Integrating Acupuncture and Ayahuasca Shamanism for the Treatment of Depression

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**Abstract**

Traditional Chinese Medicine and Ayahuasca Shamanism have gained great popularity over the last decade with the increase of travelers to Peru, and with the increase of schools and colleges opening in the US for Acupuncture. Last year alone, there was a documented 472,433 suicides, and what’s more, the US is looking for ways to help those suffering with depression however the medications to treat depression prescribed by western medical providers are not used to heal the root of the problem, as with Traditional Chinese Medicine or Ayahuasca Shamanism would, but rather the medications that are administered to those suffering from depression are only masking the deeper root causes. In this research paper, we will look at the ways in which both Ayahuasca shamanism and Traditional Chinese Medicine can work together to help heal depression by defining the methods themselves and their approach to healing depression in ceremonial context, neurophysiological approach and in clinical practice. Due to the chemical compound DMT (dimethyltriptamine) which is an active psychedelic ingredient in the brew, Ayahuasca, as well it is an active neurotransmitter in the brain, we will be reviewing the correlation between the activation of this compound and the ingestion of it in the treatment of depression and how also Acupuncture can help to obtain a connection to this meditative, healing state for effective and efficient treatments for the future.

Keywords: Ayahuasca, acupuncture, depression, spiritual, DMT, neurophysiology, brain, DMN, harmine, harmaline, psychedelics

**Methods**

In order to gather research on how Ayahuasca shamanism and traditional Chinese medicine could help heal depression, first I had to gather materials to define each piece from different sources. I googled articles that were published from online respected journal sources, mainly those found through PubMed. I then narrowed down my search to only reading articles about Ayahuasca and psychological disorders, or specifically it’s treatment of depression. When I did this, I found over 7 articles through reset.me, a compilation of research material from iceers.org and thousands of articles through PubMed which provided viable and pertinent information some of which was specifically geared towards proving that Ayahuasca or acupuncture could help either alleviate the symptoms of depression or cure it completely. For example, Iceers.org provides a literature compilation on the exact topic of my research with over 60 pages of studies related exactly to the treatment of depression.

I decided to exclude articles that were not specifically related to the treatment of depression or mood disorders and Ayahuasca to keep the focus more narrow and concise by combining articles related to Ayahuasca and the brain, Ayahuasca and depression, sleep or whether or not it even had an affect on the brain. The treatment of depression has multiple facets, so I managed to find articles that mainly focused on the recovery of those suffering from long term effects of depression.

There were also 26 articles with pictures of fMRI brain imaging scans indicating a neurophysiological change in the brain after participants drank the brew, Ayahuasca.

In order to gather information regarding acupuncture and the brain, as well as acupuncture and depression, I searched in PubMed the keywords; acupuncture, brain, depression and found 3,612 articles.

Currently, there are 145 studies in PubMed that appear under the search ‘ayahuasca.’ Of which, 140 of these studies have been published since the year 2001. When searching Ayahuasca and depresion, I found 1,960 articles. When searching in google scholar the terms, ‘DMN and Depression’ 6,000 articles were found.

Several of the studies indicate that Ayahuasca is a significant tool to break major depression experiences in patients who suffer from treatments that do not help their depression. Searching for articles on acupuncture and depression were more difficult, as keywords used were ‘neurophysiology, acupuncture and depression.’ Only four articles came up in the search, one was used and read that specifically addressed the three aspects of how acupuncture can treat depression and alleviate it’s symptoms.

Some of the research related to acupuncture and the treatment of depression when the search was changed to ‘anxiety and acupuncture’ showed that more information was needed and that the results of the study were inconclusive. Therefore, it was significantly difficult to review these articles due to the lack of specific date pertaining to the topic itself. When searching simply acupuncture and the brain, there were a total of 2,765 articles on PubMed. When searching just acupuncture in PubMed, there were a total of 24,342 articles. When searching just acupuncture and the brain, I found 61,000 articles. Most of these articles described the use of either the comparison of regular needling without EA (electroacupuncture) and had described two main points, LI 4, located between the thumb and the second metacarpal, and ST 36, located approx. 3 cun (a cun is a measurement used in TCM to describe the distance between points and bones or landmarks on the body), below the knee on the lateral side of the tibia.

**Depression**

Depression is a highly frequent psychiatric disorder with a lifetime prevalence of 17%, being twice as prevalent among women as compared with men. Onset usually occurs in the third decade of life, but the disorder can affect individuals at any age. It is a recurring condition and around 20-25% of patients become chronically ill [25].

