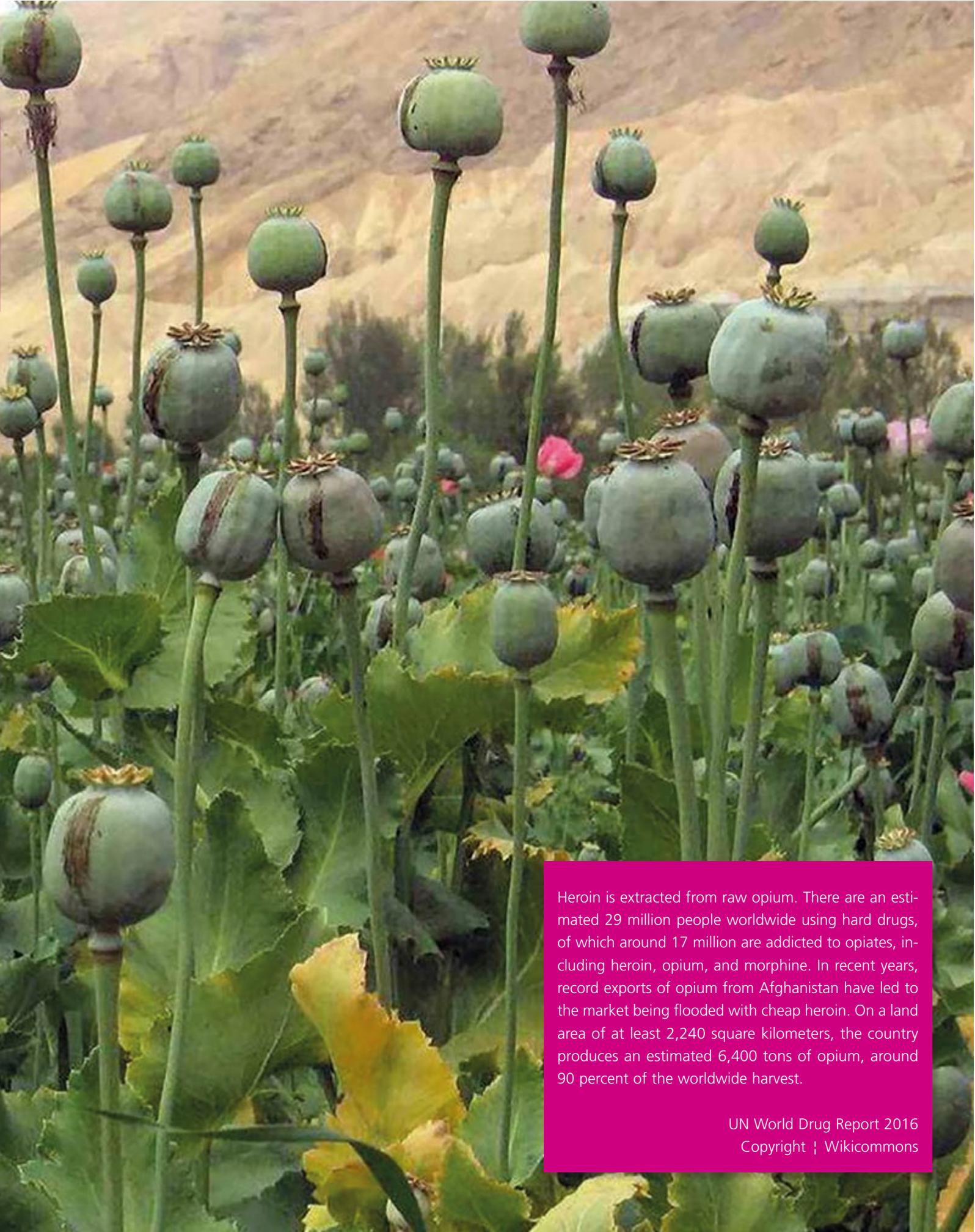




# THE COMPASSIONATE SEARCH FOR THE LOST SOUL

Thoughts for caring healers





Heroin is extracted from raw opium. There are an estimated 29 million people worldwide using hard drugs, of which around 17 million are addicted to opiates, including heroin, opium, and morphine. In recent years, record exports of opium from Afghanistan have led to the market being flooded with cheap heroin. On a land area of at least 2,240 square kilometers, the country produces an estimated 6,400 tons of opium, around 90 percent of the worldwide harvest.

