



## Peru's Takiwasi Center Uses Medicinal Plants to Treat Addiction

By Barbara Fraser April 30, 2012

Barbara Fraser  
Mabit learned from shamans.

Darkness closes around a circle of white-clothed figures seated in a thatch-roofed building in the Peruvian jungle. One by one, they kneel and drink a cup of liquid proffered by a gray-haired man seated on a low stool under a religious icon.

Softly, over the buzz of cicadas and the muted rush of a nearby stream, the leader begins to chant. "Carry me.... Teach me.... Guide me.... Mother ayahuasca, carry me toward the sun...."

Over the next five or six hours, Dr. Jacques Mabit, a native of France who is both medical doctor and curandero, or traditional healer, will watch over the group as ayahuasca—which has been called the "vine of the soul" and the "vine of death"—takes them to an altered plane of consciousness. Tomorrow, after they have come back to this world and gotten some rest, they will talk about the visions inspired by the hallucinogenic plants—the places it took them, what they saw, and the lessons to be learned.

The ritual is part of the nine-month therapy program at the Takiwasi Center, a cluster of rustic buildings on the edge of Tarapoto, Peru, a steamy town in the Amazon. Founded by Mabit in 1992, the center has treated nearly 1,000 drug addicts with a combination of psychotherapy and medicinal plants, including the ones mixed to make ayahuasca, a hallucinogen used by indigenous healers throughout the Amazon.

In Mabit's view, the ayahuasca-induced altered state of consciousness that shamans seek for enlightenment can lead addicts to deeper self-awareness, enabling them to address not just their addiction, but the deeper issues underlying it. "This isn't a treatment," Mabit says. "This is a life change."

The program uses three types of plants—purgatives, for what Mabit calls physical and emotional cleansing; "teaching plants," which help patients work through particular problems, such as fear or self-esteem or focusing; and ayahuasca, a hallucinogenic brew made from several Amazonian plants, which produces intense visions.

Those visions are interpreted through psychotherapy, much as a more conventional practitioner might work with dreams.

## Psychedelic Brew

No one knows who first stumbled upon the combination of plants used to make ayahuasca, but psychedelic concoctions have long been used by Native Amazonian groups. The name of the brew varies from place to place, but the active ingredient is N,N-dimethyltryptamine, or DMT, which is similar to psilocybin, the psychoactive substance in “magic mushrooms.”

DMT occurs naturally in some plants and animals, including humans. Although its function in the body is not clear, it is related to serotonin, a neurotransmitter in the brain that regulates physiological functions such as body temperature and heart rate, as well as mood, appetite, anxiety and sleep. DMT acts on the serotonin system, as do some conventional psychiatric medications, such as antidepressants.

When taken orally, DMT is normally broken down by an enzyme in the digestive tract. Ayahuasca therefore also contains another plant, *Banisteriopsis caapi*, that blocks the release of that enzyme, allowing the DMT to reach the brain.

The psychedelic effects that follow can last four or five hours. While the experience varies from person to person, there are some commonalities—colors and shapes; images of creatures, such as reptiles and insects, and sometimes alien beings; and a bright light reminiscent of reports of near-death experiences.

DMT can also induce a state described as spiritual or mystical, and shamans or curanderos throughout the Amazon use DMT-containing potions for healing and spiritual guidance. It is also central to rituals of two religions that arose more recently in Brazil, Santo Daime and the União do Vegetal or “Union of the Plants.”

Because DMT is listed as a Schedule I drug in the United States—the highest level of control—its use outside those religions is illegal there. Peru’s Amazon region, however, has become a popular destination for foreigners seeking a spiritual awakening, and “ayahuasca tourism” has become a cottage industry for real and imitation shamans.

Some critics argue that the ayahuasca ritual is distorted when taken out of its traditional context in Native societies. While Mabit cautions against indiscriminate use, particularly because charlatans may take advantage of vulnerable users, he defends its therapeutic application for treating addicts. Ayahuasca, he says, produces an altered state of consciousness that crosses cultural boundaries. “If it were a cultural product, it would be inappropriate” to use it outside the traditional context, he says. “But if it is transcultural, it is as valid as a Native person taking an aspirin to cure a headache.”

Psychotherapist Anya Loizaga-Velder agrees. “All human beings have the potential and the need to reach modified states of consciousness,” and many cultures have incorporated means for doing that, she says. “Postmodern culture has not integrated [those means], but that doesn’t mean the need for those modified states of consciousness has disappeared.”

Psychedelics such as ayahuasca “can bring about therapeutic changes when other therapeutic methods have failed,” says Loizaga-Velder, who is cofounder of the Nierika Center outside Mexico City and has studied the therapeutic use of ayahuasca.

At the Takiwasi Center, prospective patients undergo a rigorous admission interview. Although the relatives of addicts regularly write to ask how they can get a family member into treatment,

the first requirement is that the patient himself—the center only has facilities for men—demonstrates that he really wants to tackle the addiction.

As long as the patient is sufficiently motivated, Mabit says, Takiwasi will reduce or waive the \$1,000-a-month fee. Upon arrival at the center, which is off a dirt road on the outskirts of town, the patient goes through a check-in that includes a medical exam and a search of the places, like shoes, where newcomers try to stash drug. He then spends a week or more in “detox”—going through withdrawal—with the help of herbal purgatives, which Mabit says accelerate the process.