It can be known now through researching these articles that it is biochemically plausible that ayahuasca could treat depression — its plants contain compounds that alter the concentrations of the mood-regulating neurotransmitter serotonin in the brain — as do commercial antidepressants [22].

According to the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association (DSM-IV)[3], the diagnosis of a depressive episode requires the presence of depressed mood and/or anhedonia for a minimum of two weeks, accompanied by at least four of the following symptoms: significant weight loss or gain (5% of body weight); psychomotor agitation or retardation; insomnia or hypersomnia; fatigue or diminished energy; low self-esteem or inappropriate feelings of guilt; difficulties to think, concentrate or make decisions; and thoughts of death and suicide ideation or attempt. The symptoms must be associated with significant suffering and/or impairment in social, occupational or other functional areas, cannot be caused by a general medical condition or substance use, or fulfill the criteria for a mixed episode (episode in which the diagnostic criteria for both depression and mania are simultaneously satisfied) [25].

In clinical depression, there are theories that specific brain regions related to depression are poorly understood because of the complexity of the experience of depression. One brain area, the prefrontal cortex, is emerging as likely being directly involved in clinical depression [33]. Information from structural (MRI, CT) and functional imaging (SPECT, PET) is then examined for direct evidence of prefrontal cortex abnormalities in clinically depressed subjects [33]. The prefrontal cortex is responsible for processing ‘information from various sensory modalities [and is] integrated here in a precise fashion to form the physiologic constructs of memory, perception, and diverse cognitive processes’ [34]. Therefore, memories that may be difficult to process due to trauma or lack of processing could create an issue with the experience of developing new memories. The replay of old memories due to lack of processing could cause one to feel helpless or hopeless that life can evolve beyond the past.

One of the main hypotheses to explain the neurobiology of depression was proposed following the discovery of the mechanisms of action of early antidepressant agents, which were accidentally discovered in the 1950s during the development of antihistamine (imipramine → tricyclic antidepressant) and antituberculosis (iproniazid → monoamine oxidase (MAO) inhibitor) drugs. Added to this, the comprehension of the action of three substances on the central nervous system (CNS), namely, imipramine (inhibiting neuronal reuptake of noradrenaline and serotonin), reserpine (depleting monoamines and causing depressive symptoms), and amphetamine (releasing noradrenalin and inhibiting its neuronal reuptake, causing euphoria) led to the proposition, in the 1960s, of the classic monoamine theory of depression, according to which the disorder would be caused by decreased availability of noradrenaline and serotonin in the brain[4][25]. Serotonin is thought by some researchers to be a chemical that is responsible for maintaining mood balance, and that a deficit of serotonin leads to depression [32].

**What is Ayahuasca?**

This beverage, taken orally is produced from the decoction of two different plants: the *Psychotria viridis* and the *Banisteriopsis caapi*. The first one contains the psychedelic tryptamine N,N-dimethyltryptamine (DMT) that binds to serotonin and sigma-1 receptors [4,5]. The second is rich in beta-carboline alkaloids, particularly harmine, tetrahydroharmine (THH), and harmaline. Harmine and harmaline are potent monoamine oxidase inhibitors (MAOi) and THH acts as a mild selective serotonin reuptake inhibitor and a weak MAOi [1]. In about 15-60 minutes, the medicine begins to take effect. Often, people experience visions, memories and hallucinations that may have been suppressed and are now able to be brought to the surface for processing in a healthier context. Individuals are now able to work through past memories and recreate new belief systems once their past traumas or memories are brought to the surface for healing. The effects of ayahuasca are emetic, frequently causing vomiting and diarrhea, which is interpreted by the shamans and other providers of sessions as what is called the ‘purga’: an emotional and physical cleanse. [7]. Its main active ingredient is known as DMT, which can help induce spiritual journeys complete with visions and profound emotional experiences. Ayahuasca has been used extensively for healing and in religious ceremonies for centuries among certain groups native to the Amazon.

The expansion in the number of people interested in the ritual and religious aspects of ayahuasca was accompanied by several studies describing anxiolytic and antidepressive effects associated with the ingestion of ayahuasca [27]. In recent decades its popularity has been spreading elsewhere in the world and there is a growing interest in using the substance to treat mental disorders like depression, anxiety, PTSD and addiction that plague the Western world [3].