UN World Drug Report 2016  
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**SUMMARY:** in the homeopathic care of drug addicts, the author repeatedly encounters painful experiences and, in the person's inner core, abandonment, emptiness, and fear of feelings and pain. He regards addiction as a process of adaptation to this inner state – a means of self-consolation. The social attitude to addicts reinforces their isolation. Therefore community support and a feeling of connection are essential prerequisites of successful treatment. These insights are supported by scientific studies and illustrated by the three brief cases presented here.

**KEYWORD:** addiction, alcoholism, depression, drug addiction, Falco peregrinus, hepatitis, heroin, Syphilinum, Tabernanthe iboga, withdrawal

*“What is addiction, really? It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood.”*

Alice Miller<sup>1</sup>

**The search for the lost soul:** Addiction is rife in all parts of society. Some of these addictions are more socially acceptable than others. Every culture has its prejudices for and against certain substances and behaviors. Addicts everywhere are condemned for their refusal (or inability) to give up something deemed to be damaging to their own or other's health while society as a whole shares the same blindness and rationalizations.

### US AND THEM: HARD LIVES, HARD DRUGS

The Dublin initiative: In 1998 I was invited to join the team at the recently established Addiction Response Crumlin (ARC) – a community-based organization set up in response to the growing epidemic of heroin abuse in inner-city Dublin.<sup>2</sup> Many of the founding members of ARC were prompted by the tragic death of a family member through drug addiction and decided to take action.

In Crumlin, a small borough of Dublin (approx. population 22,000), it was estimated that there were probably 1,200 heroin addicts (mostly aged 18-30). Heroin was so prevalent in the area that one of my patients John\* commented: “You could get heroin delivered to your door quicker than a pizza!”

On average, 90-100 patients were involved in ARC's program at any one time. The primary drug taken on admission to the

program was heroin but most were poly-drug users: alcohol, cannabis, cocaine, ecstasy, solvents and amphetamine also featured. The core aim of the service was to reduce the harm caused by the overuse of these drugs. Patients were prescribed methadone in order to stabilize their drug use and then supported and challenged to begin a process of detoxification and rehabilitation.

### The role of homeopathy in the addiction program:

Homeopathy (alongside acupuncture and counseling) was used to support this process with many patients benefiting from the results. Cravings were reduced; side-effects of detoxification from methadone were minimized; sleep problems improved; anxiety and anger issues were dealt with.

Many other health issues, concomitant to addiction, also require treatment to support recovery. Malnutrition and poor immunity were common; many patients had Hepatitis C and / or HIV; abscesses were rife; as was septicemia and chronic constipation. All of these responded well to homeopathy.

**Cold turkey and staying off drugs:** The prescribed methadone however was a major problem – more addictive than heroin, it also carried many side-effects and was so difficult to wean off that many patients (and their doctors) considered themselves “drug-free” when they only used this. It also didn't provide a “buzz” for the patients and often left them with sleeping problems and anxiety. Alcohol and benzodiazepine abuse filled the vacuum and these often had to be prescribed for side issues. Having been down the methadone road before relapsing to heroin use, many patients chose “cold turkey” – a complete detox of the drug using homeopathic remedies and diet. After a very challenging three or four days with intense vomiting, sweating and diarrhea, they could begin a drug-free life.

However it quickly became clear to me that coming off drugs was one thing – the easy part of the work. But staying off was the hard part in a community that was awash with drugs and addiction.

