



CONCEPTUALIZATION ABOUT TREATING ADDICTS

- The *Traumias* we experience in our life appear like something unreal, out of the ordinary.
- Our brain makes *Traumias* meaningless so we don't integrate them in our daily lives.
- The brain, like a computer, doesn't know where to store them. We need to talk, give words to *Traumias* to it to be able to work with them.

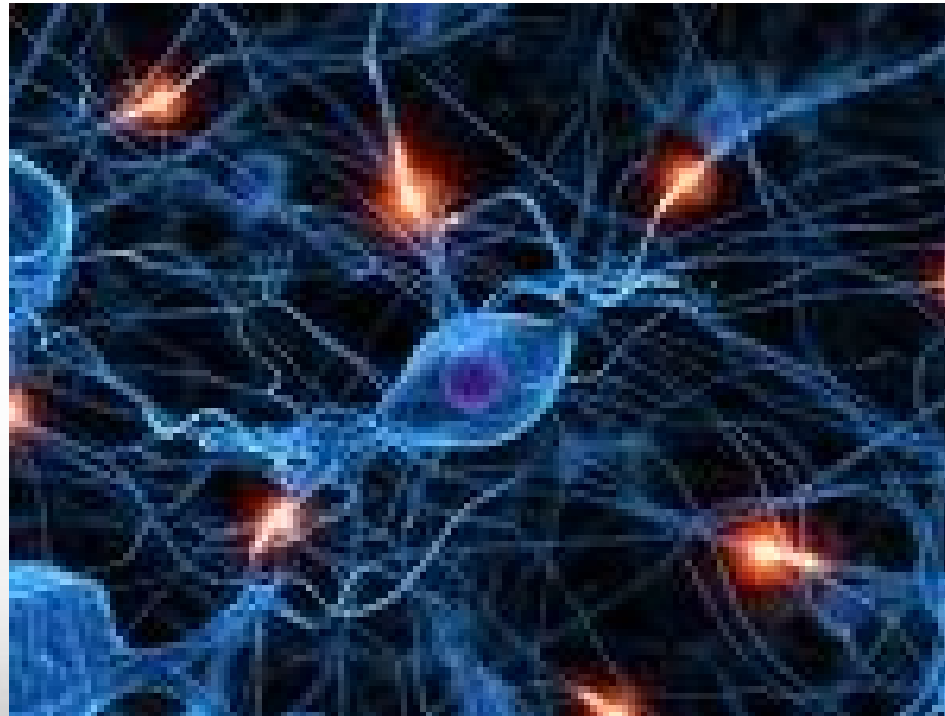
- If we do not process a trauma, there will be consequences, especially anxiety disorders.
- Symptoms lead people to seek calm or self-medicate with alcohol, drugs, food, sex, and other addictions.
- People may also have other psychopathological disorders as depression, sleep disturbances, anger, paranoia, dissociative disorders, etc.

DEFENSE MECHANISMS

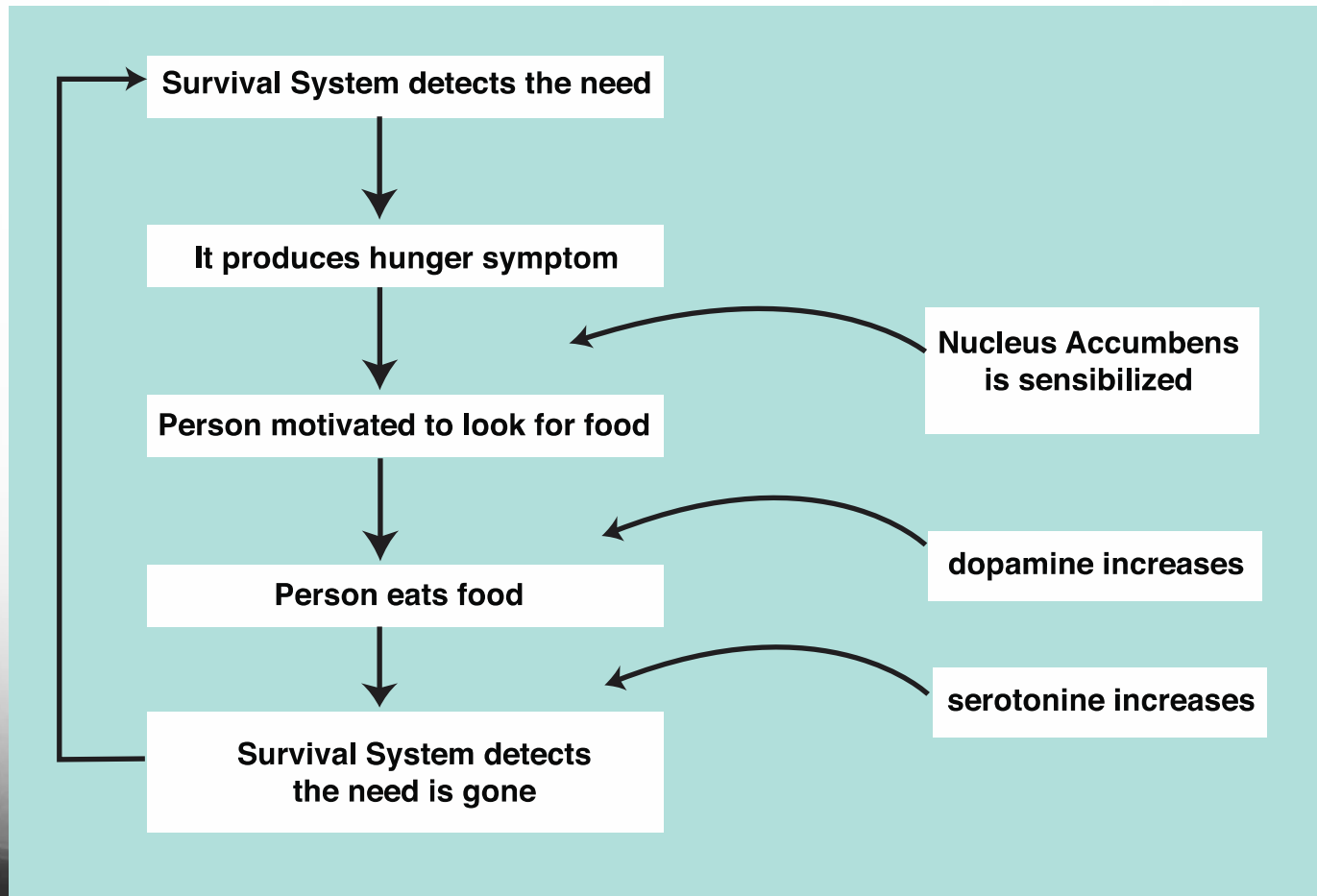
- After repeated failures and disappointments trying to maintain apparent control of the situation, the feelings of fear, frustration, shame, guilt, resentment, self-pity or anger appear as defense mechanisms.

