

# Treating Addiction

## Punyamurtula S. Kishore, M.D., M.P.H.'s Multi-Disciplinary Approach to Drug and Alcohol Detoxification and Sobriety Maintenance

By Kathryn J. Siranosian, M.S.

Punyamurtula S. Kishore, M.D., has earned his nickname, “The Doctor of Addiction Treatment.” His innovative, patient-centered protocols for drug and alcohol detoxification and sobriety maintenance have touched the lives of literally hundreds of thousands of patients across Massachusetts. Over the years, national print media and television networks like CNN and Fox have carried his message to audiences larger still. And now, as medical director for 12 Preventive Medicine Treatment Centers located throughout Massachusetts, Dr. Kishore hopes to expand his outreach even more.

“Thirty years ago, when I started as an associate medical director, working in the Department of Corrections, I saw a lot of drug and alcohol addiction, but we didn’t know much about how to treat it,” Dr. Kishore admits. “Now, we know that addiction is a disease that is best treated in a preventive medicine setting, where there are competent people to administer the protocols.”

That’s why each of Dr. Kishore’s treatment centers is staffed with a multi-disciplinary team, including physicians, nurse practitioners and social workers. They work together with the patient — and often the patient’s family and friends, as well — in a structured therapy program that frequently spans two full years. Detoxification comes first. Then, there’s education and support as the patient learns to manage the complex biological, psychological and social triggers that lead to the addictive behaviors.

“We realize now that addiction is really a syndrome of compulsive behaviors,” Dr. Kishore says. “We’re all chasing the almighty dopamine in the brain reward system, and



Punyamurtula S. Kishore, M.D., M.P.H.

PHOTO BY DEBRA TROYANOS



PHOTO BY DEBRA TROYANOS

**Each of Dr. Kishore's treatment centers is staffed with a multi-disciplinary team, including physicians, nurse practitioners and social workers.**

there are many pathways to get there. Some get there with chocolate, or exercise; for others, it takes alcohol, or cocaine. All of these behaviors are translatable into other behaviors, and addicts typically consume from many realms. Sometimes the recovering alcoholic may turn to scratch lottery tickets to get that dopamine rush. It's the support of the team that helps the patient get through."

**P**atients need that kind of support because, really, we've found that, in order to be successful, they have to make it through a whole year, through all four seasons.

—Punyamurtula S. Kishore, M.D.

Of course, for most people with addiction syndrome, the most difficult step is the first one, making that initial trip to a treatment center.

"Addiction is a 'hidden disease,'" Dr. Kishore explains. Typically, people aren't aware of their addiction, or they're in denial. Even when addicts realize their behaviors are destructive, they often refuse treatment, owing to shame or a perception of social stigma. Usually, addicts become patients only after intervention by a concerned relative or friend.

"This is where primary care physicians can really have an impact, too," Dr. Kishore says. "When doctors are examining their patients, they need to learn to look beyond the presenting problem," he explains.

Recently, his group conducted a survey of patients in waiting rooms of general practitioners. The results indicated that up to 30 percent of respondents had some type of addiction problem.

For instance, persistent asthma can be symptomatic of crushed oxycontin inhalation. Heart attack or angina in a young patient may signal cocaine abuse. "Primary care physicians must learn to recognize the symptoms of substance abuse, so they can help their patients get the care they need," Dr. Kishore says.

Once a patient agrees to treatment, Dr. Kishore's addiction specialists design an individualized detoxification and sobriety maintenance plan.

"The protocols are based on the natural history of the disease. We have to understand the natural history in order to treat it," he

says. "Not all addicts are alike. Not all withdrawal is alike. We have to understand the unique nature of each person's recovery process."

Essentially, the detoxification regimen allows for the gradual decline in blood level of the addictive substance and a controlled reversal of neuroadaptation.

"These days, there are many ways to detoxify, and usually we don't need a hospital bed to do it," Dr. Kishore says. "Actually, we hardly hospitalize, at all, anymore. There are many types of medication we can prescribe for withdrawal, and they help make it easy and convenient for people to start getting well."

Dr. Kishore's team strives to manage their patients' withdrawal symptoms with as much precision as possible. Without strict attention to each patient's individual details, national statistics show that as many as 80 percent of addicts will lapse within the first month.