### PATIENTS' BACKGROUNDS

**Experience of violence:** When I got to know my patients better, certain patterns began to emerge. Most of them had been brought up in families which seemed to have significant problems. Almost two thirds experienced frequent conflicts or violence in the home and more than half experienced alcohol abuse by parents. Child physical and / or sexual abuse was also experienced by about a third of all ARC patients while an even larger proportion experienced the loss of a parent through separation, imprisonment, or death.

A disturbing feature in the lives of many of my patients – most of whom still lived at home with their parents – is that many continued to experience problems such as frequent conflicts or violence in the home and ongoing alcohol abuse by parents.

More than half had siblings who were also addicted to drugs – most of whom were also still taking drugs while their siblings attended ARC. Almost all the patients knew somebody in the neighborhood who had died from drugs and almost a fifth of these had lost siblings through drug use.

Crumlin itself had a serious unemployment problem and an even more serious problem of educational under-achievement. Poor levels of educational achievement almost inevitably led to unemployment. In turn, parents who experienced educational underachievement and unemployment were often instrumental in handing on these disadvantages to their children.

**Social isolation and criminality:** The illegal nature of drug use in Ireland and some of the methods used to finance it (robbing, occasional dealing, and prostitution) typically brought many drug users into conflict with the law. Almost two-thirds of all patients had been arrested prior to coming to ARC and nearly a third had been in prison. In each of these instances, men were far more likely to have come into contact with the law than women. The most pronounced difference between men and women was the amount of time spent in prison: men spent an average of 4.2 years there compared to 9 months for women.

During my time in ARC, I learned a lot about the stigma associated with drug addiction and the extraordinary prejudices that most heroin addicts encounter. Although ARC's mission statement recognized that: "the causes of heroin addiction are linked to social injustice and inequality in our society" and "addiction is an issue for the whole community", the experience of those involved in setting up the project is that many people in the community were hostile towards drug users and to the establishment of any treatment and rehabilitation services for them within their neighborhood.

I had many conversations with both local people and medical colleagues about the work we did, often over copious cups of tea, cigarettes, and pints of beer, where strong opinions about the "addicts" would be expressed. It seemed to be that addiction was what happened to someone else. The "addict" was someone who used different drugs than those socially acceptable. The addict was regarded as the "other," somebody strange who was to be excluded from "normal" society.

Despite the extraordinary work of the ARC team and the courage of its many of its patients over the years, heroin and poly-drug use in Crumlin has continued to grow, along with all its concomitant crime and social problems. More money has been poured into community projects in Dublin and around the country and vast amounts of police and judicial resources have been used in an apparently unending spiral to combat drug addiction in Ireland. More people have been arrested, imprisoned; many more have been marginalized and disenfranchised – all of which continues to feed the rising addiction rates.

## CHALLENGING THE PROGRAM: WHAT CAUSES DRUG ADDICTION?

If I had been asked when I started work at ARC, what caused drug addiction? The answer would have been self-evident for me: drugs, addictive substances cause addiction. I knew that drugs like heroin and cocaine have strong chemical hooks, which after repeated administration the body will develop into a need, a craving for the substance – an addiction.

**Experiments with caged rats:** One of the ways that this theory was first established was through rat experiments – especially ones that were popularized in the advertisement shown in the 1980s during the Reagan administration by the Partnership for a Drug-Free America. A rat was placed alone in a cage with two water bottles. One was filled with water and the other with water containing heroin or cocaine. Every time the experiment was run, the rat became obsessed with the drugged water and kept coming back for more until it finally killed itself.

**The advert explained:** "Only one drug is so addictive, nine out of ten laboratory rats will use it. And use it. And use it. Until dead. It's called cocaine. And it can do the same thing to you."