WHAT IS A TRAUMA?
from Neurophysiology

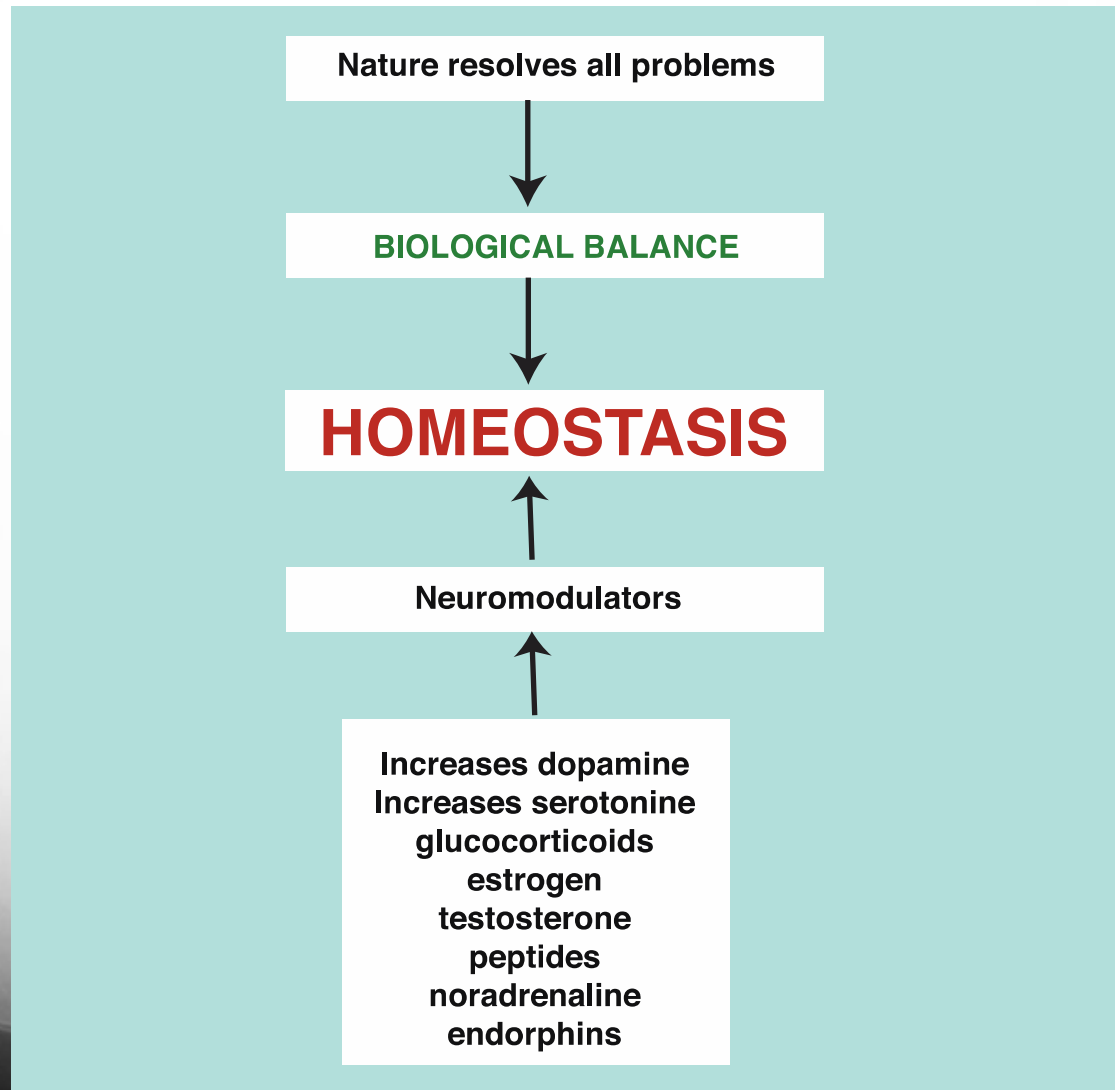
NEURONAL NETWORK



WHAT IS THE NORMAL NEUROPHYSIOLOGY OF SURVIVAL?



