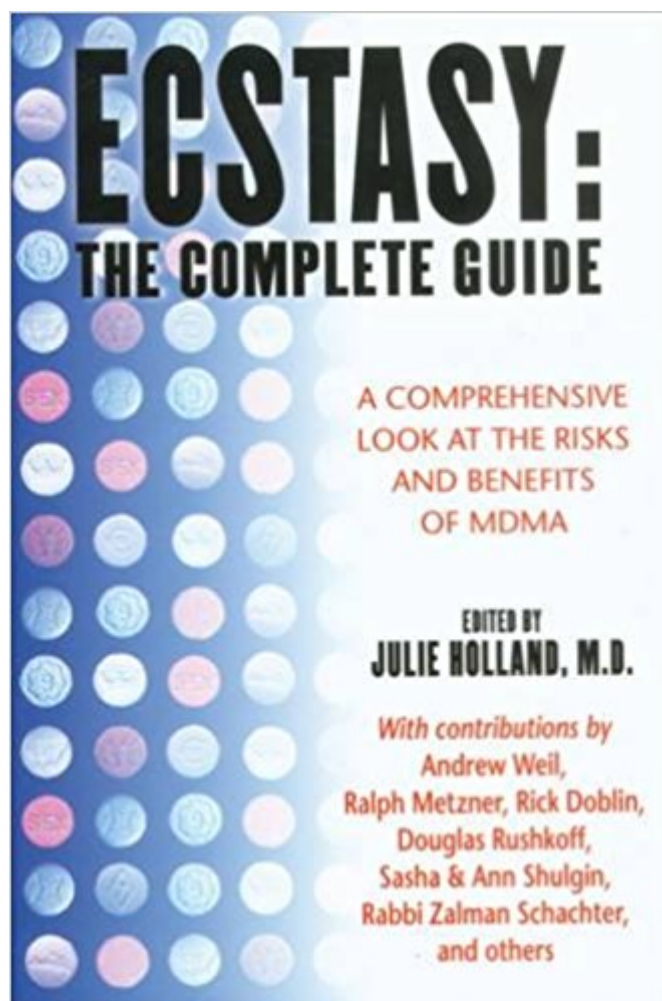


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Ecstasy : The Complete Guide : A Comprehensive Look At The Risks And Benefits Of MDMA



Synopsis

• The world's leading experts on Ecstasy assess its therapeutic potential, social implications, and the dangers of unsupervised use. • Includes chapters by Andrew Weil, Ralph Metzner, Douglas Rushkoff, Rabbi Zalman Schachter, Rick Doblin, and others. • An ideal guide for parents and educators seeking a credible source of information. Use of the drug Ecstasy, once confined to the teen rave scene and college campuses, is exploding across America, from high schools to upscale clubs. Described by users as the most intense euphoria they know and by detractors as a cause of brain damage and even death, Ecstasy has generated unprecedented levels of interest-and misinformation. Written by the world's leading experts on MDMA, *Ecstasy: The Complete Guide* takes the first unbiased look at the risks and the benefits of this unique drug, including the science of how it works; its promise as a treatment for depression, post-traumatic stress disorder, chronic pain, and other illnesses; and how to minimize the risk of illicit use. Whether you are a raver, a concerned parent, or a professional wanting the most recent reports on MDMA research, *Ecstasy: The Complete Guide* provides the answers you need.

Book Information

Paperback: 464 pages

Publisher: Park Street Press; Original ed. edition (August 15, 2001)

Language: English

ISBN-10: 0892818573

ISBN-13: 978-0892818570

Product Dimensions: 6 x 1.1 x 9 inches

Shipping Weight: 1.6 pounds (View shipping rates and policies)

Average Customer Review: 4.6 out of 5 stars • See all reviews (23 customer reviews)

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Customer Reviews

This book is excellent. It is very well written and can be easily read by lay persons as well as being a great source of information for health professionals (researchers, psychologists, psychiatrists, and all MDs.) All of the important people in the field of MDMA research and history (Sasha and Ann Shulgin, Rick Doblin, among others) are either interviewed or have written chapters in the book. The book is

very informative and gives the extreme potential of this unique chemical. It is written by one of the most respected experts on MDMA. This book is as objective as can be. Possible risks of MDMA use as well as the possible benefits are discussed in detail. It is a must read for anyone interested in the topic of MDMA/ecstasy. All royalties from the sale of this book will go toward funding clinical MDMA research.

