

## IS RDS THE BREAKTHROUGH THAT WILL SHINE A NEW LIGHT ON ADDICTIVE BEHAVIOUR?

BY NICK HODGSON

**ADDICTION** takes many forms. It might show up as any one of the following:

- addiction to drugs (be they alcohol, cocaine, heroin, marijuana or cigarettes)
- sugar and carbohydrate bingeing
- pathological gambling
- sex addiction
- ADHD
- Tourette's syndrome
- autism
- anorexia and bulimia
- workaholism
- risk-taking behaviours
- many compulsive disorders.

As diverse as these conditions are, could it be that there is one underlying condition that links them? That linking factor may be Reward Deficiency Syndrome (RDS). Paradigm-shifting research is linking this mind dysfunction with all the impulsive, compulsive and addictive disorders. This means there may be a common thread connecting as much as 30 per cent of the population.

### Discovering RDS

The impulsive and compulsive disorders cover many behavioural traits, including the world's most worrying paediatric diagnostic trend, attention deficit hyperactivity disorder (ADHD). Addictions range across the fields of drugs, food, sex, gambling and work.

The revolution in medical understanding of these conditions that underpins RDS began several years ago with the discovery of the gene for alcoholism — otherwise known as the A1 allele of the D2 dopamine receptor defect. Subsequent studies confirmed this genetic trait and isolated similar and related defects.

The next trend was that the same biogenic flaws started to be isolated in many other, seemingly unrelated maladies. The common outcome of this genetic deficiency is that, at a biochemical level, the individual is unable to feel a sense of reward or satisfaction.

This new model was seen as a shift in the foundational understanding of these disorders — so much so that an entire edition of *The Journal of Psychoactive Drugs*, the journal initiated by the founders of the famous Haight-Ashbury Free Medical Clinics in San Francisco, was dedicated to outlining RDS. This 100-page feature was supported by over 400 scientific references.

For many years, and even within many rehabilitation circles still today, the predominant model of psychosocial dysfunction viewed addiction as being a result of either:

- poor choice-making and bad peer-group selection or
- a history of abuse during childhood or a dysfunctional family upbringing.

This model traps sufferers into an ongoing demand for learning better behavioural strategies, enforced agreements to strive to be a better “addict”, and/or chemicals of choice being replaced with chemicals of prescription.

There is little doubt that these approaches can help, and there's no doubt they save lives. However, a house of harm minimisation is at best a halfway house of addiction maintenance. A more permanent home awaits those who are willing to embrace a recovery model that includes strategies to repair the effects of Reward Deficiency Syndrome.

### The Brain Reward Cascade

Much like a diabetic, who has inherited a genetic predisposition to metabolic problems in their blood-sugar balances, an RDS sufferer has inherited a predisposition to metabolic problems in the mind's molecules of emotion.

We all have a Brain Reward Cascade which, if operating properly, is a chemical chain reaction of neuropeptides that excite or inhibit each other to result in feelings of wellbeing, focus, attention, reward, satisfaction, enjoyment, clarity and fulfilment.

Most people are getting used to terms like endorphins, dopamine and serotonin, all ingredients of this chemical cascade. Put blockages in that Brain Reward Cascade and you develop a mind that lacks the ability to achieve reward and the accompanying positive functions, feelings and emotions. This lack of reward puts a person on the road to addiction.

The need for reward is the primary human compulsion. Brain reward is our highest payment, more valuable than gold and dollars. The sum total of each individual's habits and repetitive behaviours is the result of the perceived rewards we receive or desire from the planet, the people around us and our own thoughts, actions and intakes.

Problems begin when we have inherited a reward deficiency syndrome. Our inner compulsion drives us on a journey of exploration to receive the thing we need the most. When we have a lack, it puts us in a situation of experimenting with more unusual, extreme and at times illegal behaviours. Then, when we find the “stuff” that provides reward, or we perceive that it will give us the greatest high, we will continue to use that stimulus, regardless of how it is perceived by others.

