

Never Home's

Guide to psychedelics

50 psychedelics & entheogens

Overview edition

Approximately 53 minutes of chapter reading at 200 words/minute. Individual pace varies. References and introductory material add time.



Historical context · Published research · Holistic integration · Risks

Educational, not medical advice. Historical use, personal reports, and clinical evidence are not interchangeable. Illustrations are artistic representations, never identification references.

Ground yourself in the essentials.

No use is risk-free. Choosing not to use is always a valid choice. This guide is not a treatment recommendation or an administration protocol.

Know what is unknown

Drug checking can reduce uncertainty but cannot guarantee identity, purity, or safety. Avoid unverified substances and combinations.

Check medications & health

MAO inhibitors can have life-threatening interactions with serotonergic medicines and stimulants. A clinician should review all medicines and supplements. Never stop prescriptions to use a substance.

Protect your headspace

Psychedelics can trigger panic, mania, or psychosis, especially in people with personal or family vulnerability. Avoid driving, water, heights, and hazardous environments.

Recognize an emergency

Seizures, collapse, chest pain, severe overheating, confusion, or difficulty breathing need emergency care. Call local emergency services, stay with the person, and tell responders what may have been taken.

Respect context

Legal status varies. Respect Indigenous traditions and ecological preservation. Many entries are not classic psychedelics. Some have very limited research. This guide has not been clinically reviewed.

Further reading: nida.nih.gov/research-topics/psychedelic-dissociative-drugs

Contents

Chapters 1–25 · links open the chapter

- [01 Psilocybin & Psilocin](#)
- [02 N,N-DMT](#)
- [03 Ayahuasca](#)
- [04 5-MeO-DMT](#)
- [05 Ibogaine](#)
- [06 4-AcO-DMT](#)
- [07 Bufotenin \(5-HO-DMT\)](#)
- [08 Yopo & Vilca Snuffs](#)
- [09 4-HO-MET](#)
- [10 4-HO-MiPT](#)
- [11 DPT \(Dipropyltryptamine\)](#)
- [12 DiPT](#)
- [13 5-MeO-DiPT](#)
- [14 5-MeO-MiPT](#)
- [15 Voacanga Africana](#)
- [16 Mescaline](#)
- [17 Peyote Cactus](#)
- [18 San Pedro Cactus](#)
- [19 Peruvian Torch](#)
- [20 2C-B](#)
- [21 2C-E](#)
- [22 2C-I](#)
- [23 2C-T-7](#)
- [24 DOM / STP](#)
- [25 DOB](#)

Contents

Chapters 26-50 · links open the chapter

- [26 DOI](#)
- [27 TMA-2](#)
- [28 Methallylescaline \(MAL\)](#)
- [29 Escaline](#)
- [30 Proscaline](#)
- [31 LSD-25](#)
- [32 1P-LSD](#)
- [33 AL-LAD](#)
- [34 ETH-LAD](#)
- [35 PRO-LAD](#)
- [36 LSA / Ergine](#)
- [37 Ololiuqui](#)
- [38 MDMA](#)
- [39 MDA](#)
- [40 6-APB](#)
- [41 Ketamine & Esketamine](#)
- [42 Salvia Divinorum](#)
- [43 Amanita Muscaria](#)
- [44 Dextromethorphan \(DXM\)](#)
- [45 Nitrous Oxide](#)
- [46 25I-NBOMe](#)
- [47 Kanna \(Sceletium\)](#)
- [48 Sacred Blue Lotus](#)
- [49 Syrian Rue](#)
- [50 Ceremonial Cannabis](#)

Psilocybin & Psilocin

Magic Mushrooms / Shrooms / Golden Teachers / Caps



Artistic illustration · Not for identification

History in brief

Indigenous Mesoamerican use of teonanacatl was documented by sixteenth-century Spanish chroniclers. While archaeological mushroom stones suggest ritual importance, scholars debate if these artifacts served other functional purposes [1]. In 1957, R. Gordon Wasson publicized Mazatec veladas led by Maria Sabina. This exposure brought significant Western attention but ultimately caused severe social harms to Sabina's community. Albert Hofmann isolated psilocybin and psilocin at Sandoz laboratories in 1958, translating traditional knowledge into chemical identification.

Positive uses & evidence

Modern research resumed in 2006 with studies focusing on subjective mystical experiences in healthy volunteers. Subsequent 2016 double-blind trials investigated effects on depression and anxiety among patients facing life-threatening cancer diagnoses [2]. In 2021, a phase 2 trial compared psilocybin against the antidepressant escitalopram, though results did not establish statistically significant superiority for the alkaloid [3].

Holistic integration & risks

Scientific literature emphasizes significant limitations, including small sample sizes and potential bias in subjective reporting. Adverse physiological risks and organ toxicity remain areas requiring further longitudinal study. Clinical results are not guaranteed cures, and recreational foraging carries extreme risks of misidentification or poisoning. Respecting the cultural origins of these substances involves acknowledging that Western scientific isolation is not an original discovery, but a refinement of enduring Indigenous traditions that predated laboratory analysis by centuries.

Sources & further reading

[1] Kohler: Mushrooms, Drugs, and Potters (1976)

[2] Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer (2016)

[3] Trial of Psilocybin versus Escitalopram for Depression (2021)

N,N-DMT

The Spirit Molecule / Dimitri / Blast Off



Artistic illustration · Not for identification

History in brief

N,N-Dimethyltryptamine is a compound found across the botanical world. Modern chemistry documented its synthesis in 1931 by Richard Manske, though indigenous use is inferred through archaeological evidence [1]. A 2019 study by Miller et al. analyzed a 1,000-year-old ritual bundle in Bolivia, identifying residues of DMT, harmine, and bufotenine. This suggests a long history of botanical knowledge, though specific recipes remain a matter of retrospective study [2]. By 1956, Stephen Szara documented human effects, shifting the substance toward clinical observation [1].

Subsequent decades saw the substance transition from a chemical curiosity to a subject of pharmacological inquiry. Research has investigated its role as an endogenous compound found in trace amounts within human tissues, yet its biological utility remains unresolved [1]. Positive reports often center on shifts in perspective, yet therapeutic efficacy is still undergoing preliminary human trials. Integration focuses on grounding through sleep, journaling, and community support without substances to manage psychological fluctuations following use.

Holistic integration & risks

The intensity of the experience can lead to ontological shock and derealization. Physical risks include sudden blood pressure spikes [1]. Integration focuses on grounding: prioritizing sleep, journaling, and community support without the use of substances to process the experience. Developing a stable routine is considered a primary method for managing psychological fluctuations.

Sources & further reading

[1] Cameron and Olson: *Dark Classics in Chemical Neuroscience: DMT* (2018)

[2] Chemical evidence for multiple psychotropic plants in a 1000-year-old ritual bundle (2019)

Ayahuasca

La Purga / Grandmother Vine / Yagé



Artistic illustration · Not for identification

History in brief

The historical trajectory of ayahuasca is a complex tapestry involving diverse Amazonian Indigenous traditions and the development of modern syncretic groups. Formal botanical documentation began in the 1850s with the meticulous notes of Richard Spruce and the geographic observations of Manuel Villavicencio [1]. These early records focused on the physical identification of the vine and the social contexts of its use. In the 20th century, institutionalized movements emerged, notably the Santo Daime church in 1930 and the União do Vegetal (UDV) in 1961, which integrated traditional plant use into structured religious frameworks [1].

Archaeological interest has sought to determine the antiquity of these practices, with a significant 2019 study identifying alkaloid residue in a ritual bundle in the Bolivian Andes [2]. However, this finding does not confirm the existence of ancient liquid brewing or specific recipes, as the plants may have been used in alternative forms. Modern research focuses on the synergistic interaction between dimethyltryptamine (DMT) and beta-carbolines, which allows the mixture to be active when swallowed [1]. While preliminary controlled studies examine potential applications for depression, evidence remains limited by small sample sizes and the influence of ritual settings. Safety concerns are significant, particularly lethal interactions with certain medications, and substance-free integration involves grounding through established wellness practices.

Sources & further reading

[1] [Ayahuasca historical pharmacological and therapeutic review \(2023\)](#)

[2] [Chemical evidence for ritual bundle psychotropic plants \(2019\)](#)

5-MeO-DMT

The God Molecule / Bufo / Toad Secretion



Artistic illustration · Not for identification

History in brief

Records indicate 5-MeO-DMT was documented as a chemical compound mid-20th century, though its presence in South American plants like *Anadenanthera* species has long been known [1]. During the 1960s, researchers analyzed the secretions of the Colorado River toad (*Incilius alvarius*), identifying the compound in high concentrations. While often framed as an ancient sacrament, there is no established proof of continuous ritual toad secretion use by indigenous groups; Davis and Weil argued for its historical identity in 1992, but this remains a debated interpretation [1]. Modern popularization grew in the late 20th century, creating a distinct cultural movement centered on toad-derived materials that is geographically separate from original botanical snuff traditions.

Positive uses and evidence remain in exploratory phases. Early human pilot trials in the 2020s examine how synthetic 5-MeO-DMT interacts with the brain. Reported outcomes like increased well-being are subjective and not established medical treatments. Holistic integration and risks are critical; this substance carries severe physical risks, including aspiration on vomit during unconsciousness and fatal interactions with MAOIs [2]. Reactivations or night terrors can occur for weeks post-use. Integration involves substance-free practices like journaling, prioritizing sleep, and gentle movement. Seeking professional support for lasting psychological distress is essential. Never discontinue prescribed medication to use a substance or attempt to manage these significant risks without professional clinical oversight.

Sources & further reading

[1] Identity of a New World Psychoactive Toad (1992)

[2] Villa: Toad in the road: biocultural history and conservation (2023)

Ibogaine

Tabernanthe iboga / Bwiti Sacrament / Root Bark



Artistic illustration · Not for identification

History in brief

Historical botanical records from the 19th century identify *Tabernanthe iboga* within African ecological and cultural contexts [2]. These records documented the use of the plant's root bark by the Bwiti and other West-Central African groups for communal rites and spiritual initiations. In the early 1900s, multiple research teams successfully isolated the alkaloid ibogaine, leading to its inclusion in pharmaceutical products marketed in the 1930s for fatigue and mood [2]. The transition from botanical use to laboratory isolation marked a shift in how these compounds are viewed globally. While these early applications were standardized for their era, the medical landscape has since evolved significantly [2].

