

When speaking with your health care team...you may use the following to describe the sacrament.

Tell him or her that you are planning to take a reversible MAOI.

Greetings,

Please see below information as a general guide to herbs, prescription medicines and illegal substances.

We cannot provide medical advice. Please engage your healthcare team with any questions.

Although this list is extensive, it is not all inclusive. This list does not replace medical advice. Please consult with your doctor if you have specific questions or concerns.

You may also visit Ayahuasca.org to review threads with tips on how to speak to a medical professional about your questions.

Some medications, it states should be stopped within 48 hours.

Meds to avoid with Ayahuasca

Is it really dangerous to combine some pharmaceutical drugs with Ayahuasca?

YES. Unlike food interactions, whose consequences are usually unlikely to be serious, interaction with pharmaceutical drugs and meds (including some over-the-counter drugs and certain herbs) can be potentially life-threatening.. The combination of MAOIs and other serotonin agonists or precursors poses a particularly severe risk of a life-threatening serotonin syndrome episode.

These drugs and meds can be dangerous with Ayahuasca: ▪ other MAOIs

- SSRI's (any selective serotonin reuptake inhibitor)
- antihypertensives (high blood pressure medicine)
- appetite suppressants (diet pills)
- medicine for asthma, bronchitis, or other breathing problems;

antihistamines, medicines for colds, sinus problems, hay fever, or allergies (Actifed DM, Benadryl, Benylin, Chlor- Trimeton, Compoz, Bromarest-DM or -DX, Dimetane-DX cough syrup, Dristan Cold & Flu, Phenergan with Dextromethorphan, Robitussin-DM, Vicks Formula 44-D,

several Tylenol cold, cough, and flu preparations, and many others — any drug containing dextromethorphan/ DXM or with DM, DX or Tuss in its name.)

- CNS (central nervous system) depressants (xanax, ativan, etc) ▪ vasodilators
- antipsychotics
- barbiturates
- alcohol

Illegal or recreational drugs that are VERY dangerous to combine with MAOIs:

- cocaine
- amphetamines (meth-, dex-, amphetamine), ephedrine, MDMA (Ecstasy), MDA, MDEA, PMA
- opiates (heroin, morphine, codeine, and especially opium)
- dextromethorphan (DXM)
- nutmeg

Illegal or recreational drugs that can be dangerous to combine with MAOIs:

- mescaline (any phenethylamine)
- barbiturates
- alcohol
- kratom
- kava
- 5-MEO-DMT

Some specific pharmaceutical drugs that should not be combined with MAOIs (some are mild risks, others serious):

- Actifed
- Adderall
- Alaproclate
- Albuterol (Proventil, Ventolin)
- Amantadine hydrochloride (Symmetrel)
- Amiflamine
- Amineptine
- Amitriptyline
- Amoxapine (Asendin)
- Atomoxetine
- Bazinaprine
- Befloketone'
- Befol
- Benadryl
- Benmoxinb (Nerusil, Neuralex)
- Benylin
- Benzedrine
- Benzphetamine (Didrex)
- Bicifadine

- Brasofensine
- Brofaromine (Consonar)
- Buprenorphine

- Bupropion (Wellbutrin)
- Buspirone (BuSpar)
- Butriptyline
- Carbamazepine (Tegretol, Eptol)
- Chlorpheniramine
- Chlor-Trimeton
- Cimetidine
- Citalopram (Celexa)
- Clomipramine (Anafranil)
- Clorgyline
- Codeine
- Cyclobenzaprine (Flexeril)
- Cyclizine (Marezine)
- D-deprenyl
- Dapoxetine
- Desipramine (Pertofrane, Norpramin)
- Desvenlafaxine
- Dextroamphetamine (Dexedrine)
- Dextromethorphan (DXM)
- Dibenzepin
- Dienolide kavapyrone desmethoxyyangonin - Diethylpropion
- Disopyramide (Norpace)
- Disulfiram (Antabuse)
- Dobutamine