WHAT IS THE NEUROCHEMICAL OF HOMEOSTASIS?



DYSFUNCTIONAL DEFENSIVE STRATEGIES

- A traumatized person can develop dysfunctional strategies intended to alleviate psychological and emotional pain
- These may consist of self-medication with drugs and / or alcohol, behavioral addictions that affect the brain chemistry or behaviors of overwork, risky sex, gambling, shopping, etc.

WHAT IS AN ADDICT?

DRUG ADDICTION

- Drug addiction is an illness that comes from consumption or addictive behaviors that affect the brain in a large number of human beings
- The character of this illness is its long duration with relapses.

WHEN IS SOMEONE ADDICTED TO SOMETHING?

- An addict is someone who can not stop consuming legal or illegal substances
- People can also be an addict without substances, for example: to work, to shop, to the Internet, to talk on a cell phone, to chat, to have sex, to gamble, to food or to the gym
- In trying to stop this behavior we see that consumption tolerance is high and that the abstinence produced by anxiety induces the person to continue consuming
- Addiction is an extreme form of **compulsive use** that puts drugs or inappropriate behaviors at the center of the person's life

DRUGS AND NERVOUS SYSTEM

- Drugs provoke reactions in our bodies, basically in the **central nervous system**, which is the most important and delicate structure humans have.
- If these substances act on those structures, damaging them, undoubtedly there will be a serious and dangerous element for the person's health, but also for the family, the social environment and public health



Gym addiction



Shopping addiction



Gambling addiction



Work addiction



Internet addiction



Food addiction

ABSTINENCE AND ADDICTIONS

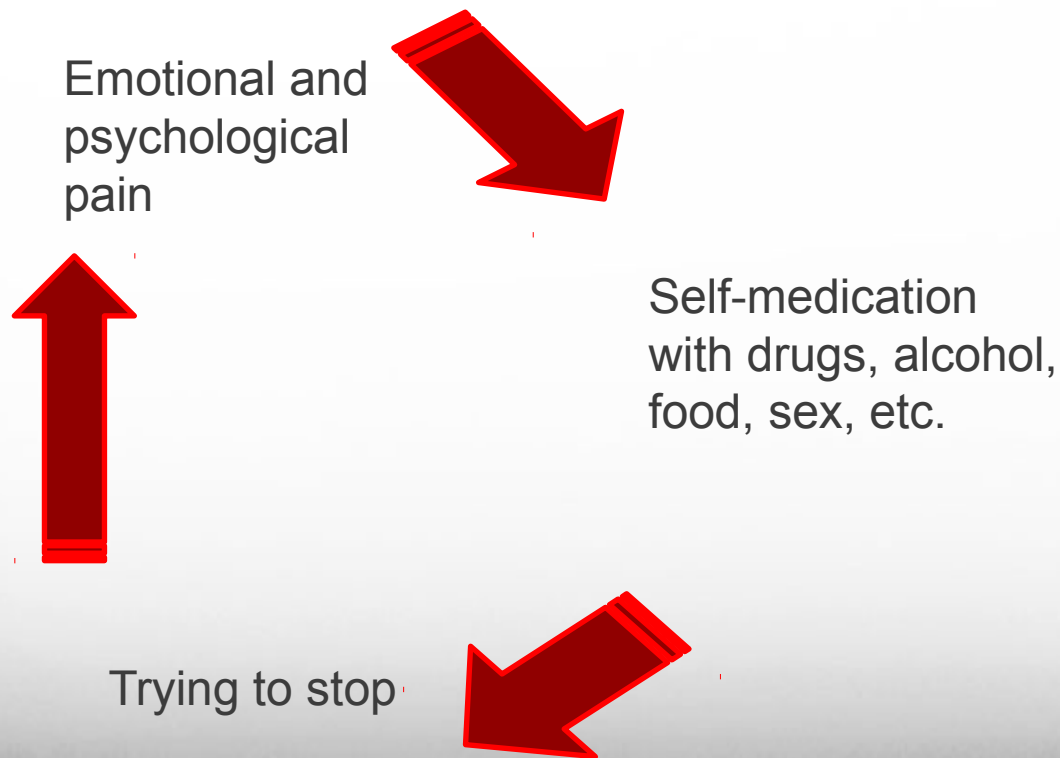
Abstinence is a **syndrome** for each specific psychoactive substance and/or compulsive behavior. It appears when intake is stopped after regular consumption or from suppression of compulsive behavior.

HOW IS THE ADDICT'S LIFE AFFECTED?

- In addition to individual problems, it will affect the relationships with the family, spouse, partner, parents, siblings, friends, school, college and all work relationships.
- Addicts do not want to listen to those who advise them, do not see how their lives change.

VICIOUS CIRCLE

The victim of trauma enters a vicious circle:



WHAT DO ADDICTION TO DRUGS AND BEHAVIORAL ADDICTION HAVE IN COMMON

COMPULSION

**Uncontrollable, irrational and
egodystonic**

NEO HOMEOSTASIS

What adds up in the development
of the person
to configure an eager brain?

