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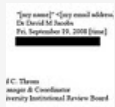
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TUESDAY, JULY 26, 2011

Saucer Separation, Little MK ULTRA, and Drug Interaction Problems with DMT

The Abduction Molecule and Serotonin Syndrome

By Gary Haden

There has been an uptick in attempts by paranormal media to resurrect "alien" abduction by either reasserting the validity of hypnosis, through taking the Walton and Hill Cases on tour yet again, or by espousing the virtues of a hallucinogen known as DMT ([dimethyltryptamine](#)).

I have friends who have been looking into DMT and are thinking of experimenting with it. DMT is endogenous. It occurs naturally in our brains. There has been some research on stress and whether it elevates levels of DMT in our bodies. Some studies have looked at DMT's involvement in psychosis and schizophrenia. This makes it a legitimate research subject for investigators of "alien" abduction, especially if DMT levels can somehow get locked into high watermarks by early childhood adversity, a common component in paranormal believing, or by some other neuromechanism. (By "some other", I don't mean "alien")

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The chief quality of DMT experiences, at least as reported by Terence McKenna, is fear. If this is so, it makes sense that it would participate in the overall brain chemistry and neurological structure of "alien" abductions.

This means that, potentially, some abductees have brain chemistries that are built to produce hallucinations that seem startlingly real. The contention in paranormal media is that these hallucinations are real. They are quantum doorways to another universe in which "machine elves" live and prosper.

Whether machine elves are real can be tested. The theory here is that the tests are likely to be negative for the same reason hypnosis is likely to be errant. Subjectivity. The prediction for any experiment would be the same as that for hypnosis: there will be no objective evidence the hallucinations are real or that they depict real events and personae.

This is not to say the experiences aren't meaningful. This is saying they're not real.

It is amazing how deeply committed the "community" is to this kind of pseudo-MK ULTRA behavior. The famous mind control program had as two of its essential features hypnosis and psychedelic drugs.

What is paranormal media selling us lately?

Hypnosis and psychedelic drugs. Anything to keep the family business going, right?

I find it peculiar that some hypnosis critics base their objections on the fact that hypnosis creates experiencers but believe a program of psychedelics would not produce the same result. Psychedelic drugs create experiencers, most assuredly. Both modalities produce false positives. How one can disallow one and straight-facedly recommend the other is quite a mood swing.

I suspect this has to do with the "community's" decades-long infatuation with the CIA. That unrequited love affair has produced the sincerest form of flattery: imitation. Some say CIA mind control operatives circulate in the paranormal community. They say that's who is behind alien abduction.

Why would CIA mind control agents need to circulate in the paranormal community? There's no proof they still exist, but, if they did, their work is being done for them. Whether it is history professor abduction gurus, with specialties in mass hysteria, writing effusively about and creating Manchurian candidates, hiding mind control hobbies out in the open in the guise of brainwashing goblins from another planet, Herr Professor's personal alters, or dealing psychedelic drugs, the paranormal community is the "I can't believe it's not butter" rendition of the Central Intelligence Agency, circa 1963.

It isn't that history isn't repeating itself. It is. It's just that it's wearing a clown mask.

If there is a better example of unwitting agents, I don't know of one. Why pay people to violate human rights when a cadre of fools will do it for you for free? This is the genius of tumor capitalism. Free labor. You have to admire the beauty of its sheer efficiency.

The one enterprise, hypnosis, is just that: an enterprise--dedicated to the alien abduction business model. The intent is to sell magazines, promote books, book public speaking engagements, and secure productions of low-budget history channel paranormal improvisations. It is a reasonable gamble. This is a culture--American culture I'm speaking of here--that will lay down a couple or three hundred million for a good alien invasion flick. Who cares if it is true or not? To hell with truth when my wallet can fatten. Morons who argue against alien abduction hypnotism miss out on that potential jackpot. So long suckers.

Look, Steven Spielberg doesn't care about the truth so why should I?

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why deny myself?

Why so serious?

The efficacy of hypnosis is an afterthought. What is important about hypnosis is not whether it distorts memory or not. What is important is that it turns up marketable narratives of abduction. The bottom line is the bottom line. If it weren't, the New Hypnosis Gurus and Advocates would offer their products for free. But they don't, do they? Fifteen dollars will get you a special edition book with the cover depicting our courageous hero being beamed aboard a shiny flying saucer rendered in 3-D, with the title page signed by the Captain American abductee.

