

OVERCOMING ADDICTIONS

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NOT TO BE CONSTRUED AS MEDICAL ADVICE

The more the brain's chemistry is out of balance the more likely that addictions will occur which will further unbalance the brain.

Stimulants like caffeine, nicotine, cocaine will be appealing if constantly tired. Relaxants such as alcohol and pharmaceutical drugs like valium will reduce anxiety states. Good nutrition along with exercise and life style modifications will reduce chances of addictions.

Addictions to be specifically covered:

- Alcohol (mainly)
- Illicit drugs
- Smoking
- Pharmaceutical drugs
- Eating (Bouleimia)

Alcohol:

Alcoholism runs in families showing genetic predisposition. Studies on half-siblings and adoptions show this is not just a learned response.

Alcohol treatment results after one year:

- No treatment: 76% failure rate
- Antabuse only: 80% failure rate (causes build up of acetaldehyde!)
- Full range of treatment options: 80% failure rate

Relapse is the norm as per the 922 men in the Rand report:

- 28% still refraining after 6 months
- 21% after 1 yr
- 7% after 4 yrs

Mortality rates 3x higher than general population

Suicide rates are 1 in 4 alcohol deaths

Alcohol as a physical disease with mental overtones and spiritual needs

Alcoholics (Four types):

1. High Histamine and THIQ: First described by Carl Pfeiffer: alcohol conversion to acetaldehyde (alcohol dehydrogenase) is fast and on to acetic acid is slow causing liver damage and tetrahydroisoquinolones in the brain - an exogenous endorphin. Endogenous declines and more alcohol is needed. Performs better with alcohol. Mild to no hangover. Compulsive, driven, competitive, highly sexed with little need for sleep.
2. Allergic/Addicted: Theron Randolph's work. Individual "learns" to drink. Endogenous endorphins of allergic response. Withdrawal symptoms intense. Binge

drinker. Altered personality when drinking – socially disruptive. Toxic chemicals induced drinking. Provocative testing of environmental chemicals precipitates relapse. Tremendous alcohol cravings and need to calm mood.

3. Depressive: EFA's needed for the formation of PGE1 (the lack causes depression). Give GLA (gamma linolenic acid) as a PGE1 precursor. Also helps to restore liver to maintain sobriety and alleviate depression. Some protection against seizures and improves memory. Needs B6, Zn, B3, and Vit C for conversion

4. Hypoglycemic: The "Dry Drunk" first described in 1962 seen as irritability, aggressiveness, insomnia, fatigue, and nervousness. Alcohol a powerful energy source and reaches blood stream quicker than candy. Drunk after one to two drinks. Needs blood sugar stabilizing support and high protein/low carbohydrate meals to sustain blood sugar. Niacin and the other B vitamins and minerals like zinc, manganese and chromium, stabilize blood sugar and mood and as such are very important to reduce cravings.

Biochemical repair:

1. Removal of other drugs like caffeine, nicotine, and sugar.
2. Repair of adversely impaired and malfunctioning biochemical pathways

Alcohol Detox Difficulty Profile:

Low: minimal symptomatology

Moderate: withdrawal is severe enough to stop working

High: withdrawal caused convulsions, causes marked withdrawal symptoms and must stay in bed, BP > 160/100

Severe: major medical problems, grand mal seizures when detoxing along with hallucinations and serious heart problems. Hospital admission under supervision

What to Do:

Remove all alcohol from every where

Buspar is helpful as an antianxiety drug as minimal addictive profile

Glutamine to reduce cravings and heal the gut

Kudzu as an antidipsotropic (stops desire for alcohol) 1,500mg 2x/day

Dilantin if history of seizures in withdrawal

Seriously consider moving to change living arrangements

Totally avoid all drinking buddies

Don't switch to addictions to coffee, sugar, nicotine

Maintain healthy diet

Take necessary supplements to rebuild and repair

- IV's to quickly repair and overcome GI limitations, rehydrate
- Thiamine – even hospitals give alcoholics a IM shot upon entry
- Niacin high dose – may affect liver so need blood liver panel done. May cause harmless flushing 4,000mg a day helps relieve the "Dry Drunk" 1962 AA finding of hypoglycemics. Inositol hexaniacinate best form
- "Alcohol Detox" formula as a generalized group of supplements
- "Easy C" capsules for Vit C for stress and hormone production 3,000 to 6,000 mg daily (or bowel tolerance)
- EFA's,

- GLA (Borage and EPO) 2,000mg at bedtime
- Lecithin, fish oils
- Glutamine to decrease cravings
- Chromium to balance blood sugar and cravings
- Tryptophan for sleep
- Liver repair herbs and factors: silymarin, carnitine, lipotropic factors

Alcohol Bio Type Needs:

1. THIQ and high histamine. 15 mg Zinc, 5 mg manganese, 100mg B6, quercetin, calcium and methionine at 500 mg twice a day, and other histamine lowering supplements. Hair analysis to see if high copper (copperhead). Vit C antihistamine (histamine speeds up body metabolism so now can live in colder climates as cannot produce Vit C naturally). Rapid oxidizers, high basophil count.

