

Alternative Treatments for addictions: Promises & Perils

Michael Scott, MD, Medical Director of Sierra Tucson, an Arizona treatment center for addictions, says that “Medicine has set itself up as a body of knowledge that is almost impenetrable by the public. For some decades, it has spoken little to its patients; and when it did, it spoke what seemed to be a foreign language.”

Integrative Modalities

“For some time now, physicians have not been reimbursed for talking. With managed care, physicians have been left with so little time that practically all they have time to do is to write prescriptions,” says Scott.

With the advent of alternative approaches and complementary and integrative modalities, though, greater emphasis is placed on listening to patients and speaking a user-friendly language. He remarks that addiction thrives in an environment where there is a lack of communication. Therefore, communication is a must when treating a patient who has an addiction. Scott says, “Addiction is a complex phenomenon and encompasses the whole person and the person’s family. Healthcare professionals must remember how important attitude is. They must not treat an addict. They must treat a person shackled by an addiction.” The alternative approaches may have put part of the disenchantment with medicine at bay.

Scott emphasizes that no single therapy is ideal to treat patients with addictions. “Because of the interwoven physical, mental, emotional and spiritual complexities involved in addiction, no other illness requires a more individualized approach to treatment. A medication that helps in one situation may be harmful to someone suffering from an addiction. Indeed, pharmaceuticals such as sleeping pills and sedatives may be harmful and foster addiction.”

Di O'Hara of Partners in Wellness in Lake Arrowhead, California, a certified holistic health practitioner and a certified massage practitioner trained in nutritional medicine and multiple techniques in body therapy, says, "A lot of my practice involves the detoxification of pharmaceutical intervention. People come to us who have taken multiple medications and have become controlled chemically by psychotropic pharmaceuticals to the cellular structure of their very being."

O'Hara says, "They come to us and say, 'I don't want to be on these heavy drugs for the rest of my life. What can I do?'" She works with an individualized protocol to free each patient from addicting drugs and heavy pain medications.

Dana Ullman, MPH, author of *Everybody's Guide to Homeopathic Medicine* and *The Consumer's Guide to Homeopathy*, says that politicians and the media often have targeted the problems of recreational drugs and alcohol abuse, but they have been inattentive to the health problems that arise from addictions to therapeutic drugs. He explains that because these groups know little about alternatives that work, "they tend to rationalize addictions to tranquilizers, painkillers, antihistamines and other commonly prescribed drugs as a 'necessary evil.'"

O'Hara treats patients entangled with these "necessary evils." Before she begins to cleanse the body from "the toxic input of pharmaceutical intervention," though, she addresses a hands-on issue, for many people are touch deprived or have been touched inappropriately. They have great need for a safe place to receive touch in a safe manner. It is very, very effective," she says. "We find that because of the benefits of touch to the immune system and the vascular system as well as the emotional and spiritual net, it is a very powerful tool." Often-times a professional counselor sits in during the hands-on session to help the patient address memories and emotional issues that the massage therapy may help to release. This therapeutic adjunct fosters healing.

A whole-system theory

An integrative approach to addiction therapy acknowledges a whole-system theory and includes in its range of treatment the entire gamut of

puzzle pieces from medical, physical, psychological, biological and nutritional to spiritual. All these approaches work to unblock the obstacle to healing. This complementary approach identifies the patient with an addiction as “a person who will use a substance or perform an action repetitively and will continue to do so despite negative consequences.” Scott explains that some factor upsets a person’s regulation, and a gradual erosion of control results. Addiction is not just a physical dependence on a substance or an action. Addiction is diagnosed when a person loses control over the substance or the action.

The pattern of the phenomenon of addiction

Scott describes the pattern of the phenomenon of addiction. He says, “We do not know exactly when or how addiction begins. Early symptoms include preoccupation with the addictive agent and secretive and increased use. Second, the patient moves to a state of tolerance and must increase the use of the substance or action to achieve a high. The patient raises the risks of being caught.”

“Foremost, an inability to change no matter what the consequences marks a patient as a hostage of addiction,” says Scott. He explains that individuals with addictions may be dependent upon any number of substances or behaviors such as alcohol or other narcotics, or sex or gambling, for example.”

He continues, “Third, if the addictive substance is removed or the action is stopped suddenly, the patient goes into withdrawal. Fourth, the patient experiences problems as the result of the phenomenon yet chooses to deny the problem. A big part of their inability to recognize their problem is due to denial.”

The number one problem

Jeff Jay, President of the Terry McGovern Foundation in Washington, DC, and author of Take Charge, an intervention education program published in association with Hazelden, says, “After a medically supervised detoxification, the number one problem faced by the treatment team is the patient’s denial. As a recovering alcoholic and addict, I know how tricky this can be. In my own case, I was sleeping under bushes in the city park, homeless and unable to eat solid food; but I still didn’t think I had an alcohol or drug problem. I just thought I had a little cash-flow problem.”