Howard Lotsof reported an unexpected cessation of opioid withdrawal in 1962, a retrospective observation that prompted a 1985 patent for addiction indications [1]. Despite this history, ibogaine is not standard medical care. Modern evidence consists primarily of observational data rather than broad-scale approvals. The primary risk is severe cardiotoxicity. Ibogaine causes QTc prolongation, which can trigger Torsades de Pointes and sudden cardiac arrest [1]. Such risks persist even with medical screening. For those processing intense experiences, substance-free integration involves focusing on sleep, journaling, and seeking professional mental health support to manage lasting distress [1]. This practice emphasizes grounded adjustment rather than reliance on further substances for recovery and stability.

Sources & further reading

[1] Alper: Ibogaine a review (2001)

[2] Ibogaine historical timeline (reference)

4-AcO-DMT

Psilacetin / Synthetic Shrooms



Artistic illustration · Not for identification

Historical Record and Synthesis Origins

The historical record of 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT) is primarily defined by chemical synthesis rather than clinical application. A pivotal moment in its documented history occurred in 1999 when David E. Nichols and Stewart Frescas published "Improvements to the Synthesis of Psilocybin and a Facile Method for Preparing the O-Acetyl Prodrug of Psilocin" in the journal *Synthesis* (1999(06)935-938) [1].

Prodrug Hypothesis and Analytical Status

Pharmacologically, 4-AcO-DMT is described as a proposed prodrug for psilocin. This means it is theorized to undergo deacetylation within the body to become active. However, metabolic equivalence in humans remains a hypothesis rather than a clinically proven fact. A 2019 secondary article, "The state of the art of psilacetin," highlights recent work regarding the substance's crystal structure [2].

Scientific Uncertainty and Integration

Current understanding of 4-AcO-DMT is limited by a lack of toxicology data and longitudinal human studies. There is no verified evidence comparing the safety profile of this isolated chemical to biological sources like fungi. The perceived differences in effects often found in subjective reports may be influenced by expectancy biases or the absence of non-tryptamine components found in natural sources. Because the substance lacks established medical utility, integration should focus on substance-free psychological reflection.

Sources & further reading

[1] Improvements to the Synthesis of Psilocybin and a Facile Method for Preparing the O-Acetyl Prodrug of Psilocin — Nichols & Frescas (1999)

[2] The state of the art of psilacetin (2019)

Bufotenin (5-HO-DMT)

Cohoba / Toad Skin Alkaloid



Artistic illustration · Not for identification

History in brief

Bufotenin (5-HO-DMT) is a naturally occurring tryptamine found in various plant seeds and the secretions of specific amphibians. Chemical investigations began in the late 19th and early 20th centuries, though priority for its initial discovery was debated among early researchers. In 1934, Wieland and his colleagues clarified the molecule's structure [2]. Later, in 1954, researchers Chen and Stromberg isolated the compound from seeds of the *Anadenanthera* plant genus [1]. The 2019 discovery of chemical residues in an ancient Andean ritual bundle provided evidence that plants containing these alkaloids were utilized in South American cultural practices over a thousand years ago [3].

Modern research explores its role as a 5-HT_{2A} agonist, though its ability to cross the blood-brain barrier in humans was historically debated. Risks include significant cardiovascular load, characterized by facial flushing and elevated blood pressure [1]. Because it is often confused with 5-MeO-DMT, distinguishing its specific somatic effects is crucial. The guide emphasizes that traditional use does not imply safety or efficacy for modern health concerns. For integration, focus on substance-free practices like gentle movement and journaling to process experiences. Individuals with heart conditions should avoid this compound due to the intense physical strain it places on the vascular system.

Sources & further reading

[1] American Chemical Society: Bufotenin Molecule of the Week (2024)

[2] Wieland et al: Constitution of Bufotenin and Bufotenidin (1934)

[3] Ritual bundle chemical evidence (2019)

Yopo & Vilca Snuffs

Anadenanthera / Sacred Ground Seed Snuff



Artistic illustration · Not for identification

History in brief

Archaeological artifacts including specialized snuff trays and hollowed tubes indicate that seeds from the *Anadenanthera* genus have played a central role in South American ritual practices for centuries. European documentation began in the late 15th century when Ramon Pane observed the use of a substance called cohoba in the Caribbean, describing the effects as disorienting and visionary [2].

The species *Anadenanthera peregrina* and *Anadenanthera colubrina* are the primary sources for these ritual powders, though historical records often blend the two under various local names. Current research focuses on the chemical composition and archaeological distribution of these plants, which were frequently traded across vast distances in pre-Hispanic times. While historical accounts provide a timeline of encounter, they do not explain the physiological mechanisms of the substances.

Positive uses & evidence

While users report intense perceptual shifts and deep emotional reflections, there are no established clinical benefits or approved medical uses for yopo or vilca in modern healthcare. Scientific evidence is primarily archaeological or botanical, not clinical [1][2].

Holistic integration & risks

Risks include severe nasal pain, violent vomiting, and significant cardiovascular stress. Integration focuses on non-substance practices like rest and journaling to process these taxing experiences. Seek professional help if lasting psychological distress occurs [3].

Sources & further reading

[1] Lema: Contemporary Uses of Vilca (2024)

[2] Pre-Hispanic ritual psychoactive plants at Chavin de Huantar (2025)

[3] Ritual bundle chemical evidence (2019)

4-HO-MET

Metocin / Colour / The Recreational Tryptamine



Artistic illustration · Not for identification

History in brief

4-HO-MET, or metocin, occupies a distinct space in synthetic chemistry. Unlike many tryptamines with centuries of traditional use, this compound originated in a laboratory setting. Researchers led by Repke first documented the chemistry of substituted hydroxytryptamines in 1981, laying the groundwork for its formal identification [1]. Its subsequent rise into public consciousness was fueled by its inclusion in Alexander Shulgin's 1997 publication *TiHKAL*. Shulgin described it as a structural analog of psilocin, noting its unique visual character [1]. Modern chemical databases now track its presence as a researched analytical standard [2].

Positive uses & evidence

While users often describe vibrant visual alterations and a lighter cognitive load compared to other psychedelics, these claims remain entirely anecdotal. There are no established clinical benefits, and human trials are lacking. The assumption that it is inherently safer or less prone to causing anxiety is not supported by controlled scientific data [3].

Holistic integration & risks

Risks include significant physical distress, such as tremors and tachycardia, especially at higher doses. Effective integration focuses on substance-free health: prioritizing restorative sleep, maintaining gentle movement, and seeking social support. Never discontinue prescribed medications to use this compound. Lasting emotional distress requires professional guidance [3].

Sources & further reading

[1] *TiHKAL* #21: 4-HO-MET (1997)

[2] NCATS Inxight Drugs: 4-HO-MET (database)

[3] 4-HO-MET historical overview (reference)

4-HO-MiPT

Miprocín



Artistic illustration · Not for identification

History in brief

Identified as 4-hydroxy-N-isopropyl-N-methyltryptamine, this synthetic molecule first appeared in chemical literature through the work of Repke and his colleagues in 1981 and 1985 [1]. Unlike botanical tryptamines, it lacks a documented history of indigenous use. Its introduction to a wider audience occurred in 1997 through the publication of TiHKAL, which compiled initial synthesis methods and subjective reports [1]. Recent crystallographic studies in 2019 and 2020 have clarified the physical structure of its salts, though these findings focus on chemical stability rather than clinical efficacy in humans [2].

Commonly known as Miprocín, this compound is classified as a 4-substituted tryptamine. Users often describe its profile as having a warm, tactile quality and a philosophical tone, though these effects remain subjective and are not verified by controlled human trials. The primary risks associated with its use include jaw clenching, muscle twitching, and gastrointestinal distress [1]. Paranoia may emerge, particularly in chaotic environments. To support well-being after an experience, a substance-free integration practice is recommended. This involves prioritizing sleep, gentle movement, and journaling to process insights without further chemical intervention. Current research is sparse, and no established clinical benefits have been demonstrated. Always discuss persistent emotional distress with a qualified health professional [2].

Sources & further reading

[1] TiHKAL #22: 4-HO-MiPT (1997)

[2] 4-HO-MiPT — Psychedelic Science Review (2020)

DPT (Dipropyltryptamine)

The Light / The Shamanic Electric



Artistic illustration · Not for identification

History in brief

Dipropyltryptamine (DPT) is a synthetic analogue of dimethyltryptamine that emerged during mid-twentieth-century chemical explorations into tryptamine variations. While its exact date of first synthesis remains undocumented in primary literature, it gained scientific prominence in 1973 when researchers Soskin, Grof, and Richards investigated its role as an adjunct in psychotherapy [1]. Unlike more widely known substances, DPT developed a unique reputation for its heavy, somber intensity and profound subjective impact, eventually being utilized as a religious sacrament by specific groups. In 1997, Alexander and Ann Shulgin consolidated various chemical methods and reports on the compound, noting its significant difference in duration and physical sensation compared to its methylated cousins [2].

Recent scientific focus shifted toward understanding its biological mechanisms. In 2007, Fantegrossi and colleagues conducted rodent studies to observe receptor-mediated behaviors, confirming its activity at the 5-HT_{2A} receptor site [3]. Despite this long history of niche use, there are no established clinical benefits or safety profiles for DPT today. It is widely associated with severe muscle tremors and significant cardiovascular strain. Integration of such intense experiences should focus on substance-free methods, such as journaling and professional dialogue, to process the often-overwhelming psychological weight associated with the compound [1], [2], [3].

Sources & further reading

[1] Low Doses of Dipropyltryptamine in Psychotherapy (1973)

[2] TiHKAL #9: DPT (1997)

[3] Hallucinogen-like effects of DPT in rodents (2007)

DiPT

The Pitch Shifter / Auditory Enigma



Artistic illustration · Not for identification

History in brief

N,N-Diisopropyltryptamine, known as DiPT, was first synthesized and reported by Alexander Shulgin and Michael Carter in 1980 [1]. Unlike its chemical relatives that primarily alter visual perception, DiPT is unique for its selective influence on the auditory system. In 1989, Shulgin published accounts of its distinctive effects on music perception, later detailing these in the 1997 text TiHKAL [2].