2. Allergic: ADD behavior in childhood has a higher than normal risk for alcoholism as adult. EFA deficiency leads to defect in T suppressor lymphocytes. With failure of T suppressor cells, allergic reactions can develop. Classic is allergic/addicted to grains and ingredients of alcohol. Replacing omega-6 EFA will help improve T suppressor functioning. Clear allergies (Healing Pathways uses NEAT to clear).

3. Low histamine May also have high copper. Need Manganese and Zn with other nutrients to have proper metabolism.

4. Hypoglycemics Large number of sober alcoholics are hypoglycemic and subject to depression. Do glucose challenge test. Supplement to stabilize blood sugar esp chromium. Rebuild adrenals AVOID SUGAR and use low carbohydrate diet. Use essential fatty acids. Violence will diminish with tryptophan, B3 and B6 together with blood sugar control

Depression Alleviation without Antidepressants:

Tryptophan is an essential amino acid, a natural substance found in foods (though in low levels) and is necessary to life. In 1989 a contaminated batch from Japan caused deaths from eosinophilic- myalgia and the FDA banned tryptophan. Prozac was immediately introduced to the market place.

Tryptophan is a precursor to serotonin, which the SSRI's (Prozac is one) do not produce more of but increase the release into the synaptic cleft (increasing the depletion) and inhibit the reuptake. 5-HTP (5-hydroxytryptophan) is an intermediate and studies have 5-HTP outperforming the SSRI's without side effects and suicidality. 100mg twice/day. Nausea is short term reaction to the GI tract unexpectedly getting the nutrient.

B vitamins, folic acid, Vit C, Zn, and methyl donors like TMG and SAME help the conversions which will stabilize mood. These same factors are required in the phenylalanine to tyrosine to norepinephrine conversions which will increase motivation and concentration.

SAME is a natural antidepressant by itself. Works quickly and not to be given to bipolar patients. Expensive and unstable. 200-600mg QD. TMG (Trimethyl glycine) is cheaper 600-2,000mg a day.

GLA - EPO (evening primrose oil) and Borage oil! Increases the availability and quality of the cell membrane receptor sites. Increases PG E1 and alleviates depression.

Chronic Pain and Loss of Endorphins:

- Emotional – Cry/ tear at minimal stress “Cry baby”, tear easily, sensitive with alcohol, drugs, food, chocolate cravings in family (anesthetics)
- Physical pain – prolonged – have 60-90% less endorphins to lessen pain
- Women are more sensitive than “uncaring” males as they have a lower amount
Females – exercise can raise levels to male equivalents
Endorphins fall in menopause along with sense of well-being
Estrogen or DHEA can raise endorphin levels

How to Boost Endorphins through Nutrition:

High protein diets and amino acids - DLPA - two forms of phenylalanine. L-phenylalanine is converted into catecholamines such as dopamine. The L form also produces the dopamine modulator phenylethylamine (PEA) and influences endorphins attributing to feeling of pleasure. The D form blocks the metabolism of enkephalins so that pain perception is reduced. Together these are effective in elevating mood, managing depression, and reducing pain perception. Several studies show that D,L phenylalanine can relieve pain with good to excellent results. Emotional pain can be lifted in minutes.

The D-PA form alone is good when there is a high energy level already and any more would be an excess.

Free form amino acids will help produce endorphins. Tryptophan will feed the serotonin pathway. Prozac can stop the “cry baby” syndrome symptoms without relieving the low serotonin feelings. Danger in combining Prozac and tryptophan – “Serotonin Syndrome”.

B-vitamins can help eliminate physical and emotional pain by increasing endorphins and regenerating nerve damage.

Magnesium can help to cut the need for pain medications. Muscle relaxing.

Omega-3 fatty acids are great for inflammatory processes that will promote pain

Exercise, romance, sunlight, music, and nature all raise endorphins

Watch allergic/addictive foods that raise endorphins through the allergic response. Milk, wheat, chocolate products can all elicit this response. Withdrawal reactions may cause these foods to be very hard to stop eating.

L-glutamine is an amino acid that is very helpful in reducing the addictive feeling and also is remarkable in how it can heal the GI tract and to maintain body weight during any infective illness.

Stress and Adrenal Insufficiency:

Intermittent stress vs continual stress (skipping meals, job, chronic infxn, toxic chemicals, genetic short coming, modern life, high sugar-low protein diet, injuries, chronic disease, caffeine, diets with high sugar, rancid fats, additives, low nutrients)

Cortisol increase induces catabolism of the body to raise blood sugar.

Adrenal burnout: overwhelmed with insignificant stressor, inability to make decisions, irritability, anxiety, and exhaustion.

Hypoglycemia: Sugar and white flour raise blood sugar and cause insulin release to decrease excess sugar but then adrenal and cortisol is needed to rebuild necessary reactive low blood sugar. Promotes release of serotonin and endorphins. Self medicate to feel good. Unnecessary burden placed on adrenals. Requires large amounts of

nutrients to process sugar and white flour thus leaving reduced supply for brain chemistry.