- Dopamine (Intropin)
- Dosulepin
- Doxepin (Sinequan)
- Duloxetine (Cymbalta)
- Emsam
- Entacapone
- Ephedrine

- Epinephrine (Adrenalin) - Escitalopram (Lexapro) - Esuprone
- Etorphine
- Femoxetine
- Fenfluramine (Pondimin)
- Flavoxate Hydrochloride (Urispas)
- Fluoxetine (Prozac)
- Fluvoxamine
- Furazolidone (Furoxone)
- Guanethedine
- Guanadrel (Hylorel)
- Guanethidine (Ismelin)
- Hydralazine (Apresoline)
- Hydrazine
- 5-Hydroxytryptophan
- Imipramine (Tofranil)
- Iprindole

- Iproniazid (Marsilid, Iprozid, Ipronid, Rivivol, Propilniazida) - Iproclozide (Sursum)
- Isocarboxazid (Marplan)
- Isoniazid (Laniazid, Nydrazid)
- Isoniazid rifampin (Rifamate, Rimactane)
- Isoproterenol (Isuprel)
- L-dopa (Sinemet)
- Ladostigil
- Lazabemide (Pakio, Tempium)
- Levodopa (Dopar, Larodopa)
- Linezolid (Zyvox, Zyvoxid)
- Lithium (Eskalith)
- Lofepramine
- Loratadine (Claritin)
- Maprotiline (Ludiomil)
- Mebanazine (Actomol)
- Medifoxamine

- Melitracen
- Meperidine (Demerol)
- Metaproterenol (Alupent, Metaprel) - Metaraminol (Aramine)
- Metfendrazine (Inkazan)
- Methamphetamine (Desoxyn)
- Methyl dopa (Aidomet)
- Methylphenidate (Ritalin)

- Metralindole
- Mianserin
- Milacimide
- Milnacipran
- Minaprine (Cantor)
- Mirtazapine (Remeron)
- Mofegeline
- Moclobemide (Aurorix, Manerix)
- Monomethylhydrazine
- Montelukast (Singulair)
- Nalbufrine
- Naloxone
- Naltrexone
- Nefazodone
- Nialamide (Niamid)
- Nisoxetine
- Nomifensine
- Norepinephrine (Levophed)
- Nortriptyline (Aventyl)
- Octamoxin (Ximaol, Nimaol)
- Oxybutynin chloride (Ditropan)
- Oxycodone
- Oxymetazoline (Afrin)
- Oxymorphone

- Orphenadrine (Norflex)
- Pargyline (Eutonyl)
- Parnate
- Paroxetine (Paxil)
- Pemoline (Cylert)
- Percocet
- Pethedine (Demerol)
- Phendimetrazine (Plegiline) - Phenelzine (Nardil)
- Phenergen
- Phenelzine (Nardil, Nardelzine)
- Pheniprazine (Catron)
- Phenmetrazine
- Phenoxypropazine (Drazine)
- Phentermine
- Phenylephrine (Dimetane, Dristan decongestant, Neo- Synephrine)
- Phenylhydrazine
- Phenylpropanolamine (found in many cold medicines) - Phenelzine (Nardil)
- Pirlindole (Pirazidol)
- Procarbazine (Matulane)
- Procainamide (Pronestyl)
- Protriptyline (Vivactil)
- Pseudoephedrine
- Oxymetazoline (Afrin)

- Quinidine (Quinidex)
- Rasagiline (Azilect)
- Reboxetine
- Reserpine (Serpasil)
- Risperidone
- Salbutamol
- Salmeterol
- Selegiline (Eldepryl, Emsam, Zelapar)
- Sercloramine
- Sertraline (Zoloft)
- Sibutramine
- Sumatriptan (Imitrex)

