

ibogaine.co.uk**Treatment
notes****Ibogaine treatment notes****from Brian Mariano**Brian Mariano <http://www.ibogainetreatment.net/>*from his talk at the London Ibogaine Conference, December 2001*

Dear friends,

Right after the first international conference on ibogaine held in New York, Dec 1999, by the NYU School of Medicine, I was introduced into ibogaine treatment by my colleague and friend Karl Naeher and since then I'm doing this work. I started with giving my friends ibogaine sessions for consciousness exploration purposes with the intent to start a similar work like the INTASH was doing. (The International Coalition for Addicts Self Help). For few months I was wondering where the hell shall I find this first addict to begin with. I always lived in a drug free environment and the world of drugs was very far away from my own. Once being at my mother's place, my mother mentioned that she met in a spa near Prague a very nice lady which unfortunately has got a son addicted to drugs. Addicted such a long time that there's practically no chance he'll ever get out of it and I thought : "Yes, that's precisely the guy I need!" The name of this guy was Daniel, age 34, and was on drugs 15 years, taking both opiates and crystal. He started taking drugs in prison where he was put at the age of 19 while doing the military service for saying some innocent comments against the communism. My mother arranged a meeting with Daniel and his mother at which I tried to explain the purpose of the treatment. Daniel's mother thought: "it's not going to work but there's also nothing to lose". Daniel thought: " It's not going to work but, wow, if this stuff is so expensive it must be hell of a high! And if this guy is even willing to sponsor it to me....why not take a ride!"

Well, I can assure you that he soon understood that ibogaine is not about getting high, but still he didn't want to believe me concerning the healing part. Every day he kept wondering where are the withdrawals "I should be shivering, I should be sweating... nothing""How can I have forgotten to smoke a cigarette for two days when I used to smoke a pack daily? Ten days after the treatment he took some opiates and fortunately told me. I asked "why did you do that? You got some cravings back?""No,(he replied) just it`s been so unusual to feel so differently, to be without anything for so many days" We did a second treatment and since then he`s clean. It`s now about 18 or 19 months that he`s leading a drug free life. It wasn`t easy. Almost a year from time to time different things were coming up from his subconscious pushing him to relapse but he was strong enough to deal with it. Now I have a big

consideration for his effort because soon I realized that many others in much better situations either foolishly reject the new chance or simply are too weak or spoiled or simply get frightened by the challenge of leading a normal life of a non-addict.

Time to time I'm asked what's my success rate, what's ibogaine's success rate and similar questions. These are very misleading questions. Treating addiction is not like treating cancer. Addiction is not strictly a medical condition, that's the point.

To give an example, I treated a young heroin addict once. The first treatment eliminated withdrawals and cravings but he got back to drugs almost immediately, treated him a second time two weeks later and did the same thing. Of course the parents were paying all the expenses. He, later begging his parents to pay him a third treatment admitted that he threw away all the chances the ibogaine gave him to painlessly pass to a drug-free life. The parents nevertheless felt so cheated that refused to pay him a third treatment and I don't know how he is doing now. So, as far as I see it ibogaine did its regular job and was 100% successful, unfortunately the achievements were deliberately thrown away. The feeling that I had from him was that he was a cynical and careless individual and that drugs only enhanced these "qualities". Many other addicts are basically sensible and potentially good individuals. I have about a 50% success rate but this is an irrelevant information. Some of the clients received just one treatment, some two or three, some had some aftercare, some hadn't, some wanted to get out of drugs, some didn't.

Lately I treated two clients addicted to crack and two addicted to Oxycontin. For those of you who don't know Oxycontin is a very strong painkiller which is now causing problems especially on the eastern coast of the US. It's an opiate, it releases slowly morphin into the body. Highly addictive. It's prescribed for example for people who got injured. Of the two clients on Oxycontin one was a prison guard who started having problems with back pain after being beaten in a riot during his duty. The problems got worse after a car accident. He got treated with Oxycontin many years. The other one had a car accident too, got treated with Oxycontin and simply couldn't stop. Age of both around 30. Of the two clients addicted to crack one was a black businessman from L.A., age around 45, the other one was white, 35 years old, working in a restaurant. All were intelligent people sincerely concerned about their addiction. All the four clients were extremely satisfied from the treatment. Those on Oxycontin experienced just some withdrawal symptoms within 48 hours from intake, those on crack didn't. The cravings disappeared to all of them. Now what is interesting, those who were addicted to Oxycontin are still clean. Those who were addicted to crack are not. The black businessman told me one or two weeks afterwards, that he felt great, no cravings at all and especially excited was from the ability to see all his problems crystal clear, things he wasn't able to see before were more than visible now. He told me that he got back to abusing crack within the first week because of the frustrations with his wife but that as soon as he'll settle things in his private life he'll come to take a second treatment to really get clean. Unfortunately he got some financial and other problems, I didn't manage to get in touch with him and no second treatment took place. The other one was clean several months, no cravings, then for some reason relapsed and I can't get in touch with him too. The prison guard is now successfully medicated with Tradol for his back pain, the other one got into a deeper depression several days after the treatment and is medicated with Zoloft. Actually I told him that preventively he should start to take some antidepressants right after the treatment, like Prozac or Zoloft. I told him that usually the sudden interruption of Oxycontin intake provokes depression. He didn't listen to me and eventually was forced to start taking the antidepressants. He's been prescribed Zoloft. Now he's going to take a second treatment in January. But what is important, both of them are out the

Oxycontin and have no cravings at all. This is to illustrate the difference between treating addiction as a medical condition and treating addiction with everything that is related to it, like psychological and social issues.