Jay continues, “A combination of group therapy with other addicts and individualized counseling with an experienced clinician are the treatments of choice (as part of a larger inpatient treatment program). Other recovering addicts can break through the denial system like no one else. . . They belong to the same very exclusive club. The dynamics of addiction and recovery are pretty well understood. The point is, we must keep the addict engaged in treatment long enough for the recovery process to begin. Currently, we don’t need new techniques as much as we need the resources to maintain programs long enough to get the job done.”

The predictable stages of treatment

Scott maintains that the best way to deal with patients who have addictions is to get them into treatment any way possible — by a loving family, by a friend or even by the legal system. He finds that usually when patients recognize that they stand to lose something important, they will go into therapy. Scott points out that when patients go into treatment, they demonstrate a process of change that follows predictable stages.

* First, they emerge in a pre-contemplative phase. They have no awareness of their problem. Therapy would be directed at moving the patient from a pre-contemplative stage to a contemplative stage where they can reflect on their problem.

* Second, they experience problems that may be contributed to by their addictions.

* Third, they make the connection between their addiction and the problems that erupt from it.

* Finally, they begin to ask, “What can I do to change?” They march into the action stage where they participate in order to take back their power over their own lives.

Scott says, "Treatment fails when we expect patients to be ready for an approach they are not ready to follow. Everyone knows that the number one reason for failure is due to noncompliance. We know that patients who are given options do best. Instead of pushing any single type of therapy, offer them a menu of choices that recognizes their dimensions of individuality to give the right treatment at the right time." He goes on to say, "Give them the biggest bang for the bucks with the least risk. Help the patients get involved so that they can realize that the benefits of the treatments outweigh the risks. If they still decide to walk away against your best recommendations, let them go without scolding or engendering any fear of punishment. Tell them, though, 'If your way does not work, give me a call.' When they do return, they are more inclined to stay, and they progress through the stages of change more easily," he says. "Ease them through a series of changes." Scott underscores the point that the specific type of treatment is less important than the relationship between patient and therapist.

An evaluation of treatments

I would rate the Minnesota model (Hazelden, Brighton, Betty Ford Center) as the gold standard (positive 10).

That's what Jay, also the Director of Program Development at Brighton Hospital in Brighton, Michigan, said when asked to rate the success of treatments for drug addictions on a scale of 1 to 10 with the best treatment available today being given a score of 10. Most people know intuitively that addicts need time away from their environment in a supportive and healthy atmosphere to get better. This technique hasn't been improved upon. The combination of group and individual sessions, along with didactics, 12-Step, and relaxation seems just about right to me."

Jay continues, "Managed Care has disfigured or destroyed the most effective treatment modalities available to most Americans. The outpatient services that are routinely offered are worth about a 3, in my estimation. Interesting advances have been made in pharmacology, but they only enhance more traditional approaches. They do not take the place of treatment. They're like adding a better set of crutches to a regimen of physical therapy." He says, "So-called treatments like methadone are a

negative 10. They are counterproductive in that they produce a more virulent addiction than the one they supposedly replace. Also, methadone is only for the poor. No wealthy individuals would ever allow their sons or daughters simply to get methadone maintenance.”

Scott of Sierra Tucson believes that successful treatments are those that avoid overtreatment and overmedicating. He says, “Although medication can be of enormous help, there also is the risk of drug interactions, dependence and side effects.” He avoids excesses. He believes that in many cases making sure that the patient receives optimum nutrition, ample exercise, rest and relaxation, and good quality sleep enables the body to do its best with its natural resources to help the patient heal and to find balance.

Faith

When patients realize their imbalance and their profound inability to change, their faith — when gathered anew or embraced for the first time — can help them to recover. Robert H. Albers, Professor of Pastoral Care, at the Luther Seminary in St. Paul, Minnesota, and author of *Shame: A Faith Perspective* and Editor of the *Journal of Ministry in Addiction and Recovery* says, “It is important and inspirational to remember that lifting up hope in what is seemingly a hopeless situation is constitutive to the recovery process both for those who are afflicted with the addiction as well as those who are adversely affected.”

Albers continues, “It is imperative that the faith community assume its role and responsibility in the recovery and restoration process since acceptance by the community and assimilation back into the community are critically important in addressing the social and communal dimensions of this disease.”

Meditation

The late Charles N. Alexander, MD, of the Center for Health and Aging Studies, College of Maharishi Vedic Medicine, Maharishi University of Management in Fairfield, Iowa, did outstanding work in transcendental meditation. Some of his work is detailed in *Self-Recovery: Treating*

Addictions Using Transcendental Meditation and Maharishi Ayur-Veda. He found that “Statistical meta-analyses on the general population showed that transcendental meditation (TM), relative to other forms of meditation and relaxation, significantly reverses physiological and psychological factors leading to substance abuse.” It is believed that TM can play a vital role in primary prevention.