THE PERSON SAYS:

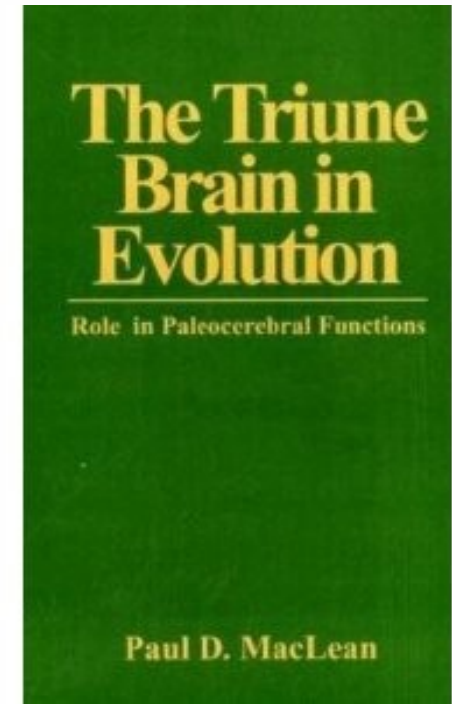
"I NEED IT NOW"

BRAIN FUNCTIONS

- Regulation (and self-regulation)
- Adaptation
- Integration

Evolution of the brain

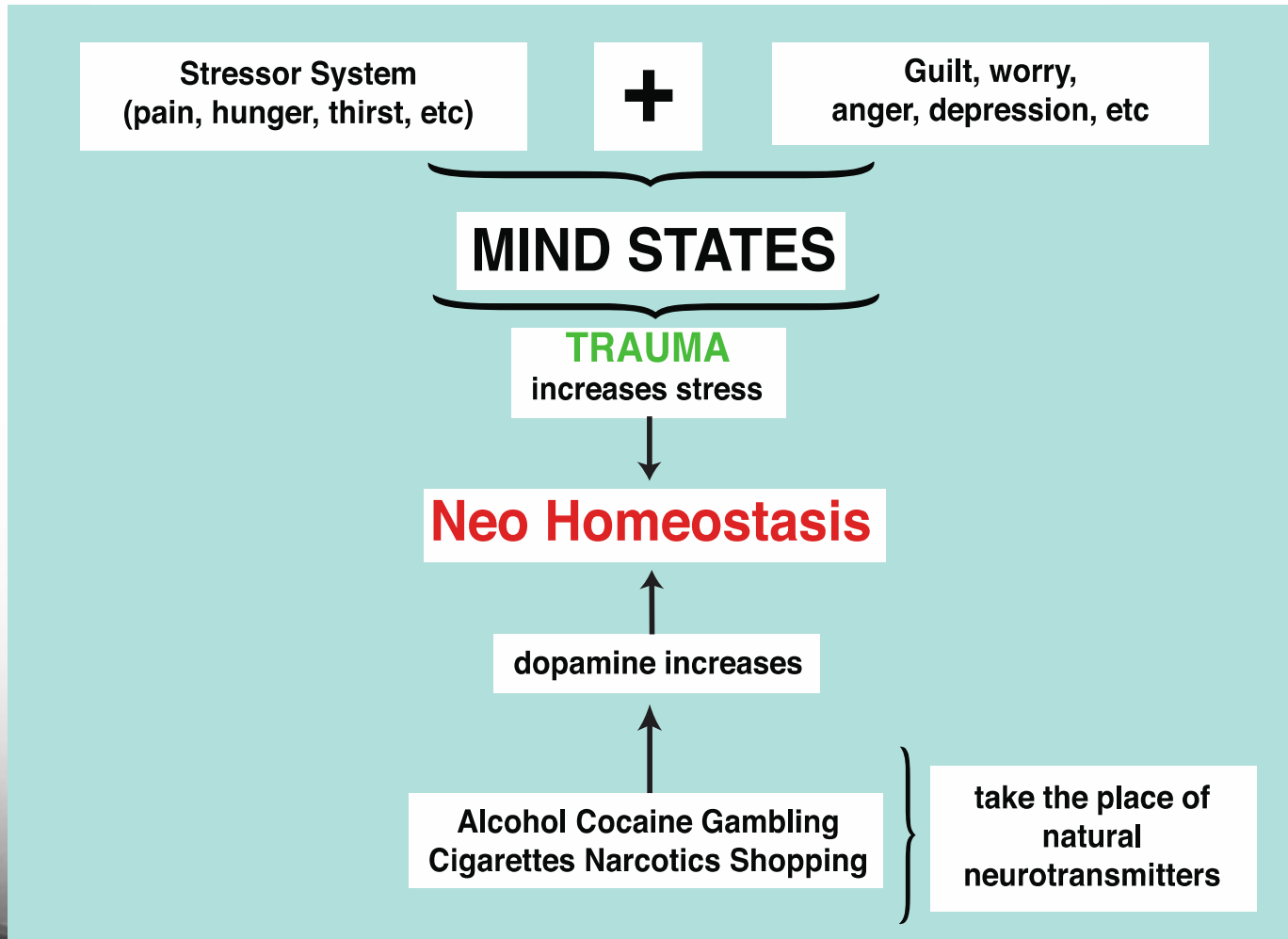
Paul MacLean, a neuroscientist (1970) wrote about a brain model. In it, he emphasizes that there are three structures that have survived from the primitive ages:



Triune Brain

Human brain: Is a phylogenetic system divided into three functional parts (reptile, lower mammal, human) with increasingly complex skills

NEO HOMEOSTASIS



AUTOMATIC RESPONSE MECHANISMS

- When the frontal lobe is inactive, we always choose what we know
- We think we choose, but actually we use automatic response mechanisms designed for relief and immediate gratification

THE IMPORTANT FUNCTION OF THE FRONTAL LOBE

- The frontal lobe is the one that inhibits casual behavior and **controls impulse**.
- It stops us from acting dominated by each and every one of our thoughts, without considering the consequences

FRONTAL LOBE FUNCTIONS

- Our repetitive, predictable emotional responses, the ones that make us addicts, are a consequence of the frontal lobe's drowsiness.
- By providing the ability to learn from our mistakes, the frontal lobe has been crucial to our survival and evolution as a species.

