



**MIND MEDICINE**  
A U S T R A L I A

## Interactions with Medicines

Are there any contradictions with taking Syrian Rue/Psilocybin with Blood Pressure medication (High/low)?

Syrian rue + psilocybin likely has complex effects on blood pressure. The psilocybin we know increases it temporarily, however the MAOIs in Syrian rue tend to decrease blood pressures and can increase the risk of dizziness from low blood pressures when going from laying to sitting, sitting to standing (postural changes). There are no 'contraindications' with blood pressure medicines per say and typically the focus would be on ensuring the person has good control and is close to normal at baseline. There is risk of additive low blood pressures or increased risk of dizziness/fainting. It could be reasonable to consider how many medications and what doses they're taking, although persons are still probably better off continuing their blood pressure medications to avoid high blood pressures related to discontinuing or stopping them. Uncontrolled high blood pressure (>140/90) has been exclusionary in clinical trials so far and may be considered a marker of cardiovascular health.

Are there any contradictions with taking Syrian Rue/Psilocybin while undergoing chemotherapy?

There are no chemotherapy medications that are contraindicated with Syrian rue/psilocybin that I'm aware of. However, there are sometimes medications used in the management of nausea, vomiting, pain etc. that manage side effects of chemo or cancer that could need consideration. In clinical trials of persons with cancer who used psilocybin, they were permitted to continue their cancer treatments (chemo) and the session was spaced a few days prior to their upcoming chemo cycle so that the session is spaced as far away from the last session as possible. This is done to have the person show up to the session feeling their best as chemo tends to really knock people down.

## Are there any contradictions with taking Syrian Rue/Psilocybin with any cancer medication?

There are none that I'm aware of, they would typically be considered low risks as I'm not aware of any that have significant effects on serotonergic systems, although the field of cancer therapy is growing and am not sure I can blanket say there are no contraindications with any cancer medications...they're not the ones I'm worried about typically, I can say that for sure.

## Are there any contradictions with taking Syrian Rue/Psilocybin while taking 0.5mg cabergoline

This is not a contraindicated combination, although may be in a 'yellow zone'. The Syrian rue could boost effects of cabergoline, like the way it boosts effects of psilocybin. I would not predict the person would have anything horribly dangerous occur, although intensified nausea, lowered blood pressures, some more abdominal discomfort may be possible (may not happen too). If this was a risk found to be concerning, you could serve psilocybin straight without the Syrian rue.

## Are there any contradictions with taking Syrian Rue/Psilocybin while undergoing IVF hormone stimulation?

I'm not aware of it being physically dangerous at all (hormones and Syrian rue/psilocybin are not life threatening interactions). Would it make it work better, worse? I really have no idea. I don't know much about IVF and would probably opt to give some space between the IVF treatments and rue/psilocybin if possible (e.g. if the treatment is of relatively short duration).

I have client who had a psychotic episode when he was 18 (was smoking heaps of marijuana at the time) he is now 55 has been fine since. He is interested to work with Syrian Rue/Psilocybin would this be ok?

Hard to say with that amount of information. Typically, an episode of psychosis is exclusionary, although personally my feeling is that schizophrenia is chronic and that cases are usually obviously severe. Similar story with bipolar disorder. The first break at 18 fits the picture of schizophrenia, but decades of 'being fine' without medication is not consistent with a chronic psychotic disorder at all.

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One strategy could be to say “well for me, an episode of psychosis is a red flag. I could consider proceeding if you were evaluated by a psychiatrist and schizophrenia, bipolar disorder, or a similar illness could be ruled out”. They can visit a mental health specialist for a ‘second opinion’. They do not have to say “am I ok to use psychedelics?” (but are encouraged to, stating a healing intention, exploration of self etc.). They can simply ask “when I was 18 I was using a lot of cannabis and I had a period in which I was diagnosed as psychotic. Now I’m 55 and curious about cannabis again and also curious about exactly what happened to me and if I really do have schizophrenia?”

If a psychiatrist could interview them and state they do not have schizophrenia etc. then it seems you did some due diligence in ruling out a contraindication without having to take any of the assessment upon yourself. Downsides of this would be cost, perhaps availability of good psychiatrists for this kind of evaluation etc. I’m not a psychiatrist and diagnosis is outside of the scope of what I do, although I can also interview persons and give a sense of whether their history is consistent with contraindication or not.

Using smaller doses, avoiding dosing several nights in a row, and providing additional support (either yourself or have the individual arrange it) before and after could be ways of helping with risk if proceeding. You could also try a Syrian rue only brew and see what happens first, before attempting the addition of psilocybin.

### Can somebody take Syrian Rue/Psilocybin while pregnant?

It’s a good question that I don’t have a good answer for. So my default answer is no. Some Amazonian traditions drink ayahuasca during pregnancy, this is even controversial in Brazil to my knowledge. I think it may not be wise to assume Syrian rue is precisely like ayahuasca when it comes to pregnancy risk. I would avoid it. I also can’t recommend psilocybin alone, although would have to opine it’d be safer than the combo with rue.

### Are there any illness’ that are a big no for psilocybin/ Syrian Rue (apart from SSRI’s etc. etc.)

Illnesses, probably not particularly. For trials with end of life illness they do exclude persons that have bad liver or kidney function and/or are extremely sick and frail. So, perhaps overall ‘vitality’ can be a consideration. E.g. if they are so sick they need to be spend >50% of their day in bed, are not able to climb a few flights of stairs without stopping or being exhausted at the top, or are extreme in some other way (age >80) then I may slow down.