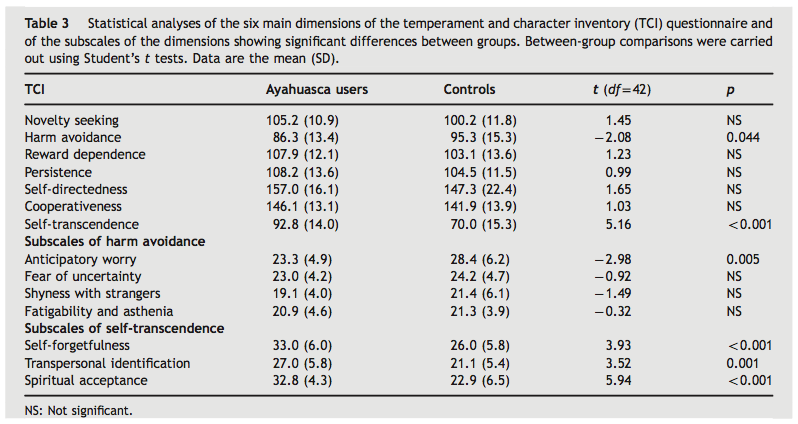
In Brazil, Peru and Ecuador, ayahuasca is usually prepared by boiling the steams of the liana together with the leaves of the shrub *Psychotria viridis,* whereas the leaves of other liana, *Diplopterys cabrerana,* are used in Colombia and Ecuador. [27].

The results of working with Ayahuasca as a treatment for various disorders and diseases is promising. In a recent study conducted at the University of San Paulo, Brazil, [six participants suffering from depression took ayahuasca in [an experiment](http://www.popsci.com/hallucinogenic-ayahuasca-could-be-used-treat-depression)], the volunteers, who had previously found pharmaceutical antidepressant treatments ineffective, began to feel relief from their symptoms in just a few hours. The positive results lingered for weeks afterward, long after the psychedelic effects of the ayahuasca wore off. The study concluded that ayahuasca has fast acting anxiolytic and antidepressant effects in patients with depressive disorders, with no side effects [4]. With regards to side effects, numerous studies have been conducted to research the toxicity of the taking the brew. Acute ayahuasca administration, as well as long-term consumption of this beverage, does not seem to be seriously toxic to humans. Although some nonhuman developmental studies suggested possible toxic effects of ayahuasca or of some of its alkaloids, the limited human literature on adolescents exposed to ayahuasca as early as in the uterus reports no serious toxic effects of the ritual consumption of the brew [6]. Ayahuasca has potential to help treat “several diseases including substance dependence, depression and several psychological disorders, and also for curing cancer” [6].

Traditionally, Ayahuasca has been used in the pan Amazonian jungle by the Shipibo-Conibo in Peru or the Shuar in Ecuador. Ayahuasca plays a central role in the lives of those who practice drinking the medicine as it is a ceremonial practice and a lifestyle, a way of spiritual healing and communication with the divine, with the internal world and with a practice to go deeper with the plant medicines.

**Ayahuasca and The Brain**

In the journal,  [*European Neuropsychopharmacology*](http://www.sciencedirect.com/science/article/pii/S0924977X15000097) in April 2015, researchers at Sant Pau in Barcelona…looked into the long-term use of ayahuasca and its association with changes in brain structure and personality. Below is a graph of their findings. They obtained [magnetic resonance imaging](http://topics.sciencedirect.com/topics/page/Magnetic_resonance_imaging) ([MRI](http://topics.sciencedirect.com/topics/page/Magnetic_resonance_imaging)) images of the brains of 22 regular users of [ayahuasca](http://topics.sciencedirect.com/topics/page/Ayahuasca) (a preparation whose active principle is the psychedelic 5HT2A [agonist](http://topics.sciencedirect.com/topics/page/Agonist) *N,N*-dimethyltryptamine (DMT)) and 22 controls matched for age, sex, years of education, [verbal IQ](http://topics.sciencedirect.com/topics/page/Wechsler_Adult_Intelligence_Scale) and fluid IQ. Ayahuasca users showed significant CT differences in midline structures of the brain, with thinning in the [posterior cingulate cortex](http://topics.sciencedirect.com/topics/page/Posterior_cingulate) ([PCC](http://topics.sciencedirect.com/topics/page/Posterior_cingulate)), a key node of the [default mode network](http://topics.sciencedirect.com/topics/page/Default_mode_network) [9]. The posterior [cingulate](http://topics.sciencedirect.com/topics/page/Cingulate) cortex (PCC) has been increasingly identified as potentially dysfunctional in ASD (Oblak et al., 2011). The PCC is involved in the processing of the salience of events and faces and is activated by emotionally significant stimuli in [neuroimaging](http://topics.sciencedirect.com/topics/page/Neuroimaging) studies [10]. Researchers have found after analyzing the MRI images of those in the study that have had Ayahuasca, there was a cortical thickness which was altered in eight of the areas of the brain for the ayahuasca test group versus the control group. The most prominent difference observed was thinning in the posterior cingulate cortex (PCC), a part of the brain posited to be a central communication hub in a special brain network involved in [high-level constructs such as the ego or self](http://www.pnas.org/content/109/6/2138.full) [8].