While most tryptamines trigger vivid hallucinations, DiPT typically produces a downward shift in perceived audio pitch. This creates a disorienting, metallic quality to sounds. In 2012, researchers conducted drug-discrimination studies in rodents to understand its neurochemical profile, finding it acts on serotonin receptors, though its specific mechanism for auditory distortion remains a subject of ongoing scientific inquiry [3].

Positive uses & evidence

There are no established clinical uses for DiPT as of 2026. Evidence regarding its effects is largely derived from anecdotal documentation and limited behavioral studies [3]. It is not a treatment for hearing disorders.

Holistic integration & risks

A primary risk is persistent auditory distortion or tinnitus that may last for days. Integration should focus on substance-free grounding. Prioritize quiet environments, restful sleep, and gentle movement to help the sensory system return to baseline after use.

Sources & further reading

[1] Two orally active tryptamine analogs with CNS activity (1980)

[2] TiHKAL #4: DiPT (1997)

[3] Behavioral studies of DiPT (2012)

5-MeO-DiPT

Foxy Methoxy / Foxy



Artistic illustration · Not for identification

History in brief

First documented in 1980 by researchers Shulgin and Carter, 5-MeO-DiPT emerged as a synthetic tryptamine with reported central nervous system activity [1]. Known by the moniker Foxy Methoxy, the substance transitioned from laboratory exploration to recreational markets in the late 1990s, as noted by the DEA [2].

The substance is a derivative of tryptamine, characterized by the addition of a methoxy group and two isopropyl groups. Scientific documentation primarily focuses on its chemical properties and forensic toxicology rather than therapeutic application. Unlike traditional hallucinogens that may have historical botanical precedents, 5-MeO-DiPT is analyzed as a specific product of 20th-century chemical synthesis.

Positive uses & evidence

While historical anecdotes characterize 5-MeO-DiPT as an entactogen or sensory enhancer, these labels are not validated by clinical trials. There are no established medical benefits for this compound. Documentation focuses on its toxicity and receptor binding rather than healing outcomes. Researchers note that any perceived emotional effects are often inseparable from intense physical sensations.

Holistic integration & risks

Evidence from toxicology highlights severe risks, including rhabdomyolysis and significant cardiovascular strain [3]. Users frequently report debilitating gastrointestinal distress [2]. To integrate experiences without substances, focus on grounding practices like restorative sleep and journaling. Seek professional support for any lasting emotional distress following use, and never discontinue prescribed psychiatric medications without medical supervision.

Sources & further reading

[1] Two orally active tryptamine analogs with CNS activity (1980)

[2] DEA 5-MeO-DiPT chemical evaluation (reference)

[3] SOFT 5-MeO-DiPT monograph (2013)

5-MeO-MiPT

Moxy



Artistic illustration · Not for identification

History in brief

Modern awareness of 5-MeO-MiPT, or 5-methoxy-N-isopropyl-N-methyltryptamine, stems from documented laboratory synthesis in 1985 by researchers Repke, Grotjahn, and Shulgin [1]. This compound was categorized within a broader investigation into substituted tryptamines, later gaining visibility through the 1997 publication of TiHKAL, where its distinct subjective properties were characterized [1]. Unlike many classic psychedelics, this substance demonstrates a unique profile involving monoamine activity that diverges from simple receptor agonism. While it appeared on the Novel Psychoactive Substance (NPS) market shortly after its documentation, its history lacks traditional cultural foundations or established long-term safety records in human populations [2].

Evidence status for 5-MeO-MiPT remains strictly preliminary, with no approved clinical treatments or validated medical applications as of 2026. Research primarily utilizes forensic characterization and in vitro analysis rather than large-scale human trials. Important risks include significant cardiovascular strain, rapid heart rate, and potential serotonin toxicity when combined with other stimulants or antidepressants [2]. Holistic integration emphasizes returning to physiological balance through restorative sleep and gentle movement. Because this substance lacks established safety parameters, the most grounded approach to processing experiences involves substance-free reflection, such as journaling and professional dialogue, ensuring that physical health and emotional stability remain prioritized without reliance on further chemical intervention.

Sources & further reading

[1] TiHKAL #40: 5-MeO-MiPT (1997)

[2] 5-MeO-MiPT reference overview (reference)

Voacanga Africana

Voacangine Tree / African Ancestral Bark



Artistic illustration · Not for identification

History in brief

Voacanga africana is a small tropical tree native to West and Central Africa. Its formal botanical record began in 1894 when it was described by German botanist Otto Stapf [2].

In the 1950s, the focus shifted toward laboratory analysis led by researchers such as Marie-Thérèse Janot and Robert Goutarel. They successfully isolated several alkaloids, most notably voacangine [1]. While chemically related to compounds found in *Tabernanthe iboga*, recent scholarship has clarified that *V. africana* lacks a documented history of traditional use as a ceremonial psychedelic.

Positive uses & evidence

Scientific interest in the plant is primarily driven by its role as a precursor for pharmaceutical synthesis. Voacangine, extracted from the bark and seeds, serves as a starting material for producing compounds used in addiction research. However, clinical evidence for the direct medicinal benefit of the whole plant in humans remains limited.

Holistic integration & risks

Modern integration focuses on understanding the plant as a botanical resource rather than a recreational or ceremonial agent. The lack of standardized safety data and the potential for cardiovascular or neurological toxicity necessitates a cautious, research-oriented approach. Current scholarship emphasizes distinguishing between verifiable botanical history and recent marketing claims that lack cultural or scientific substantiation [1][2].

Sources & further reading

[1] Vilgiate: Invention of *Voacanga africana* as a Ceremonial Psychedelic (2019)

[2] *Voacanga africana* historical reference (reference)

Mescaline

Pure Peyote Essence / The Grandfather



Artistic illustration · Not for identification

History in brief

Mescaline is a phenethylamine alkaloid found in certain cacti, most notably the North American peyote (*Lophophora williamsii*). While Indigenous groups have integrated these plants into spiritual and communal frameworks for millennia, European scientific interest began in the late 19th century.

The chemical was first synthesized in a laboratory by Ernst Späth in 1919, marking a transition from botanical extracts to pure pharmacological isolates. Throughout the mid-20th century, researchers utilized mescaline to investigate the nature of the human mind, often incorrectly framing the experience as a 'model psychosis' intended to mimic schizophrenia [2].

Positive uses & evidence

Historical research into mescaline focused on its potential as a tool for psychological mapping. Early 20th-century clinicians observed alterations in sensory perception and thought patterns, which they hoped would unlock insights into psychiatric disorders. However, these studies were often anecdotal or lacked the rigorous controls of contemporary clinical trials [1].

Holistic integration & risks

The use of mescaline involves significant physiological and psychological risks, including intense nausea, cardiovascular stress, and potential organ toxicity. Because the substance is long-acting, it may exacerbate underlying mental health vulnerabilities. Modern researchers emphasize that substance-free integration—such as cognitive behavioral therapies or structured contemplative practices—remains the standard for psychological growth, as the chemical experience itself does not provide an inherent therapeutic outcome [2].

Sources & further reading

[1] [An Overview on the Hallucinogenic Peyote and Its Alkaloid Mescaline \(2023\)](#)

[2] [Max Planck Institute: Genealogy of Mescaline 1887-1919 \(research project\)](#)

Peyote Cactus

Lophophora williamsii / The Divine Button



Artistic illustration · Not for identification

History in brief

Lophophora williamsii, commonly known as peyote, is a small cactus native to the Chihuahuan Desert. Archaeological evidence indicates its presence in human sites dating back thousands of years, though scholars cannot reconstruct continuous specific practices from these prehistoric samples [1].

Modern scientific classification began in 1887 and 1888 when Louis Lewin provided detailed descriptions, followed by the isolation of the alkaloid mescaline in 1897 [2]. In 1918, the Native American Church was incorporated in Oklahoma, formalizing its use as a central sacrament [1].

Positive uses & evidence

Historical research has focused on the cultural and communal roles of the cactus within specific groups like the Wixárika and the Native American Church. While some early 20th-century investigators hypothesized potential therapeutic applications, these observations were often limited by the lack of standardized clinical trials [2].

Holistic integration & risks

The species faces significant ecological pressures due to slow growth rates and habitat loss, making conservation a primary concern for Indigenous practitioners [3]. Risks associated with consumption include acute physiological distress and psychological instability, particularly in individuals with pre-existing conditions. Integration into modern medical frameworks remains complex because the substances' effects are deeply tied to specific cultural structures that cannot be easily replicated in standard healthcare environments [3].

Sources & further reading

[1] [An Overview on the Hallucinogenic Peyote and Its Alkaloid Mescaline \(2023\)](#)

[2] [Perrine: Western Medicine Meets Peyote 1887–1899 \(historical chapter\)](#)

[3] [Peyote pharmaceutical frameworks \(2023\)](#)

San Pedro Cactus

Huachuma / *Echinopsis pachanoi*



Artistic illustration · Not for identification

History in brief

The San Pedro cactus, taxonomically classified as *Echinopsis pachanoi* (formerly *Trichocereus pachanoi*), is a columnar species native to the Andean highlands of South America. Archaeological evidence suggests its use in religious contexts dates back thousands of years.

Over centuries, the cactus remained integrated into the spiritual practices of the Moche and Lambayeque cultures. Following the Spanish conquest, 17th-century chroniclers like Bernabé Cobo documented its role in indigenous rituals. Today, it remains a cornerstone of the 'mesa' tradition in northern Peru, where curanderos (healers) utilize the cactus within a complex framework of folk medicine and spiritual cleaning [1].

Positive uses & evidence

Scientific research identifies the alkaloid mescaline as the primary psychoactive component of the cactus. While historical and ethnographic reports describe its use for physical and spiritual diagnostics, clinical evidence remains limited compared to other substances.