Once that is over, if the patient decides to stay, he moves into one of the spartan dormitories across the garden from the main offices. The next nine to twelve months are roughly divided into three stages—three months of looking at the past, three of introspection about the present, and a final phase of planning for a future.

The therapy is woven into everyday life—cooking and cleaning, crafts, workshops such as biodance and yoga, and dealing with the conflicts that inevitably arise in community life.

Ayahuasca rituals are held weekly, but Mabit puts more emphasis on what he calls the “diet,” an exercise in physical and emotional discipline, in which the patient spends 10 days in a shelter in the forest taking an extract made from “teaching plants,” alone except for visits from a psychologist and a staff member who brings food.

Some people can’t tolerate the time alone, or they violate the dietary restrictions that are part of the regimen. Although Mabit admits that critics have sometimes called the 10-day long diets abusive, he says that for many patients, they are turning points. “For them,” he says, “it’s not a punishment to go do a diet—the punishment would be not to do the diet.”

Once a week, the patients and occasional visitors gather in the maloca, a large, airy, thatch-roofed common building typical of Amazonian Native communities, to take ayahuasca. The ritual, which lasts into the early-morning hours, is an inward journey. After the patients have a chance to rest, they meet with therapists to talk about the visions they saw during the ritual.

## **Learning From Plants**

It was an ayahuasca vision that led Mabit to open the Takiwasi Center.

While working with the humanitarian group [Doctors Without Borders](#) in the highlands of northern Peru in the early 1980s, the French physician gained an appreciation for traditional healing techniques, especially those used by midwives. Curious, he began to investigate further, seeking out healers in the Amazon. During one ayahuasca session with a shaman, he encountered beings he says called themselves “guardians of the forest” who told him he could study healing plants as long as he used what he learned to help addicts.

For the next half-dozen years, Mabit journeyed through the Peruvian Amazon, learning about medicinal plants and rituals from healers in various tribes. He found them willing to share their knowledge, he says, largely because young people in their own communities showed little interest in following in their footsteps.

Although it has now been open for 20 years, the Takiwasi Center remains small, with a staff of some 30 people, including half a dozen psychologists, tending a maximum of 15 patients at a

time. Most of the patients are Peruvian, though some come from other Latin American countries, and there are a few Spanish-speaking Europeans. For nonaddicts curious about the center's approach, Mabit organizes two- and three-week "seminars" that he says offer a similar, more intensive experience with plants. The \$1,500-per-person fee for those sessions, held five to eight times a year, is one of the center's main sources of revenue.

Mabit claims that Takiwasi's patients have a higher recovery rate than those in conventional rehab programs. About one-third break their addictions, one-third continue to have some less-debilitating addictive behavior, and one-third do not recover, he says. He tries to follow up with patients for a year or two after they leave the center, but admits he lacks systematic data for analyzing the outcome of the treatment program.

### **Good Stories, But Few Studies**

That is a huge problem with research on psychedelic substances, says Charles Grob, a psychiatry professor at the University of California, Los Angeles who does research on the psychopharmacology of hallucinogens. The crackdown that followed freewheeling experimentation with LSD and other psychedelic substances in the 1960s had a chilling effect on scientific research, Grob says. In the past few years, there have been signs of a thaw—Grob recently completed a study of the effects of psilocybin on anxiety in terminal cancer patients, and researchers at Johns Hopkins University have found that the same substance can induce what research subjects call a deep and lasting spiritual experience. In a paper published in January 2012, researchers who used MRI scans described how psilocybin reduced activity within parts of the brain that have the densest connections to other areas.

"In terms of treatment [of addictions], there hasn't been a lot of research," he says. "Takiwasi has a number of anecdotal reports that look very positive."

In a study in Brazil, Grob found that some alcoholics with aggressive tendencies stopped drinking and changed their behavior after joining the União do Vegetal church and participating in its ayahuasca rituals. More recently, Norwegian scientists reviewing data from studies in the late 1960s found that two to six months after taking a single dose of LSD, 59 percent of study subjects reported that they had either quit drinking or had significantly reduced misuse of alcohol, compared to 38 percent of control-group subjects. Their findings were published in the March 2012 issue of the *Journal of Psychopharmacology*. So is it the psychedelic experience, the spiritual awakening or the supportive environment that makes the difference in the Takiwasi program? "All of the above," Grob says. "Hallucinogens in general induce very powerful states of hypersuggestibility," and Takiwasi patients undergo long, intensive psychospiritual therapy. "They have powerful experiences and are provided a great deal of support. These are all factors. You don't really know for sure what's behind the positive outcome until you account for all the variables."

Given the evidence, Grob says, if research permits and funds allowed, "I would like to set up a study looking at whether we could create a good treatment model for chronic alcohol abuse" using ayahuasca.

Mabit would also like to have a research budget to develop tools for measuring the results of the Takiwasi treatment program and study the plants it uses. "There's a lot we don't know," he says. "We use traditional knowledge, but it hasn't been studied" scientifically.

But Mabit cautions against focusing on science to the detriment of spirituality.

“I’ve realized that many mental health problems or existential problems have to do with the spiritual dimension, which tends to be neglected by modern psychotherapy,” he says. Ayahuasca provides a way to help patients “accept [their] uniqueness as individuals, reconcile with the good in that, and take what is bad, purify it, heal it and forgive, so that it can be turned into a positive force.”

Mabit believes, however, that the traditional Amazonian brew holds undiscovered secrets.

“I’ve been taking ayahuasca for 25 years,” he says, “and I’m still learning.”

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