- Terfenadine (Seldane-D) - Tegretol
- Temaril
- Tesofensine
- Tetrindole
- Theophylline (Theo-Dur)
- Thesbutiaint
- Thioridazine (Mellaril)
- Tianeptine
- Tolcapone
- Toloxatone (Humoryl)
- Tramadol

- Tranylcypromine (Parnate)
- Trazodone
- Tricyclic antidepressants (Amitriptyline, Elavil)
- Trimipramine (Surmontil)
- Triptans
- Tyrima
- Vanoxerine
- Venlafaxine (Effexor)
- Viloxazine
- Yohimbine
- Zimelidine
- Ziprasidone (Geodon)

Also avoid the following herbs for at least 48 hours before and after:

St. John's Wort (should be avoided for at least two weeks) Betel

Boswellia

Carrot seed

Curcumin

Dill seed

Ephedra

Fennel seed

Fo-Ti

Ginseng

Horny Goat Weed

Kanna

Kava

Kratom

Licorice Root

Nutmeg

Parsley seed

Rhodiola Rosea

Scotch Broom

Siberian Ginseng

Sinicuichi

Tumeric

Yerba Mate

Yohimbe

Using stimulants with MAOIs is particularly dangerous and can be potentially fatal. Using cocaine, amphetamines or MDMA (Ecstasy) with MAOIs may cause a severe increase in blood pressure, increasing the chances for stroke and cerebral hemorrhage. MAOIs may make it possible to overdose on a relatively small amount of cocaine. (A fatality has been recorded involving combination of Peganum harmala and cocaine. Fatalities resulting from combining amphetamines with pharmaceutical MAOIs are recorded in the medical literature.)

Using other serotonin agonists (SSRIs) or precursors with an MAOI can lead to serotonin syndrome. Serotonin syndrome is rare, but can be fatal. The main symptom of serotonin syndrome may be a severe and long-lasting headache (the same symptom as MAOI tyramine interaction) and/or fever (as high as 40 °C / 104 °F or more) Other symptoms of serotonin syndrome may include rapid heartbeat, shivering, sweating, dilated pupils, intermittent tremor or twitching, overactive or overresponsive reflexes, hyperactive bowel sounds, high blood

pressure. Severe serotonin syndrome may lead to shock, agitated delirium, muscular rigidity and high muscular tension, abnormal blood clotting and bleeding, respiratory failure, renal failure, and seizures, and can be life-threatening. This interaction can happen even if weeks have passed between stopping the SSRI and taking the MAOI.

For further information on serotonin syndrome see this web page:

<http://www.psychotropic.com/>

Using other MAOIs with Ayahuasca may result in hypertensive crisis, convulsive seizures, fever, marked sweating, excitation, delirium, tremor, coma and circulatory collapse.

Using 5-MEO-DMT with Ayahuasca or Ayahuasca analogs can be fatal. There is a documented case of fatality combining 5-MEO-DMT with an Ayahuasca analog.

Using opiates (opium, heroin, morphine, codeine) or barbiturates with MAOIs can increase the sedative effect and result in respiratory depression. Using MAOIs with heroin or morphine can theoretically push a normal dose to the overdose threshold. Opium (whether smoked or drunk as tea) is especially dangerous to combine with MAOIs, because it contains not only morphine and codeine, but another active alkaloid called thebaine, which can cause convulsions when combined with MAOIs, and which is also a stimulant (see above paragraph on stimulants). Painkillers synthesized from thebaine (buprenorphine, etorphine, oxycodone, oxymorphone, nalbuphine, naloxone, naltrexone) should also be regarded as highly dangerous to combine with MAOIs.

Using alcohol with MAOIs may cause side effects like angina (chest pain) or headaches. The headache may mask or be mistaken for hypertensive crisis caused by MAOI interaction. MAOIs can also increase the sedative effect of alcohol.

Using diuretics with MAOIs may cause a greater drop in blood pressure than normal and increase in MAOI blood levels.

Using anesthetics with MAOIs may potentiate or increase the anesthetic effect.

