



Primary Medical Risks of Ibogaine

1. Cardiac Arrhythmias

(Primary Safety Consideration)

Ibogaine is known to prolong the QT interval, which can predispose to ventricular arrhythmias such as torsades de pointes.

Risk factors that increase cardiac risk include:

- Baseline prolonged QTc
- Electrolyte abnormalities (low potassium, magnesium, calcium)
- Structural heart disease
- Bradycardia
- Concomitant QT-prolonging medications (SSRIs, antipsychotics, methadone, certain antibiotics)
- Liver dysfunction (affects ibogaine metabolism → higher plasma levels)

Mitigation with proper protocol:

- Baseline 12-lead EKG
- QTc threshold screening (typically <450 ms male, <470 ms female depending on protocol)
- Electrolyte panel (K, Mg, Ca corrected prior to dosing)
- Continuous telemetry monitoring during flood dose
- Weight-based dosing
- Physician supervision

2. Liver Metabolism & CYP450 Interactions

Ibogaine is metabolized primarily via CYP2D6 into noribogaine. Variability in metabolic rate can influence duration and intensity of effect.

Potential concerns:

- Elevated liver enzymes (AST/ALT)
- Impaired metabolism → higher plasma concentration
- Drug interactions (antidepressants, beta blockers, opioids)

Screening includes:

- CMP (Comprehensive Metabolic Panel)
- AST / ALT / bilirubin
- Medication review
- CYP interaction screening

Patients with significant hepatic impairment may require dose modification or exclusion.

3. Neurological & Psychological Effects

Ibogaine is a potent psychoactive alkaloid that can produce oneirogenic (dream-like) states typically lasting 6-12 hours.

Potential risks:

- Anxiety or panic response
- Temporary confusion

Proper screening evaluates:

- Current psychiatric stability
- medication interactions (e.g., lithium, SSRIs, stimulants)

4. Autonomic Nervous System Effects

Ibogaine influences autonomic tone and may cause:

- Transient ataxia (loss of coordination)
- Tremor
- Sensitivity to light or sound
- Nausea or vomiting
- Temporary blood pressure variability
- Bradycardia

Monitoring includes:

- Continuous vitals
- fall-prevention precautions
- hydration support
- anti-nausea protocols if needed

5. Electrolyte Imbalance Risk

Electrolyte abnormalities significantly increase cardiac risk.

Critical labs:

- potassium
- magnesium
- sodium
- calcium

Electrolytes are corrected prior to treatment to reduce arrhythmia risk.

Additional Safety Measures: IV Magnesium, NAD⁺, and Nutrient Support

Beyond cardiac screening with EKG and laboratory testing (including electrolytes and liver enzymes), supportive IV therapies can play an important role in maintaining physiologic stability during treatment.

These interventions are not a replacement for cardiac screening, but rather serve as adjunctive risk-mitigation strategies when used appropriately.

1. IV Magnesium – Cardiac Stabilization & QT Risk Mitigation

Magnesium is one of the most clinically relevant adjuncts due to its role in cardiac electrophysiology.

Mechanism relevant to arrhythmia risk:

Magnesium acts as:

- a calcium channel modulator
- stabilizer of myocardial cell membranes
- regulator of potassium transport across cardiac cells
- suppressor of early afterdepolarizations associated with torsades de pointes

Low magnesium levels are strongly associated with increased risk of ventricular arrhythmias and QT prolongation.

Clinical rationale:

IV magnesium is commonly used in conventional medicine for:

- torsades de pointes prevention and treatment
- atrial fibrillation rate stabilization
- ventricular ectopy
- alcohol withdrawal related arrhythmias

Maintaining magnesium in the upper-normal physiologic range may reduce electrical instability of cardiac tissue.