With regards to pessimistic worry in anticipation of unknown future events, or problems, ayahuasca users scored higher in self-transcendence, a characteristic exemplified by the spirituality, religiousness, and expansion beyond one’s own boundaries to consider one’s self as an integral part of the universe as a whole. These higher scores in self-transcendence were associated to a thinner posterior cingulate cortex [8].

The chemical compound, DMT found in the psychoactive entheogenic brew, Ayahuasca, is namely responsible for the amount of neuroplastic transformations that the brain experiences after the participant has ingested the substance. Researchers attribute the antidepressant effects of ayahuasca to DMT, the principal psychoactive ingredient in ayahuasca, as it is an activator of serotonin receptors in the central and peripheral nervous systems. In other studies, [DMT](http://www.ncbi.nlm.nih.gov/pubmed/25069786), [psilocybin](http://www.ncbi.nlm.nih.gov/pubmed/24882567) and [LSD](http://www.ncbi.nlm.nih.gov/pubmed/25575620) have been associated with increases in positive mood in healthy volunteers and in reducing anxiety and stress related to [life-threatening diseases](http://www.ncbi.nlm.nih.gov/pubmed/24594678). [11]. DMT, the main psychotropic agent of ayahuasca, is capable of eliciting an intensely emotional dream-like experience characterized by vivid visual imagery, perceptual and cognitive changes, and profound modificattions in the sense of self and reality, when administered parenterally [19]. The β- carbolines present in ayahuasca, particularly harmine and harmaline, have been found to inhibit MAO, an effect that apparently allows the viable access of DMT to the systemic circulation and the central nervous system [11].

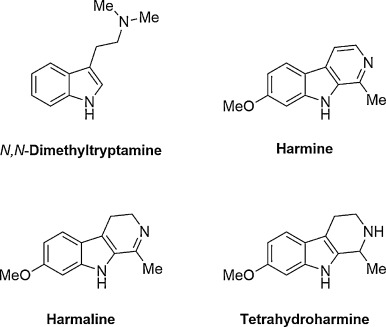
Self-oriented mental activity has been consistently linked to the Default Mode Network (DMN), a set of brain regions more active during rest than during the execution of a goal-directed task. What was used was an fMRI technique to inspect the DMN during the psychedelic state induced by ayahuasca in ten experienced subjects. Ayahuasca changes the activity and connectivity of the DMN and the connection between the DMN and the task-positive network (TPN). Ayahuasca caused a significant decrease in activity through most parts of the DMN, including its most consistent hubs: the Posterior Cingulate Cortex (PCC)/Precuneus and the medial Prefrontal Cortex (mPFC). Functional connectivity within the PCC/Precuneus decreased after Ayahuasca intake. No significant change was observed in the DMN-TPN orthogonality. Altogether… results support the notion that the altered state of consciousness induced by ayahuasca, like those induced by psilocybin (another serotonergic psychedelic), meditation and sleep, is linked to the modulation of the activity and the connectivity of the DMN. [12].

DMN activity is also reduced during meditative states [13,14,] and is crucial for the maintenance of cognitive integration and constraint under normal conditions [21]. The meditative states describe the states where your experience of your mind wandering or your meditative state changes as you witness what your are experiencing or that your mind is wandering. Decreased DMN activity during meditation has been linked to a decrease in mind-wandering [17]. This should not be the case with psychedelics, as experienced users show potentiated mind-wandering. On the other hand, the awareness of mind-wandering is altered in both states. A recent study suggests that DMN activity increases during periods of mind-wandering, but decreases with the awareness that the mind has wandered, and this could be just the case of the Ayahuasca experience. It is as if these experiences lead to a change of standpoint, shifting one’s perspective from actor to an attentive spectator. [12]. In depressive episodes, a person experiencing a lack of awareness of their depression and how it manifests could potentially gain more understanding of the depth of the depression by taking Ayahuasca which would help to decrease the potential connections that lead to depression.