### The road to addiction

To understand what initiates addiction, it helps to look at how it ends. A recovering addict has several stumbling blocks to overcome in making a successful recovery. First, there's withdrawal from and cravings for a substance or behaviour on which they have become dependent. Then the addict must repair the damage produced by the negative consequences of their abuse. Finally, there's a battle against “abstinence-based symptoms” (see list below).

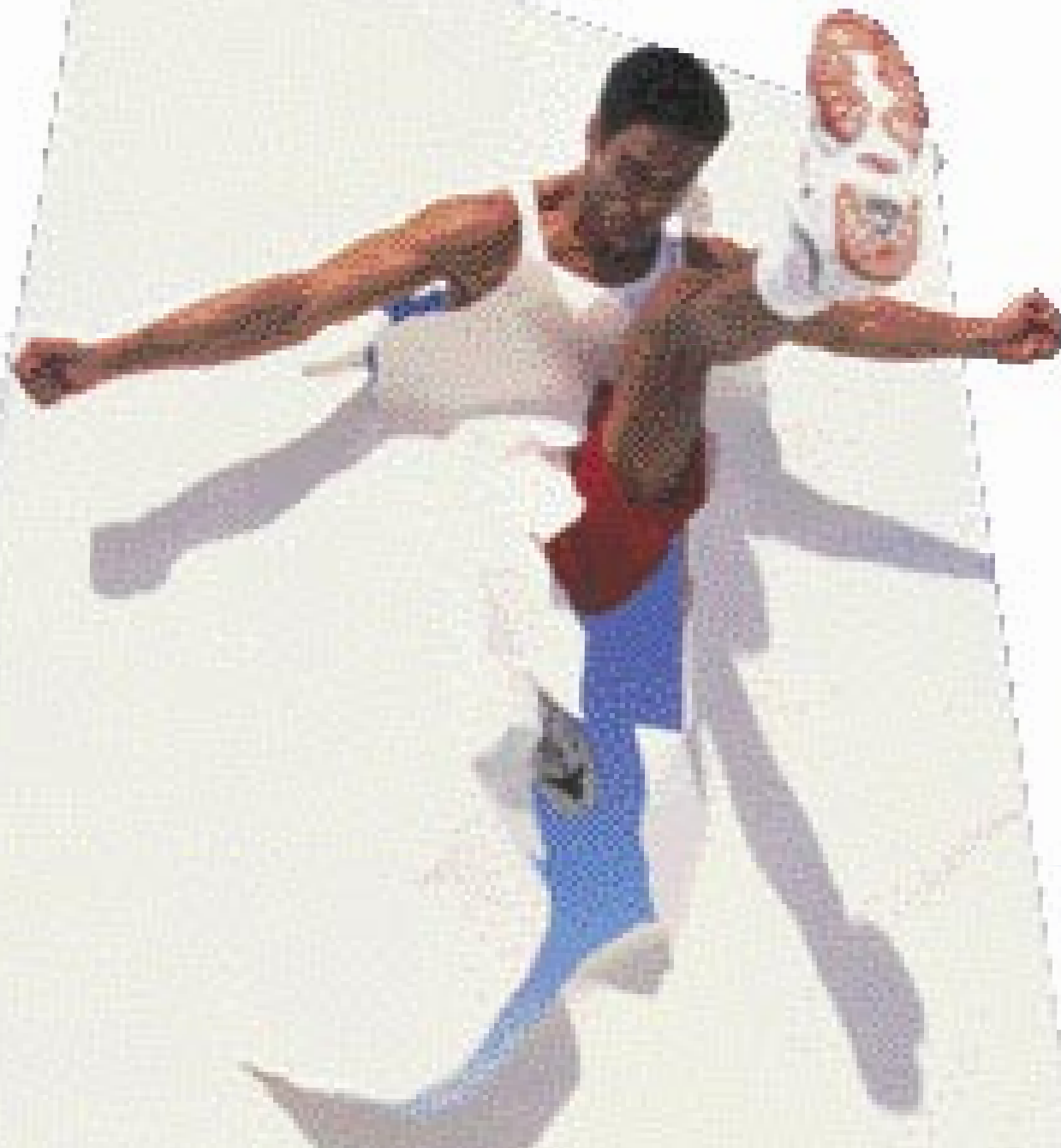
#### Abstinence-based symptoms

- |   |   |  |
|---|---|--|
| ■ restlessness                                | ■ vague or specific cravings            | ■ irritability   |
| ■ anxiety                                     | ■ depression                            | ■ sleep disturbances   |
| ■ “emptiness”                                 | ■ mental confusion                      | ■ hypersensitivity to stress, sights, sounds, touch and pain (stimulus augmentation) |
| ■ lack of energy and satisfaction (dysphoria) | ■ inability to concentrate and remember |  |

David Miller is an addiction professional with 30 years' experience in facilitating the recovery of many addicts and is himself a successful escapee from the grips of alcoholism. Miller has found these symptoms of abstinence to be the primary reason for recovery failure or relapse. On deeper exploration, he has discovered that these symptoms also precede decline into abuse and addiction by the majority of sufferers.

Just as a person with the genetic trait for diabetes doesn't wake one morning as a diabetic, an RDS sufferer doesn't suddenly become

## A NEW UNDERSTANDING OF ADDICTION





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an addict. The symptoms of deliberate abstinence from an addictive substance and the symptoms of RDS are one and the same and bear common themes with the symptoms of ADHD. To understand how someone with RDS and/or ADHD is predisposed to becoming an addict, we need to understand what it feels like on the inside to live with lack of reward.

The Brain Reward Cascade deals with more than just emotions; it has pivotal roles in attention, focus, awareness, filtration of external stimuli, responsiveness and modulation of fight-and-flight mechanisms. The ordinary person doesn't usually have to think about or decide whether they're going to be happy, sad, attentive, calm or peaceful; they just are. Someone with RDS will find this achievement more difficult and will be more prone to feeling anxious, flustered, melancholic and irritated by external sensory bombardment.

