

Ozonotherapy In The Treatment Of Opiomania

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Key-words: opiomania, ozone

Abstract

Increasing spread of narcomania among children and teenagers as well as high cost medications make doctors to look for new methods in the management of urgent conditions in opiomaniac patients.

Conventional management of narcomaniac patients includes three stages:

- I. Intensive care of abstinence syndrome and disintoxication therapy
- II. Somatopsychic correction to normalize somatoneurologic psychopathoid disorders (metabolic disturbances and psychis disbalance including sleep)
- III. Antirecurrent therapy.

The first two stages are known to be the most important and the therapy is done in the in-patient department.

Abstinence syndrome is one of the most distressing conditions. The threat of abstinence development is often the reason to prolong narcotization. The most severe course is observed in heroin abstinence complicated by intake of various sedative- hypnotic preparations.

The classical "psychopharmacological pattern" frequently results in such complications as disinhibition leading to development of psychic excitement and delirium, thus provoking administration of narcotic drugs. Psychopathological manifestations of neuroleptic syndrome (psychic rigidity) can weaken therapeutic contact. So during the first two stages it seems reasonable to use atypical antipsychotic drugs in low doses with a short course and by strict therapeutic indications. The above-stated complications made us look for new methods of treatment and introduce intravenous and subcutaneous injections of medical ozone. This method provides complete and immediate discontinuance of narcotic drugs (heroin, methadonum).

At the in-patient department of the Regional Narcologic Dispensary 34 patients with narcomania (hand-made opium, heroin, methadonum) were treated from 2000 to 2003. Drug doses were 0,5 - 1,0 grams a day. Methadonum dose was 1.0 gram a day. All patients were on subcutaneous and intravenous injections of medical ozone in addition to medicamentation therapy (thiopridalum, coxylum, ketanov, phenazepam intramuscularly in the dose of 2.0 for the first three nights) Starting from the fifth day the patients were prescribed opiate receptor blockers (naloxonum, antaxonum)

Ozonotherapy was found to cease intoxication, to relieve pain, to improve microcirculation that led to better cardiac and liver functions. All patients noted "clearing in the head". The patients were in a controled condition that made it possible to follow the treatment regime, to lower the doses of analgetic, antidepressant and psychotropic preparations. Somato-vegetative manifestations of abstinence syndrome were considerably reduced. The patients were also noted to have a better sleep and to restore the appetite. There were revealed no evidence of any complications due to ozonotherapy.

Introduction

Increasing spread of narcomania among children and teenagers as well as high cost medications make doctors to look for new methods in the management of urgent conditions in opiomaniac patients.

Conventional management of narcomaniac patients includes three stages:

1. Intensive care of abstinence syndrome and disintoxication therapy
2. Somatopsychic correction to normalize somatoneurologic psychopathoideous disorders (metabolic disturbances and psychis disbalance including sleep)
3. Anti-relapse therapy.

The first two stages are known to be the most important and the therapy is done in the in-patient department.

Abstinence syndrome is one of the most distressing conditions. The threat of abstinence development is often the reason to prolong narcotization. The most severe course is observed in heroin abstinence complicated by intake of various sedative- hypnotic preparations.

Chronic intoxication with narcotic preparations is known to cause misbalance in some systems of neuromeditation. Hence, in therapeutic management the preference is given to medications that are pathogenically consistent and can be combined with conventionally used methods of detoxication as well as with psychotropic preparations. The use of neuroleptics, tricyclic anidepressants, that is the classical "psychopharmacological pattern" frequently results in such complications as disinhibition leading to development of psychic excitement and delirium, thus provoking administration of narcotic drugs. Psychopathological manifestations of neuroleptic syndrome (psychic rigidity) can weaken therapeutic contact.

The aim of this work was to see whether ozonotherapy can be used as an auxilliary method in the management of urgent conditions in opiomaniac patients.

Material and methods

At the in-patient department of the Regional Narcologic Dispensary 34 patients with narcomania (hand-made opium, heroin, methadonum) were treated from 2000 to 2003. Drug doses were 0,5 - 1,0 grams a day. Methadonum dose was 1.0 gram a day. All patients were on subcutaneous and intravenous injections of medical ozone in addition to conventional medication therapy (thiopridalum, coaxilum, ketanov, phenazepam intramuscularly in the dose of 2.0 for the first three nights) Starting from the fifth day the patients were prescribed opiate receptor blockers (naloxonum, antaxonum)

Medical ozone was generated with the use of photochemical method by «Надежда-О» ozonator, manufactured by ООО НПК «Биотехник». Ozone concentration in gaseous phase was 1200mcg/l; ozone concentration in the saline – 300mcg/l.

Ozonotherapy is performed starting with the first hospitalization day, or following 6-8 hours after the drugs intake. The first procedure is done in a form of intravenous instilled infusion of ozonated physiological saline(200ml) On the second day ozonotherapy is done in a form of subcutaneous injections(1-2ml) of ozone/oxygen mixture into the active points of the cervical zone(14-XIII,11-VII,42-VII) on both sides, ozone concentration in gaseous phase being 1200mcg/l. In cases when patients complain of pains in lumbar zone, knee joints or gastrocnemius muscles, ozone/oxygen mixtures are injected in to meridian points(3,4-XIII; 23,25,26-VII; 40,50-VII) of lumbar zone on both sides.

At the first two stages of treatment ozonotherapy was used in combination with atypical neuroleptics in low doses with a short course and by strict therapeutic indications.

Results and Discussion

Intravenous infusions with ozonated saline were found to improve the sleep, to control the pain syndrome, to lower the depressive syndrome, to produce a marked sedative effect. Subcutaneous injections into the points of cervical zone helped to control somato-vegetative disorders, improving

the night sleep, that makes it possible to decrease the doses of somniferous preparations. There were less episodes of clogged nose and liquid stool.

The used method made it possible to cancel immediately any intake of drugs (heroin, methadonum).

Regarding the pathogenic basis, ozone can produce an analgesic effect and it enabled us to lessen the dose of analgesics and the patients were not suffering from a torturing sensation of “unscrewing the joints”. Ozonotherapy with its powerful antioxidant effect is known to enhance the microcirculation, improving trophical processes in organs and tissues and improving blood rheology, that led to better cardiac and liver functions. All patients noted “clearing in the head”.

Activating the detoxicating defense system, ozonotherapy was found to eliminate the development of fatty degenetation. Due to anti-depresisve effect of medical ozone with significantly reduced depressive radical, it was easier to manage the depressive condition. The patients could be well-controlled that made it possible for them to follow the treatment regime, taking lessened doses of analgetic, antidepressant and psychotropic preparations.

The abstinence syndrome could be controlled within 5 days with less psychologically traumatic consequences. Using this method the abstinence syndrome can be controlled in out-patient clinics. There were no evidences ever revealed of any complications due to ozonotherapy.

Conclusion

The described procedures of ozonethepy proved to be quite efficient, easy and cheap to use and to have no contraindications. The use of ozonotherapy in combination with conventional management provides significant advantages compared with the method of immediate arrest of abstinence syndrome or the method of hyperbaric oxygenation that need high cost apparatuses, specially trained personnel and specially equipped rooms and nevertheless are running a certain risk.

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