The present study concludes that the acute effects of Ayahuasca are associated with diminished DMN activation and decreased functional connectivity of the PCC/Precuneus. Altogether, our results support the notion that the altered state of consciousness induced by Ayahuasca, like with psilocybin, meditation and sleep, is linked to the modulation of the activity and the connectivity of the DMN [12].

The prevalence of DMT is a profound factor in the occurance of psychedelic experience. It is important to note that the ingestion of DMT makes a difference in the way it affects the brain. In the article titled, *Pharmacokinetics of Hoasca alkaloids in healthy humans*, it is stated in the discussion that ‘the intensity and duration of subjective effects between *hoasca (ayahuasca)* versus intravenous DMT, however, differed considerably [15]. The quantitative difference is obviously due to the inherent differences in routes of administration; i.e. intravenous versus orally activated DMT. The qualitative differences can be explained by the suggestion that the visionary effects of DMT manifest through interactions at central serotonin receptor sites [16], where subjective effects are modified by increased levels of 5-HT, which provides competition for DMT at these sites [16].

It has been noted that ‘instead, the regular use of [Ayahuasca] in a ceremonial context seems to increase one’s ability to psychologically adapt to the larger process of life’ [18]. It is then understood that taking DMT intravenously is not as effective as drinking the Ayahuasca tea due to the fact that A*yahuasca* seemed to induce more somatic-dysphoric effects than IV DMT, the most frequently reported being the modifications in body feeling and nausea. These effects may be attributable to the β-carbolines present in the tea. A relationship between the nausea and other distressing effects on the digestive tract and increased 5-HT levels has been postulated [20].



**Ayahuasca and The Treatment of Depression**

In the search for the correlation between Ayahuasca and the treatment of depression, four sites had specifically discussed the benefits of the brew in the treatment of depression, Three of the four articles were written through sources from reset.me, articles that have been submitted by the public but were reviewed on the basis of peer reviewed or clinical case studies and research articles from literary sources such as MAPS (Multidisciplinary Association for Psychedelic Research Society). When searching through PubMed and Google Scholar the terms Ayahuasca and depression, there were 1,960 results.

Psychedelics have long been used to help treat depression. A study published in the *Journal of Psychopharmacology* and is titled “Classic psychedelic use is associated with reduced psychological distress and suicidality in the United States adult population.” [23] This study explains that psychedelics can help to alleviate the symptoms and the desire to follow through with suicide, a result of depression. It states that “classic psychedelics may hold promise in the prevention of suicide, supporting the view that classic psychedelics’ most highly restricted legal status should be reconsidered to facilitate scientific study, and suggesting that more extensive clinical research with classic psychedelics is warranted.” [23] Classic psychedelic use has been studied for it’s effects on the brain and life of those taking it. In the article posted on reset.me which explains how psychedelic use can help treat depression, it states that 'of the more than 190,000 survey respondents used for the Hendricks analysis, 27,235 reported lifetime classic psychedelic use. Among the psychedelic users there was a significant decrease in the likelihood of past month psychological distress, past year suicidal thinking, past year suicidal planning, and past year suicide attempt.

The study includes a note that psychedelic users may be more open-minded, which could either be a result of the use of psychedelics, or a preexisting quality among people who end up using psychedelics. [23] This is representative of psychedelic use in particular, not necessarily of Ayahuasca ceremonial use itself.

Obsessive focus on the past is a symptom of depression. Additionally, past studies indicate that sufferers tend to have higher than usual levels of default mode network activity. If LSD's chemical components that modulate DMN activity can be identified, the researchers hypothesize it might help depressed people control harmful recollections of the past while moving more gracefully into the future. [26]

In a recent journal discussing the use of Ayahuasca to treat depression titled: The therapeutic potential of harmine and ayahuasca in depression: *Evidence from exploratory animal and human studies*, the researchers focused on harmine and harmaline to discuss the benefits of the compounds on the brain and the treatment of depression.