BRAIN EVOLUTION

- Three different brains controlling the same body.
- The three have continued to evolve, but not independently and sequentially, but the three cooperating hierarchically together
- The newer systems, emerging to deal with new challenges of survival, preserve and modify components of the previous systems
- **Thus these three layers are now interconnected through complex vertical and horizontal neural networks**

FRONTAL LOBE DEVELOPMENT

- The frontal lobe development continues throughout adolescence and approximately up to age twenty-five
- Teens think in a decidedly different way than adults
- At the same time, their amygdala is more active than their higher centers of reasoning
- The result is clear: **they react before they think**

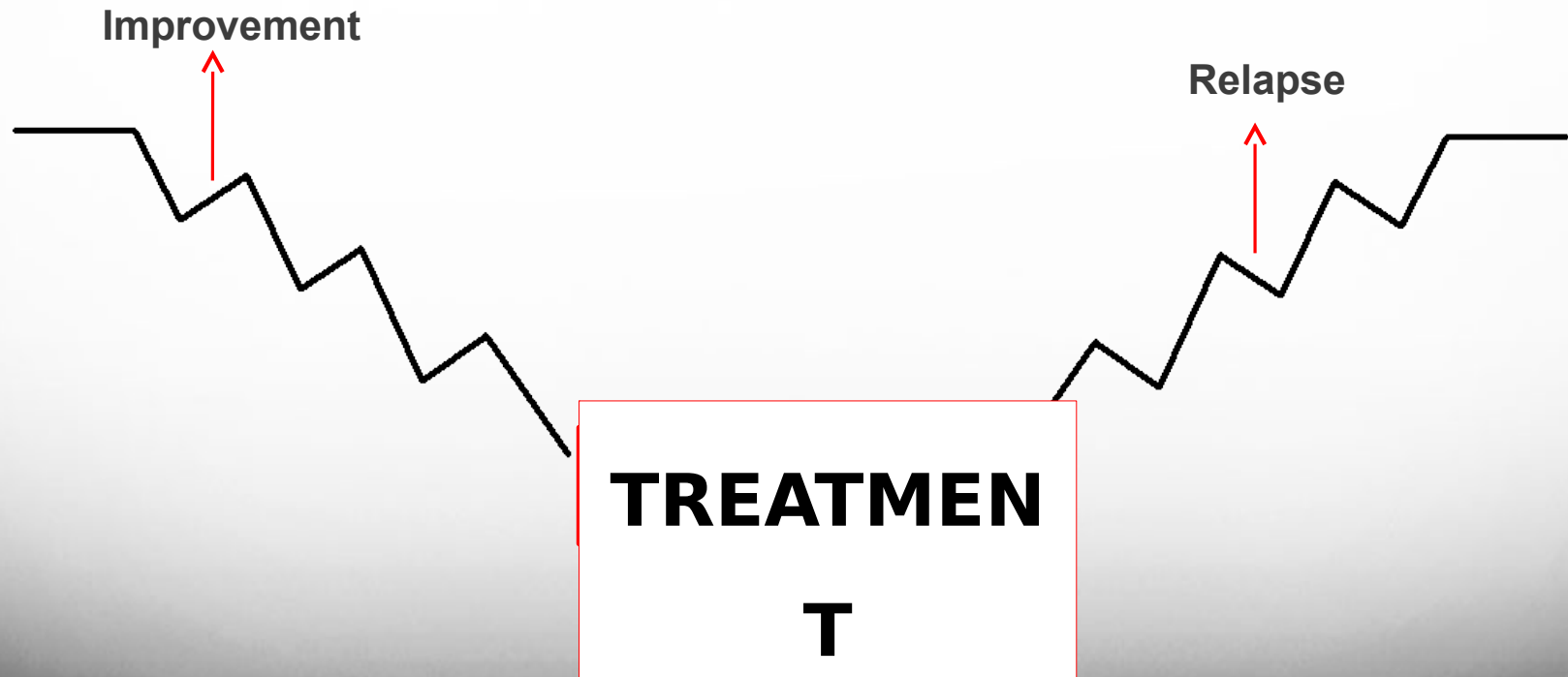
THE ROLE OF PSYCHOTHERAPY

- The work of psychotherapy is to put words to these early wounds (traumas). Those words come from the person's left hemisphere (language center location)
- Then, words can be felt and understood. Trauma enters the circuit of processing and integrating of feelings, words and bodily sensations.