Alexander explained that many facets seem to unite to create the bedrock of addictive behavior. “When one or more of these fundamental dimensions of life — spirit, mind, body, social behavior, and environment — are deficient or imbalanced, people become at risk for adopting addictive behavior as a means to fulfill unmet needs. While conventional treatments of substance dependence often employ several modalities, they may target more surface levels of functioning, such as attitudes and behavior failing to root out the deeper causes of addiction. If deeper imbalances are not eliminated, initial effects may only be temporary, with addictive behaviors resurfacing again and again despite numerous attempts at abstinence. This may account for the rapid declines in abstinence following completion of most standard treatment programs.”

Alexander went on to say that “the dramatic effect of TM in reducing substance abuse may be due to its ability to address the ‘whole’ of addiction rather than its ‘parts’ from the deepest possible level. From the perspective of Maha-rishi’s Vedic Psychology, TM brings the practitioner back ‘home to the self,’ to a simple, self-referral experience of silent inner being which has been lost to us amidst the frenetic activity of contemporary life. In recontacting this transcendental level of life, all the more manifest or active levels of functioning are said to be spontaneously nourished as well.”

Likewise, research indicates that practitioners of transcendental meditation do balance their “spiritual, psychological, physiological, social and environmental” capacities. Repeated experiences of transcendence through TM should build such a storehouse of inner fulfillment and balance that “any need to seek fulfillment outside the self through substance use would be entirely eliminated.”

Relaxation

Learning relaxation techniques for stress relief is of great benefit. It is

widely recognized that often people who are addicted use alcohol and other drugs to relax and unwind. Jay says, “When they sober up, they don’t know how to relax and have fun. I’ll never forget how strange it was for me just trying to go to a backyard barbecue when I was newly sober. I didn’t have a clue how to relax and enjoy myself.”

Acupuncture

In 1972, H.L. Wen, a doctor in Hong Kong, serendipitously discovered during his administration of acupuncture anesthesia to prepare an opium addict for surgery that acupuncture completely cleared up the patient’s withdrawal symptoms, and the patient voluntarily reported this reality to Wen. When the patient’s withdrawal symptoms returned, Wen relieved the patient with acupuncture again. The next day, Wen and a colleague of the Kwong Wah Hospital “reported that, in a study of 40 heroin and opium addicts, acupuncture combined with electrical stimulation was effective in relieving the symptoms of narcotic withdrawal.”

Acupuncture is one of the modalities that Scott finds useful in helping his patients in assisting with the symptoms of withdrawal, anxiety and pain. He believes that acupuncture helps to restore balance. Mounting evidence continues to support acupuncture as effective in a wide variety of situations with a minimum of risk. He stresses the importance of finding an experienced practitioner who is willing to participate in the patient’s integrative care. He also advises finding an acupuncturist who uses single-use, sterile needles.

Nutrition

O’Hara of Lake Arrowhead, says that foods also are a major concern for people at risk for addictions. She and her colleagues look into unknown food allergies that cannot be tested by injecting antigens into the system to test for allergy reaction. They pay attention to the daily processing of what patients consume to help them recognize allergic reactions that are either chemically or emotionally driven. Then her team intervenes from a nutrient point of view. They begin to eliminate the suspected food allergens and modify the diets of their patients. She believes that “some food allergies may be the precursors that create the microenvironment

which makes the person more susceptible to addictions.” From that point, optimum nutrition supplied from non-offending foods along with food supplements to address the individual needs of the patients help to support the healing process of body, mind and spirit.

Herbs

Scott of Sierra Tucson says that herbs can be extremely effective, but as with all modalities, there are potential benefits and potential risks. He warns against self-medicating to prevent any undesirable drug-herb or herb-herb interactions. O’Hara of Partners in Wellness concurs, “To abandon a heavy psychotropic program, patients must be prepared gradually and cautiously to receive medicinal herbs through carefully designed individualized protocols to meet their specific needs.”

Homeopathy

Noted homeopath Ullman says that currently no book is available on the homeopathic treatment of addiction. He acknowledges the invaluable group support from the various 12-step and other recovery programs and hopes that future programs will “integrate these programs with good homeopathic and acupuncture treatment.” Ullman names Nux vomica and Staphysagria as two of the most common homeopathic medicines used to address detoxification, withdrawal and recovery.

Beyond traditional pharmaceuticals

The very nature of chemical addiction forces therapists to search beyond traditional pharmaceuticals that often are used to address other disorders. The therapists do not want to enable their patients to trade one addiction for another. Chemical dependency holds this unique position and sets itself apart from other disorders. At the same time, though, substance addiction is intricately interwoven into a cultural and environmental network; and it attaches itself to every race, color and creed of humankind.

Within the individual fettered by addiction, the problem ties itself not only

to the physical person, but also bonds itself physiologically, psychologically and spiritually; and it cannot be separated out. It is inextricably compounded. Logically, the treatment of addictions rests in a vast combination of all the best integrative and holistic modalities of healthcare to offer the best treatments available to meet the needs of each troubled individual. n

Linda Davis Kyle, MA, is a health writer whose works have been published in North America, Europe,