Harmine, the β-carboline with the highest concentration in AYA, interacts with distinct imidazoline (CDK1, 2, and 5), but its wide pharmacological spectrum also includes antiplasmodial, antimutagenic, and antigenotoxic activity, and antioxidative, antidiabetic, and antiplatelet properties[19][25][28].

**What is Acupuncture?**

Acupuncture is a therapeutic treatment that is defined as the insertion of needles into the body at specific acupuncture points (ie acupoints) [29] Acupuncture therapy has been known as a practice associated with Oriental Medicine, and it has recently been identified in the field of Complementary and Alternative Medicine as a potential therapeutic procedure for which there is good scientific evidence [2]. Acupuncture utilizes the use of thin, sterile needles to be inserted into the body at specific locations called acupoints. These acupuncture points pertain to meridians and channels that correlate to a specific organ system and energetic system in the body. Based on the theory and philosophies taught through the fundamental principles of yin/yang theory, five element theory and classical Chinese medicine theory, acupuncturists are then able to diagnose, treat and help alleviate troublesome symptoms. Acupuncture has been practiced in countries such as Asia, China, Japan, Korea and more recently the US for over 2,000 years.

Acupuncture involves the use of other substances and methods of healing such as moxibustion, tui na massage, electroacupuncture, cupping, gua sha and acupressure.

**Acupuncture and The Brain**

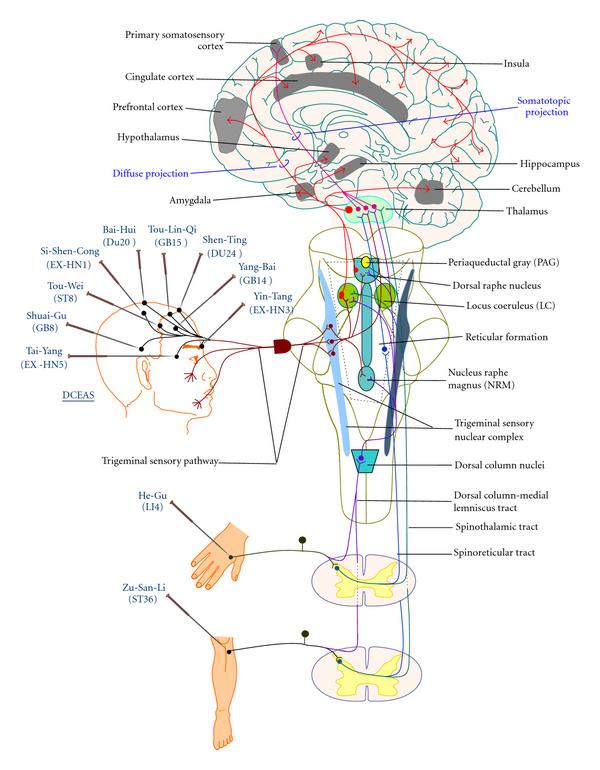
Neurophysiological studies have concluded that acupuncture indeed has an effect on the brain due to the recent advances in functional magnetic resonance imaging (fMRI) techniques that have allowed current research to view it’s changes on the areas of the brain related to the points. Many studies have shown the points LI4 and ST36 as being the two main points that change areas of the brain. In a study conducted regarding acupuncture and the treatment of depression and schizophrenia, the conclusion indicated that brain research has revealed that acupuncture has a modulating and normalizing effect on the limbic-paralimbic-neocortical network (LPNN), including the default mode network, as described in the way Ayahuasca affects the brain. Because the LPNN is related to sleep and emotions, this might explain the improved qualities of life and sleep after acupuncture [5]. The functional brain response as a result of needles inserted in the body is described below.

Following acupuncture stimulation, activation in the sensorimotor cortical network, including insula, thalamus, anterior cingulate cortex, and primary and secondary somatosensory cortices, and deactivation in the limbic-paralimbic neocortical network, including the medial prefrontal cortex, caudate, amygdala, posterior cingulate cortex and parahippocampus, were detected and assessed [29] within the 28 functional magnetic resonance imaging studies, which consisted of 51 acupuncture and 10 tactile stimulation experiments and were selected for the meta-analysis. [29]. These distributed brain areas seem to largely overlap with a network of brain structures called the pain matrix, which refers to a pain-specific network in the brain that exhibits specific patterns of brain responses elicited by nociceptive stimuli.

