

## Introduction

Ayahuasca is a psychoactive brewed drink derived from plant origin. Most commonly, it is used in spiritual practices among indigenous peoples of South America and more recently its use has been noted in Western society. Its psychopharmacological effects and adverse effects are poorly understood. Here we report a case of a 22-year-old female with no significant past medical history who presented to the ED for increasing altered mental status after using Ayahuasca on a week-long spiritual retreat in the United States a few weeks prior.

## Case History

22-year-old female with no past medical history presented to the ED with increasing altered mental status. Parents stated that patient had been experiencing auditory hallucinations, forgetfulness, repetitiveness, screaming, bizarre delusions. They also note repetitive tapping of her extremities and decreased sleep after she used ayahuasca while she was on a week-long spiritual retreat in Florida. Patient was taken to a psychiatric hospital after she attempted to hurt a random woman at the Florida airport.

Upon returning home, patient's parents had noticed she had not been herself since the retreat which prompted them to bring her to the ED.

## Physical Exam

Vital signs unremarkable.

Alert and oriented to self only.

Neurological exam unremarkable with no focal neurological deficits.

Patient withdrawn, gaze deviated up and to the right with tongue sticking straight out of her mouth. Patient was speaking softly but speech was incomprehensible. She was repeating words such as "ayahuasca," "phone." Able to inconsistently follow commands but unable to provide meaningful answers.

Informal Bush-Francis catatonia scoring at least 10, however examination difficult given patient's state.

On re-examination 10 minutes later, patient appeared more active but was observed slowly crawling on the floor in seclusion.

Remaining physical exam was unremarkable.

## Imaging and Tests

CT scan of the brain was unremarkable for any acute abnormalities.

Blood alcohol level and urine drug screen were negative with remaining lab work largely unremarkable.

EKG showed sinus rhythm at HR 79 with short PR intervals but otherwise unremarkable.

## Course

Patient was transferred to inpatient psychiatry for acute psychosis. Upon arrival, patient required multiple doses of IV lorazepam for agitation.

Patient's clinical presentation was most consistent with schizophrenia given the symptoms including auditory hallucinations, magical thinking, paranoid delusions and met criteria for schizophrenia.

Patient was started and titrated up on aripiprazole with improvement of behaviors. Throughout hospitalization, patient's thought content became more organized. Patient attended groups, was social with select peers, and interacted well with staff and peers.

By discharge, patient's behavior was overall calm and appropriate with linear and goal-directed thought process. Patient was discharged on aripiprazole and plans to follow-up with outpatient therapy and psychiatry.

## Conclusion

Here we present a 22-year-old female with no prior psychiatric history who was diagnosed with new onset paranoid schizophrenia weeks after Ayahuasca use at a retreat. Given the growing consumption of Ayahuasca in Western societies, this case highlights the need for further research regarding the detrimental physical and psychological effects of this drug.