The lipstick is back on the pig. Meat is back on the menu, boys.

I apologize for the confusion. I've fundamentally misunderstood paranormal media. They're not scholars. They're entertainers. It is a kind of circus act. Clowns do somersaults to make the kids laugh. They're not trying to scare people. They're out for a good time. They mean no harm. They have good intentions, even though the road to hell is paved with good intentions. It isn't their fault.

Maybe I get it now, though probably not.

The intent was not to uncover the truth. My mistake. The intent was to separate suckers from their money. That's the cardinal virtue of tumor capitalism. Only, the cancer eats up everything in its path—labor, infrastructure, and truth. (And, ultimately, capital, which is why the genius of capitalism is low-grade moronism.)

Misapplied psychedelia, on the other hand, can separate suckers from their lives. Let's steal a phrase from Star Trek and call it *saucer separation*.

DMT—The Abduction Molecule and Serotonin Syndrome

DMT occurs naturally in the brain. That fact has been played up to assert its lack of toxicity.

But there is such a thing as too much of a good thing. It turns out supplementing with DMT can produce serotonin excess leading to a potentially fatal condition known as serotonin syndrome. This is especially applicable to people who have been elevating serotonin levels on purpose, whether to battle depression or to get a good night's sleep. It doesn't mean everyone who takes DMT is going to overdose. However, DMT is not harmless for all people everywhere. There's no immunity to the toxicity granted for UFO believers. Nor does an experience featuring gray aliens prevent the possibility of coma or death in experimenters who have been on serotonergic medications.

As best as I can make out, the purpose behind DMT supplementation is to introduce oneself to a quantum reality which contains alien beings. The hallucinogen opens a quantum doorway through which the "experiencer" passes. On the other side, gray aliens from another dimension await. The experience is supposed to be proof of the existence of alien life and not, as some contend, a powerful collapse of ego boundaries in a subjective psychological universe that has no bearing on objective reality but which can provide *deeply personal* insights.

Whether the alternate universe is real can be tested. Experimenters should be able to procure plans for new technology or the astronomical locations of distant planets. If the experimenter claims an out-of-body experience, simple manipulation of objects in the immediate vicinity should be able to test that hypothesis.

But this once again presents us with the demand characteristics of "experiencing." Often enough one hears an irate experiencer assert the specialty of what has happened to them. "It happened to ME and not to YOU." And yet, the "experience", such as it is, is a statement of global import nesting globally applicable assumptions which concern not just the special personage of the experiencer but *EVERY LIVING THING ON THE PLANET*. This establishes the right of every living thing on the

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planet to question the experience. If that is not understood, perhaps the experiencer should keep the experience to himself.

It seems to me it happens to everyone, *NOT JUST YOU*, if the entire planet is involved. If you're going to implicate everyone, you have no right to privacy. In other words, how can it be *none of my business* if it has profound implications for not just my life but everyone's life?

So it is here. The psychedelic experience of the ET believer is applied to the planet as a whole, without evaluation as to whether this very special person has any right to make such assertions, especially given the complete lack of objective proof for what they contend. It is as though the experiencer is repeating the arrogant refrain of some fundamentalist Christians who assert defiantly that "your god is too small." It is also suspiciously close to the mindset of the religious fanatic who sprays abortion clinics with bullets claiming he had orders from Jesus.

Where is Jesus, brother, that we may prosecute him?

If the gods reported in iatrogenic hypnosis sessions are suspect, how can gods "experienced" in an acid trip be any more credible? Is that going to win respect from science?

And what if I don't accept the authority of your gray alien DMT gods from your subjective Universe? Isn't it a bone of contention as to whether *YOUR UNIVERSE* is *MINE*? What if I refuse to bow down before your gods? Is that the same thing as refusing to bow before *YOU*, as I suspect it is? Isn't it really all about *YOU*?

Is it war, then? Like it has been for ages and ages? Someone's god is bigger than someone else's god or gods. The experiencers' new Gods are awesome gods with magic mind control powers. Lucy in the Sky with Diamonds returns and she rides a silver saucer and she's playing a dangerous game, dancing on poor Phil Klass's grave.