One should start by putting things in perspective. The following background is necessary not only for all studies of psychoactive drugs, but for all studies of human behavior. There were about 400,000 USA deaths due to tobacco, 100,000 each to alcohol and prescription drugs and about 7600 to aspirin and other OTC painkillers. Worldwide we can expect that the figures will be about 10 million for tobacco, 2.5 million each for others and about 200,000 for aspirin and OTC painkillers. There may be 1 million people in the world with fetal alcohol syndrome (severe brain damage due to maternal drinking) and it is the leading cause of mental retardation in most countries. There are also at least 15 million people who have fetal alcohol effect (lesser degrees of brain damage) with about 200,000 born every year. I suspect this is a gross underestimate. None of the psychedelics nor cannabis are known to produce fetal injury when taken in normal amounts. All things considered, if you calculated the lifetime risks of death or injury from taking ecstasy, it is probably comparable to that of driving ten km and significantly less than that of putting on a pair of skis. In addition, the young people who comprise the vast majority of the users are heavy risk takers, a very percentage of whom have personality disorders. There are about 60 million schizophrenics and the same number of manic depressives in the world. When you add the depressives, schizotypal disorders, anorexics, alcoholics etc it is clear that perhaps a billion people have major mental problems, nearly half of all those are in the prime drug taking ages. In addition nearly all of us have periodic mood swings, medical problems and personal crises. Based on various data in this book and elsewhere, it appears that about 20 million people will take something like 200 million pills of ecstasy each year. In 1998 there were about 9 deaths POSSIBLY connected with ecstasy in the USA. These seem to actually be due to drinking too much or too little water and likely to taking large amounts of other drugs or alcohol. Ecstasy deaths (like those for marijuana and other psychedelics) are extremely rare and seldom if ever due to the direct toxicity--the psychedelics having some the widest margins between the effective and the toxic doses of any drugs in medicine. The fact is there was enough data to prove the psychedelics were safe and therapeutically effective 25 years ago. If they were available OTC or perhaps even on prescription with the same general indications as say, antibiotics, the black market and adulterated drugs would quickly fade away. It is not clear that anyone has ever

had serious permanent mental problems due to taking ecstasy(though they often have serious permanent benefits) and its potential as a therapeutic agent are enormous. It has a long and remarkable history as a highly effective and safe therapeutic adjunct. Nevertheless, as with many other psychedelic drugs, the federal government has chosen to ignore medical advice and legal opinion and classify it with heroin as a Schedule 1 drug with no recognized medical value and the governments of many other countries have followed along like trained dogs. This book aims to provide accurate information on all aspects of MDMA(ecstasy) and it accomplishes this quite well. The authors mostly try very hard to be fair and balanced in their approaches and are mostly experts in the field. They caution about the difficulty of applying the data on animals to humans but they often do not go far enough in emphasizing the probable irrelevance of the animal data to humans. E.G., in the chapter on risks, not only do most of the animals get large amounts intravenously, but there are no good control data. We need to see what happens with the same animals with the same routes and relative doses with a variety of commonly used medicines(eg, antidepressants, mood elevators, asthmatics, appetite depressants, cold medicines, OTC pain pills etc etc. Will they, as one suspects, show similar changes in their brain chemistry, memory, blood flow etc? Nobody knows as the government sponsored studies almost never test them. We can only guess from scattered data in other studies which often show the same kinds of changes. Consequently, if we applied the same criteria used for Prozac, Elavil, aspirin etc we would either have to outlaw nearly all the drugs in current medical use or legalize all the psychedelics. However the government has no interest in being rational, fair or even sane and certainly none in allowing us the freedoms supposedly guaranteed by the Constitution, and the Bill of Rights. Wanting badly to err on the side of caution, several of the authors repeatedly warn(eg, p111) of the possibility of subtle long term damage yet they seem unconcerned by some half century of massive long term use of antidepressants, amphetamines, etc to say nothing of alcohol, caffeine and nicotine. And only one bothers to mention(p 139) that a half century of studies on chronic users(often intravenous and multidrug abusers) of the closely related amphetamine and methamphetamine have failed to show evidence of Parkinsonism. And let us keep in mind that about 99% of all the MDMA fans use it only a few times in their lives in low oral doses. The same is true of most other psychedelics and so it seems likely that the only long term behavioural effects in the vast majority of users will be some increase in insight, less rigid personalities, broader interests in art, music, religion and a generally happier life. The young people who comprise the vast majority of the users are heavy risk takers, a very high percentage of whom have personality disorders. There are about 60 million schizophrenics and the same number of manic depressives in the world. When you add the