It is important to note that ancient iconography is not direct proof of specific molecular effects. Researchers emphasize that the efficacy reported in cultural settings is often inseparable from the ritual environment and the practitioner's guidance, rather than the plant alone [2].

Holistic integration & risks

Despite its natural origin, San Pedro presents significant physiological and psychological risks. Consumption is associated with intense nausea, cardiovascular stress, and potential psychological distress or psychosis in vulnerable individuals.

Sources & further reading

[1] Carod-Artal and Vazquez-Cabrera: Mescaline and San Pedro cactus ritual (2006)

[2] Sharon: Ethnoarchaeological evidence for San Pedro in northern Peru (2001)

[3] An Overview on the Hallucinogenic Peyote and Its Alkaloid Mescaline (2023)

Peruvian Torch

Echinopsis peruviana



Artistic illustration · Not for identification

History in brief

Peruvian Torch (*Trichocereus peruvianus*) is a columnar cactus native to the high-altitude slopes of the Andes. While its botanical classification has undergone several revisions in the 20th century, it is historically grouped within the broader category of 'San Pedro' cacti.

Modern interest in the species grew during the late 20th century due to its alkaloid profile, primarily the presence of mescaline [2]. Taxonomic records managed by institutions like Kew Gardens reflect ongoing shifts in nomenclature, as the plant is sometimes classified under the genus *Echinopsis* [3]. In contemporary settings, the Peruvian Torch is widely distributed through the ornamental trade.

Positive uses & evidence

There are no established clinical trials proving the efficacy of the Peruvian Torch for specific medical conditions. Evidence for its use is primarily botanical and chemical. Laboratory analyses have confirmed it contains phenethylamine alkaloids, which interact with serotonin receptors [2].

Holistic integration & risks

Risks associated with the Peruvian Torch include significant gastrointestinal distress and cardiovascular strain due to its alkaloid content [2]. Because horticultural names vary and natural alkaloid concentrations fluctuate based on growing conditions, there is no way to ensure chemical consistency. Holistic integration focuses on botanical education and the study of Andean history rather than the consumption of the plant.

Sources & further reading

[1] Andean cactus archaeological/ethnographic review — broader San Pedro context (2006)

[2] An Overview on the Hallucinogenic Peyote and Its Alkaloid Mescaline (2023)

[3] Plants of the World Online taxonomy search: *Trichocereus peruvianus* (database)

2C-B

Nexus / Bees / Honey / Venus



Artistic illustration · Not for identification

History in brief

Synthesized in 1974 by Alexander Shulgin, 2C-B was first detailed in a 1975 publication regarding centrally active phenethylamines [1]. By the late 1980s, it reached consumer markets under names like Nexus or Erox before its inclusion as entry twenty in the 1991 text PiHKAL [1][2]. The United States implemented federal controls by the mid-1990s as usage patterns shifted globally [1]. Modern forensic reports indicate significant uncertainty in current markets, as substances labeled as "tusi" or "pink cocaine" are frequently unrelated mixtures lacking chemically verified 2C-B [3].

Positive uses & evidence

Clinical evidence for therapeutic efficacy is limited. While anecdotal accounts in PiHKAL mentioned subjective warmth, these claims have not been demonstrated through rigorous psychotherapy trials [2][3]. Modern pharmacology relies on toxicology reviews and observational data rather than controlled efficacy studies [3]. Researchers emphasize that historical reports are not equivalent to unbiased clinical results, and specific medical benefits remain unproven in contemporary medicine.

Holistic integration & risks

Physiological impacts involve significant risks, including cardiovascular strain and potential organ toxicity, which remain insufficiently mapped in long-term human studies [3]. Cultural differences in reporting subjective effects complicate the standardization of risk assessments. Integration focusing on substance-free reflection is prioritized by health educators to mitigate psychological distress, as no use is considered safe or a certain cure for any condition [3].

Sources & further reading

[1] Erowid 2C-B timeline (reference)

[2] PiHKAL #20: 2C-B (1991)

[3] 2C or Not 2C: Phenethylamine Designer Drug Review (2013)

2C-E

The Teacher / The Hardcore Shulgin Phenethylamine



Artistic illustration · Not for identification

History in brief

2C-E (2,5-dimethoxy-4-ethylphenethylamine) is a synthetic phenethylamine that gained public visibility through the late 20th-century research of Alexander Shulgin. Its chemical structure was formally described in the 1991 publication PiHKAL (Phenethylamines I Have Known and Loved), marking its transition from a laboratory curiosity to a documented research chemical [1].

Regulatory bodies worldwide began scheduling 2C-E in the 2010s following a rise in emergency department reports. Medical literature shifted from structural analysis to toxicology as clinical cases emerged, including a notable 2012 report of fatal toxic leukoencephalopathy [2]. These events underscored the significant risks associated with its use, particularly given the lack of controlled human clinical trials.

Positive uses & evidence

Historical interest in 2C-E focused primarily on its potential for psychological exploration and structural-activity relationship studies. However, there are no established medical or therapeutic uses for this compound. Scientific evidence is currently limited to subjective reports and theoretical receptor binding studies rather than verified clinical outcomes [1].

Holistic integration & risks

The risks of 2C-E include severe neurological complications and cardiovascular strain. Due to its high potency and the prevalence of mislabeled samples in unregulated markets, users face significant danger of accidental overdose or co-exposure to unknown toxins [2]. Integration of these historical lessons emphasizes the importance of understanding chemical toxicity and the severe limitations of self-experimentation.

Sources & further reading

[1] 2C or Not 2C: Phenethylamine Designer Drug Review (2013)

[2] Fatal Toxic Leukoencephalopathy Secondary to 2C-E (2012)

2C-I

The Electric Spark



Artistic illustration · Not for identification

History in brief

2C-I, or 2,5-dimethoxy-4-iodophenethylamine, emerged from the systematic halogenation of phenethylamines conducted by Alexander Shulgin prior to 1991. It belongs to the 2C family, characterized by two methoxy groups at the 2 and 5 positions of the benzene ring. While its exact date of first synthesis is not explicitly cited in foundational literature, its chemical properties and effects were formally cataloged in the 1991 publication PiHKAL [1].

Initially, the substance existed largely in niche research circles. However, as it transitioned into wider circulation, international regulatory bodies began evaluating its impact. In 2003, the European Union Council implemented control measures based on a risk assessment, citing concerns over its potential for health risks and lack of recognized medical utility [2].

Positive uses & evidence

In a historical context, researchers investigated 2C-I for its potential to interact with serotonin receptors, specifically the 5-HT_{2A} subtype. Its structural similarity to other substituted phenethylamines made it a subject of interest for mapping brain receptor affinity.

Holistic integration & risks

The risks associated with 2C-I were highlighted in later clinical reports, notably a 2013 case study documenting recurrent seizures and serotonin syndrome following reported exposure. Modern medical literature emphasizes the difficulty in distinguishing 2C-I from potent derivatives like 25I-NBOMe without analytical verification.

Sources & further reading

[1] 2C or Not 2C: Phenethylamine Designer Drug Review (2013)

[2] EU Council Decision 2003/847/JHA (2003)

[3] Recurrent Seizures and Serotonin Syndrome Following reported 2C-I Ingestion (2013)

2C-T-7

Blue Mystic / Trip-Seven



Artistic illustration · Not for identification

History in brief

2C-T-7, or 2,5-dimethoxy-4-n-propylthiophenethylamine, emerged from Alexander Shulgin's systematic exploration of sulfur-substituted phenethylamines prior to 1991. The compound gained public visibility following its inclusion in the 1991 publication 'PiHKAL: A Chemical Love Story', which detailed its synthesis and subjective effects. [1]

In the late 1990s and early 2000s, the substance transitioned from private research to the commercial 'research chemical' market. This period saw a rise in documented health crises, including several fatalities linked to its use. Consequently, regulatory bodies intervened. The U.S.

Positive uses & evidence

While some early anecdotal reports in the Shulgin literature described the substance as having unique sensory and introspective qualities, these remain entirely subjective. There are no recognized clinical trials or peer-reviewed medical studies that support 2C-T-7 as a safe or effective treatment for any condition. Its use remains restricted to forensic and toxicological research. [1][3]

Holistic integration & risks

Modern safety discourse emphasizes that the risks associated with 2C-T-7 are severe and unpredictable. Reported adverse effects include acute hyperthermia, extreme agitation, and seizures. Due to its status as a controlled substance and the lack of clinical safety data, health experts focus on substance-free methods for exploring consciousness or managing mental health, prioritizing physical safety and legal compliance. [1][2]

Sources & further reading

[1] 2C or Not 2C: Phenethylamine Designer Drug Review (2013)

[2] EU Council Decision 2003/847/JHA (2003)

[3] DEA temporary scheduling rule for 2C-T-7 (2002)

DOM / STP

Serenity, Tranquility & Peace / 1967 Legend



Artistic illustration · Not for identification

History in brief

2,5-Dimethoxy-4-methylamphetamine, commonly known as DOM or STP, emerged in the mid-1960s as a potent synthetic phenethylamine. Long attributed to Alexander Shulgin's research at Dow Chemical around 1963, recent historiographic evidence from 2024 suggests the timeline and collaborative origins may be more complex than previously recorded [1].

Public health responses during the 1960s were complicated by a lack of identification, as the substance was initially unknown to local medical facilities. Unlike better-known compounds of the era, DOM was characterized by an exceptionally long duration of action, which contributed to clinical distress when users were unprepared for the timeframe [2].

Positive uses & evidence

Scientific inquiry into DOM has primarily utilized in vitro and animal models to map the 5-HT_{2A} receptor system. There are no contemporary clinical trials establishing it as a safe or effective treatment for any condition. Historical reports published in the 1990s described varied subjective effects, yet these accounts are retrospective and lack the controls of modern evidence-based medicine [3].

Holistic integration & risks

The risks of DOM are significant, including prolonged psychological distress, cardiovascular strain, and potential organ toxicity, although specific human toxicity data is sparse [3]. Historically, attempts to manage adverse reactions with other pharmaceuticals led to unpredictable outcomes, highlighting the danger of polydrug interactions [2].