Are we headed for disclosure or for the alien-abduction equivalent of Jonestown? Weren't psychedelics involved there as well?

Marshall Applewhite apparently wasn't enough of a warning for us.

Saucer Separation and Serotonin (5-hydroxytryptamine, 5-HT) Neurotoxicity

"The serotonin syndrome is a complication of serotonergic medications that is being recognized with increasing frequency in both adults and children," Michael Ganetsky, MD and D. Eric Brush, MD, write in the June 2005 Toxicology Update of Clinical Pediatric Emergency Medicine. "Patients present with a constellation of mental status change, autonomic instability, and increased neuromuscular tone. Symptoms can include tremor, hyperreflexia, and **clonus**, typically in the lower extremities. The syndrome is caused by stimulation of a subset of serotonin receptors in the brainstem and spinal cord. Most cases are exposed to *multiple serotonergic medications*, such as selective serotonin reuptake inhibitors, tricyclic antidepressants, and monoamine oxidase inhibitors. Certain drugs of abuse, analgesics, antibiotics, and herbal medications have been recently associated with the serotonin syndrome."

The emphasis was supplied.

"Although frequently self-limited, significant morbidity and mortality may occur, particularly if the syndrome is not recognized," the authors report.

"[Serotonin Syndrome] may have occurred in the 11th century. An outbreak of 'convulsive ergotism' was described as distortion of the trunk and limbs, ankle flexion or extension, drowsiness, mania, hallucinations, sweating, diarrhea, fever, muscle stiffness, twitching, and opisthotonus findings consistent with a hyperserotonergic state. The etiology of ergotism was ingestion of rye containing **Claviceps purpurea**, a fungus that produces ergot alkaloids such as **ergotamine**, which stimulate 5-HT1 and 5-HT2 receptors [note omitted]." Michael

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Ganetsky, MD, D. Eric Brush, MD. Serotonin Syndrome—What Have We Learned? *Clin Ped Emerg Med* 6:103-108.

“Drug interactions that result in hyperactivity of the serotonin system,” writes Dr. Donald S. Robinson in *Primary Psychiatry*, 2006; 13(8), p. 36, “are the most frequent cause of serotonin toxicity, due to additive pharmacologic effects on neuronal pathways modulated by this monoamine neurotransmitter. Because serotonin syndrome is a predictable adverse occurrence, not an idiopathic adverse drug reaction, it is potentially avoidable. An accurate medication history is critical for recognition and proper diagnosis of the syndrome. However, even clinicians familiar with the syndrome may initially miss early and subtle clinical manifestations of serotonin toxicity. Prompt detection of serotonin toxicity is vital because without intervention, rapid progression to *potentially life-threatening status can occur.*” The emphasis was supplied.

“All drugs are dangerous,” [Terence McKenna](#) once said.

“Analysis of an extensive series of cases of serotonin toxicity found neuromuscular abnormalities to be the most reliable diagnostic finding,” wrote Robinson on page 36. “Clonus, hyperreflexia, and muscle rigidity nearly always are evident, and shivering may be present.^{2,5} The autonomic hyperactivity is reflected by diarrhea, increased bowel sounds, dilatation of the pupils (mydriasis), and sweating. [Central nervous system] disturbances include [akathisia](#), agitation, delirium, hyperthermia, and in advanced cases, coma. Extreme muscular rigidity in severe cases can obscure clonus and hyperreflexia, exacerbate the hyperthermia, and without aggressive treatment intervention, be life-threatening.” (Citing Boyer, E.W., Shannon, M. *The serotonin syndrome*. *N Eng J Med*. 2005;352(11):1112-1120; Dunkley, E.J., Isbister, G.K., Sibbritt, D., Dawson, A.H., Whyte, I.M. *The Hunter Serotonin Toxicity Criteria: simple and accurate diagnostic decision rules for serotonin toxicity*. *QJM* 2003;96(9):635-642.)