**Addiction experiments with rat paradise:** But a Vancouver professor of psychology, Bruce Alexander<sup>3</sup>, noticed something odd about the experiments. The rat was alone in its cage with nothing to do except take drugs. What would happen if this experiment were done differently, he wondered. So he built Rat Park, effectively a rat paradise. He filled this cage with lots of space, tunnels, colored balls, plenty of food and female rats, and the two water bottles.

**What he found surprised him:** All the rats in this cage tried both of the water bottles. However none of the rats with good lives liked the drugged water, consuming only a fraction of what the isolated rats used. None of them died. Meanwhile all of the isolated rats became heavy drug users and ultimately died.

**Heroin in the Vietnam war:** At the same time as Professor Alexander was conducting his lab experiments, a large-scale, real-life experiment was also taking place – the Vietnam war. Heroin use was endemic among American soldiers; estimates suggested that over twenty percent of soldiers had become addicted to heroin while there. When the war ended, there was widespread concern that a huge number of addicts would end up back in the homeland.

But this never happened: research published in the Archives of General Psychiatry<sup>4</sup> showed that nearly 95 percent of soldiers simply stopped using the drug as soon as they returned home. Only a very small minority needed rehab. They came back home to their families from a terrifying war zone and simply didn't need the drug any more.



At the end of the 1990s Declan Hammond worked with the team Addiction Response Crumlin (ARC) to overcome the growing epidemic of heroin abuse in Dublin, particularly in the working class neighborhood of Crumlin.

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*“The opposite of addiction is not sobriety. It is human connection.”*

Johann Hari<sup>5</sup>

**Implications of the new studies:** Reading this research confounded my prejudices. Conventional wisdom would consider addiction, either in a moralistic light – a weakness in the addict’s personality, or in a medical one – the chemically hooked brain. Professor Alexander concluded that addiction is a kind of adaptation: it’s not you, it’s your cage.

People are repeating this experiment every day. Morphine and heroin are routinely used in hospitals for pain-relief – in a much higher purity and potency than available on the street. But when patients return they almost never seek out opiates on the street to continue their use.

This makes no sense in terms of chemical hooks but makes total sense in terms of Professor Alexander’s research. My patients in ARC were caught in the first cage, isolated and alone with their drug. The hospital medical patients returned home to their human version of the Rat Park. The drug is the same but the environment is different and so is the outcome.

Current recovery rates from heroin addiction through conventional (12-step programs) treatment in Ireland show an eighty to ninety percent relapse rate. This type of addiction is generally associated with living in the most deprived sections of society, where the options available for creating a home and community environment to support recovery can be limited. Recovery, where it does happen, requires a strong will and compassionate support.

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**CASE 1: Harry\*, 43 years old, hepatitis C and “addictions”**

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**Patient’s history:** Harry presented with advanced symptoms of Hepatitis C. He had been an intravenous heroin user for many years and had contracted the illness from sharing needles. He was confused, angry and very concerned about the

future, especially for his family. He is married with three young children. He is terrified of the pain he may suffer (“I can’t cope with pain.”) He complains of continual “acid” digestion: constant tiredness and gets “flare-ups” from his hepatitis whenever he feels stress (“I am always under stress – it goes straight to my gut.”) All his worries and upset are felt in his digestive system; he feels constant nausea and frequent bitter reflux. He is presently on Zantac for his digestive problems and Interferon injections for his hepatitis.

**The patient in his own words:** He describes himself as somebody “who has to succeed, no matter what comes in my way.” “I’m a trouble-shooter, the one they call when everything is in shit. I get a real buzz out of solving problems.” “If anyone gets in my way it’s ‘FOR F\*\*\*\*\* SAKE, GET OUT OF MY FACE.’ I’m often shocked how the anger can just burst out.” “I get so ANNOYED when things don’t go my way, I’ll snap out or explode, do whatever it takes.

“In the past I was involved in lots of life-threatening activities. I drove cars, bikes flat out; climbed onto the roofs of trains at high speed... anything that nobody else was crazy enough to do! I’d do anything, take anything, rip the balls off life.