Sources & further reading

[1] Trout and Daley: Origin of DOM/STP (2024)

[2] Baggott: Learning about STP (2023)

[3] PiHKAL #68: DOM (1991)

DOB

Bromo-DMA / The Blotter Imposter



Artistic illustration · Not for identification

History in brief

DOB, or 2,5-dimethoxy-4-bromoamphetamine, emerged through mid-twentieth-century halogenated phenethylamine research. Although often associated with 1970s chemical literature, its exact synthesis date remains a point of historical uncertainty [3]. Distinguished from 2C-B by its alpha-methyl group, it was documented in the 1991 publication PiHKAL, which compiled qualitative human reports regarding its exceptionally long duration [3]. Legal classifications followed reports of its distribution as a substitute for other substances.

Positive uses & evidence

Scientific application of DOB centers on its high affinity for serotonin receptors, particularly the 5-HT_{2A} subtype. In 1980s and 1990s research, radiolabeled versions of the molecule served as essential tools for mapping receptor distribution in brain tissue [1]. A 1990 study by Weisberg and Hoffman utilized these properties to investigate agonist binding dynamics [1].

Holistic integration & risks

Integrating historical data requires acknowledging significant safety concerns. Reports document prolonged intoxication and severe physiological complications, including vasoconstriction and vascular distress [3]. Unlike many phenethylamines, its metabolic profile is linked to delayed onset, increasing the risk of unintended accumulation. Toxicological literature emphasizes that no safe margin exists. Cultural perceptions of the substance vary, yet scientific consensus highlights potential organ toxicity and psychological instability. Limitations in human data necessitate extreme caution regarding its pharmacological profile.

Sources & further reading

[1] Weisberg and Hoffman: 5-HT₂ receptor labeling study (1990)

[2] Receptor Interaction Profiles of 4-Alkoxy-Substituted Phenethylamines and Related Amphetamines (2019)

[3] DOB historical reference (reference)

DOI

The Laboratory Tool



Artistic illustration · Not for identification

History in brief

Development of the DOx chemical series occurred during the 1970s, leading to the synthesis of 2,5-dimethoxy-4-iodoamphetamine, or DOI. Research intensified in the 1980s when scientists utilized radiolabeled variants to map receptor locations [2]. By 1991, the compound was formally documented in PiHKAL, distinguishing it from its phenethylamine analog 2C-I through its specific amphetamine-based carbon chain [1]. While categorized alongside related substituted amphetamines, it primarily serves as a pharmacological research tool rather than a clinical medicine.

Positive uses & evidence

Scientific investigations throughout the 1990s utilized DOI to explore serotonin receptor binding affinity in various cell types [2]. In contemporary laboratory settings, it frequently serves as a positive control in rodent head-twitch response studies to assess 5-HT_{2A} receptor activation [3]. While some preclinical models have explored signals related to inflammatory pathways, these results remain experimental. There is currently no established evidence confirming DOI as an effective or safe treatment for human inflammatory conditions or other medical disorders [3].

Holistic integration & risks

The historical record highlights significant uncertainty regarding long-term human physiological impacts. Studies indicate high affinity for 5-HT₂ receptors, yet limitations in current research mean organ toxicity and systemic safety profiles are not fully characterized [3]. Cultural perceptions of such research tools vary, but they are not considered standardized clinical therapeutics.

Sources & further reading

[1] PiHKAL #67: DOI (1991)

[2] Weisberg and Hoffman receptor labeling (1990)

[3] Receptor Interaction Profiles of 4-Alkoxy-Substituted Phenethylamines and Related Amphetamines (2019)

TMA-2

Calamus-Derived Phenethylamine



Artistic illustration · Not for identification

History in brief

2,4,5-trimethoxyamphetamine, known as TMA-2, emerged during mid-20th-century explorations of phenylisopropylamine derivatives. While it shares a molecular formula with the mescaline-related compound TMA, its unique arrangement of methoxyl groups results in distinct biological interactions. Significant documentation of the substance appeared in the 1960s as researchers investigated how positional isomers affect the central nervous system [1].

The most prominent historical record was published in the 1991 text PiHKAL, which detailed the synthesis and qualitative effects observed in small-scale human evaluations [1]. These reports noted a departure from the effects of TMA, highlighting the high sensitivity of the human body to minor chemical structural changes.

Positive uses & evidence

There is currently no recognized medical or clinical use for TMA-2. Unlike some related phenethylamines, it has not undergone formal clinical trials for psychiatric or therapeutic applications. Historical reports suggest it was investigated for its potential to alter sensory perception, but these findings remain anecdotal and lack the rigor of double-blind, placebo-controlled studies [1].

Holistic integration & risks

In 2003, the European Council identified TMA-2 as a substance requiring international control measures due to concerns regarding its potential for misuse and lack of therapeutic value [2]. Health risks associated with the substance are poorly characterized due to a lack of long-term toxicity data.

Sources & further reading

[1] PiHKAL #158: TMA-2 (1991)

[2] EU Council Decision 2003/847/JHA (2003)

[3] Receptor Interaction Profiles of 4-Alkoxy-Substituted Phenethylamines and Related Amphetamines (2019)

Methallylescaline (MAL)

Synthetic Mescaline Twin



Artistic illustration · Not for identification

History in brief

Methallylescaline (MAL), or 4-(2-methylallyloxy)-3,5-dimethoxyphenethylamine, is a synthetic phenethylamine and a structural analogue of the cactus alkaloid mescaline. Unlike mescaline, MAL possesses no documented history of indigenous or traditional use. Its historical record begins in the mid-20th century with synthesis and bioassay reports documented by Alexander Shulgin.

Following its initial description, the compound remained largely confined to niche chemical research circles for decades. By the early 2010s, it emerged within the international market for New Psychoactive Substances (NPS), often appearing in reports concerning secondary documentation of novel compounds.

Positive uses & evidence

There is no established medical or therapeutic evidence supporting the use of methallylescaline for any clinical condition. Historical reports from the late 20th century were limited to subjective anecdotal bioassays performed by a small group of researchers [1]. These reports suggested the compound shared sensory-altering properties with mescaline but with different qualitative characteristics.

Holistic integration & risks

Risks associated with methallylescaline are significant due to the absence of toxicological data. Historical reports mention physical side effects including gastrointestinal distress and sympathetic nervous system activation [1]. Because MAL is a synthetic analogue, it should not be conflated with the traditional use of natural cacti. Integration and harm reduction focuses on the recognition that synthetic phenethylamines carry unknown risks of organ toxicity and unpredictable psychological reactions.

Sources & further reading

[1] PiHKAL #99: Methallylescaline (1991)

[2] Methallylescaline reference (reference)

[3] Receptor Interaction Profiles of 4-Alkoxy-Substituted Phenethylamines and Related Amphetamines (2019)

Escaline

3,5-Dimethoxy-4-ethoxy-PEA



Artistic illustration · Not for identification

History in brief

Escaline, also identified as 3,5-dimethoxy-4-ethoxyphenethylamine, is a synthetic analogue of the cactus alkaloid mescaline. Unlike mescaline, which has a long history of use in Indigenous American cultures, escaline is not a known product of natural biosynthesis and is produced through laboratory synthesis [1].

The most documented early record of this compound appears in the 1991 publication PiHKAL, though earlier laboratory records regarding mescaline-related analogues may exist in private or obscure academic archives. Historical research indicates the substance was studied primarily through subjective reports rather than controlled clinical trials.

Positive uses & evidence

Documented evidence for beneficial use is extremely limited and relies heavily on retrospective personal accounts rather than validated clinical outcomes. Historically, investigators focused on the compound's potential to induce altered states of consciousness similar to its parent compound, mescaline. However, no contemporary medical consensus exists regarding its efficacy for treating specific psychiatric or physiological conditions.

Holistic integration & risks

Modern research highlights significant risks including potential cardiovascular strain and psychological distress. While some historical reports discuss the integration of these experiences into personal growth, scientific data regarding organ toxicity and long-term safety is absent. Holistic approaches emphasize that physiological and psychological well-being can be achieved through non-pharmacological methods, avoiding the unpredictable risks associated with under-researched synthetic analogues [2].

Sources & further reading

[1] [Escaline historical reference \(reference\)](#)

[2] [Receptor Interaction Profiles of 4-Alkoxy-Substituted Phenethylamines and Related Amphetamines \(2019\)](#)

Proscaline

4-Propoxy Mescaline Analog



Artistic illustration · Not for identification

History in brief

Proscaline, scientifically identified as 3,5-dimethoxy-4-n-propoxyphenethylamine, is a synthetic analog of the naturally occurring alkaloid mescaline. Its history is characterized by formal chemical synthesis rather than traditional botanical use. Unlike its natural counterpart found in certain cacti, proscaline lacks a record of indigenous or ancient application.

The primary documentation of the compound entered the public domain in 1991, though preliminary bioassays occurred in preceding years. Research has historically focused on how altering the carbon chain length at the 4-position impacts receptor affinity and subjective reports.

Positive uses & evidence

In a historical research context, proscaline has been utilized to map the sensitivities of serotonin receptors. Evidence regarding its utility is confined to early pilot reports and recent in vitro receptor profiling.

Modern pharmacological studies in 2019 utilized proscaline to compare how different alkoxy substitutions affect the 5-HT_{2A} and 5-HT_{2C} receptors. This helps researchers understand the basic mechanics of molecular binding without establishing a therapeutic protocol [2].

Holistic integration & risks

Cultural integration of proscaline is minimal due to its synthetic origin and narrow research scope. Risks involve the lack of comprehensive toxicology data, with no evidence suggesting it is a safe alternative to established compounds. Uncertainties persist regarding its long-term impact on organ systems and metabolic pathways [1], [2].

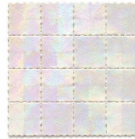
Sources & further reading

[1] [Proscaline historical reference \(reference\)](#)

[2] [Receptor Interaction Profiles of 4-Alkoxy-Substituted Phenethylamines and Related Amphetamines \(2019\)](#)

LSD-25

Acid / Lucy / Tabs / Blotter



Artistic illustration · Not for identification

History in brief

LSD-25, a classic semisynthetic lysergamide, was first synthesized in 1938 at Sandoz Laboratories by Albert Hofmann [1]. Its psychoactive potential remained unknown until April 1943, when Hofmann experienced an accidental exposure and a subsequent intentional experiment famously documented as Bicycle Day [1]. Following these events, the pharmaceutical company Sandoz distributed the compound under the brand name Delysid for psychiatric research starting in 1947 [2].