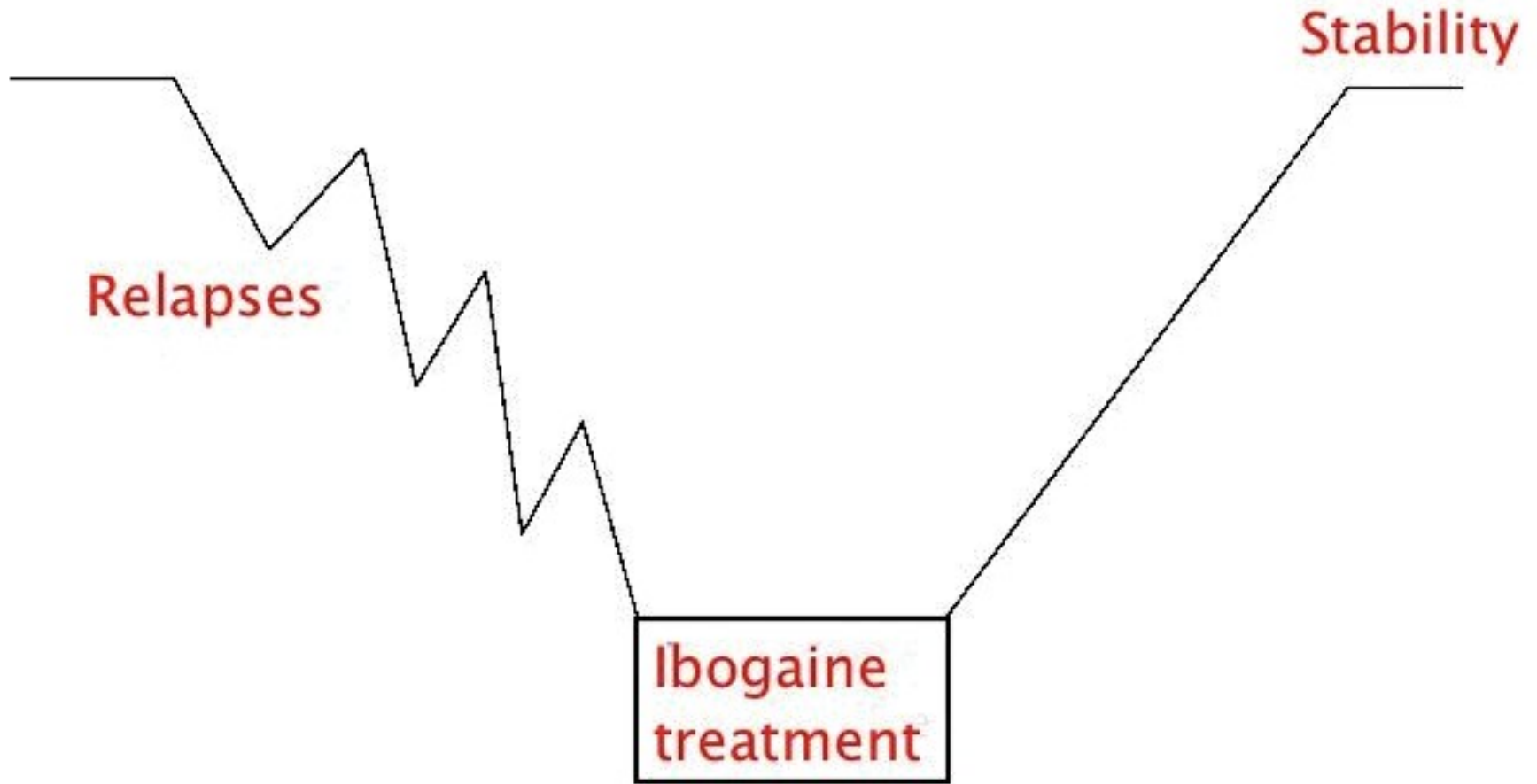
DIFFICULTIES TO START A TREATMENT

- **Patient characteristics:** Being evasive. ignorance or disbelief that someone can help. Distrusting, lying about amount consumed or other addictive behaviors
- **Difficulty in establishing a therapeutic alliance:** The patient says yes, but it is not an actual wish. It seems like he/she wants to carry out a treatment, but he/she reserves the right to continue or stop at any time.
- **The co-morbidity:** This is an added difficulty to intoxication or compulsive behavior (addictions without substance). These can be different degrees of dissociation, other anxiety disorders and / or other organic associated pathologies.

