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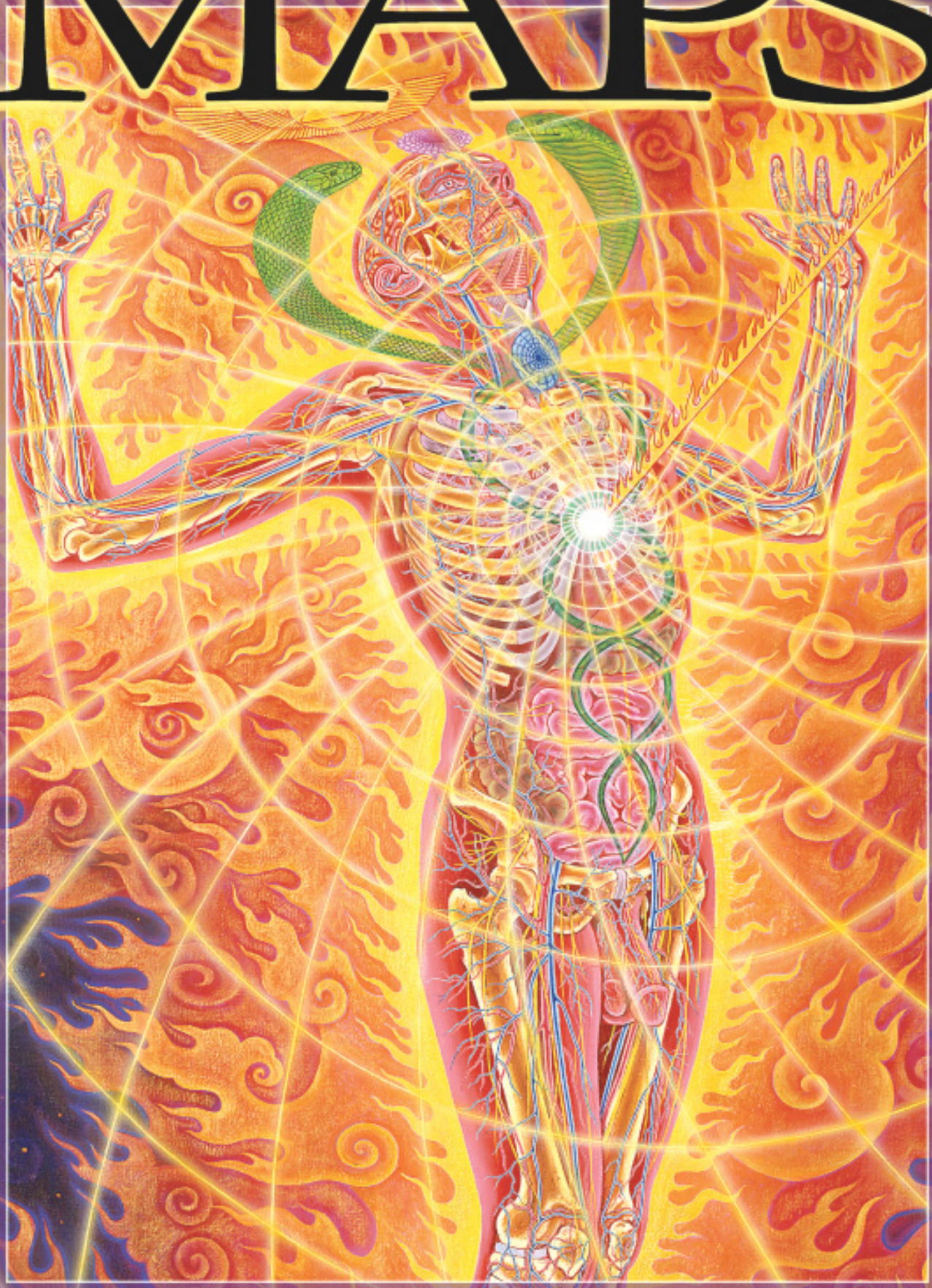

Volume XIII, Number 2
Winter 2003

Ibogaine: Treatment Outcomes and Observations

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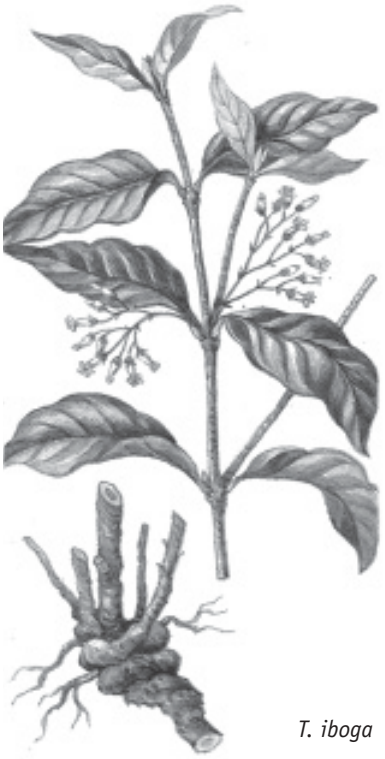
Background

Ibogaine is a naturally-occurring psychoactive indole alkaloid derived from the roots of the African rainforest shrub *Tabernanthe iboga*. Ibogaine is traditionally used by indigenous peoples of Western Africa in low doses to combat fatigue, hunger and thirst, and in higher doses as a sacrament in spiritual initiation ceremonies.