By the 1960s, LSD moved from controlled laboratories into broader cultural circles. Due to rising non-clinical use and political concerns, Sandoz withdrew distribution and the substance faced restrictive international controls by the early 1970s [2]. In the 2010s, a renewal in controlled psychotherapy research began, focusing on anxiety and other conditions within professional settings [2]. However, LSD remains an unproven self-treatment for any medical condition.

Positive uses & evidence

Contemporary small-scale studies are investigating whether LSD, when paired with professional psychological support, might influence behavioral patterns [2]. These trials focus on outcomes related to severe distress and terminal illness, though evidence remains preliminary.

Holistic integration & risks

Risks include intense panic, thought loops, and the triggering of latent psychosis in vulnerable individuals. Frequent use is linked to Hallucinogen Persisting Perception Disorder (HPPD). Integration practices emphasize gentle movement, sleep, and journaling without substance use.

Sources & further reading

[1] Hofmann: Notes and Documents Concerning the Discovery of LSD (1970)

[2] History of LSD (reference)

1P-LSD

Legal Prodrug Acid



Artistic illustration · Not for identification

History in brief

1P-LSD first emerged on the global online research chemical market in 2015, positioned as a legal alternative to its strictly controlled structural relative, LSD-25 [1]. Unlike classic lysergamides with documented mid-century origins, 1P-LSD lacks an entry in Alexander Shulgin's foundational text, *TiHKAL*. Its early history is defined by forensic identification following its appearance in commercial distribution rather than clinical discovery. The compound features a propionyl group attached to the nitrogen atom of the indole ring, a modification intended to bypass specific legislative frameworks while maintaining biological activity [2].

Initial analytical characterization by Brandt and colleagues in 2015 provided the first technical data on its structure and behavior in biological systems [1]. While categorized as a prodrug—meaning it is believed to convert to LSD within the body—human safety and efficacy remain unverified through large-scale clinical trials. The risks mirrors those of traditional lysergamides, including intense psychological distress and physiological strain. As of 2026, it remains a substance of intense scrutiny by forensic labs [2]. For those navigating such experiences, holistic integration focuses on grounded recovery. This includes prioritizing consistent sleep, engaging in gentle physical movement, and seeking social support. These substance-free practices assist in processing significant perceptual shifts without relying on further pharmacological interventions.

Sources & further reading

[1] Return of the lysergamides Part I: 1P-LSD (2016)

[2] CFSRE/NMS Labs: 1P-LSD (2019)

AL-LAD

Aladdin



Artistic illustration · Not for identification

History in brief

Research into N6-substituted lysergamides was published during the 1970s and 1980s, preceding widespread public awareness. Alexander Shulgin later documented 6-allyl-6-nor-lysergic acid diethylamide, known as AL-LAD, in the 1997 publication TiHKAL [1]. While Shulgin detailed its chemical synthesis, earlier academic studies into similar analogs had already established the structural framework for this class of compounds. After decades of remaining a chemical curiosity, the substance emerged on the online research chemical market during the early 2010s.

Positive uses & evidence

There are no demonstrated clinical benefits or medical approvals for AL-LAD. Historical records rely on qualitative bioassays and animal studies rather than controlled human clinical trials [1]. These reports provide subjective descriptions of visual effects and duration, yet these accounts lack the rigor of unbiased clinical results. Scientific evidence is currently limited to analytical profiling and basic pharmacological screening [2].

Holistic integration & risks

Uncertainty remains regarding the long-term safety profile and potential organ toxicity of this compound. Cultural differences influence the interpretation of lysergamide effects, yet no certain cure for any condition is established. Risk assessment is complicated by a lack of peer-reviewed data on human metabolic pathways. Reflection without substance use is recommended for psychological stability [1][2].

Sources & further reading

[1] TiHKAL #1: AL-LAD (1997)

[2] Return of the lysergamides Part II — supporting analytical information (2016)

ETH-LAD

The Potent Lysergamide



Artistic illustration · Not for identification

History in brief

ETH-LAD, or 6-ethyl-6-nor-lysergic acid diethylamide, is a semi-synthetic derivative of the lysergamide family. Its chemical structure is characterized by the replacement of the methyl group at the nitrogen-6 position with an ethyl group [1]. Early descriptions of the compound's synthesis appeared in forensic and scientific literature as early as the 1970s.

The substance reappeared in global monitoring systems during the mid-2010s, following a resurgence of interest in lysergic acid variants. While structurally similar to better-known ergolines, ETH-LAD exhibits distinct chemical properties and metabolic pathways that have been the subject of recent analytical investigations [1]. It is often studied alongside its derivative 1P-ETH-LAD, though the two are chemically distinct entities with different regulatory and pharmacological profiles [2].

Positive uses & evidence

Documented research regarding ETH-LAD is primarily restricted to in vitro receptor binding studies and animal models. These studies indicate a high affinity for various serotonin receptor subtypes, particularly the 5-HT_{2A} receptor, which is characteristic of the lysergamide class [2].

Holistic integration & risks

The safety profile of ETH-LAD is not clinically established in humans. Reported adverse effects in forensic literature include autonomic instability and significant psychological distress [1]. Integration of historical research into a modern context requires acknowledging the lack of long-term toxicity data.

Sources & further reading

[1] CFSRE ETH-LAD monograph (reference)

[2] Return of the lysergamides Part III (2017)

PRO-LAD

The Gentle Lysergamide



Artistic illustration · Not for identification

History in brief

PRO-LAD, or 6-propyl-6-nor-lysergic acid diethylamide, emerged from late twentieth-century chemistry focusing on N6-substituted lysergamides. Unlike the standard methyl group found in Lysergic Acid Diethylamide (LSD), this analog features a propyl chain at the six-position of the ergoline nucleus.

While recognized by specialized researchers, the substance lacks a long history of traditional use or extensive clinical development. Its status remains that of a research chemical with limited primary documentation outside of specific laboratory reports and a small number of subjective evaluations recorded during the late 1900s.

Positive uses & evidence

Scientific literature has not established proven clinical benefits or therapeutic efficacy for PRO-LAD. Research has historically focused on how changes to the N6 alkyl group influence binding at serotonin receptors. Some reports suggest it retains potency similar to its parent compound, though distinct qualitative differences were noted in historical trials [1].

Evidence remains anecdotal or confined to small-scale observation. The absence of controlled, large-scale human clinical trials means any claims regarding therapeutic utility are speculative and not supported by peer-reviewed medical consensus [2].

Holistic integration & risks

Risks associated with PRO-LAD include psychological distress and potential physiological strain typical of potent lysergamides. Due to the lack of long-term toxicological studies, its safety profile is undefined.

Sources & further reading

[1] TiHKAL #51: PRO-LAD (1997)

[2] PRO-LAD historical reference (reference)

LSA / Ergine

Morning Glory Seeds / Hawaiian Baby Woodrose (HBWR)



Artistic illustration · Not for identification

History in brief

LSA, or ergine, represents a unique intersection of botany and chemistry. While identified within ergot alkaloid research before 1960 [3], its presence in botanical sources remained hidden from modern science until later. In 1941, Richard Evans Schultes provided a botanical identification of ololiuqui, linking the morning glory species *Rivea corymbosa* to traditional usage [1]. By 1960, Albert Hofmann and Hans Tschertter successfully isolated lysergic acid alkaloids from these seeds, confirming the chemical basis for their reported effects [2].

Modern research characterizes LSA as a natural ergoline alkaloid, often compared to its synthetic relative LSD, though it lacks established clinical benefits for any condition. Users frequently report a dreamlike, sedating experience marked by deep hypnagogic visions and a significant sense of mystical lethargy. However, these states are often accompanied by intense physical distress. Significant risks include severe nausea, abdominal cramping, and painful vasoconstriction in the limbs. Furthermore, commercial garden seeds are often treated with toxic pesticides, posing a lethal risk if consumed. A substance-free integration practice focuses on holistic recovery, including prioritizing sleep, gentle movement, and journaling to process the experience. Lasting distress should be discussed with a qualified professional, and one should never discontinue prescribed medication to explore these botanical substances.

Sources & further reading

[1] Schultes: A Contribution to Our Knowledge of *Rivea corymbosa* (1941)

[2] Hofmann: Active Principles of the Seeds of *Rivea corymbosa* and *Ipomoea tricolor* (1966)

[3] Ergine reference (reference)

Ololiuqui

Turbina corymbosa / Aztec Piule



Artistic illustration · Not for identification

History in brief

Sixteenth-century colonial records provide early outsider accounts of Ololiuqui, yet indigenous knowledge precedes these reports. Botanist Richard Evans Schultes published a monograph in 1941 identifying the source as *Rivea corymbosa* [1]. In 1960, Albert Hofmann identified ergoline alkaloids within the seeds, an unexpected discovery as these compounds were previously associated with ergot fungi [2][3]. R. Gordon Wasson further documented the contemporary ethnographic context of its use in 1963 [2].

Positive uses & evidence

Traditional practices involve distinct communities rather than a unified ritual. Historical reports describe its application in divination and religious ceremonies where practitioners sought spiritual insights [1][2]. Academic study focuses on chemical composition rather than clinical efficacy. Research is limited by small sample sizes and the variability of plant materials, which are not pure molecules.

Holistic integration & risks

The plant is integrated into specific cultural frameworks that differ significantly from clinical settings. Risks include unpredictable responses and potential organ toxicity, as safety profiles are not established through rigorous longitudinal testing. Reports note potential for adverse psychological reactions or physical discomfort [2][3]. The historical use of this botanical material does not imply modern safety or a certain cure for any ailment, and substantial uncertainty remains regarding the long-term biological impact of its ingestion [3].