Typical monitoring approach:

- baseline magnesium level via CMP or BMP
- correction of deficiency prior to dosing
- slow IV administration to avoid hypotension
- monitoring for bradycardia or flushing

2. NAD⁺ Infusion – Cellular Energy & Autonomic Stabilization

NAD⁺ (nicotinamide adenine dinucleotide) plays a central role in:

- mitochondrial ATP production
- oxidative phosphorylation
- cellular repair mechanisms
- neuronal metabolism
- autonomic nervous system regulation

Potential supportive benefits:

While evidence is still emerging, NAD⁺ is often used clinically to support:

- reduction of sympathetic overactivation
- improved energy metabolism during detoxification states
- mitigation of fatigue and autonomic instability
- neuronal recovery support following substance use disorders

NAD⁺ may be particularly helpful in patients with:

- chronic substance exposure
- metabolic depletion
- prolonged sympathetic dominance
- poor sleep regulation

Slow infusion rates are generally used due to transient side effects such as chest pressure or nausea with rapid administration.

3. IV Vitamins & Hydration – Electrolyte and Volume Stability

Dehydration and electrolyte imbalance are recognized contributors to arrhythmia risk.

IV fluids combined with vitamins may support:

physiologic stability

- adequate intravascular volume
- stable blood pressure
- reduced orthostatic symptoms
- improved renal clearance of metabolites

common supportive components:

- B complex vitamins (neurologic function)
- Vitamin C (oxidative stress support)
- trace minerals depending on protocol
- isotonic fluids

Maintaining hydration status is particularly important due to:

- reduced appetite during treatment
- prolonged inward focus state
- decreased oral intake
- potential nausea

Overall Safety Profile in Proper Medical Setting

When performed with appropriate screening, monitoring and additional safety measures like NAD+ & Magnesium infusions, risk is substantially reduced.

Core safety measures typically include:

Pre-treatment screening

- 12-lead EKG
- Comprehensive blood panel
- Liver enzymes
- NAD+, Magnesium, Meyer's cocktail infusions
- Electrolytes
- medication interaction review
- medical history review
- cardiac risk assessment

During treatment

- Continuous cardiac monitoring
- physician present or on call
- controlled environment (low stimulation)

- weight-based dosing protocols
- nursing observation

Post treatment

- continued monitoring during acute metabolite phase (noribogaine)
- gradual return to normal activity
- integration support

Perspective on Risk vs Clinical Context

Published case reviews indicate most adverse events historically occurred in situations involving:

- unscreened cardiac conditions
- polysubstance use
- electrolyte abnormalities
- lack of medical monitoring
- unknown dosing amounts
- concurrent QT-prolonging medications

Proper protocols significantly mitigate these factors.

Integrated Safety Framework

When ibogaine is administered within a structured medical environment like ours at Iboga Wellness Institute , risk mitigation includes multiple layers:

cardiac safety

- baseline EKG
- QTc threshold screening
- electrolyte optimization
- IV magnesium, NAD+, Meyer's cocktail when clinically appropriate
- continuous monitoring

metabolic safety

- CMP including liver enzymes (AST, ALT)
- medication interaction screening
- hydration support
- nutrient repletion

neurologic safety

- psychological screening
- structured setting

- supportive care during acute phase

Summary for Medical Audience

Primary modifiable risk factors include:

- electrolyte abnormalities
- dehydration
- drug interactions
- impaired hepatic metabolism
- autonomic instability

Addressing these variables through:

- laboratory screening
- EKG evaluation
- medication review
- electrolyte optimization
- IV support
- hydration protocols
- physician supervision

At Iboga Wellness Institute, our goal is to set the gold standard for safety in ibogaine treatment. Through comprehensive screening, physician oversight, continuous cardiac monitoring, and supportive therapies such as electrolyte optimization, IV magnesium, NAD+, and hydration support, we strive to minimize risk and promote physiologic stability throughout the process.

By combining rigorous medical protocols with individualized care, we aim to ensure that each patient receives treatment in the safest possible environment. Our commitment is to provide the highest level of clinical diligence, thoughtful preparation, and attentive monitoring so that every individual is supported with the utmost care before, during, and after treatment.