T. iboga

The pharmacological properties of ibogaine have been researched for over 100 years. In fact, ibogaine was marketed in France under the trade name Lambarene until 1970 and used for its generalized effects on the body and for promoting a sense of well being.

The efficacy of ibogaine for treatment of drug dependence was first discovered by Howard Lotsof in 1962. In 1985 he was awarded a series of patents related to ibogaine's apparent ability to "interrupt" a wide range of substance abuse disorders, including those associated with opiates (heroin), opioids (methadone), stimulants (cocaine, methamphetamine), as well as alcohol, nicotine and poly-substance abuse.

This data was originally based on anecdotal reports from groups of American and European self-treating drug addicts, which indicated that ibogaine completely blocked opiate withdrawal and significantly reduced craving for alcohol, opiates/opioids, cocaine and a variety of other addictive drugs for extended periods of time.

The early to mid-90s saw a flurry of activity and interest in ibogaine. The FDA granted an "Investigational New Drug" (IND) license to Deborah Mash, Ph.D., at the University of Miami School of Medicine, to conduct ibogaine treatment in human drug-dependent volunteers. Unfortunately, due to a lack of funding there has been extremely limited progress. In 2003 establishment acceptance of ibogaine appears no closer than a decade ago.

At the present time — within the United States — ibogaine is Schedule I. It is also a controlled substance in Sweden, Belgium and Switzerland. Ibogaine's legal status in the rest of the world is that of an unlicensed, experimental medication.

Underground

The poverty of clinical data stands in sharp contrast to the wealth of personal claims made about ibogaine's efficacy in curbing substance abuse. The Internet abounds with stories of miraculous recoveries and life-changing experiences as a result of ingesting ibogaine.

Ibogaine's legal status within the US and a small handful of additional countries has effectively

placed it in limbo. However, medically supervised, government-licensed ibogaine treatment is currently available at the Healing Visions clinic, located in St. Kitts, West Indies, where Dr. Deborah Mash is the Director of Research. Unlicensed treatment is also offered at centers in Mexico, Canada, and Italy.

In response to the growing mountain of anecdotal evidence attesting to its efficacy, an informal underground treatment network has risen, with a variety of individuals offering ibogaine itself (HCl, extract, whole root, and pretty much everything in between), to treatment of drug dependence using ibogaine.

"In response to the growing mountain of anecdotal evidence attesting to its efficacy, an informal underground treatment network has risen, with a variety of individuals offering ibogaine for treatment of drug dependence."

The use of ibogaine as an entheogen — for attaining greater self knowledge and/or union with the divine — is also on the rise, with an actual religion (Sacrament of Transition) recently been established in Slovenia.

Worldwide awareness and availability of ibogaine have continued to steadily increase, with a significant burst of exposure in the mass media over the last year. Articles on ibogaine have appeared in the *New York Times,* the *Journal of the American Medical Association* and other publications.

Treatment

The following paper describes a series of ibogaine treatments that were facilitated in 2001 and 2002. The program took place in the tranquil surroundings of The Farm, West Sussex, U.K. The facility used was a converted soundproof studio — formerly a recording studio — separate from the main house.

Exceptions were made for two individuals, who were treated in their own homes. It is our opinion that the results achieved were enhanced when done outside of the client's residence. The opportunity to have several days divorced from the demands and surroundings of daily life offers a better opportunity to process and integrate the ibogaine experience.

The process began with an initial introduction and consultation, during which the possible risks and potential benefits associated with ibogaine treatment were discussed. If the outcome resulted in the subject feeling that this was a suitable treatment modality, he or she was required to submit to a liver function test and an ECG. Once an informed decision had been made, and the reports of the liver and heart tests returned acceptable results, a session was scheduled.

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Inclusion criteria

- Subject participation must be voluntary and informed.
- Subject must sign an informed consent indicating their understanding of the possible risks and potential benefits of ibogaine.
- Subject must have done some research and investigation into ibogaine and given some thought to the process.
- Subject must obtain an ECG and report.
- Subject must provide reports from a liver function test and blood work.
- Subject must sign a form stating that they have not taken any narcotic analgesics, cocaine, amphetamines or alcohol for the last 12 hours before arriving and that they have none of these substances in their possession.
- Subject must provide a next of kin in case of emergency.