Sources & further reading

[1] Schultes: *A Contribution to Our Knowledge of Rivea corymbosa* (1941)

[2] Wasson: *Notes on the Present Status of Ololiuhqui* (1963)

[3] Hofmann: *Teonanacatl and Ololiuqui* (1971)

MDMA

Molly / Ecstasy / The Empathy Molecule



Artistic illustration · Not for identification

History in brief

MDMA was first synthesized in 1912 by chemist Anton Kollisch at Merck while developing hemostatic compounds to stop bleeding [1]. It was not an appetite suppressant, despite common myths. Following its 1914 patent publication, it remained obscure until the 1970s, when chemist Alexander Shulgin and a network of psychotherapists began documenting its unique effects on emotional openness [1].

By 1985, due to rising recreational use, the US government utilized emergency scheduling to place it in Schedule I. In 2024, the FDA declined a New Drug Application for MDMA-assisted therapy, contrasting with Australia's decision to allow authorized psychiatrists limited access for treatment-resistant PTSD.

Positive uses & evidence

Clinical research in 2021 and 2023 evaluated MDMA-assisted therapy for PTSD [2, 3]. These trials utilized randomized, double-blind methods to compare the compound against a placebo while both groups received intensive psychotherapy. While participants showed reduced symptoms, the outcomes are inseparable from the professional therapeutic setting and safety monitoring [3].

Holistic integration & risks

Physical risks include hyperthermia and hyponatremia, often caused by excessive water consumption during physical exertion. A substance-free integration involves prioritizing sleep and meaningful social connection to process experiences. Lasting emotional distress should be addressed with a licensed professional.

Sources & further reading

[1] Freudenmann et al: The origin of MDMA revisited (2006)

[2] MDMA-assisted therapy for severe PTSD: randomized phase 3 study (2021)

[3] MDMA-assisted therapy for moderate to severe PTSD: phase 3 trial (2023)

MDA

Sally / The Love Drug



Artistic illustration · Not for identification

History in brief

The chemical compound 3,4-methylenedioxyamphetamine, commonly referred to as MDA, was first synthesized in 1910 by researchers C. Mannich and W. Jacobsohn [1].

The history of MDA is notably marked by ethical controversies regarding human experimentation. In 1953, the death of Harold Blauer occurred during a covert United States Army-sponsored research program involving the administration of MDA without the subject's informed consent [1].

Due to increasing recreational use and associated health concerns, MDA was placed under strict legal control. It is currently categorized as a Schedule I substance in the United States, indicating that authorities recognize a high potential for abuse and no accepted medical use [2].

Positive uses & evidence

Scientific evidence regarding the beneficial applications of MDA is limited by a lack of modern, peer-reviewed clinical trials. Historical accounts from the 1950s and 1960s suggested potential applications in psychotherapy, where researchers hypothesized it might facilitate emotional communication [1].

Current research is primarily restricted to animal models or in vitro studies examining its mechanism as a serotonin-norepinephrine-dopamine releasing agent. There are no contemporary clinical approvals for MDA in any medical jurisdiction.

Holistic integration & risks

The integration of MDA research into broader health contexts requires acknowledging significant risks, including neurotoxicity and cardiovascular strain. Studies in animal subjects have indicated potential damage to serotonergic nerve terminals [2].

Sources & further reading

[1] Erowid MDA timeline (reference)

[2] MDA historical overview (reference)

6-APB

Benzo Fury



Artistic illustration · Not for identification

History in brief

Benzofuran medicinal chemistry literature from the 1990s distinguishes unsaturated APB analogues like 6-APB from saturated APDB counterparts. While David Nichols' laboratory explored this chemical space, literature does not confidently assign the 1993 study as a direct 6-APB discovery [1]. Commercial emergence occurred in 2010 under the trade name Benzofury, though forensic analysis later revealed these products lacked reliable identity [2].

Positive uses & evidence

Published reports characterize 6-APB as a monoamine reuptake inhibitor and releasing agent. However, these biochemical findings do not equal therapeutic efficacy or clinical safety [1]. There are no established clinical therapies utilizing this substance, and human data remains limited to forensic case reports and in vitro receptor binding studies [2]. Educational value lies in understanding the structural differentiation between various benzofuran analogues during the 2010s to ensure accurate forensic identification [2].

Holistic integration & risks

Uncertainty persists regarding chronic health outcomes. While acute toxicity is documented, theoretical concerns exist regarding cardiac valvulopathy due to potential 5-HT_{2B} receptor agonism, an extrapolation from structurally related compounds [1]. Safety is never guaranteed, and no certain cure is claimed. Cultural differences in regulation reflect varying forensic landscapes. Limitations in existing studies include a lack of unbiased clinical results and insufficient data regarding long-term organ toxicity or specific metabolic pathways in diverse populations [1], [2].

Sources & further reading

[1] 6-APB reference history (reference)

[2] Forensic characterization of aminopropyl dihydrobenzofurans — related scaffold, not identical to 6-APB (2011)

Ketamine & Esketamine

Special K / K / Wonk / K-Hole



Artistic illustration · Not for identification

History in brief

In 1962, Calvin Stevens synthesized ketamine at Parke-Davis as a phencyclidine derivative [1]. Human trials began in 1964 involving incarcerated populations, a practice that later raised significant ethical concerns regarding informed consent [1]. The United States approved the substance for anesthesia in 1970 [2]. While originally utilized for surgical sedation, psychiatric interest expanded following a 2000 randomized study by Berman et al., which investigated potential antidepressant properties [2].

Positive uses & evidence

Ketamine is primarily indicated for induction and maintenance of anesthesia [1]. Current evidence distinguishes between off-label use of racemic ketamine and the formally approved psychiatric application of esketamine [2]. While research suggests rapid effects for certain mental health conditions, clinical results are subject to limitations, including small sample sizes in early trials and high variability in individual response [2].

Holistic integration & risks

Clinical use involves significant physiological and psychological risks, including acute dissociation, dependency, and bladder injury [3]. Cardiovascular safety is not absolute; monitoring for blood pressure changes is mandatory during administration [3]. Cultural differences exist regarding regulation and recreational misuse patterns globally [1]. Uncertainty persists regarding organ toxicity from chronic exposure, requiring careful risk-benefit analysis [3]. Verification of current prescribing labels is essential as safety requirements evolve, and patients should prioritize evidence-based medical oversight over anecdotal claims of safety or benefit [2], [3].

Sources & further reading

[1] History of ketamine (2021)

[2] Rapid-acting antidepressant ketamine: historical overview (2019)

[3] FDA Spravato prescribing information (2025)

Salvia Divinorum

Diviner's Sage / Ska María Pastora / Sally D



Artistic illustration · Not for identification

History in brief

Salvia divinorum is a plant documented within Mazatec culture in Oaxaca, Mexico. While sometimes associated with ancient traditions, Western ethnographic records began with Jean Basset Johnson in 1939 [3]. In 1962, botanists Carl Epling and Carlos Jativa formally described the species following field documentation by Gordon Wasson [3]. The plant's botanical lineage remains partially unknown, as its reproduction is primarily vegetative through human cultivation rather than seeds [3]. Early ethnopharmacological studies by Valdes, Diaz, and Paul in 1983 investigated traditional indigenous preparations [1].

Positive uses & evidence

Scientific interest expanded in 2002 when Bryan Roth and colleagues identified salvinorin A as a selective kappa-opioid receptor agonist [2]. This discovery marked a significant departure from the mechanisms of other known naturally occurring compounds. Research explores how this specific receptor interaction affects perception, though clinical benefits remain unproven [2]. Studies are limited by small sample sizes and the unique chemical nature of the plant, which lacks nitrogen unlike most alkaloids [2].

Holistic integration & risks

Global availability increased via online markets in the 2000s, prompting varied international legal responses. Risks include intense perceptual changes and potential psychological distress. Long-term organ toxicity and full safety profiles are not established [2]. Cultural differences influence how the plant is perceived and utilized across societies.

Sources & further reading

[1] Ethnopharmacology of ska María Pastora (1983)

[2] Salvinorin A: potent naturally occurring nonnitrogenous kappa opioid selective agonist (2002)

[3] *Salvia divinorum*: Herb of Mary the Shepherdess (reference)

Amanita Muscaria

Fly Agaric / Mario Mushroom / Alice in Wonderland Shroom



Artistic illustration · Not for identification

History in brief

Amanita muscaria, commonly known as the fly agaric, is a prominent fungus recognized by its red cap and white spots. Its documentation transitioned from early traveler accounts of Siberian rituals to formal classification by Carl Linnaeus in 1753 under the name *Agaricus muscarius* [1].

The mushroom gained significant academic attention in 1968 when R. Gordon Wasson proposed it as the botanical identity of 'Soma,' an ancient ritual drink mentioned in the Rigveda [1]. However, this theory remains a subject of intense scholarly debate due to linguistic and botanical inconsistencies noted by later researchers [2].

Positive uses & evidence

Historical data suggests diverse cultural applications, primarily within indigenous North Asian communities for ritualistic purposes. While modern products are often marketed, clinical evidence for therapeutic efficacy is severely limited. Research focuses on isolated compounds rather than whole mushroom consumption, leaving its medicinal profile largely unverified by rigorous human trials [3].

Holistic integration & risks

Amanita muscaria poses significant health risks, including neurotoxicity and gastrointestinal distress. It is frequently misidentified with lethal *Amanita* species, making botanical caution essential. Integration of this history into modern understanding requires recognizing that traditional use does not imply safety or a cure for any medical condition [1][2].

Sources & further reading

[1] Soma and *Amanita muscaria* (1971)

[2] Brough: Problems of the Soma-Mushroom Theory (1973)

[3] Revisiting Wassons Soma (2011)

Dextromethorphan (DXM)

Robo / Dex / Robo-tripping



Artistic illustration · Not for identification

History in brief

Dextromethorphan originated within mid-twentieth-century morphinan chemistry as the dextrorotatory isomer of levomethorphan. Unlike certain predecessors, it was not derived from codeine [1]. The United States approved its use as a cough suppressant in 1958. However, reports of misuse emerged by the 1960s, eventually leading to its removal from some early delivery formats.

Positive uses & evidence

Clinically, the substance is indicated for temporary cough relief. Recent years saw the development of combination medicines incorporating this compound for pseudobulbar affect and depressive symptoms; however, these specific formulations are distinct from stand-alone products [3]. Evidence regarding efficacy is subject to limitations, including potential bias in industry-funded abuse-mitigation studies. Research highlights significant pharmacogenetic variability, particularly concerning the CYP2D6 enzyme, which influences how individuals process the compound.