EVOLUTION OF A DRUG ADDICT



EVOLUTION WITH IBOGAINE



INTEGRATION OF TREATMENTS TO STOP **IMPERATIVE CRAVING**

**HOW TO STOP
IT?**



Increasing serotonin



**The response
to
"I need it now"**



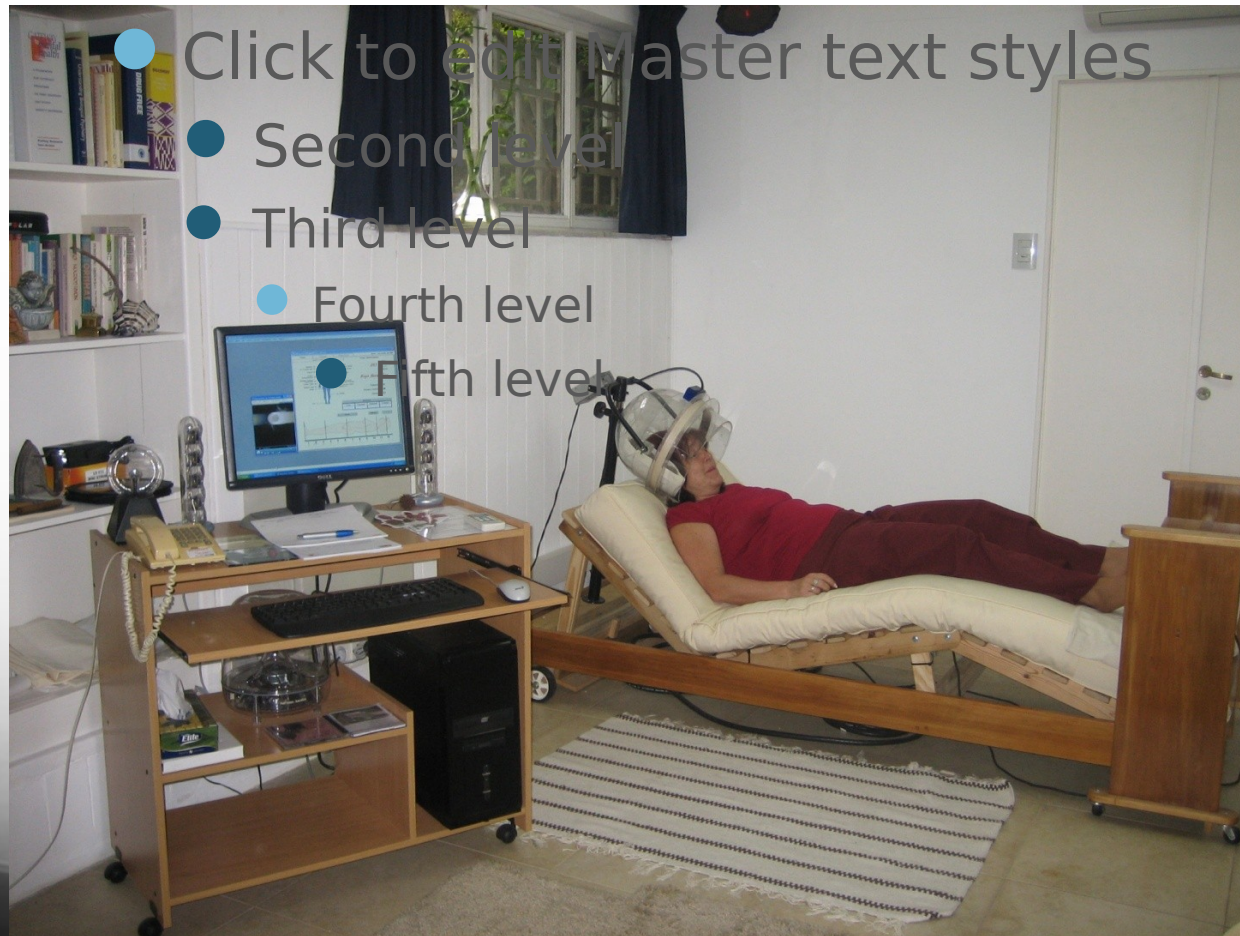
1. Psychoeducation
2. Responsibility of saying NO
3. Relapse prevention
4. Modify the addictive language
5. Environmental change



1. **Ibogaine**
2. EMDR
3. Electromagnetic bed
4. Systemic therapy
5. Cognitive behavioral therapy

ELECTROMAGNETIC BED

Design: Dr. Miguel Angel Bianucci



**DIFFICULTIES TO BE
AN IBOGAIN
PROVIDER**

FIRST: Difficulties in Argentina

- The policy of ignorance from health authorities and physicians. They say 'No' to all innovative therapeutic procedure even if being seriously researched.
- Health professionals only accept what is known. They don't want to take risks.
- All therapeutic innovation has to be approved by international sources, for example, the FDA or first world countries.
- There is one exception: Ibogaine has been approved in New Zealand, where it can be prescribed medically (Medsafe). This has proven helpful to fulfill requirements at Health Ministry in my country. I can now officially administer Ibogaine for "**compassionate use**".

SECOND: Difficulties to obtaining Ibogaine. Who supplies the medicine?

- In September 2006, a friend tells me that a medication to cure addiction exists and is being administered in Israel.
- I searched online and find the work of Dr. Lotsof and the Treatment Manual, still valid today. I also find several Ibogaine suppliers.
- I find Ben Loenen's videos and I get two, one for myself and another to share with colleagues.
- I searched for for producers of Ibogaine. Where, who, how much?
At this point the **external difficulties** began.

- Suddenly I find Karl (who I believe to be Karl Naeger) also online. He sold me two grams of Ibogaine with a Certificate of Analysis No. 355. He asked me: "Do you have any experience in administering it?" Two grams arrived in a folded envelope at my home.
- By the same means, online, I find out that there was another provider in Slovenia. I called him and I had to answer some questions because he wanted to know who I was, he took all the precautions, preventing me from misusing Ibogaine. He gave me a mystical explanation and talked about the client's personal growth during treatment.