Built into each of us is an internal drive and desire to achieve reward. We all need to feel affection, touch, accomplishment, exhilaration, movement, exertion and self-esteem. And we all experiment with a wide variety of behaviours and substances (natural and otherwise) to discover what gives us the greatest highs.

If we imagine an RDS sufferer as someone who has a filter inside their body/mind that reduces the normal reward responses, we start to understand how they might need to experiment with more,

stronger or different inputs to attain the same "feel-good" state.

Many chronic addicts still harbour fond recollections of their honeymoon period with their substance/s of choice. Some remember their first encounter as being the first time they felt euphoria and a sense of completeness. This is because many addictive substances have the ability to bind to the same brain receptors that normally receive the chemicals of brain reward. Most of these externally supplied chemicals produce heightened, although temporary, feelings of everything being fun and OK.

In the early days, this feels like a good thing — often the best thing ever to that person. Some even find that while under the influence of their new-found best friend, they function better within the home, the workplace and society.

Unfortunately, this love affair is not one of interdependency and growth. The all-too-common trend is the user becomes an abuser, as they find that larger quantities and more regular intake are required to keep on achieving the same degree of fulfilment.

The body is not stupid. As we synthetically supplement our deficient reward process, our bodies adapt to the strong stimuli and move towards tolerance. Some of the synthetic chemicals are poorly digested and continue to bind and block the receptor sites. At the same time, the body reduces the production of its own "endogenous"



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An addict will continue to drink and drive as their denial mechanisms will disconnect their own abuse from the consequences. They may blame others or their external circumstances for the fact that they've been caught. And they will often even be convinced they're perfectly competent to drive, even when under the influence.

Denial is a hallmark of RDS sufferers and becomes more complex and established as addiction develops. The key to prevention is to recognise the early warning signs that you have RDS, or be responsive to the early signs that you're progressing from use to abuse, and take proactive steps towards managing your state. By the time addiction sets in, it will take an absolute "bottom point" to challenge the protective denial mechanisms. If you suspect any of these trends are being displayed in a loved one, the sooner it is confronted, the better.