“Of course there were loads of drugs too. I was an IV drug user for 10 years (heroin), then methadone. I got clean from this, then became a cocaine user. I got bored with this and then binge drank for a while. I took everything I could get my hands on, must have been stoned continuously for at least 20 years. I came off everything 2 years ago – even coffee and cigarettes and have been ‘clean’ ever since. I work out now in the gym, five, sometimes six times a week – I need the high energy ‘buzz’.”

**Prescription and progress:** Harry and I worked together for about a year. He required increasing doses of *Nux vomica*, *Carduus marianus* tincture and intercurrent doses of *Syphilinum*. His liver recovered completely; his temperament cooled off sufficiently for him to understand what he had been running from all his life and allowed him to finally enjoy his family and all he had worked for.

### “LOSING MY RELIGION”: ADDICTION IN A GILDED CAGE

After nearly three years of working within the ARC program, I found it increasingly harder to hear about the “jobs” (robbing, prostitution) my patients did and the harsh violent lives they lived without judgment. The work took its toll on me and I retired to my private practice to continue my work with addiction in a different context.

In the suburbs, I also found heroin and methadone addiction. I also found cocaine addiction among young, upwardly mobile professionals; teenage boys’ cannabis addictions; eating addictions in young adults; porn addiction in young men; addiction to (doctor-prescribed) pain medication; teenage girls

addicted to electronic devices (phones, tablets etc.); adult sport and gym addictions. And it being Ireland, the drug that everyone seemed to use to excess, alcohol, brought addiction to all ages.

And then there was the question of my working week. Did I really have to work seventy plus hours per week teaching and seeing patients?

At the core of all these addictions I have usually found a place of emptiness and fear – fear of real or potential pain; fear of the future; fear of feeling. Under the influence of the chosen drug or behavior, these become briefly suspended, only to return more strongly.

It seemed that increased affluence alone was not sufficient to create the “Rat Park” in which the suburban Soul could thrive.

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### CASE 2: Patient, Brian\*, 30 years old, substance abuse

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Brian is a highly educated academic who has dropped out of college. He describes himself as “imprisoned” in himself, in his body; feels a sense of absolute freedom and beauty inside but can’t connect with others. He has taken refuge in his mind and has become a recluse. He has felt a “profound sense of abandonment and loss” for as long as he can remember; feels and finds himself “unable to express or feel deep emotions” and feels “numb.” Substance abuse (cannabis, alcohol, food) keeps him “in prison”.

After homeopathic doses of Peregrine Falcon, Brian realized that “I was the jailer and I always have been.” “I can be the witness to all this drama, not the jailer or the prisoner.” He found “a great sense of peace and aliveness” and experiences the “stillness underlying everything” and has developed a healthy, balanced appetite towards food, alcohol etc.

### COMPASSION FOR ADDICTION

*“Not all addictions are rooted in abuse or trauma, but I do believe they can all be traced to painful experience. A hurt is at the center of all addictive behaviors. It is present in the gambler, the internet addict, the compulsive shopper and the workaholic. The wound may not be as deep and the ache not as excruciating, and it may even be entirely hidden – but it’s there... the effects of early stress or adverse experiences directly shape both the psychology and the neurobiology of addiction in the brain.”*

Gabor Maté<sup>6</sup>

Dr Gabor Maté, a renowned speaker, best-selling author, and co-founder of Compassion for Addiction<sup>7</sup> has a different take on how we understand addiction. “Society, by and large, sees addiction as a bad choice that people make,” he says, “while other people see it as a brain disease. My definition of addiction is: any behavior which the individual finds temporary relief or pleasure in – and craves for that reason, despite negative consequences.”

