accomplished his whole treatment at Takiwasi without having any trouble; he regulated his blood sugar through dietary changes, regular life and the cessation of drug consumption.

The precautions are greater with certain bitter purgative plants, which can induce hypoglycemia.

24. Have you observed people with hepatitis C drinking ayahuasca?

Ayahuasca is mainly metabolized in the liver; hence it is desirable that the hepatic function is as functional as possible. Therefore in the case of hepatitis there is a hyper-sensitivity to ayahuasca so the doses must be smaller and the ingestion of ayahuasca must be accompanied by an adequate diet and the ingestion of anti-inflammatory preparations, hepatic protectors and purifiers. So the hepatitis C does not represent a contraindication of ayahuasca ingestion if performed under appropriate conditions and with a biomedical follow up that allows for the evaluation of the hepatic function development.

25. Can menstruating women drink ayahuasca?

In Takiwasi menstruation is considered as the absolute contraindication for Ayahuasca ingestion, especially during the first days of the period. During her menstruation the woman not only performs a physical and physiologic cleansing of her reproductive organs but she also achieves an energetic cleansing. The blood bears what physically corresponds to the soul, the inner self, and menstruation represents a monthly opportunity for woman to evacuate negative energies. In states of expanded perception such as under the effects of ayahuasca, these normally subliminal emanations are perceived in an increased way. If we are talking about a woman with a strong charge of bad energies in her energetic body, these emanations become very

toxic and they represent a real danger. They induce what is called a “bad trip” with a negative alteration of all perceptions, terrifying visions and sensations. These effects depend on the toxic charge on the energetic level of the menstruating woman and can vary from benign to extremely dangerous.

We have had the opportunity of experiencing this several times with women who decided not to reveal that they were menstruating at the time because they assumed that this limitation was a macho prejudice or an irrational belief. The outcome was highly negative and influenced the effects of ayahuasca for all the participants by provoking unbearable visions and sensations that could have induced states of insanity. The master *curandero* must be very experienced to be able to control these energies and he must have a very prepared energetic body to be able to bear them himself.

It is necessary to point out that drinking ayahuasca can trigger menstruation within the same session of ayahuasca ingestion. In this case, the evacuation does not have the same toxic effects because it occurs inside the energetic-ritual setting that induces and contains it.

26. Can pregnant women drink ayahuasca?

Pregnant women may ingest ayahuasca and there are no known cases of teratologic effects in the fetus. The Amazonian tradition even considers children conceived by mothers who regularly drink ayahuasca to be physically better looking and more awake and intelligent. As a matter of fact, without having performed any systematic studies, we can observe that this is what seems to occur. There have been several cases of women taking ayahuasca who had recently gotten pregnant and no damaging effects for the child or the mother have been observed during the session or in the long run.

However, as means of precaution at Takiwasi we don't give ayahuasca to pregnant women with less than three months of pregnancy to avoid potential abortions by expulsion due to vomiting efforts.

Besides that, pregnant women have a very strong energy that can affect and disturb the other participants during an ayahuasca session. This is another reason for avoiding having pregnant women within the group of ayahuasca drinkers.

Finally, regarding the lack of studies about this particular situation, in Takiwasi we opted to dispense with the ingestion of ayahuasca by pregnant women as a form of precaution although there have been no negative precedents nor scientific arguments against it.

27. Are there specific guidelines or precautions in the case of infants and children drinking ayahuasca?

Children can drink ayahuasca without having other limitations than adults regarding physical and psychological contraindications. The Amazonian tradition also states the same. The dose must be adjusted to age and psycho-physical constitution.

However, as previously mentioned, we consider the individual's intention to be essential for the ingestion of ayahuasca and in the case of children the intention does not go beyond a curiosity for something strange that happens during the night and

where their parents go. In this case a child can be allowed a small dose of ayahuasca so he may realize what is happening and thus satisfy his curiosity. It has been noticed that after such an experience the child loses major interest in this matter and no longer asks to attend. Children less than 10 years of age have sufficient access, via their environment, to their inner world and to the imagination for them not to be interested in drinking ayahuasca. During the session they can see images as in their dreams and quickly fall asleep. Therefore, in general we consider the sole use of ayahuasca by a child in response to a temporary curiosity to be harmless although we do not see any serious reason why such drinking should happen repeatedly and frequently. For therapeutic needs, there are other methods to access their inner world which are a lot gentler and more adequate to their age and mental structure, for example guided dreams, the use of stories, drawings, etc. It is necessary to respect the developmental process of the child if it does not solicit this kind of intervention, and we think it is incorrect to use ayahuasca solely because of the parents' interest.