depressives, schizotypal disorders, anorexics, alcoholics etc it is clear that perhaps a billion people have major mental problems - nearly half of all those are in the prime drug taking ages. In addition nearly all of us have periodic mood swings, medical problems and personal crises. In addition as some of the authors note (and as Holland often interjects in her editorial notes) the ecstasy users are usually taking other drugs before, during and after their ecstasy (and marijuana and other psychedelic experiences). These include, almost universally, alcohol, tobacco and caffeine (which are almost always ignored) as well as cocaine, amphetamine and methamphetamine, ketamine, dextromethorphan, asthmatics, and a wide variety of uppers, downers and prescription mood altering agents including birth control pills and Viagra, to say nothing of the steroids now approaching universal use in professional athletes in all sports (no the new ones cannot generally be detected). Yet as Holland and others note, these other drugs are usually not mentioned and a really good drug screen on the users appearing in clinics or used in studies is seldom done. The point of all this is that the claim that ecstasy is dangerous is not correct (and other psychedelics are mostly the same). It's probable that skiing kills and injures more people in one season (most in car accidents!) or tobacco or alcohol in one day, than all psychedelics combined have done since the beginning of recorded history. Thus the demonizing of them does not correspond with reality. In fact since more than 99% of all media on MDMA is negative it would be reasonable and desirable to remove all the comments on possible negative effects from this book and publish it as MDMA: miracle medicine for the 21st century! Billions of dollars have been spent on studies and programs aimed at showing that psychedelics are bad and almost nothing on their many positive effects. In fact most of the world has (naturally) followed the poorly educated, deeply repressed, conservative Christians who control the US Govt. in outlawing, for over 30 years, any medical use and any research that might show benefits! The vast amount of practical experience with their benefits cannot even be published and the tens (maybe hundreds) of millions who have had major positive experiences cannot talk about them. It's clear as day that the only serious problem with ecstasy is that it is new and it triggers the control and maybe the contamination templates in the monkey mind. The evidence presented here shows that MDMA is very safe, rarely illusionogenic (though most authors follow the common practice of calling visual effects hallucinations, which they definitely are not). Hallucinations - eg, seeing and hearing persons who are not there - are characteristic of schizophrenia, toxic psychoses, belladonoids (eg datura), and dissociative anesthetics (PCP, ketamine). They are so rare with psychedelics that one suspects that nearly all such cases are due to preexisting psychosis. MDMA probably belongs (with a variety of other drugs invented by Shulgin) in a new class called entactogens. These are unique in that in addition to catalyzing positive

emotions and bonding, they are rapidly acting, non-sedating anxiolytics (decrease anxiety), anaesthetics (pain killers) and antidepressants (which take days or weeks to act in comparison with minutes for MDMA!) with remarkably few and mild side effects (in dramatic contrast with nearly all medical drugs which have severe side effects that are often fatal). There is a long chapter devoted to the toxicity data on rats and monkeys usually dosed intravenously and chronically with huge amounts and to reports on chronic, high dose often IV multiple drug abusers, probably with a high incidence of pre-existing mental and physical problems. Only Holland's desire for completeness justifies the inclusion of such data in this book. It has about as much relevance to the occasional oral use by the vast majority of MDMA users as the study of chronic alcoholics has to the description of a dinner party where 2 people consume a bottle of wine. Jansen (p 87,89) is afraid of this self-medication at home and especially at raves (massive all night music events) without a therapist but probably over 100 million people in the last 40 years have taken some 2 billion trips with LSD, MDMA, MDA, mescaline, peyote, amanita, psilocybin mushrooms, ketamine and many other psychedelics with amazingly little evidence of negative effects. And of course, Syrian rue, amanita muscaria, peyote and other cacti, pituri, datura, ayahuasca and countless other plants have been consumed in hundreds of societies for thousands and likely for tens of thousands of years, giving rise to much of our art, music and religion, with hardly a trace of tradition regarding bad effects, which people were usually quick to notice and avoid. And, as Jansen (the author of an excellent recent book on ketamine) notes, nobody writes up, or sends to the media, reports of positive effects. One way to look at the really big picture is to call on our modern knowledge of cognitive and evolutionary psychology which tells us that the foundations of human behavior are the result of the mechanical, unconscious functioning of the inference engines or templates that were evolved hundreds of thousands of years ago (or millions or tens or hundreds of millions depending on one's point of view) to enable small bands of primates to survive long enough to reproduce. These templates take in all the info from the eyes, ears, etc. and memory and produce feelings or intuitions about how one should behave to optimize survival. However templates for control, predator avoidance, contamination, etc. which were so rational in a small group on the African savanna (or in the trees a few million years earlier) are totally irrational and even suicidal now. Relentlessly, and in agonizing slow motion, 6 billion people are following the dictates of their templates while the biosphere and what passes for civilization collapses around them. The devious, power mad, repressed and unconscious persons who gravitate to positions of power in government, military, religion, industry and academia are orchestrating the end of the world while their like-minded constituents cheer wildly. It is these people and not the psychedelic users who are the

criminals. Ecstasy and other psychedelics, preferably combined with various kinds of meditation and other physical and mental therapies have a major potential to help people to break free from the automatisms that have guided behavior for millions of years. Billions of people need this medicine to avoid a lifetime of suffering and unhappiness and often, suicide. Let us hope that it holds the answer as there does not seem to be any other and let us hurry--time is running out.

This book is by far the best info/guide on MDMA. Julie Holland does an amazing job with going in-depth analysis over MDMA. I have heard others bashing her and saying that this book promotes MDMA use.. it does not. It simply states what it is all about and it actually lists everything that you could ever want to know about this popular drug. I sincerely hope that every MDMA user will read this book before getting into this. Thanks Julie!

Please pardon me for not reviewing the book thoughtfully and in detail--others have done that. What I think is important to note is that other people like me, before getting medical help to correct brain chemistry imbalances (which can potentially be temporarily lessened by >>BOTH>legal

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