Holistic integration & risks

Safety concerns persist regarding dissociative effects and organ toxicity when misused. Risks are often exacerbated by co-ingredients in multi-symptom products, which may cause severe adverse reactions. There is no evidence that use is safe outside of strict professional oversight, nor is it a guaranteed cure for any condition. Studies emphasize that while the chemical offers a non-narcotic alternative for antitussive needs, its history is marked by a tension between therapeutic availability and the public health challenge of supervision.

Sources & further reading

[1] Dextromethorphan: a case study on addressing abuse (2016)

[2] DEA dextromethorphan evaluation (reference)

[3] Classics in Chemical Neuroscience: DXM (2023)

Nitrous Oxide

Nos / Whippets / Laughing Gas / Balloons



Artistic illustration · Not for identification

History in brief

Nitrous oxide, often colloquially termed laughing gas, was first synthesized by Joseph Priestley in 1772. Its properties were further explored by Humphry Davy at the Pneumatic Institution in 1799, leading to the 1800 publication of his findings where he suggested the gas might be utilized during surgical operations to mitigate pain [1].

In 1844, dentist Horace Wells observed the gas's effects at a public exhibition and subsequently underwent a tooth extraction while using it. He attempted a public demonstration at Massachusetts General Hospital in 1845, which was widely regarded as a failure when the patient cried out, though the gas was later reintroduced successfully to dental practice by Gardner Quincy Colton in 1863 [2].

Positive uses & evidence

In contemporary medicine, nitrous oxide is valued for its rapid onset and offset as an adjunct to general anesthesia and for procedural sedation. Clinical evidence supports its efficacy in reducing acute anxiety and pain during minor surgeries and dental work when administered in controlled environments with adequate oxygenation [1].

Holistic integration & risks

Modern healthcare integrates nitrous oxide within strict regulatory frameworks to manage acute pain, yet its use is balanced against known physiological risks. Chronic or excessive exposure is documented to cause functional Vitamin B12 inactivation, leading to severe neurological complications and bone marrow suppression [1].

Sources & further reading

[1] Nitrous oxide: are you having a laugh? (2012)

[2] Horace Wells Demonstration of Nitrous Oxide in Boston (2013)

25I-NBOMe

N-Bomb / Smiles / Cimbi-5



Artistic illustration · Not for identification

History in brief

First synthesized in 2003 during Ralf Heim's doctoral research, 25I-NBOMe was originally a research tool for mapping brain receptors [1]. Its high affinity for the 5-HT_{2A} receptor made it a powerful ligand for PET imaging, but it was never intended for human ingestion. By the early 2010s, it appeared on global markets, often sold as a substitute for LSD due to its potency on paper blotters. In 2013, the United States implemented temporary scheduling to address rising public health concerns, followed by a 2014 WHO critical review [1], [2].

There are no established medical or therapeutic benefits for 25I-NBOMe. Evidence consistently highlights extreme risks, including severe vasoconstriction, seizures, and hyperthermia. Unlike traditional psychedelics, the narrow safety margin of this compound has led to numerous fatalities at very low dosages [1]. Because it is frequently misrepresented, users may be unaware of the toxicity they are facing. Holistic integration focuses entirely on substance-free recovery after exposure. If you experience lasting distress, seek professional support. Maintain wellness through consistent sleep, gentle physical activity, and social connection. Never discontinue prescribed medications to use any illicit substance. This synthetic ligand remains a significant danger to public health due to its unpredictable physiological impact and documented high lethality.

Sources & further reading

[1] WHO ECDD critical review of 25I-NBOMe (2014)

[2] 25I-NBOMe history and regulatory record (reference)

Kanna (Sceletium)

Kougoed / Nature's MDMA-Lite



Artistic illustration · Not for identification

History in brief

Indigenous Khoikhoi and San peoples established traditional knowledge of Sceletium plants long before colonial observation, though specific duration remains historically unquantified. Early European documentation began with Jan van Riebeeck's 1662 report on plant trade, followed by Simon van der Stel's 1685 expedition detailing botanical usage [1][2]. Taxonomy evolved from Linnaeus's 1753 *Mesembryanthemum tortuosum* classification to the 1926 genus *Sceletium* [2].

Positive uses & evidence

Research focuses on Mesembrine alkaloids and their potential interaction with serotonin transporters and phosphodiesterase-4. Small-scale clinical trials explore standardized extracts for cognitive function and stress resilience [1]. However, results from specific proprietary extracts cannot be generalized to all retail forms. Evidence is limited by short study durations and small sample sizes. While historical accounts describe mastication for mood, modern scientific validation of therapeutic claims requires further large-scale human data to establish efficacy [1].

Holistic integration & risks

Cultural context emphasizes social and ceremonial roles, yet modern application faces significant safety uncertainties. Potential serotonergic interactions pose risks when combined with other medicines; long-term clinical safety and organ toxicity profiles remain uncharacterized [1][2]. Consumers must recognize that commercial vendor claims often lack rigorous clinical authority. Integrating this botanical requires caution due to variable alkaloid concentrations and the absence of established regulatory oversight for long-term health outcomes.

Sources & further reading

[1] HerbalGram Kanna profile (reference)

[2] *Mesembryanthemum tortuosum* historical reference (reference)

Sacred Blue Lotus

Nymphaea caerulea / Egyptian Dream Lily



Artistic illustration · Not for identification

History in brief

Nymphaea caerulea, commonly known as the Blue Water Lily or Blue Lotus, holds a central place in Ancient Egyptian iconography. Historical depictions frequently link the flower to the sun god Ra and the concept of rebirth, as the petals emerge from the water daily following solar patterns [1].

Contemporary scientific inquiry focuses on identifying the specific alkaloids within the plant, primarily apomorphine and nuciferine. While these compounds have been isolated in laboratory settings, their concentration in historical preparations remains a subject of academic debate. The plant's role in ancient culture is currently categorized by researchers as symbolic and ritualistic rather than strictly pharmacological until further empirical evidence is established [1], [2].

Positive uses & evidence

Historical research suggests the Blue Water Lily was used in perfumes and funeral offerings to signify spiritual transition. In modern research contexts, specific alkaloids derived from *Nymphaea* have been studied for their interaction with dopamine receptors. However, clinical evidence supporting therapeutic outcomes in humans is limited and lacks the rigor of large-scale controlled trials.

Holistic integration & risks

Modern botanical analysis highlights significant risks regarding product identity. Many products marketed as Blue Lotus are found to be mislabeled or adulterated with synthetic substances. Furthermore, the long-term toxicity of concentrated *Nymphaea* extracts is not well-documented.

Sources & further reading

[1] *Nymphaea* cults in ancient Egypt and New World (2005)

[2] UC: Investigating the blue lotus of Egypt (2025)

Syrian Rue

Peganum harmala / Esfand / The Sacred MAOI



Artistic illustration · Not for identification

History in brief

Peganum harmala, common in Middle Eastern and Central Asian folk contexts, has uncertain botanical origins. Nineteenth-century researchers isolated several beta-carboline alkaloids before subsequent 1928 studies. A 2025 archaeological study at Qurayyah identified residue in Iron Age Arabian artifacts, suggesting ancient fumigation practices [1]. While some historians link the plant to the legendary Haoma or Soma, this identification remains unproven and lacks definitive consensus in the academic community [1].

Positive uses & evidence

Traditional applications span diverse cultural rituals and historical folk medicine. Laboratory research has identified specific alkaloids that act as monoamine oxidase-A (MAO-A) inhibitors [2]. However, residue evidence in artifacts identifies plant exposure rather than confirming psychoactive intent or ancient therapeutic effectiveness. Most published reports regarding anti-inflammatory or antimicrobial properties rely on laboratory models; these results are not equivalent to clinical safety or evidence of a certain cure in human subjects [2].

Holistic integration & risks

Pharmacological interactions involving MAO-A inhibition are potentially life-threatening, particularly regarding dietary or pharmaceutical contraindications. Historical use and preliminary lab studies do not establish clinical safety or the absence of organ toxicity [2]. Study limitations include a lack of unbiased clinical trials and varying alkaloid concentrations across geographic regions. Understanding these risks is essential for a factual historical perspective on the plant's role in human cultural development [1], [2].

Sources & further reading

[1] *Peganum harmala* residue evidence in Iron Age Arabia (2025)

[2] Pharmacological and therapeutic effects of *Peganum harmala* and alkaloids (2013)

Ceremonial Cannabis

Bhang / Ganja / Sacred Herb / Whole Plant Entheogen



Artistic illustration · Not for identification

History in brief

Archaeological evidence distinguishes between early agricultural cultivation of cannabis for fiber or seeds and later ceremonial applications involving psychoactive properties. While seeds appear in ancient sites, they do not confirm intoxication practices. The earliest physical evidence for cannabis smoking was identified at the Jirzankal Cemetery in the Pamir Mountains, dating to approximately 500 BCE.

European awareness of these practices grew through the accounts of Herodotus in the fifth century BCE, who described Scythian groups using vapors in communal tents. However, these outsider observations remained culturally distinct from the scientific investigations that followed centuries later.

Positive uses & evidence

Historical ceremonial use is often cited in discussions of modern wellness, yet clinical evidence for such practices remains limited. Research into the endocannabinoid system has identified how plant-based cannabinoids interact with internal receptors, but these mechanistic findings are not synonymous with proof of efficacy for ceremonial purposes. Current evidence regarding cannabinoids focuses primarily on specific medical products rather than raw plant use in ritual settings [2].

Holistic integration & risks

Ceremonial use carries significant psychological and physiological risks. Higher-THC products are associated with increased vulnerability to anxiety, dependence, and acute psychosis. Integration of these historical practices into modern life requires acknowledging that chemical residue cannot reconstruct the subjective experiences of ancient peoples.

Sources & further reading

[1] [Origins of cannabis smoking: residue evidence in Pamirs \(2019\)](#)

[2] [History of cannabis and endocannabinoid system \(2020\)](#)