Exclusion criteria

- Significantly impaired liver function.
- Any signs of abnormalities on the ECG or any previous heart problems.
- Severe mental health problems such as schizophrenia or bipolar disorder. (While it is unlikely that ibogaine could cause possible adverse reactions with bipolar disorder, the choice was made not to bear the responsibility in the majority of cases.)
- Anyone who is HIV positive or HEP C symptomatic.
- Anyone presently taking antipsychotic medication (i.e., neuroleptics, or certain antidepressants).
- Anyone on any long-term medication for which there is no prior data available regarding possible interactions with ibogaine or psychoactive compounds.

The above criteria were on occasion negotiated and compromises were made. Most individuals who were treated were not in good health. Over 90% had been diagnosed with depression, and several clients suffered from compulsive disorders.

Dosage

The form of ibogaine administered was hydrochloride (ibogaine HCl). The dose range was from 15-20mg/kg of body weight for those wishing to detox and interrupt addiction. 10-12mg/kg was given to individuals who were taking ibogaine for purposes of self-exploration or spiritual insight.

The dose range for addiction interruption that appeared to be the most effective was between 17mg/kg to 19mg/kg. The slightly higher dosage seems to have been more effective. However, for subjects that had poor liver function, we chose not to exceed the 17mg/kg ceiling.

Outcomes

Over the course of a one-year period, 24 sessions were facilitated. Of these, 18 took place with the specific intent of breaking a pattern of drug dependence.

As of this writing — some two years later — six of these 18 individuals are still clean, and have remained so for the duration.

Two people remained clean for the better part of a year, and then returned to drug use when their health declined. They claim they are self-medicating for pain, and are presently awaiting treatment at a government-funded rehabilitation center.

Two individuals maintained abstinence for 3-6 month periods after initial ingestion of ibogaine, and then returned to intermittent drug use. At the present time they are still struggling to maintain longer periods of sobriety. One person died of a heroin overdose after remaining clean for six months. Five people relapsed within one month of treatment. Two persons have not maintained contact, but remained clean for at least one week.

Observations

Ibogaine is extremely effective in providing a painless detoxification from opiates and opioids. In nearly all cases objective and subjective symptoms of withdrawal were either eliminated or seriously attenuated with a single-dose administration of ibogaine.

The physical dependency was no longer there. However, the complex series of psychobiological interactions that caused someone to become addicted in the first place were still present. Ibogaine is not a “cure” for drug addiction.

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"Typically, what someone feels after taking ibogaine is described as 'hitting a reset'."

Typically, what someone feels after taking ibogaine is described as "hitting a reset." Ibogaine returns one's state to a pre-addiction modality, and provides a window of opportunity during which the chance to establish or re-establish control is once again present. People are making choices, not following compulsions.

Approximately half of the subjects gained an impressive level of introspection and insight into their behavior during the "visionary phase" of their experience. For the other half, the most typical ibogaine experience — memory recall — was completely absent. While they were grateful for their lack of physical dependency, they expressed overall dissatisfaction with the level of insight obtained, lack of visionary experiences, or the seemingly abstract hallucinations which had no relevance to their lives.

Most subjects had a high level of openness and showed the desire and ability to communicate about emotional topics following their ibogaine experience. There was a single exception to this rule, a person who subsequently used opiates immediately upon leaving the facility.

Bad trips

Taking any psychoactive molecule can lead into relatively unexplored areas of the mind. Accounts of people who have done ibogaine and compared it to "acid times a million!" are probably heartfelt and reflect an accurate representation of the individual's opinion.

However, this doesn't necessarily make it "true." For anyone who has experience with altered states and familiarity with psychoactive compounds, an ibogaine trip will not present much of a problem. Ibogaine is an extremely mild entheogen, ego death does not occur, and if the experience becomes unpleasant, one can make the visions recede by simply opening one's eyes or turning on the light.

Additionally, many persons experience no visions whatsoever. However, it has been our experience that many — if not most — drug-dependent individuals dislike "tripping." In some cases, "dislike" is a severe understatement. The single greatest fear expressed usually amounts to, "I can't think of anything worse than tripping while I'm going through withdrawal!"

People who are physically dependent on opiates or opioids, and dose with ibogaine, are not "going through withdrawal" while tripping. The physical symptoms of withdrawal are lifted within roughly 30-45 minutes after ingesting ibogaine, before the visionary phase of the experience begins.

As with any molecule that produces altered states of consciousness, a variety of distressing situations can arise. These can be addressed with the help of an experienced sitter or guide. It is important that the sitter remain calm, and reassure the subject that they are okay. A sitter can reassure the subject by holding his or her hand and staying close by. One would also make sure that the subject is not in any physical danger by checking all the vital signs. The most important thing to stress is that the experience will pass and encourage them to relax into it rather than fight it. It is the fighting that intensifies such emotions.