## Pharmaceutical Weapons To Fight Cravings

Dr. Kishore strongly believes in medication management for control of cravings. Naltrexone, a drug that helps individuals curb their cravings and move on with life, is the mainstay for his practice. Dr. Kishore is a leading expert in the use of naltrexone, acamprosate and other medications that help individuals maintain sobriety.

drug abuse prevention. Older patients are encouraged to join support groups like Alcoholics Anonymous, in addition to their participation in peer groups at the treatment center.

"That's because other doctors aren't doing the job right," Dr. Kishore insists. "You have to understand the causality and take care of the post-withdrawal syndrome, symptoms like sleeplessness, anxiety, restlessness. These issues persist after the first week of detoxification, and patients need continuing help with medication."

Because detoxification and withdrawal are now outpatient procedures, a patient needs plenty of educational and emotional support, too. The treatment team, family members and peers all play important roles. After all, even if medications are keeping the biological prompts in check, the recovering addict is often still surrounded by psychological and social triggers from home, friends and the workplace.

Almost inevitably, predictable patterns of behavior emerge, Dr. Kishore explains. In the second week of recovery, for example, patients indulge in "magical thinking," believing that they can use "just a little." By the third week, the patient's user peers make attempts to reclaim their friend. A few more weeks into the program, patients typically experience sensory overload. Since their neuroreceptors are no longer dulled by drugs, they become hyper-sensitive to stimuli, like sunlight, or even comments from a spouse.

"We have to work through all these things. When we do detoxification in the home, we have to extinguish all those cues. We help people realize what is triggering them and help them make adaptations. We need to do a lot of education. Then, once a patient sobers up, we often have to repair the family fabric, too. If we don't do that, things usually don't work out. People need the support of their family and friends, and their doctors."

It's no surprise, then, that intensive, regularly scheduled appointments at the treatment center are a necessity for both successful detoxification and sobriety maintenance. During the first week, patients meet with members of their treatment team three to five times. After that, appointments are scheduled every other day for the second week, and then twice a week for the next 90 days, at least. Visits then usually drop to once a week (or at least once every other week) for the next 15 months, and then, finally to once a month for the last six months of the treatment program.

Throughout the course of recovery, patients are also matched up with peer support groups, both at their treatment center and in their community at-large, as well. Recovering teens become "ambassadors," traveling to Boys and Girls Clubs and schools to talk about



PHOTO BY DEBRA TROYANOS

"We take ownership of our cases," Dr. Kishore says. "It's not like when a patient goes into other detox centers. Those places take ownership of patients for three days. They do some classes, and then say, 'Go live your life.' We don't do it like that. We take ownership for a fairly long period of time."

And, that's what makes the difference between staying sober and using again, he stresses.

"Patients need that kind of support because, really, we've found

**We take ownership of our cases. It's not like when a patient goes to the other detox centers. Those places take ownership of patients for three days. They do some classes, and then say, 'Go live your life.' We don't do it like that. We take ownership for a fairly long period of time.**

—Punyamurtula S. Kishore, M.D.

that, in order to be successful, they have to make it through a whole year, through all four seasons."

Consider how our culture marks each season with drugs and alcohol, Dr. Kishore says. Special events like the start of baseball season in the spring, beach parties in the summer, tailgating at fall football games, and the winter holidays can all challenge the recovering addict.

"Drugs and alcohol are so embedded in our culture, that it's hard for the recovering addict to resist."

And, the first year of sobriety is often full of anniversaries to confront, too.

"The patient has to make it through a full year of past events, and other occasions, before we can breathe a sigh of relief," Dr. Kishore says. Everything they have done under the influence has to be done while sober to relearn how to cope in a sober way.

"Usually when you're climbing up a mountain to reach the peak, as long as you're looking at the peak, you're fine. But, if you look down, you get dizzy and let go of your hands. Our job is to help the patient keep climbing until they reach the top."

In addition to his work as medical director for the Preventive Medicine Treatment Centers, Dr. Kishore is also the founder and president of the Brookline-based National Library of Addictions (NLA), a nonprofit

research facility and continuing medical education institute for both health care professionals and community members. The NLA offers lectures, publishes newsletters and coordinates interventions.

For more information on Dr. Kishore's Preventive Medicine Treatment Centers, please either call (800) 770-1904, email [psk@pmai.net](mailto:psk@pmai.net) or visit [www.homedetox.net](http://www.homedetox.net). ■



PHOTO BY DEBRA TROYANOS