

Tequesta Family Practice

395-B Tequesta Drive

Tequesta, FL 33469

(561) 746-4333 VOX

(561) 746-4449 FAX

www.tequestafamilypractice.com

DrOenbrink@tequestafamilypractice.com

Alcoholism Complementary/Alternative Medical approaches

Psychological/social signs of excess alcohol consumption: depression, loss of friends, arrest for driving while intoxicated, excessive drinking, drinking before breakfast, frequent accidents, unexplained work absences

Alcohol dependence as manifested when alcohol is withdrawn: tremulousness, convulsions, hallucinations, and delirium

Alcoholic binges, benders (forty-eight hours or more of drinking associated with failure to meet usual obligations), or blackouts

Physical signs of excess alcohol consumption: alcohol odor on breath, flushed face, tremor, and unexplained bruises

QUICK REVIEW

- Genetic factors play a big role in the cause of alcoholism.
- All active alcoholics display signs of injury to the liver.
- Hypoglycemia aggravates the mental and emotional problems of the alcoholic.
- Zinc is one of the key nutrients involved in the breakdown of alcohol.

Vitamin A deficiency is also common in alcoholics and appears to work together with the zinc deficiency to produce the major complications of alcoholism.

- Antioxidants taken either prior to or along with alcohol inhibit free-radical damage and the development of a fatty liver.
- Carnitine inhibits alcohol-induced fatty liver.
- There is a direct link between the level of vitamin C in white blood cells and the rate of clearance of alcohol from the blood.
- A thiamin (vitamin B1) deficiency is both the most common and the most serious of the B-vitamin deficiencies in the alcoholic.

Low magnesium levels are present in as many as sixty percent of alcoholics and is strongly linked to delirium tremens—a state of confusion and trembling during alcohol withdrawal. Glutamine supplementation (1 gram per day) has

been shown to reduce voluntary alcohol consumption in uncontrolled human studies.

TREATMENT SUMMARY

Alcoholism is a difficult disease to treat. Although many different strategies are promoted, there has been little documented long-term success, except for that of Alcoholics Anonymous (and even the overall success rate of this program is highly controversial). The approach presented here is unique in that we have attempted to develop an integrated, whole-person, stage-oriented program.

The treatment of the alcoholic patient must be optimized for the four stages of alcoholism:

active alcohol consumption,
withdrawal,
recovering, and
recovered.

The "recovering" stage is defined here as the period between withdrawal and full reestablishment of normal metabolic function. All alcoholics, at whatever stage, need a number of counseling, lifestyle, and metabolic-balancing therapies. Following are the recommended therapies, with additional recommendations for each stage.

Diet

Stabilization of blood sugar levels is critical to successful treatment. Although a strict hypoglycemic diet may not be necessary, most of the dietary guidelines for hypoglycemia must be followed. These include
Elimination of all simple sugars (foods that contain added sucrose, fructose, or glucose), fruit juice, dried fruit, and low-fiber fruits (such as grapes and citrus fruits)
Limitation of processed carbohydrates (white flour, instant potatoes, white rice, etc.)

Increased consumption of complex carbohydrates (whole grains, vegetables, beans, etc.)

Nutritional Supplements

Vitamin A: 25,000 IU per day (only if the person is not drinking and has normal liver function; vitamin A supplementation should not be used if there is evidence of liver damage)

High-potency multiple-vitamin-and mineral formula • Vitamin C: 1,000 mg three times per day

Vitamin E: 400--800 IU per day

Magnesium: 200-300 mg three times per day

Vitamin B1 2-4 mg 6 doses/d

B Complex 100 mg of each tid

Niacinamide 500 mg tid (has a calming effect)

Vitamin C Several grams/d

Carotene
Chromium 200-400 ug/d
Folate 1 mg/d
Lecithin 2-4 tbsp/d
L-Glutamine 1 gm tid
Mg 400 mg/d
Selenium 50 mg/d
Zinc: 100 mg per day
Carnitine: 300 mg three times per day • Glutamine: 1 g per day
Lactobacillus acidophilus: one to two billion live bacteria per day
Milk thistle extract (70-80% silymarin): 70-210 mg three times per day is a typical dosage (the dosage is based on the level of silymarin); higher dosages should be used if there is significant liver involvement

Exercise

Establish a regular exercise program as detailed in the chapter A HEALTHY LIFESTYLE.

Counseling

Establish a good working relationship with AA and/or an experienced counselor who has particular expertise in working with alcoholics.

Additional Recommendations for the Four Stages

Active Alcohol Consumption

Seek immediate professional help or contact AA.

Withdrawal

Severity of withdrawal symptoms varies widely, although it is usually proportional to the degree of alcohol dependence and the duration of the disease. Milder cases usually start within a few hours after cessation of drinking and typically resolve within forty-eight hours. More severe cases usually occur only in patients over thirty years of age and usually develop after about forty-eight hours of abstinence. These people should be admitted to an inpatient facility.

Additional Supplement

- 5-HTP: 50-100 mg three times per day

Recovering

Establish a strong network of caring family, friends, and peers for regular support. Recognize that alcohol is no answer to the stresses of life; it is important to develop more effective ways of handling the challenges of life.

Recovered

The support group must be maintained. Continued total abstinence is the best policy.