“Tryptamines are a class of natural and synthetic hallucinogenic chemicals [23],” write Babu et al in *Emerging Drugs of Abuse* in Clinical Pediatric Emergency Medicine’s Toxicology Update of June, 2005. “Naturally occurring tryptamines include psilocin and psilocybin, the psychoactive components of Psilocybe mushrooms. Bufotenine is an indole alkaloid produced by Bufo and Rana species toads and has been used in the production of hallucinogenic snuff in South America. N,N-dimethyltryptamine (DMT) is an ingredient of a hallucinogenic mixture known as ‘ayahuasca’ that is used in indigenous Amazonian religious ceremonies [24].” (Citing Brush, D., Bird, S., Boyer, E.W. *Monoamine oxidase inhibitor poisoning resulting from internet misinformation on illicit substances*. *J Toxicol Clin Toxicol* [sic] 2004; 42: 19125; Smolinske, S., Rastogi, R., Schenkel, S. *Foxy Methoxy: A new drug of abuse*. *Internet J Med Toxicol*, 2004; 7:3.)

“Many of the tryptamines currently used for recreational purposes were first synthesized in the laboratory of chemist Alexander Shulgin, PhD,” write the authors. “The synthetic methodology, dose, and clinical effects of many tryptamines were initially described in Dr. Shulgin’s book, [TIHKAL \(“Tryptamines I Have Known and Loved”\)](#). The most noteworthy of the synthetic tryptamines are 5-MeO-DiPT (“Foxy Methoxy”), alpha-methyltryptamine (AMT, IT-290), and 5-MeO-DMT (5-methoxy-N,N-dimethyltryptamine).” (Notes omitted.)

“Patients who use tryptamines,” report the authors, “exhibit many findings seen in the serotonin syndrome. Vital sign abnormalities observed in tryptamine users include hypertension, tachycardia, [tachypnea](#), and in severe intoxication, hyperthermia. Clinical effects of tryptamines include diaphoresis, mydriasis, sialorrhea (drooling), nausea, vomiting, diarrhea, and [trismus](#). The neurological examination may be notable for tremor, hyperreflexia, clonus, and increased muscle tone. Neuropsychiatric effects include agitated delirium, confusion, and auditory and visual hallucinations. Patients using [Foxy Methoxy](#) experience disinhibition that may promote high-risk sexual activity [citing Brush et al above].”

The drugs Babu et al implicate in Serotonin Syndrome include 1) Psychiatric medications—SSRIs, MAOIs, TCAs, Mood stabilizers

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(lithium, carbamazepine), SNRIs (bupropion, trazadone, nefazodone, venlafaxine), Stimulants (dextroamphetamine), Antiparkinsonism (selegiline, bromocriptine), 2) Serotonin receptor (non-5-HT_{1A}) antagonists, Atypical antipsychotics (risperidone, olanzapine, mirtazapine), Ondansetron, Metoclopramide; 3) Analgesics—Meperidine, Tramadol; 4) Antibiotics—Linezolid; 5) Cough suppressants—Dextromethorphan; 6) Migraine medications—Dihydroergotamine, Sumatriptan; 7) P450 enzyme inhibitors—Protease inhibitors, Nonnucleoside reverse transcriptase inhibitors; 8) Drugs of abuse—*Ecstasy, Amphetamine, LSD, Cocaine, Tryptamines (DMT, 5-methoxydimethyltryptamine)*, 9) Naturals—Ergot alkaloids, Tryptophan, and St John's wort. Kavita Babu, MD, Edward W. Boyer, MD, PhD, Christina Herson, MD, D. Eric Brush, MD. *Emerging Drugs of Abuse*. Clin Ped Emerg Med 6:81-84.

An early report from the recovery community, dated six years before the Toxicology Update given in 2005, stated that there were few if any long-term “neuropsychological deficits” attendant to the use of hallucinogens. That same report, however, perhaps anticipating future problems, held the following:

“[T]here are theoretical reasons to suspect that hallucinogens might produce neurotoxicity after long-term exposure. First, LSD and mescaline have been shown to produce vasospasm in isolated canine cerebral arteries at drug concentrations equivalent to those required to produce intoxication in humans (Altura and Altura, 1980). Thus, these agents might produce repeated hypoxic events. Second, hallucinogens bind to some of the same neuroreceptors involved in the expression of neurodegenerative psychotic disorders. In particular, the indolalkylamine (e.g. LSD, psilocybin) and phenethylamine (e.g. mescaline) hallucinogens are potent partial agonists at 5-HT_{2A/C} (serotonin 2_{A/C}: 5-hydroxytryptamine 2_{A/C}) receptors (notes omitted), whereas the atypical antipsychotic medications are thought efficacious in part from an opposite effect: potent antagonism at 5-HT_{2A/C} (notes omitted). Further, it has been noted that selective serotonin reuptake inhibitors (SSRIs) attenuate or block intoxication (Bonson et al., 1996), and may ameliorate hallucinogen persisting perception disorder (Young, 1997), suggesting that hallucinogens may cause a reversible or irreversible neurotoxic impingement upon central serotonergic systems.” John H. Halpern & Harrison G. Pope. *Do hallucinogens cause residual neuropsychological toxicity?* Drug and Alcohol Dependence 53 (1999) 247–256, at 253.