Looking at the process of addiction from the inside out allows Dr. Maté's definition to be applied universally. "That behavior could be consuming heroin or cocaine or alcohol, but it could also be work or sex or shopping, or any number of human activities. So it is not the external activity or substance but the internal relationship to it. Does it provide temporary relief? Is there craving? Is there short term pleasure at the expense of negative consequences? And an inability to give up?" "Addiction is pretty simple. It's what happens when people don't get what they need and end up soothing themselves."

### BACK TO BASICS: THE INDIGENOUS CULTURES AND THE SOUL

*"Many of us resemble the drug addict in our ineffectual efforts to fill in the spiritual black hole, the void at the center, where we have lost touch with our souls, our spirit – with those sources of meaning and value that are not contingent or fleeting. Our consumerist, acquisition-, action-, and image-mad culture only serves to deepen the hole, leaving us emptier than before."*

Gabor Maté<sup>6</sup>

In recent years, I have traveled extensively and have had the great privilege of working with indigenous healers from many traditions, from Amazonia to North and Central America to West Africa and India. While the healing practices and medicines differed among these traditions, all shared the belief that health and disease were matters of spirit or soul and that the gravest forms of disease were due to "soul loss" – a loss of some part of a patient's essence.

**Recovering the split-off soul:** According to this understanding, soul loss is caused by such trauma as abuse, violence, loss of a loved one, shock etc., and often manifests as addiction, depression, significant memory loss, and poor immunity. The basic premise is that whenever somebody experiences trauma, a part of them leaves in order to survive the experience. For deep healing, these places of loss need to be met, the soul parts recovered and returned to wholeness.

This can present itself in individuals but also in communities that have been uprooted from their culture and spiritual traditions; who have had their lands, cultures, religions and language taken from them – collective soul loss and the work of the traditional healer is to support the *soul recovery* of both his or her individual patients and people.

A wide variety of techniques are used for this traditionally, often involving deep journeys and healing with psychoactive Master Plants such as Ayahuasca (*Banisteriopsis caapi*), Peyote (*Anhalonium lewinii*) and *Tabernanthe iboga*<sup>8</sup>. In fact, it has been frequently observed that in the communities where the traditional use of these plants is observed, addiction to alcohol, cocaine, or opiates is unknown.

These plants, used homeopathically, can also bring about "soul retrieval" and an opening to life's purpose in a truly profound way. They have been an indispensable part of my materia medica, supporting my patients in their journeys through addiction.

### CASE 3: Paul\*, 40 years old, alcoholism, chronic depression

Paul described himself as: "suicidally depressed; an alcoholic; who had a violent family history and was humiliated as child." He says his "life feels wasted" and has "no sense of who I am anymore." "I left" after the childhood trauma: and am "like a stranger in my body and in this country" (he is a migrant).

After prescriptions of *Tabernanthe iboga* LM potencies over the next months, Paul began having intense lucid dreams. These were filled with men from his family (dead father, grandfather, and his 2 brothers). He was told in his dreams that it was "time to for him to become a man;" he was "acting like a hurt child" and as such, he had, "become a danger to himself and others."

He heard the call of his ancestors to "take my place among the men;" put through "intense trials" in dreams, given arduous tasks; until he was finally rewarded with a "staff of power".

After nearly a year's treatment, he returned to himself and his homeland. He left Ireland, depression and alcohol behind.

### US AND US – THE PORTUGUESE REVOLUTION

While I was working in ARC, the Portuguese authorities were taking a close look at the whole issue of addiction and decided to take their country in a new direction. In the 1990s, Portugal had one of the worst drug problems in Europe, with almost one percent of the population addicted to heroin along with a huge HIV / AIDS problem. They had tried the same drug war fought in Ireland and most of the world yet their problems kept getting worse, so they decided to do something radically different. They decided to decriminalize the personal use of all drugs and redirect all the resources they used to spend on arresting and jailing drug addicts into health care, affordable housing, and subsidized jobs for addicts – integrating them back into society and meaningful work and lives.

