

Alternative treatment of problem drinkers with DPNTM - A Brief Overview

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The author has successfully utilized the pyridine nucleotides, particularly the diphosphopyridine nucleotide, in its oxidized form, in the prevention, alleviation and removal of the acute and chronic symptoms of alcoholism.

In 1967, I was approached by a Medical Representative, with a glass vial of white powder, saying that this powder mixed with Normal Saline, and given as an intravenous drip, can take away the physical craving for alcoholic beverages. It was called Diphosphopyridine Nucleotide. Today it is marketed as DPNTM by ALCLIN (Pty) Ltd. DPNTM

Since 1967, the amount of DPNTM necessary for detoxifying and removal of craving for liquor has been refined. It is given on the basis of 1,5g per 1000ml vacoliter of Normal Saline, over a period of 12 to 14 hours, immediately followed up with a 2nd similar infusion. When the 2nd infusion is finished, we wait 24 hours, and then give another one or two vacoliters of Normal Saline with 1,5g of DPNTM (NAD) also known as NADIDE.

The only side effects experienced are shortness of breath, palpitations, headache and an abdominal discomfort. It means the infusion is flowing in, at too rapid a rate - by slowing down the rate of infusion; the side effects disappear in seconds. The vast majority of patients treated at our clinic lost all craving. Those who drank again, did not start drinking again due to a craving for alcohol, but through deliberate use of alcohol or inadvertently consuming alcohol unknowing by fluid medicine with alcohol as preservative or tonics or mouth washes, food, etc.

If the patient is very intoxicated, anti- epileptic drugs or tranquilizers have been prescribed for 3 - 6 days. We have treated more than a thousand patients at the clinic over the past 36 years. Studies showed that the NAD - NADH ratio normalized fairly rapidly, so did the dopamine levels. A couple of patients have been followed since 1968. Two of them lasted 12 - 14 years respectively. They thought they could drink socially, but they couldn't and had to receive another treatment of DPNTM. They subsequently stayed sober with no craving whatsoever.

A certain patient admitted for treatment, drank +_ 2 bottles of brandy. It was thought he would not make it through the night; but he pulled through, lost all craving and up until the time he was seen 21 years later, he was still sober.

Continued research funding will make it possible to give credence to the biochemical changes that normalize with the infusions of diphosphopyridine nucleotide (DPNTM). This could be a further major breakthrough in the treatment

of alcoholism. This treatment does not lose sight of counseling and treatment of underlying psychiatric disorders that need to be attended to. The use of diphosphopyridine nucleotide (DPNTM), through a short intensive treatment of 4 - 5 days in a clinic, opens a way to help people in a relatively short time to return back to the workplace with the necessary psychological follow-up.

MODERN PHARMACY ARTICLE : ALCOHOLISM Adverse consequences of alcohol abuse and dependenceTM

METABOLISM OF ALCOHOL:

Alcohol is absorbed into the blood and accumulates there, because the absorption is more rapid than the oxidation and elimination. More than 90% of alcohol is oxidised in the liver and only a small percentage is excreted unchanged. Once inside the liver, alcohol is converted to acetaldehyde by alcohol dehydrogenase, with the coincident formation of NADH (reduced) at the expense of NAD (oxidised).

The most important step in the oxidation of ethanol is thus the one catalysed by alcohol dehydrogenase, because it controls the overall rate at which ethanol is oxidised and because it leads to the formation of acetaldehyde and reduced Nicotinamide adenine dinucleotide (NADH), at the expense of oxidised Nicotinamide adenine dinucleotide (NAD).

The second step is the oxidation of acetaldehyde, which occurs in the liver and other tissues that facilitate aldehyde dehydrogenase, to acetate or acetyl-Co A, which in turn enters the Tricarboxylic acid cycle for further oxidation to CO₂ and H₂O.

The increase in the NAD to NADH ratio can be taken as an indication that the production of NADH can occur at a rate higher than that at which it can be removed by re-oxidation. The major factor determining the rate of alcohol metabolism thus appears to be the rate of NADH re-oxidation. When NADH is in excess, it blocks the reversibility to NAD and therefore the effective metabolism of alcohol.

TREATMENT ALTERNATIVES

Diphosphopyridine nucleotide (DPN™) is indicated for detoxification in the excessive use of alcohol, amphetamines, opiates and other analgesics. It is also indicated for the prevention, alleviation and removal of the acute and chronic symptoms associated with alcoholism and drug addiction.

Diphosphopyridine nucleotide is a coenzyme, also known as Nicotinamide

adenine dinucleotide (NAD), or Nadide. It is distributed normally throughout the tissues of the body and the highest concentration is usually in the liver. The main function is to act as a hydrogen carrier in anaerobic and aerobic oxidation and fermentation processes throughout the body. By the administration of Diphosphopyridine nucleotide, which increases NAD and decreases NADH, the vast majority of patients are easily detoxified and loose their physical craving for alcohol.

According to Dr J.P. Verster, the amount of Diphosphopyridine nucleotide necessary for detoxifying and removal of craving for liquor has been refined since 1967. The freeze-dried powder form Diphosphopyridine nucleotide (DPN™) is mixed with Normal Saline, and given as an intravenous drip. The only side effects experienced are shortness of breath, palpitations, headache and an abdominal discomfort. This indicates that the rate of infusion is too rapid, and by slowing down the rate, the side effects disappear within seconds.

Studies at the biochemistry department of a major university in South Africa showed that the NAD to NADH ratio, as well as dopamine levels, normalized fairly rapidly with the administration of Diphosphopyridine nucleotide. This treatment does not lose sight of counseling and treatment of underlying psychiatric disorders that need to be attended to. The use of Diphosphopyridine nucleotide (DPN™), through a short intensive treatment of 4 to 5 days in a clinic, opens a way to help people in a short time to return to the workplace with the necessary psychological follow-up.

The Journal of MODERN PHARMACY / Nov/Dec 2003 Article p22

Adverse consequences of alcohol abuse and dependence by W Alexander Morton, PharmD, BCPP

This article is intended to help health practitioners recognise some of the physical and mental complications of alcohol abuse and dependence in patients with undiagnosed illnesses.

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Treatment alternatives.

The co-enzyme diphosphopyridine nucleotide (DPNTM), also known as Nicotinamide adenine dinucleotide (NAD), or Nadide, is indicated for detoxification in the excessive use of alcohol, amphetamines, barbiturates, opiates and other analgesics. It is also indicated for the prevention, alleviation and removal of the acute and chronic symptoms associated with alcoholism and drug addiction.

According to Dr JP Verster, the amount of DPN necessary for detoxifying and removal of craving for liquor has been refined since 1967. The freeze-dried powder form DPNTM is mixed with normal saline and given as an intravenous drip. The only side effects experienced are shortness of breath, palpitations, headache and abdominal discomfort. This indicates that the rate of infusion is too rapid, and by slowing down the rate, the side effects disappear within seconds.

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