Most people who take psychedelic drugs are well aware of the professional literature and well-educated regarding safety precautions. Most true believers in the paranormal community are not. They're likely to take sales pitches about psychedelic drugs at face value and they're unlikely to research side effects or drug-interaction issues, things psychedelians do as a matter of course. They're not likely to benefit from having a McKenna at the Bunsen Burner.

There is a definite risk to the serotonin system when hallucinogens are mixed with common SSRIs. People who have been on SSRIs or who have traditionally taken tryptophan as a sleep aid should avoid experimenting with DMT. People who have anger management issues should also think twice about using this substance or substances that produce like effects, like Ecstasy. Application of restraint systems to people agitated by these drugs can produce fatal **metabolic acidosis** due to lactic acid build-up in the struggling patient.

Another thing to consider, if you've taken any of the drugs listed above, some of them commonly prescribed or purchasable over-the-counter, is whether a fake ride on a saucer is important enough to risk your life. The experimenter has to remember when she last took some of the drugs above. It takes SSRIs, for instance, a couple of weeks to wash out of the system. They may still be in the bloodstream when the hallucinogen is introduced.

Is the afterlife the other dimension you're looking to explore? Because DMT, in certain circumstances, taken in combination with some common medications, will take you there if you're not careful.

I'm all for psychedelic freedom—to a point. The Psychedelians contend

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psychedelics are for everyone. But freedom and equality are most often at cross purposes and so it is here. This is freedom for an elite group. It is mostly for people with advanced training in biochemistry. That's not the most of us. If it isn't the most of us, it can hardly be called egalitarian.

What's more, this is a further attempt to establish experiencers as an elite class whose experiences are understandable only to an elite group composed of other experiencers and it isolates them culturally and makes them susceptible to cult formation.

But unfortunately, the people this idea is being sold to can ill-afford the expense and the elaborate laboratory conditions and clinical supervision which would make ingestion of this hallucinogen safe enough for the bother.

Posted by Gary Haden at 8:03 AM 

6 comments:

 **Gary Haden said...**

In one of J. Allan Hobson's books, he mentions that SSRIs disrupt REM Sleep. Hobson has contended that dreams are psychoses and that a surplus of REM sleep is a sign of depression. He also contended, and I may have this slightly wrong, that there is a price to be paid for deliberate suppression of REM Sleep. Brain chemistry makes up for it by doing the psychosis in hypnagogic/hypnopompic hallucinations.

If SSRIs can produce this effect without hyperserotonergic toxicity, what happens when there are excess levels of serotonin in the bloodstream?

July 27, 2011 6:16 AM

 **Gary Haden said...**

I did have this half-wrong. Hobson did not contend SSRIs disrupt REM sleep. Someone else said that. I'll find that reference and put it up as soon as I locate it.

July 28, 2011 6:12 AM

 **Gary Haden said...**

I'd like to sell a drug of my own, if I could. It is called "Cyproheptadine." I did not locate its mention above in the sources I quoted. The material I looked at with regard to Serotonin Toxicity stated this drug counteracts the condition pretty swiftly. Serotonin antagonists are also something to look for.

If you're intent on going for a ride on the hallucinogenic merry-go-round, it might be good you had this drug handy.

It might come in handy as well if you want to stop your abductions or escape the clutches of evil "CIA mind controllers" slipping you hallucinogens in your coffee and extraordinarily rendering you to Bagram Air Base.

That is, if you want to stop the madness. I'm not sure anyone does.