Aftercare

Probably the single most important question in ibogaine treatment is the question of aftercare. Nearly all treatment providers stress the importance of post-ibogaine treatment and follow-up care in order to maintain sobriety. Yet the question of what exactly that treatment should be is difficult to answer. There is no single solution available which is optimal for all — or

even most — individuals.

This problem is worsened by a lack of funding and cohesion among ibogaine treatment providers. Data is usually not available to the public, nor is it shared between providers. Different criteria and protocols are used, and often valuable information is overlooked. Without adequate funding, treatment providers find it time-consuming and difficult — or impossible — to maintain contact and cooperation with clients; therefore keeping progress reports is extremely problematic.

In addition to the host of problems mentioned, most individuals who seek help for drug-dependence can barely afford ibogaine treatment, let alone aftercare. Many who seek ibogaine treatment have been through the entire spectrum of more standard treatment options. They are disillusioned with the 12-step programs, tired of therapy, and generally burnt out on the entire concept of "drug treatment."

Yet some sort of aftercare is essential. Many individuals are self-medicating a variety of comorbid conditions. When they cease taking their drug of choice, the underlying disorders come to the surface and need to be addressed, quite often with a combination of medication, therapy, and other forms of treatment.

A significant amount of emotional baggage is often brought to the surface after using ibogaine, and without the support of a therapist, and some kind of safety net, there is usually very little the client can do with this material. In many cases, core issues such as abuse are revealed, and the emotional impact can be overwhelming.

In our experience, post-treatment bodywork can be extremely beneficial — and in some cases, absolutely essential — as it helps facilitate a positive transformation and provides a deeper understanding and release mechanism for years of psychological or physical abuse.

To conclude, no two- or three-day recovery program can alone correct years of substance abuse. The six individuals who remained clean were all people who checked themselves into an aftercare program or sought therapy on a regular basis, post-ibogaine. The ibogaine experience can be very life-changing and leave people open and enthusiastic about creating change in their lives. While no single treatment option or modality is optimal for everyone, it is extremely important to plan ahead and make use of this window of opportunity, by whatever means are available to the client.

"Without adequate funding, treatment providers find it time-consuming and difficult – or impossible – to maintain contact and cooperation with clients; therefore keeping progress reports is extremely problematic."

Conclusions: The future of ibogaine

Ibogaine is not a maintenance drug, and no pharmaceutical house appears to have much interest in developing a medication which is only ingested once or twice. Even more importantly, the patents on using ibogaine to treat opiate/opioid addiction have expired. This amounts to a complete lack of interest from the medical community. Aside from helping those who are addicted to drugs become un-addicted, there seems to be little incentive in developing ibogaine. With no dollar signs at the end of the rainbow, development of ibogaine as a for-profit medication simply will not happen.

We know that many substance-addicted

individuals are experimenting with ibogaine on their own. Unfortunately, as with any substance which obtained through "the underground," you run a variety of risks, since you don't know the purity, origins, or authenticity of the materials you're trying to obtain.

Our advice has always been relatively consistent and straightforward. If you cannot afford to dose with ibogaine in a medically supervised setting: do as much research as you can about the materials you are attempting to obtain, about the reputation of the person(s) making them available to you, and *especially* obtain dosing guidelines from people who have used those same materials in the past.

None of this is a guarantee; it's more like a very basic prerequisite. If an individual has no idea what materials he or she is actually taking or where they came from — and if those materials turn out to be real and that individual miscalculates, the mistake can be fatal. Ibogaine CAN kill. It is not a recreational drug.

Of course there are many things that can kill, and if you're drug-dependent, this includes the heroin and crack you're doing and the lifestyle that comes with it. Nobody listens to warnings anyway — but we ask people to please try to educate themselves to the best of their ability to do so. Everyone's going to do whatever they're going do, but it doesn't hurt to take action with at least some knowledge backing it up.

Obviously, the best way to minimize these risks would be to make ibogaine treatment legally and cheaply available. However, whether it will ever be accepted as a treatment modality for drug addiction — especially within the United States — is highly debatable. The lack of financial incentive for pharmaceutical companies, the costs involved in development, and ibogaine's unusual mechanism of action are all hurdles to its acceptance.

But none of this has changed the fact that for many people in need of help, ibogaine continues to "work."

Further information

An ibogaine e-mail list has been established. Participants include pretty much everyone in the ibogaine universe, ranging from all the major — and minor — ibogaine treatment providers, a variety of Ph.D.s and M.D.s, heartwarming success stories, complete disasters, psychonauts, junkies, crackheads, disenfranchised nutjobs, and the Ghost of Saint Cobain.

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Tsogo people, Gabon
Female Figure from a Bwiti Shrine, 20th century
Wood, nails
135.9 x 24.1 x 24.1 cm.