THIRD: Challenges of training in Ibogaine treatment

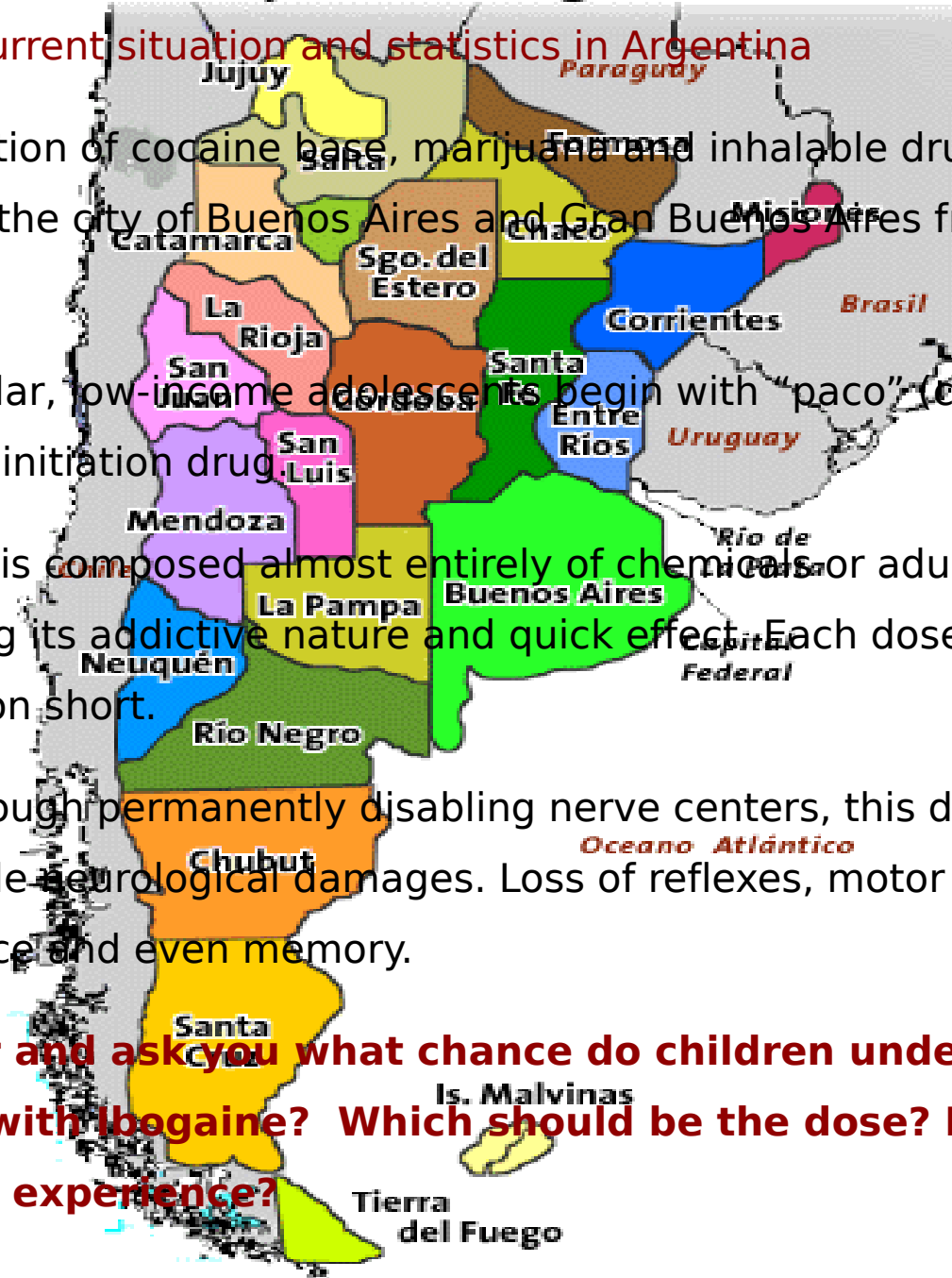
- Which interdisciplinary medical team and laboratory are needed?
- I received training through the generosity of Claire Wilkins. The experience was fascinating. I had access to all the records and protocols. The procedure lasted seven days, during which I was next to the doctor controlling the patient.
- The question that remains is: how do we train future providers?
- Again Claire Wilkins generously offered to train future providers of Ibogaine in the region given her experience and quality as a researcher. Only her?

- In 2008 I finally get to know Ibogaine's network. I learn about the recent death of Dr. Howard Lotsof. I meet several treatment providers. It was an enriching and encouraging experience for me.
- I meet Bob Sisco. He promotes Remogen.
- For example where does Dr. Geoff get Ibogaine in New Zealand?
- All these questions I ask you and myself, in order to find out how to expand the Ibogaine so that it doesn't stay in a small group of treatment providers.

República Argentina

FOURTH: Current situation and statistics in Argentina

- Consumption of cocaine base, marijuana and inhalable drugs has at least tripled in the city of Buenos Aires and Gran Buenos Aires from 2005 to the present.
- In particular, low-income adolescents begin with "paco" (cocaine base paste) as initiation drug.
- The **paco** is composed almost entirely of chemicals or adulterant elements, reinforcing its addictive nature and quick effect. Each dose is intense and its duration short.
- Soon, through permanently disabling nerve centers, this drug creates irreversible neurological damages. Loss of reflexes, motor skills, intelligence and even memory.
- **I wonder and ask you what chance do children under 15 have to be treated with Ibogaine? Which should be the dose? Is there any previous experience?**



FIFTH: Perspectives to implement Ibogaine's treatments in LATAM

- There are millions of addicts in the region!!!
- How do we deal with this epidemic?
- The region is the largest cocaine producer. Narcos themselves seek help for relatives who get involved with drugs.
- There are clandestine landing strips used by producers of cocaine and base paste. Politicians and authorities look somewhere aside.
- **It's necessary to have treatment providers to counteract this epidemic and prevent a lot of suffering in patients who have entered the psychic pain/anxiety/consumption circuit.**
- **I insist: we need easy access to Ibogaine!!! We need officially trained therapeutic teams. This is essential.**

SIXTH: Legality or illegality. Let's gather our efforts.

- This is the dichotomy in which we are immersed.
- Ibogaine doesn't exist in Argentina in any form.
- We should have statistics: Resolved treatments and negative cases, including fatal cases.
- I believe that the research being conducted is to be presented to the FDA for approval. Is it necessary to submit to such a filter? Isn't there enough experience from all treatment providers?
- Is it possible to lobby health authorities of each country, such as New Zealand did?

**I look forward to working with you
on these challenges.**

THANK YOU!!
see you soon!

questions, comments or suggestions

Dr. Miguel Angel Bianucci

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