**Decriminalization of addiction in Portugal:** The results of this unique experiment are now evident. An independent study by the *British Journal of Criminology*<sup>9</sup> in 2010 found that since total decriminalization, addiction has fallen and drug use by injection is down by 50 percent. Drug induced deaths have decreased steeply; HIV infection rates among injecting drug users have been reducing at a steady pace; imprisonment from drug related charges have decreased substantially alongside a surge in visits to health clinics specializing in addiction. Being an addict in Portugal no longer has a stigma attached; addiction has become simply a health issue.



### MEDICINAL USE OF THE IBOGA ROOT

In West African folk medicine, preparations of iboga root are used primarily as a physical and mental tonic as well as an aphrodisiac. In addition, it is used to treat high blood pressure, cough, fever, and tooth pain, mostly in combination with other medicinal plants.

Modern research has discovered that iboga root can also be used to treat addiction. This effect can be explained by the effect that iboga visions, as with ayahuasca, frequently lead the person very quickly to the unconscious causes of their addiction. These causes, which are often based on individual lack or a dissonant or an unsatisfying way of life, can then be recognized and addressed.

In the case of iboga, it is not the plant itself that heals but rather the visions that it elicits. Therefore, although iboga root helps many alcohol, cocaine, or opiate addicts to get a grip on their addiction, ibogaine should not be regarded as a universal remedy for addiction. Whether addiction treatment with ibogaine is successful depends to a great degree on the setting and whether the insights gained through the visions can be profitably used and integrated in everyday consciousness.

The supportive qualities of ibogaine in drug withdrawal were discovered by the American Howard S. Lotsof (1943-2010), who used it to experiment on himself. He is now recognized as the most significant ibogaine researcher. He also discovered that ibogaine can be helpful for hepatitis by improving liver function.

Quelle: [www.hanf-magazin.com/drogenkunde](http://www.hanf-magazin.com/drogenkunde) (German)  
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Declan Hammond, homeopath and shamanic healer, has worked with patients suffering from addiction for many years. His comprehensive experience and his great empathy have taught him that the basis of all addictive behavior is an injury to the soul. After several doses of the homeopathic remedy Peregrine falcon (*Falco peregrinus*), one of Hammond's patients was able, with the loving support of Hammond, to recognize that "I was the jailer and I always have been;" and "I can be the witness to all this drama, not the jailer or the prisoner." Falcons are robbed of their freedom and kept in captivity so they can hunt for humans.

Copyright | Lanner falcon *Falco biarmicus* /  
Jürgen Weiland

## CONSIDERATIONS FOR THE COMPASSIONATE PRACTITIONER

**Compassionate self-enquiry:** How am I faring with my own compulsions / addictions? All of us are potential addicts. How can I create an 'us and us' environment for healing, with clear boundaries? What relief does the addict find or hope to find in her drug or addictive behavior? Since all the causes of addiction are within, so also are the solutions. Cultivate soul connection: apply indigenous knowledge, encourage connection to nature, create nurturing environments. Support physical and emotional health – exercise, sleep, diet, underlying conditions etc. Patients' emotional life returns from the age the addiction started. Pay attention to patient's hunger, tiredness and boredom. People need contact, community, family – addiction thrives in isolation. Environmental cues associated with drug use = powerful triggers for relapse. Breaking addiction may mean losing old friends, social networks. Sustainable self-care (patient, practitioner).

**Conclusion:** My time with ARC opened me up to a world that I had never been exposed to before – a world of pain, suffering, social exclusion as well as dedication, courage and heroism. Working with addiction has challenged me to face my own addictions and prejudices and to confront the universal nature of the condition in the Western world. The inspiration I found from indigenous cultures and the Portuguese treatment model came from the hope that comes with recognizing the potential in each person as a human being and that healing is about creating the conditions, the Rat Park, in which the soul can come home.

\*Note that patients' names and some personal details have been changed to preserve anonymity.

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