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It's medication related interactions that is primarily of worry. Pharmacologically, it's both complex and simple. Life threatening interactions can be predicted pretty well with reductionistic rules: If you combine monoamine oxidase inhibitors (MAOIs such as Syrian Rue) with a drug that either A) blocks the reuptake of serotonin or other neurotransmitters or B) releases serotonin or other neurotransmitters then there is potential for severe life threatening consequences. There could be other interactions (e.g. blood pressure effects like discussed above) although when it comes to avoiding death, the rules are pretty simple. Where it gets a little complex is that drugs with actions A & B are found not only in antidepressants, but across many therapeutic classes. However, all the drugs in this contraindications table feature either A or B as mechanisms of action. This table is one I made that hits the high points.

<p><b><u>Antidepressants</u></b></p> <p><b>SSRIs</b></p> <p>Fluoxetine (Prozac)            Paroxetine (Paxil)            Sertraline (Zoloft)            Escitalopram (Lexapro)            Citalopram (Celexa)            Vibryyd (Vilazodone)            Trintellix (Vortioxetine)            Fluvoxamine (Luvox)</p> <p><b>SNRIs</b></p> <p>Venlafaxine (Effexor)            Duloxetine (Cymbalta)            Desvenlafaxine (Pristiq)            Levomilnacipran (Fetzima)</p> <p><b>TCA's</b></p> <p>Amitriptyline (Elavil)            Nortriptyline (Pamelor)            Clomipramine (Anafranil)            Imipramine (Tofranil)            Desipramine (Norpramin)            Chlorpheniramine</p>	<p><b><u>Stimulants</u></b></p> <p>Amphetamine            Methamphetamine            Methylphenidate            Cocaine            Tobacco (oral or rectal routes)            Caffeine (moderation ok)            Chocolate (moderation ok)</p> <p><b><u>Cough and Cold</u></b></p> <p>Dextromethorphan (Robitussin)            Pseudoephedrine (Sudafed)            Chlorpheniramine</p> <p><b><u>Weight Loss</u></b></p> <p>Phentermine (Adipex)            Ephedra (Ma Huang)            "Metabolism" boosting or weight loss supplements</p> <p><b><u>Analgesics</u></b></p> <p>Methadone            Tramadol            Meperidine            Tapentadol</p>	<p><b><u>Phenethylamines</u></b></p> <p>MDMA, 2Cx, DOx, NBOMe, x-MMC, methylone, MPDV</p> <p><b><u>Tryptamines</u></b></p> <p>5-MeO-DMT</p> <p><b><u>Antipsychotics</u></b></p> <p>Ziprasidone</p> <p><b><u>Migraine</u></b></p> <p>Ergotamine            Triptans</p> <p><b><u>Mood Stabilizer</u></b></p> <p>Lithium</p> <p><b><u>Miscellaneous</u></b></p> <p>Trazodone ≥150mg            St. John's Wort            5-HTP            L-tryptophan</p>
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\*List may not be all-inclusive; most drugs listed are contraindicated due to risk of severe serotonin toxicity, however others may cause toxidromes more consistent with hypertensive crisis or extreme vasoconstriction.

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## Would you say it is safe to take Syrian Rue/Psilocybin if somebody has had cardiac issues?

The cardiac effects of psychedelics are complex. On the one hand, they do not seem dangerous – there are almost no reports of heart attack or stroke occurring on tryptamines like psilocybin or boosted tryptamine brews like ayahuasca. On the other hand, we have probably not given these types of drugs to persons with advanced cardiovascular conditions much previously and they're always excluded from clinical trials.

There are so many types of cardiac issues and severity levels of those issues that at some point I would have to declare there is considerable risk, where exactly this point is, what the conditions are etc. I'm not sure anyone truly knows. I try to direct people to ask their cardiologists about use directly if possible, if that's not possible, asking the cardiologist if it would be safe to take a drug like Adderall is perhaps a useful question as it is essentially asking the heart doctor "is my heart good enough to take amphetamine chronically?" If the answer is yes, it's not a guarantee, but would suggest the cardiologist believes the heart can handle some load on it.

Asking about clearance for other things (e.g. running a half marathon or even a 5K) could be other reasonable questions to ask to better gauge if the cardiologist is reserved and scared about their cardiac status or not. Presence of absence of drugs to treat cardiovascular illness (antiarrhythmics, antihypertensives, anticholesterol, nitroglycerin for chest pain) are also a clue about severity with more drugs suggesting more severe illness. History of an event like heart attack or stroke are fairly strong proof of advanced illness.

## Are there any issues with taking Syrian Rue/Psilocybin for people with Type 1 or 2 Diabetes?

No, not directly, but it could still be problematic, at least in theory. Diabetes is an illness of blood sugar regulation and also comes in different types and severity levels. Type 1 is insulin dependent by definition; Type 2 is 'adult onset' and may be managed with either oral drugs or injectable insulin. The issues with diabetes I'm most concerned about are blood sugar control and electrolyte regulation. E.g. it is common to ask participants to fast for an extended period prior to use of ayahuasca (not sure what your protocol is) as well as fast during the ceremony, which may involve purging/vomiting/electrolyte loss. For the average healthy person with ability to control blood sugars well, this is not problematic.

However, I worry that a person with diabetes could fast too long or take their medications and not eat, resulting in low blood sugars, vomiting could compound this scenario. Depending on the severity of diabetes, ability to fast, comfort managing low blood sugars

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(keeping honey packets to stabilize a low sugar in a conscious person, having the person bring their glucometer and having someone know how to use it, being familiar with signs/symptoms, etc.) you may or may not want to allow these persons into ceremony. So, if I had a 38 y/o adult with type 2 diabetes, diagnosed a couple years ago, just taking oral drugs, never gets low sugars – seems risk and benefit may tip towards proceeding. If I got a 74 y/o with diabetes, on high doses of insulin, with kidney failure as a result of longstanding diabetes, gets low sugar occasionally and faints, then it seems risk may outweigh benefits.

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