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Offering hope for 'happy disease'

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Woburn, MA —

When people think of drug addiction and treatment, many picture a drifter living on the streets and searching for a fix or a Lindsay Lohan relapsing after a high-cost stay at a rehab clinic in Hollywood.

They may believe addicts have no one to blame but themselves for their condition and that it's built into their character to become abusers.

But Dr. Punyamurtula Kishore disagrees with this perception. The renowned addiction specialist and public health scientist, who runs three treatment facilities, including Woburn Family Practice in Woburn, has a more optimistic outlook on addiction and treatment.

He calls addiction the "happy disease," meaning that once addicts put the needle or bottle down, they can live full lives. He refers to his patients as "accidental tourists," ordinary people who stumble into addiction because of social factors, lifestyles or other factors.

"It's not 'once an addict, always an addict,'" said Kishore. "There's a lot of hope. We teach them life techniques."

Kishore began his work in addiction medicine while serving as medical director of the Washingtonian Center for Addiction in Jamaica Plain. The center was the first organization in America to recognize addiction as a disease and helped Kishore create his "sobriety maintenance" method. The revolutionary model addresses a patient's lifestyle, which, according to Kishore, is something doctors often don't touch.

"This is where treatment fails," he explained. "Doctors don't intrude on people's lifestyles, but if you look at the reality of it, most people who die before their time die from lifestyle issues, like drugs, alcohol, stress and overeating."

Kishore also addressed the buzz surrounding high-profile detox patients like Lohan and Britney Spears. He said that while celebrities in the addiction spotlight show problems similar to those of his patients, the method of treatment they're using is wrong and often leads to relapse.

"The reality of it is, you have to fight your battles on your own turf," he said. "When Lindsay Lohan went into detox, she went to a lodge in Utah. She paid \$60,000 to stay there. She stayed away in that spa and when she came back to Hollywood, she relapsed. The reason is that the triggers are in the homestead. That's why you need to detox at home. We call this cue-extinction. Doing the de-addiction at home is a stark contrast. Doing home detox can cure cue-extinction."

The "sobriety maintenance" method starts with patients admitting they are powerless over their problems and learning to surrender to them. Then they can begin learning how to deal with their addictions through coping skills, medications to combat cravings and regular check-ups with their doctor in a comfortable, outpatient setting. Kishore described managing sobriety in the same way one manages hypertension or asthma, meaning that while there is no cure, there is treatment.

When addicts stop drugs or alcohol, their bodies go through withdrawal. Anxiety, insomnia and cravings are the most common symptoms. Kishore treats the symptoms in the hope that the body will heal itself from the inside out and prolong sobriety.

"The cravings control is where we excel," explained Kishore. "When they don't have the cravings, they can focus on other things. In this program, honesty prevails. They can say 'I goofed up' or 'I'm having cravings' and they can express their needs without probation or reprimand. There, we can give them a dose of medication to help control the cravings. When the cravings are under control, they don't have the desire."

After the first week of treatment, the patient is introduced to a peer group and structured support is offered to help keep the "accidental tourist" sober and away from the group that once surrounded the patient. Kishore avoids detox involving drugs, because he believes substituting one drug for another is not the right way to sobriety and says the failure rate among addicts is high.

"Eighty percent relapse in the first month," said Kishore. "It's a natural instinct. If you don't have primary-care help, relapse is pretty quick and only two out of 100 don't relapse in the first 90 days in detox. People relapse because they're still sick. They can't hold any food down, they can't sleep and they're irritable. There has to be a doctor by their side. By the second week, they want to experiment. They want to control their addiction and test their sobriety. That's not how nature works."

Kishore's "de-addiction" is a longer program. At the end of the first month, patients are asked to speak at schools about their past use and their life stories to give them a sense of purpose to stay healthy and feel cleansed. In the second month, patients "clear the wreckage," meaning that they pay their debts, clean their homes and get their life on track. In the third month, the reason the patient stumbled into addiction is uncovered.

"Addicts aren't bad people, they're just shy people," said Kishore. "They're very bright, but they don't know how to use that God-given gift of communication. That's why we make them speak. A lot of the social phobias go away when people are on alcohol or drugs. Once you clear up the case, we have a better understanding of who they are, where they are and why they did

this and how to get them out.”

Kishore also studies different populations and statistics to better understand the science of addiction and reach out to those afflicted with the disease. One of the tools he employs is the National Library of Addictions in Brookline, which he founded in 1993 and which has more than 14,000 books. It is also used as a place where patients can go to talk or read.

Kishore, who has spent three decades in medicine and addiction treatment, stressed that addiction can happen to anyone at any time and the best course of action is to battle it at home with the support of a primary care physician and family.

“We have to clean the communities, we have to keep the families together as much as we can,” he said. “We work fast and furious to repair the family fabric. My hope is that they (patients) can be in it for the long haul and once they do that, they have longevity in life.”

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