Using sleeping pills or tranquilizers (major or minor) with MAOIs may increase the sedative effect.

Using nutmeg (at psychoactive levels) with MAOIs can cause

hypotensive crisis (extremely low blood pressure), rapid heartbeat, unconsciousness and potentially death.

Using vasodilators with Ayahuasca may cause fainting (which carries the slight risk of choking on vomit) and increases the chances of having an experience in which one believes one is dying. Using vasodilators immediately after an Ayahuasca session also carries the risk of fainting or passing out.

Using Tricyclic antidepressants within two weeks of taking MAOIs may cause serious side effects including sudden fever, extremely high blood pressure, convulsions, and death.

Using Fluoxetine (Prozac) within five weeks of taking MAOIs may cause high fever, rigidity, high blood pressure, mental changes, confusion and hypomania.

Using Amitriptyline or Amoxipine with MAOIs may cause hyperpyretic crises, disseminated intravascular coagulation, convulsions, and death.

Using Benzedrine, Benzphetamine, Desipramine, Desoxyn, Dexedrine, Dopamine, Ephedrine (contained in Marax, Quadrinal, and other asthma drugs), Epinephrine, Guanadrel, Guanethidine, Hydralazine, Isoproterenol, L- dopa, Metaraminol, Methyldopa, Mirtazamine, Norepinephrine Oxymetazoline, Phendimetrazine, Phentermine, Phenylephrine, Phenylpropanolamine, Pseudoephedrine, Ritalin, or Venlafaxine with MAOIs may cause a hypertensive crisis (severe spike in blood pressure) which can lead to brain hemorrhage or stroke.

Using Adderall with MAOIs can result in high body temperature (hyperpyrexia crisis), severe increase in blood pressure (hypertensive crisis), seizures, and coma. (see paragraph above on stimulants)

Using Bupropion (Wellbutrin) within two weeks of taking MAOIs may cause serious side effects such as seizures.

Using Buspirone (Buspar) with MAOIs may cause high blood pressure and increased sedative effects.

Using Carbamazepine (Tegretol) with MAOIs may result in fever

(hyperpyrexia crisis) and may cause seizures, or increase seizures in epileptics.

Using Citalopram with MAOIs may result in severe and sometimes fatal reactions involving elevations in blood pressure, hyperthermia, rigidity, and autonomic instability. This drug should be ceased a minimum of two weeks before taking Ayahuasca. Using Clomipramine with MAOIs may cause high fever (hyperpyrexia crisis), seizures, disseminated intravascular coagulation, and death.

Using CNS depressants with MAOIs may increase the depressant effects.

Using Desipramine (Norpramin, Pertofrane) with MAOIs may result in hypertensive crisis, hyperpyretic crises, disseminated intravascular coagulation, convulsions, and death.

Using Dextromethorphan (DXM) at psychoactive levels with MAOIs may cause serotonin syndrome, extremely high blood pressure (hypertensive crisis), high body temperature (hyperpyrexia crisis), episodes of psychosis, and in high doses can potentially be fatal.

Using Dobutamine with MAOIs may precipitate severe hypertensive reaction.

Using Doxepin with MAOIs may cause hyperpyretic crises, disseminated intravascular coagulation, convulsions, and death. Using Entacapone with MAOIs can stop the catalyst enzyme catechol-O-methyltransferase (COMT) from metabolizing levodopa to 3-O-methyldopa in the periphery, and in the brain.

Using Fenfluramine with MAOIs may result in fever (hyperpyrexia crisis).

Using Fluoxetine or Fluvoxamine with MAOIs may result in severe and sometimes fatal reactions involving elevations in blood pressure, hyperthermia, rigidity, and autonomic instability. This drug should be ceased a minimum of two weeks before taking Ayahuasca.

Using Horny Goat Weed with MAOIs may result in hypotensive crisis (severe blood pressure drop).