**Acupuncture and The Treatment of Depression**

When searched in pubmed, ‘acupuncture depression’ found 53,800 results. Both Ayahuasca and Acupuncture affect the brain by helping it to become more connected to an aware, meditative state of consciousness. Various areas of the brain are elicited when either drinking the brew, or receiving acupuncture. These areas include the PCC, DMN, thalamus, insula, hypothalamus and prefrontal cortex. In the treatment of depression, it can be understood that increasing these cortical areas of the brain related to self awareness will alleviate the feelings of helplessness or worry about the future.

To understand the ways acupuncture affects the brain, the triggers of electro-acupuncture creates a ‘chain of events that can be understood through controlled experiments. For example, needling may cause receptors to send neural impulses to the spinal cord or act on ascending pathways to the brain, and cause the release of neurotransmitters that subsequently modulate central functions in the brain [30]. Using fMRI, scientists observed signal changes in the limbic circuitry, implicating a possible intermediary effect of acupuncture in addiction treatment [30]. There is evidence that supports a view that acupuncture intervention involves complex modulations of temporal neural response, and it’s effect can gradually resolve as a function of time. The functional specificity of acupuncture at ST 36 may involve multiple levels of differential activities of a wide range of brain networks, which are gradually enhanced even after acupuncture needle being terminated [31].

A recent study conducted by the Institute of Traditional Chinese Medicine in Suzuka, Japan published in 2016 had investigated the effects of acupuncture on the treatment of depression as a method to reduce the side effects and symptoms of depression. To induce a state of depression in rats, the researchers used a method called water immersion stress, which creates an effect on the rat’s brain that illicits the HPA axis to induce a stressful or depressed state such that the researchers can then use to treat with acupuncture. There were three treatments used. One included needling GV 20 (Du 20), Yin Tang or antidepressents to compare the effect.

The researchers measured the corticosterone levels and immobile time in the rats being treated to determine the effect after acupuncture or antidepressants were administered.

What they found was that acupuncture decreased the stimulation of the cortisone levels and immobile time. The conclusion of the result of this study indicated that the mechanisms underlying the treatment of depression involved the HPA axis system which is involved in the stress response which helped to relieve the symptoms of depression by modulating stress related to depression [35].

Often in acupuncture treatments the points Yin Tang and Du 20 are used to calm the mind, uplift the spirit and also to calm the shen (the spirit). The points themselves are located in an area where energetically when they connect, it is exactly where the pineal gland is located, as seen in the picture on page 20.

A study titled, *Schizophrenia and Depression: A systematic Review of the Effectiveness and the Working Mechanisms Behind Acupuncture,* conducted in August 2015 by creating a systemic review of systems to treat schizophrenia and depression by using acupuncture discusses the benefits of using acupuncture to treat depression due to the way acupuncture affects sleep and mood. As stated in the literature review, ‘acupuncture has a normalizing effect on the limbic-paralimbic neocortical network (LPNN), including the [previously mentioned default mode network, also addressed in ayahuasca’s effect on the brain]’ [36]. The LPNN is related to sleep and the emotions, which would modulate the experience of depression by addressing the areas that are affected by depression.

**Discussion: Integrating Acupuncture and Ayahuasca Shamanism for the Treatment of Depression**

It’s an intriguing topic, one that often results in lengthy discussions, debate, and some levels of confusion as to how it would be possible that these two methods of healing, coupled with their individual philosophies and systems create a healing environment that helps one to overcome an addiction, a depressive episode, or transform in a way that results in lasting life long change. Is it the acupuncture or just the Ayahuasca that is making any difference in this person’s reality? The science and research explore the ways in which both systems have affected the brain, the consciousness of the receiver or patient, and as well, the way the body interprets the reality in which it currently resides after having the healing from both modalities or just Ayahuasca alone.

Obviously, with Ayahuasca shamanism, using needles to clear blockages or to change the system physiologically is one main difference, as well an acupuncturist may not necessarily serve Ayahuasca in a ceremonial context.

However, the marriage of the two modalities is what deserves consideration. Ayahuasca shamanism has helped countless men, women and children with addiction, depression, obesity, suicidal ideation, trauma, PTSD and many other diseases and disorders. When served appropriately (as in a sacred healing experience and not in any way that is used to harm oneself) it can be an unbelievable healing experience that some say results in the feeling as if twenty years of psychotherapy can alleviate in one sitting. The way Ayahuasca affects the brain allows the body to receive a neurological change, rather than just on a spiritual component.