GI tract over growths of fungi and dysbiotic (bad) bacteria

Chronic infections: Teeth, sinuses, or chronic pain, unresolved injury

Allergens: Allergic-Addictive syndrome Theron Randolph

Genetic polymorphisms: reduced ability to clear toxins as determined by aspirin, Tylenol, and caffeine clearance - Genova Diagnostics lab.

Nutritional supplementation to reduce stress and/or feed adrenals:

GABA: Major calming neurotransmitter in the brain. Does not cross blood-brain barrier. Needs correct glucose level to function (not high or low).

Serotonin: Next most calming neurotransmitter. Tryptophan and 5-HTP are the precursors.

Tyrosine and phenylalanine are the precursors to catecholamines – more beneficial than morning caffeine to awaken the brain.

Vit C: adrenals use this vitamin to function. RDA for adult male is 90 mg. Adult goat (same size as human) produces 14,000 mg (14 g) per day

B vitamins: Severely reduced by carbohydrate diet and stress

Glutamine: Huge energy source for leukocytes in any illness. Stolen from muscle or can be given as supplement to reduce sugar cravings and heal the gut

Chromium necessary to stabilize glucose levels in blood

Protein (as opposed to high sugar/carb diet)

Starbucks Supportees and “Uppers” Crowd:

Depression where one gets too much sleep. Can't get going in morning without coffee. Emotionally flat and give in to life's circumstances. Not enough zip, focus, or concentration to accomplish what needs to be done.

Caffeine is antagonist to A1 and A2a of adenosine (mainly inhibitory) receptor.

Catecholamines are dopamine, norepinephrine, and epinephrine. Bring alertness, decisiveness, and enthusiasm to life's situations. Loss of focus and concentration from lack of catecholamines. Distractability is a loss of these transmitters and causes a need for stimulants like coffee, methamphetamine, tobacco, cocaine. These deplete the catecholamine reserves and make it difficult to stop the addictive cycle because of the withdrawal depression.

Discontinue coffee and caffeine at reduction of 10% every few days. Try other non-caffeine coffee substitutes

Antidepressants like Wellbutrin, stimulants like Adderall, Focalin and some SSRI's like Prozac and Zoloft have some catecholamine boosting abilities. (Why some people who are depressed (low serotonin/ but high in catecholamines) get jittery on SSRI's. Effexor very much a SNRI (Serotonin/Norepinephrine Reuptake Inhibitor).

Taper down to get off of drugs while nutritionally supporting.

Tyrosine: Precursor (feeds the pathway) to catecholamines so has a reward, antistress, and anticraving effect. As many as 35% of Americans may have depressed ability to produce catecholamines and so are susceptible to depression and distractability. Cocaine addicts, sedentary people, vegetarians, dieters, and military vets especially

responsive to nutrient therapy because their ability to produce catecholamines has been burnt out.

Intolerance to tyrosine may be helped by N-acetyl-tyrosine (Norival)

Smoking Cessation: Chantix – nicotine agonist. Worsening suicidal thoughts/behavior, depression and other mood disorders Wellbutrin Black box warning for pediatric patients. Tyrosine has worked well for smoking cessation.

Try taking niacin for a flush to stop smoking urge.

Chinese med: “Ease Strain” 2 droppersful 3x/day

Smoking mix : roughly equal parts by volume: tobacco, yerba santa leaves, and raspberry leaves

slightly smaller parts each: bearberry leaves, red willow bark

Schizophrenia: Haldol and other antipsychotic medications block conversion of tyrosine to dopamine through inhibition of tyrosine hydroxylase. Treat the GI tract.

Check for pyroluria – B6 and Zn deficient.

Alcoholism Drug therapy:

Bromocriptine (dopamine agonist)

Herbal therapy: Kudzu *Pueraria lobata* aldehyde dehydrogenase inhibitor

Alcohol (alcohol dehydrogenase) to aldehyde (acetaldehyde dehydrogenase) to acetate.

Naltrexone (Vivitrol) Cuts down on the desire to go into overdrive while drinking. May not lessen cravings. Take right before drinking or with food to reduce SE.

Baclofen: GABA agonist/muscle relaxant. Reduces cravings. Rapid action

Valium: May help with anxiety of withdrawal. Addictive in itself.

Antabuse (Disulfiram): Causes flushing, fast heart rate, nausea, thirst, vertigo

Boulemics: 30-50mg Zn, 100mg B6, 200 mg 5-HTP, EFA's, counseling

Dysthymia (mild depression): Affects 25-50% of the population at some time in life.

Instead of antidepressants many do well on a high dose tyrosine regimen. Other factors may include a GI tract dysbiosis (improper bacteria population), need for multivitamin and multimineral mix, fish oil, borage oil, and antioxidants. DHEA may be supplemented after blood testing for hormone deficiencies.

Depression: Physicians at Harvard Medical School pioneered the use of 1-6 g of tyrosine for medication resistant depression. EAV testing for tyrosine and tryptophan may indicate need for supplementation. Thyroid and also GI tract dysbiosis may also be explored. (Tyrosine is a thyroid precursor).

Religion: The 12 step program is ample empirical evidence that religion and the need to tap into the power of God is part of the necessary ingredients to overcome addictions.