The road to healing

Ground-breaking natural treatment strategies can now be used to enhance recovery, if they are based on an understanding that each piece in the treatment jigsaw fits neatly together in an attempt to produce recovery of the Brain Reward Cascade mechanisms. Many diabetics can keep their genetic predisposition at bay by making better dietary, lifestyle and emotional choices and by accessing healthcare services that support them with nutritional supplementation and coaching.

So, too, can a sufferer of RDS access a range of strategies that nourish, repair, reactivate and release the mind-body towards a state of wellbeing.

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reward chemicals, initiating the downward spiral towards addiction. Why should it make its own chemicals when we are inhaling, ingesting, injecting or obsessively bombarding them instead?

From here, things can only get worse. Now the addict needs to take their substance of choice just to feel normal or start to layer on more forms of abuse in a vain attempt to find new rewards. Eventually, they'll arrive at a point of not even feeling good when they're using. Yet somewhere, imprinted in the subconscious, is the memory and the uncontrollable expectation that it just might work again.

This is why recovery can never be solely a process of conscious decision, willpower or better choices. One sufferer described it as being like she had two brains: one that recognised the negative consequences and costs of the abusive behaviours and substances she'd become embroiled in; and another "mind" that wanted to feel the way she did when she first started using. She would set out with the best intentions, driven by her conscious mind, but would eventually be persuaded by this internal voice that convinced even her purest intentions it would be OK and necessary for survival to use one more time.

Early detection and prevention

There are three stages on the path to addiction: use, abuse and then addiction. One word separates use from abuse: "compulsive". A user doesn't spend much time in the day contemplating or planning use of a mood-altering substance or behaviour. They can go out and use, or not. An abuser will look forward to use, will plan their week or day to ensure they're in a situation where they can use, and may prioritise use over and above other normal activities. They will find certain substances or behaviours give them a heightened sense of wellbeing, which attracts them to increased use. Should they spontaneously happen upon a situation that offers an opportunity to use, they will rarely decline.

Two words separate abuse from addiction: "negative consequences". When an abuser first experiences negative consequences from their habit, they may stop or at least modify that behaviour. When they get caught for drink driving, they will stop or at least minimise their alcohol consumption or make arrangements so they can enjoy using alcohol and avoid losing their licence.

**Top Ten Tips for Natural Control of RDS**

Regardless of how you are manifesting RDS — whether ADHD, impulsive, compulsive or addictive behaviours — the recovery steps are basically the same:

1. Make a conscious decision that today is time to get back in control of your life and mind. If you're not ready, no one can help you.
2. Jump-start the Brain Reward Cascade by finding a chiropractor who uses "torque release" technique. This is a gentler form of chiropractic adjustment, proven to drastically improve recovery outcomes. It helps kick-start the Reward Cascade which actually starts in the spinal cord.
3. Find a practitioner who does either auriculotherapy (micro-current ear stimulation) or acupuncture. Both have long-standing histories in helping recovery and significant scientific evidence supporting their effectiveness.
4. Feed the biochemistry: access (with professional advice) some natural nutritional supplements which should include the amino acids l-tyrosine, d- and l-phenylalanine, 5-hydroxytryptophan\* and l-glutamine, and preferably the minerals magnesium and chromium. Take these in doses recommended by your health practitioner on an empty stomach to maximise their availability to your nervous system. These amino acids are the dietary building blocks to the brain chemicals of reward.
5. Balance the brain: listen to some Binaural Beat Meditation CDs to assist your brain to enter theta and even delta brain waves. Listen to these in stereo headphones.
6. Wash out the toxins: drink heaps of filtered and alkalised water to help detoxification.
7. Replenish: take some multivitamins/minerals, preferably in a "Green Superfood" form, along with a probiotic to help repair the chemical and metabolic damage resulting from abuse.
8. Break down the denial: consult a counsellor and/or 12-step support group to facilitate emotional and psychological recovery.
9. Reconnect: focus more on your spiritual side, worship your Creator, pray, meditate, and connect with healthy people.
10. Do all of the above simultaneously to maximise the healing synchronicity and to attack all angles of your RDS at the one time.

\*Only available from a qualified health practitioner.

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