The spirit of Ayahuasca allows the receiver to think outside of the realm of what they would normally consider as an antidote to their problems, as the Ayahuasca vine is considered in cultures to be ‘self-aware.’

The Ayahuasca is a living, conscious being according to shamans. Therefore, when we ingest a conscious substance, we take on the energy of it, thinking like it, resonating with it’s frequency. Because of this, whatever energies that are not in alignment with this will be purged.

Depression as an illness is the feeling as if there is a sense of hopelessness, and a heaviness that leaves the person feeling sad, perhaps lost, and just down. Ayahuasca is not the magic pill to end all of depression, as we have been trained in our patterns of thinking due to conditioning from western medicine and the way of society as it is today. The root of the problem is what deserves attention, and for each of us it may have manifested from a different type of experience.

Ayahuasca allows a gateway, a path to learning about our traumas so we can release what thought patterns, memories or emotions are connected to the past that causes disharmony in the present and fear of the future due to the fact that it affects the centers of the brain related to memory. Coupled with it’s spiritual component, it has the capabilities of unlocking and clearing painful memories for those who have unconsciously suffered unnecessarily difficult past memories and are now able to clear them, process them and finaly leave them where they belong, in the past.

Commonalities exist between Ayahuasca shamanism and acupuncture primarily in the diagnosis phase that the practitioner goes through in order to assess the situation that is happening for the patient. Both modalities address the depression as an imbalance of energies, perhaps related to the liver and the inability that the liver has to move energy within the body and around the body so that it does not ‘depress,’ or stagnate.

A shaman may also take pulses, like an acupuncturist does, to determine the language of the body, what the body is telling the shaman and if there are any blockages in their health or connection to their best self.

A shaman then addresses what medicines are to be of the best benefit of the patient. Based on the symptoms, the diagnosis’ specific to the shamanic lineage and practice, the shaman uses their most compassionate, intelligent thinking to create an approach that allows the patient to experience a deepening in their development through the experience of healing.

Much like a shaman, an acupuncturist will also diagnose based on the chief complaint, signs and symptoms, history, presenting qualities in the pulses and other diagnostic tools perhaps even a thermometer, blood pressure cuff, palpation of the abdomen, stethoscope, etc. In the state of California, an acupuncturist is considered a primary care physician, so the acupuncturist may employ diagnostic techniques that are not within the scope of practice in other states in the US or the world.

However, both the shaman and the acupuncturist hold a strong healing space through their intention to heal, their ability to see beyond the western medicine mindset that is limited to the narcotics, antidepressants and other tools in which only mask or numb the pain.

Another quality that unites the two practices is in the philosophy of feeling and going through the pain in order to diminish the charge and the intensity of it so as to come into a true power and presence beyond the pain’s control of our senses.

Acupuncture works on the meridians like the icaros work on the soul of the pasajero. The meridians provide a channel for energy to flow, where the soul provides a conscious landscape of beingness and thoughts, memories and a sense of non-identity with the ‘self.’ The reason we would compare the icaros and the meridians is because of the systems in which energy moves through channels. It is the channels that allow for a change and a movement of energy. Without energy movement, there is no connection to life, because life is movement. Life is change.

When a person experiences depression, they are feeling disconnected from the movement of life. This is why exercise, qi gong, yoga, and walking meditation are often prescribed to those experiencing depression because it helps to move energy.

The Ayahuasca ceremonial practice allows energy naturally to move because as Ayahuasca is digested in the system, it moves through the entire body until it has cleansed and purged energies that may be stuck.

The purge itself may be representative of the actual vomiting process, or it could be of sweating, crying, sighing, stretching, singing or speaking. All of these practices allow for a healing to take place because energy is moved, realized, processed and then the shaman helps to integrate this experience.

With acupuncture, a similar experience happens in a session, although it is not a traditional ceremony, it is a brief exchange where the practitioner and the patient experience a movement of healing energy.

Current research based on fMRI’s allow us to see the way the brain is affected by acupuncture. Specifically, acupuncture allows one to experience the natural opioids that are released from the brain, helping to alleviate pain and suffering.

In conclusion, if we want to really change and create a paradigm shift for ourselves and eachother, it has to come from looking at the root of our issues and diving deep into them. These two medicines allow the ability to do so for deep lasting change. It is worth further research and discussion to examine the endless possibilities that each person deserves to experience in their healing path.

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