July 28, 2011 6:26 AM

 **Gary Haden said...**

REMSleep and Depression

"[W]e now have two general explanations for depression," J. Allan Hobson & Jonathan A. Leonard write in *OUT OF ITS MIND: PSYCHIATRY IN CRISIS*, published in 2001.

"We can see depression emerging if the right prefrontal lobe overbalances the left. And we can also see depression arising from events starting with the amygdala that come to involve stress hormones, the hippocampus, and the prefrontal lobes. Right now, it looks as though both of these explanations are correct. It looks as though grief or prolonged stress can prompt depression by causing the amygdala to overbalance the left prefrontal lobe. It also appears that a prefrontal lobe imbalance weakening the left lobe can produce depression on its own. And finally, it looks as though these things can work together—so that someone with an overbalanced or weakened left prefrontal lobe will be especially prone to depression in the wake of grief or prolonged stress."

"We can use this understanding to dispel some of the thorniest mysteries about depression, mysteries relating to medicines and sleep."

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- Super Bowl Predictions (1)
- Survival of the Fittest (1)
- T-Rex Reptilians (1)
- The Final Solution (1)
- The Pickerings (1)
- Thugs of the Universe (1)
- Toxic Slop (1)
- Transhumans (2)
- TV Horror Hosts (1)
- UFO Papacy (1)
- UFO Religion (1)
- Ufology (1)
- UFOLOGY (2)
- Virginia Creepers (1)

“ . . . The direct connection between depression and REMsleep is quite dramatic,” Hobson continues. “We know that drugs promoting REMsleep can worsen depression. What’s more, depressives tend to enter REMsleep unusually quickly after falling asleep, and compared to healthy people their REMsleep is unusually long and strong.”

...

“But the most striking thing is that banning REMsleep can counteract depression. That is, if we set up a monitoring system to awaken a depressed patient whenever REMsleep starts, we can temporarily lift the depression. So there seems to be some kind of fundamental connection here.”

J. Allan Hobson, *OUT ITS MIND: PSYCHIATRY IN CRISIS*. Perseus Publishing, Cambridge, Mass: 2001, pp. 172, 173.

Some authors have followed up this insight with the suggestion of a regimen of deliberately pursued insomnia. Others tweaked that notion by prescribing sleeping partway through the night and scheduling waking before the REM cycle begins, which is usually the second part of the night. What is interesting is that this banning of REMsleep, which is supposedly a side-effect of SSRIs, exacts a price in producing hallucinations in other parts of the day. Hobson isn't the author who cites this phenomenon, though.

Chronic insomniacs hallucinate for a reason.

The brain apparently has a regimen of hallucination it normally gets done during REMsleep and when that regimen is messed with, as it is with SSRIs, the brain adapts and finds another place to do it.

Hobson is here prescribing a way to correct serotonin deprivation and alleviate depression. But it is interesting that, apparently, keeping in mind newer research, whether you deprive yourself of serotonin or glut yourself on it, hallucinations result.

July 28, 2011 6:31 AM

e Gary Haden said..

Here's a bit of disclosure:

I worked four years in drug and alcohol rehabilitation. Two in a "rehab mill."
Two at a homeless shelter.

My "experience" of psychedelians is of two varieties. The high functioners who do the lectures and the podcasts and know what they are doing.

The other variety is composed of those who are in socioeconomic distress and homeless. I've seen this second class (and I mean the double entendre) up close. I've seen them hallucinate. I've cleaned up after them when they shit their pants responding to visions of giant spiders.

There's a whopping disconnect here. I guess faith based obligations are supposed to get me to hallucinate that the one class of psychedelien is the only one that exists and I'm supposed to forget what I saw on the street.

I will never forget what I saw. That should be a familiar refrain for "believers."

Then you understand where I'm coming from.

July 28, 2011 7:08 AM

Anonymous said..

Whether 'magic' mushrooms, ayahuasca, DMT...I wonder why are there so many reports of "elves", "grays" and "mantids" on these 'trips'?

Why not what we think of as monsters - like Godzilla for instance (even a mini Godzilla) or the triple-mouthed alien from the Alien movie series?

It's odd to me that these particular beings are seen/hallucinated after ingesting the substances. Could it be a long held human species fear of bulbous-eyed insects? Why then not hallucinate on a fear of big cats and bears who really did (and still do) kill humans on occasion.

~ Susan

July 28, 2011 10:22 AM

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