
In a personal narrative style, this large-format paperback recounts a tale of contemporary ethnobotany in the heart of the industrialized world, yet in some strange, otherworldly penumbra between the shamanic realm and research laboratory; the pharmaceutical industry and herb-market; the forefront of high-tech drug-development and the back-alley underworld of black-market-drugs. Osten­sibly the story of a quixotic quest to promote the indole alkaloid ibogaine (from African Tabernanthe iboga Baillon [Apocynaceae] roots) as a “cure for addiction,” it alloys mysticism with science; politics with pharmacology; in the end, alas, spec­ious speculation with sincere spirituality. Primarily the story of Howard Lotsof’s assiduous endeavor to establish ibogaine as pharmacotherapy for opioid, alcohol, nicotine and other addictions (under cover of patents on such use of this natural product, trade-named Endabuse®). The Ibogaine Story is likewise a conspiracy theory/exposé in the well-worn US genre (cf., the ominous obverse-cover rhetorical question: “has the cure for addiction been suppressed since the ’60s?”), and also the subtextual assertion of a speculative theory of dream, memory, and consciousness. As a result, within this matrix of personal-narrative saga, the book veers vertiginously from experimental anti-addiction therapy in the junkie scene, to neurochemical data from animal experiments; from Fang initiations using massive doses of iboga root in Gabon’s Bwiti religion (Fernandez 1982), to political demonstrations in the US; from Philip K. Dick’s novel Valis, to Gnosticism and Rabbi Hugh Schonfield’s The Passover Plot; from REM sleep to rioting radicals; heroin to hauna just to name a few of the plot twists. While some will indubitably find this entertaining, few will find it enlightening, since the presentation is so confusingly vague; and those with scientific training or plain healthy scepticism will marvel at how the authors arrive at the following conclusion: Ibogaine trig­gers the NDE [near-death experience] reflex chemically... turns the serotonergic and cholinergic pathways into a super-augmented, “stereoscopic” [?] entity, capable of scanning ancestral memory in the non-nucleated genetic material of your [sic.] cells” (pg. 121). In the end, while allowing “there are, of course, many other expla­nations for all of these things,” they immodestly assert, “but no other single explanation so elegantly explains everything” (italics mine). Ibogaine, of course, is a Schedule I controlled-drug like heroin or LSD, and there is no question the US “drug abuse” research establishment is not interested in funding therapeutic study of drugs it has defined as having “no currently accepted medical use.” Given our rigid, physician/pharmacist “duopoly” and excessive regulation of the pharma­ceutical trade, drug companies in general have little interest in unpatentable natural products — but does this constitute a conspiracy to “suppress” a “cure for addiction”? Clearly, this is neither the time nor place to evaluate any theory which will purportedly “elegantly explain everything,” hence I will confine my remarks to The Ibogaine Story at its face.

Long used ethnomedicinally in equatorial Africa (Andoh 1987), iboga root ex­tracts were for a time employed as a stimulant in western medicine under the
trade-names Lambarelle® and Iperton® (Popik et al. 1995). Ibogaine came to the attention of sixties “psychedelic” users largely via its use in psychotherapy, notably by Naranjo (Naranjo 1973). It was as illicit “psychedelic” drug that Howard Lotsof encountered ibogaine. After its long-lasting “trip” faded, he discovered to his amazement that “for the first time in months, I did not want or need to go cop heroin,” leading him to make informal trials of the drug with fellow opioid habitués, some of whom also stopped using heroin, although they “had not gone through withdrawal.” By fits and starts, The Ibogaine Story recounts how Lotsof went from amazed ex-opioid habitué to prime partisan of ibogaine as “addiction interrupter,” including more extensive trials in Holland, one of which led to the tragic death of a young German woman, apparently from ibogaine overdose (she had been given a total of 4 grams). The book also details the interactions of Lotsof’s Endabuse® company with various research scientists, mainly in the US, of whom the best known is neurochemist Deborah C. Mash of the University of Miami. She was able to obtain an Investigational New Drug permit from the Food and Drug Administration for Phase I clinical (basic-toxicity) trials of ibogaine in human beings, and Mash discovered it was likely the metabolite nor-ibogaine, which showed long-lasting opioid-receptor activity, that explained the drug’s persistent amelioration of the opioid withdrawal syndrome. Mash has recently formed her own company, Healing Visions, and is now conducting Phase I clinical trials of the drug in her offshore (Caribbean) clinic (Sanchez-Ramos and Mash 1996), which might lead to eventual availability of ibogaine, nor-ibogaine, or artificial analogues as prescription medicines for treatment of drug habituations.

For all its bombast and confusion, The Ibogaine Story contains much useful information, though it would have been far better to separate this from personal reminiscences and speculative theories of consciousness, distilling the story down to perhaps 100 pages. Even as such, the book desperately needs an index (ironically, there is a 17-page index to a lengthy appendix, a reprint of D.S. Flattery and M. Schwartz’ 1989 Hauna and Harmaline..., and it adds insult to injury to discover four full pages of advertisements for the publisher’s other books in its stead! There are also far too many misprints and innumerable minor technical errors, and if a second edition ensues, the publisher would do well to hire a professional copy editor and seek out a capable technical editor, since much of the material is clearly beyond the technical expertise of the authors. Nevertheless, The Ibogaine Story is a unique tale of an ancient African ethnomedicine finding its way into university and pharmaceutical company laboratories, not via ethnotranscultural expeditions to Africa, but via folk medicine (some would say “hippy illicit-drug abuse”) in the United States and Europe — via the “streetdrug scene”! Not only have black-market chemists discovered valuable new drugs (such as the highly-potent and economical opioid a-methyl-fentanyl and short-acting amphetamine methylcathinone), and by their errors led to scientific breakthroughs (like the discovery of Parkinsonism neurotoxin MPP+ from illicit-opioid samples), but here we have discovery of a potentially-valuable new use for an ancient drug, from the ethnopharmacopoeia of the illicit drug demimonde — all the more reason for ethnomethodologists to direct their research attentions also to contemporary drug cultures and subcultures.


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