Of course, there are certain differences among the outcomes that ibogaine delivers according to the kind of drug one is abusing. For example for heroin or crack it works marvelously. Right after the first treatment both withdrawals and cravings are gone or almost. Some needs few days to stabilize this result. The basic requirements must be respected of course, like no heroin at least 12 hours before the ibogaine administration, no methadone at least 24 hours before.

Basically, the longer is one clean before the treatment the smoother it goes and the better is the outcome. With methadone of course it's not so easy. It depends a lot from the daily dose one is currently taking, but hardly can be expected the total methadone need elimination after just a single dose of ibogaine. I had one case which was on 70 mg/daily of methadone. Right after the first treatment his need dropped to 20 mg. Virtually overnight. One approach is also that the client is switched to morphin for some days and then the treatment would take place. I cannot tell you more about that because I'm not accepting people on methadone anymore and I think that medical ibogaine treatment for such cases would be more appropriate. Concerning alcohol dependency I'm sorry, I didn't have such a client yet but I've heard that it works well enough. Concerning smoking addiction the success rate is low, but getting better with the number of treatments. Nevertheless I had few clients that quit smoking right after the first treatment. It really helps with nicotine addiction but the bigger part of the problem lays in the habit of smoking, and this is something that is out of reach of the ibogaine. Usually cigarettes don't taste much after the treatment, alcohol the same, heroin is felt only physically without the high. Of course you take the drug few times and then it will taste good as always and you get addicted again.

After some time I slowly started to be able to forecast at least who definitely doesn't have the chance to quit drugs with simple overnight treatments and I told the parents that unless their son or daughter wouldn't be in a protected environment right after the first treatment and a second one wouldn't follow let's say one month after the first one it would be just a waste of their money and my time. When things were done this way the results were improving considerably. Not everybody will make good use of what was achieved but there's always been a progress in their perspective and I believe it won't get lost. After all the ibotherapy's purpose is to give a fair chance to quit drugs if one wants to without having to constantly suffer the cravings. If one willingly doesn't want to quit, ibogaine wouldn't force him.

Having said all this I guess that I can come to the following statement: In spite of the fact that ibogaine is not far from being a miraculous treatment tool, the way it's generally used till the present time is highly ineffective and wasting ibogaine's potential. I'm talking about the overnight treatments not included in an integrated treatment program. Treatments done by lay ibotherapists like me who don't have treatment facilities or teams of therapists. The ibogaine simply needs to be incorporated in the already existing addiction treatment network and then it will show its real potential. Of course, there's not only the issue of efficacy, but also safety. Ibogaine is not toxic itself, but some of the contraindications can be very dangerous in the conditions of non-medical treatments. You may know of the few casualties that happened in the past. The main contraindication is to opiates. You can tell the addict a thousand times that he can die if he takes opiates too close to the ibogaine intake. They don't care. Always some addict hides some stuff and sometimes tries to take some to feel better during the treatment. One can have a hidden health problem or lie about his health condition. Ibogaine is fairly irritating to the stomach and in

combination with a gastrointestinal infection for example, can provoke a lasting vomiting that can be dangerous. Ulcer abscess can be dangerous too, obviously, on this regard. Liver in bad shape can be a problem. One hundred times it can go smoothly and the one hundred and first you just drip with sweat.

Nevertheless, these are things that in a clinical environment I suppose could hardly represent a threat. Physicians are right saying that as far as we're talking about illness treatment, treating a health condition, ibogaine should be in their hands. Unfortunately it's not yet so. On one hand we lay ibotherapists can give new chances to a number of people and on the the other we're carrying a substantial risk and the ibogaine itself is usually not sufficient to let the addict quit drugs. It just eliminates the addiction itself and opens up the addict a little bit. The change is too sudden. The addict needs its time to change the perspective and not get scared by the challenge of entering the normal life. Talking about possible problems, once upon a while happen unexpected things. Usually ibogaine doesn't touch mental capabilities. At most one can get lightly confused during the peak. But what happened: once a client of mine got mentally insane for several days, talking complete nonsense and not being able to divide reality from fantasies. It was rather scary. Never ever happened something like this to me. Suddenly he fully got back to normality. For the ibogaine it's a very exceptional reaction, but sometimes things like this may happen. Paradoxally ibogaine usually enhances one's awareness. One gets aware of so many things he wasn't aware for years, even in the case one doesn't get any explicit visions or insights during the treatment itself.

I hope that in the near future I'll have the possibility to dedicate myself fully to the promotion of the ibogaine, offer medical ibogaine treatments with appropriately designed inpatient programs. Leave the treatments to the medical staff. In other words, to do things right.

The reasons of my involvement with ibogaine are related to my following beliefs: I believe that in our life not many things are really so meaningful compared to helping others. But I believe that true help is given only when we help others to change from the inside. Ibogaine has got the potential to help people to change from the inside. I never encountered in my life a substance that would be so insight oriented like ibogaine. The combination of ibogaine's anti-addictive property with its insights-giving property makes of ibogaine a tremendous healing substance. Despite this nobody knows about it and only few people on Earth work with it.

Brian Mariano

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