Using Imipramine with MAOIs may cause hyperpyretic crises, disseminated intravascular coagulation, convulsions, and death. Using Isoproterenol with MAOIs may precipitate severe hypertensive crisis.

Using Kava with MAOIs may result in hypotensive crisis (severe blood pressure drop).

Using Levodopa with MAOIs can stop the catalyst enzyme catechol-O-methyltransferase (COMT) from metabolizing levodopa to 3-O-methyldopa in the periphery, and in the brain.

Using Linezolid with MAOIs can cause serotonin syndrome. Using Lithium with MAOIs may cause fever (hyperpyrexia crisis) and serotonin syndrome (see serotonin syndrome above).

Using Meperidine (Demerol) with pharmaceutical MAOIs has resulted in deaths from a single dose. Immediate onset of sweating, rigidity and hypertension can occur.

Using Metaproterenol or other beta-adrenergic bronchodilators with MAOIs may cause blood pressure elevation and rapid heartbeat.

Using Mirtazapine (Remeron) with MAOIs may result in hypertensive crisis.

Using Nefazodone (Serzone) may result in high fever (hyperpyrexia crisis).

Using Paroxetine (Paxil) with MAOIs may result in severe and sometimes fatal reactions involving elevations in blood pressure, hyperthermia, rigidity, and autonomic instability. This drug should be ceased a minimum of two weeks before taking Ayahuasca. Using Sertraline with MAOIs may result in severe and sometimes fatal reactions involving elevations in blood pressure, hyperthermia, rigidity, and autonomic instability. This drug should be ceased a minimum of two weeks before taking Ayahuasca.

Using Temaril with MAOIs may increase chance of side effects. Using Terfenadine with MAOIs may cause an increase in MAOI blood levels.

Using Theophylline with MAOIs may cause rapid heartbeat and anxiety.

Using Tolcapone with MAOIs can stop the catalyst enzyme catechol-O-methyltransferase (COMT) from metabolizing levodopa to 3-O-methyldopa in the periphery, and in the brain.

Using Trazodone (Desyrel) with MAOIs may result in high fever (hyperpyrexia crisis).

Using Tryptophan or L-tryptophan with MAOIs may cause disorientation, confusion, amnesia, delirium agitation, memory impairment, hypomanic signs, shivering.

Using Venlafaxine (Effexor) with MAOIs may result in hypertensive crisis or serotonin syndrome.

Using Ziprasidone (Geodon) with MAOIs may cause serotonin syndrome.

Using Zoloft (Sertraline) with MAOIs has produced fatal cases of serotonin syndrome, and can also result in fever, muscle rigidity, instability of the autonomic nervous system, delirium, and coma. Special note to diabetics: MAOIs may change the amount of insulin or oral antidiabetic medication that you need

How long do you have to stay off contraindicated drugs before and after an Ayahuasca ceremony?

Depends on the drug. May be 24 hours, may be six months. For over the counter drugs (like antihistamines), 48 hours before and after is more than enough. For prescription drugs, two to six weeks is typical, but do not guess. Find out for sure from your doctor. Your doctor may be unfamiliar with Ayahuasca specifically, but tell him or her that you are planning to take a reversible MAOI. . Some people who plan to drink Ayahuasca in a country where it is not legal are concerned that the doctor will ask questions about the source of the MAOI and learn about an illegal activity. Doctors are bound by doctor-patient confidentiality and they would prefer to know about anything their patients are taking, legal or not. But if your doctor feels that he or she needs more information about Ayahuasca, you could refer him or her to this thread and other informational resources in this forum.

Medical consultation is especially important if you are taking Prozac, Paxil, Wellbutrin, Effexor, Zoloft or other antidepressants that affect serotonin levels, i.e. serotonin selective re-uptake inhibitors (SSRI), because these substances must be reduced gradually. Fluoxetine (Prozac) requires 8 weeks (56 days) and most other SSRIs five weeks (35 days) to clear the system.