Depending on their degree of maturity, for a teenager the introduction to the world of ayahuasca can play the role of initiation into the symbolic dimension of life. However, we consider it necessary that the youth possess a minimum of psychic structure that allows him to integrate what happens during the ayahuasca sessions. At the same time, he has to be accompanied by competent persons who allow him to perform this integration process of his experiences. This assumes that the ayahuasca sessions are integrated in a coherent and structured therapeutic context where other tools, besides the induction of altered states of consciousness, are utilized.

In Takiwasi adolescents are admitted only when there is a specific therapeutic need and when both the adolescent and the parents approve of the procedure. Also, in accordance with Peruvian law, authorization for the internment must be requested from the judicial authority for minors (in this case a family judge). The concerned individual must clearly state his personal desire and agreement beyond the possible interest of the parents and integrate himself in a process that includes adequate preparation, accompanying psychotherapeutic tools and a post-ayahuasca follow up. Generally this does not concern people younger than 15 years of age. In those cases where a clear form of containment and integration of the lived experiences with ayahuasca along with other complementary methods exists, very positive results have been observed. It can't be ignored that many young people have taken drugs at a much younger age than 15, had a very early sex life and life experiences that are usually reserved for adults and can generate depressive patterns or neurotic conduct and inadequate social behaviors. In these cases and within the suggested setting they doubtlessly benefit from the proposed therapeutic protocol.

28. Can the elderly drink ayahuasca? Is the dosage the same as that for younger adults?

Elderly people may consume ayahuasca as long as their psycho-physical state does not present any of the previously mentioned contraindications. Advanced age represents a factor for reducing the dose but is not exclusive and can vary a lot from person to person. In general, for all cases of apparent fragility and physical or psychic vulnerability, one begins with low doses that allow for the evaluation of the subject's reaction and the adjustment of the following doses. There are known *curanderos* of advanced age who continue to drink ayahuasca.

29. Is there a risk that people who have been addicted to other substances might become addicted to ayahuasca?

Ayahuasca does not in any way induce any dependence and we can affirm this with complete security that comes from 23 years of experience of using ayahuasca and following up on the sessions of thousands of different people as well as our own. Therefore it absolutely does not represent a process of substitution for an addictive drug.

By the time people finish the process in Takiwasi they do not desire to continue drinking ayahuasca since they know the requirements that this work requires of them such as the dietary rules and sexual abstinence, the unpleasant taste of the brew, the difficult confrontations with their inner world, and the requirements of ritual and conduct. Ayahuasca teaches precisely that the access to the “other world”, to the symbolic world, inner or spiritual, is extremely necessary and requires sacrifice, vocation, motivation, and infinite respect.

For exactly this reason we consider ayahuasca to be not easily manageable and it cannot be generalized as a therapeutic instrument en masse. The demands on both the therapists and/or guides, as well as on the patients, indicate that this tool suits strongly motivated people, with clear intentions and ethical values. Its inadequate use can cause risks that do not allow it to be considered as an openly accessible and completely harmless medicine.

30. What do you consider wrong contexts for the use of ayahuasca and which would be the ideal public regulation of its use?

The effects of the entheogenic psychoactive substances (conventionally called “hallucinogen” by mistake) depend more than anything on the interior and exterior context of the subject, on the “set” and the “setting”. I believe that the set should not and cannot be regulated because it is the interior freedom of each human being. The setting or exterior context must be regulated at least to avoid gross mistakes that could put people’s health at risk.

First of all I think that solitary use, with no accompaniment, is not recommended even though I do not believe in prohibition which is ineffective (a prohibition never stopped people from consuming what they wanted), amoral (why not prohibit alcohol and tobacco which are far more dangerous?) and dangerous (it favors the black market and ascertains that it will be taken in poor conditions). So I believe the regulation should be applied only to group ceremonies. As long as there are spaces that are regulated, transparent and serious, and with ayahuasca being hardly recreational, with its unpleasant flavor, and forcing people to go through difficult interior confrontations, good common sense will lead the majority of candidates to stay away from solitary adventurous use and to prefer a minimum of security and accompaniment.

On a level of physical health we have seen that there are very few dangers regarding the use of ayahuasca except in extreme cases of metabolic deficiency, which would be easily screened out by any physician acting as the guarantor at this level of suitability for ayahuasca drinking.

On a psychic level, a previous screening out of cases of serious personality disorders or other cases of psychiatric pathology could be performed as a basic precaution measurement. The key lies in the capacity for leading the session by previously well-prepared people who do not necessarily have to be doctors. These therapists should have solid personal experience in the use of ayahuasca themselves, which is the best guarantee of their ability to face embarrassing situations during a session.

For this we should distinguish between the countries that have previous cultural experience in this field and where empirical doctors (*curanderos*) are perfectly able to guide sessions in their own context and the countries where this traditional context does not exist.

In the countries or geographic zones of ancestral use of ayahuasca, the ethnic groups know how to regulate this practice without the need of intervention from the state. However, in view of the growing *mestizaje*, the appearance of neo-shamanism and shamanic tourism, and the growing circulation of goods and persons, there is a tendency to distort the use of ayahuasca. Therefore I believe that the establishment of networks of *curanderos* based on ethical codes agreed upon by ayahuasca practitioners (which is already beginning to be done with the Unión de Médicos Indígenas Yageceros de la Amazonía [UMIYAC] in Colombia and the Red de Médicos Tradicionales Ayahuasqueros y Yageceros [RIMTAY] in Peru), with the mechanisms for integration and expulsion from the network publicly announced, is the most effective and practical way to assure the regulation of the use of ayahuasca.

In other countries without the traditional use of ayahuasca, it seems to me that a session leader should not only demonstrate a solid personal experience but should also have basic training in psychotherapy (I don't mean only psychology or psychiatry), in the therapeutic relationship, to be able to accompany their patients before and, even more importantly, after the sessions (to avoid ego inflation) within an integral therapeutic process allowing the correct integration of the experiences.

Finally, I believe that the true danger of ayahuasca use is spiritual in essence, since it opens the doors to the dimensions of the invisible world wherein there lies the possibility of infestation by exposing oneself without protection (essentially ritual) to harmful psychic and spiritual forces. Traditionally, ayahuasca has been not only a preparation used for therapeutic purposes, but it is also often used for witchcraft, magic and other dangerous occult arts destined to harm people to the extreme of driving them to insanity or killing them. It is an undeniable reality yet generally disregarded in the Western context, desacralized and impregnated with materialism and rationalism where nevertheless occult practices are becoming more frequent and diffuse every day. Within the "New Age" universe there are many therapeutic or personal development proposals that, be it consciously or not, hide sources of spiritual contamination. However, there is not a single authority enabled to judge who is who or who does what; thus, I do not see how regulation could work at this level. The ignorance of these spiritual dangers makes Western society very vulnerable to them. That's why I believe that the best prevention lies in education, preparation, open dialogue, and the dissemination of recommendations and useful advice.

Maybe it could be demanded that each person that wishes to administer ayahuasca publicly, has the obligation to indicate his lineage, life trajectory, claimed level of skill, the location where he practices, the conditions under which he works and for

what price... all of which could be verified by a third party. That way, an ayahuasca novice would have the possibility to choose the best context within which to initiate himself and the “charlatans” and “tricksters” could not so easily hide in the shadows. Mandatory transparency could be the best tool for prevention.

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- 1 Baud (2003); Bolsanello (2005); Bustos (2008); Del Bosque (2007); Denys (2004/2005); Harrington (2008); Kavenska (2008); Moir Jamie (1998); Moure (2005); Perrin (2002); Pfitzner (2005; 2008); Presser-Velder (2000); Sieber (2007); Villemaine (2007)
 - 2 Mabit (1988a; 1988b, 1992; 1994; 1996; 1998; 2001; 2002; 2004a; 2004b; 2007a; 2007b); Mabit, Campos and Arce (1993); Mabit, Giove and Vega (1996)