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Utilization of the Rugal Treatment against Addictions to Drugs, Presentation of the Management Scheme and its Results

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Abstract

A treatment against drug addiction is instituted, which is duly explained to the patient and his family members with an Informed Consent document duly signed, both by the patient and the companions of the same, since in some cases they did not accompany the parents, in Sometimes he was the patient's brother, in others the patient's companions. This treatment gave surprising results since it was possible to reintegrate patients in two weeks, to family, social and work life with attachment and without relapse.

Keywords: *Addictions; Drugs*

Addiction is defined as a chronic and recurrent disorder characterized by the search and compulsive use of drugs despite the adverse effects. It is considered a brain disorder, because it involves functional changes in the brain circuits involved in reward, stress and self-control, and these changes may persist even after they have stopped using drugs [1]. The cycle that takes place in addictions involves different neurotransmitters (most notably dopamine (DA), glutamate, dynorphin and corticotropin-releasing factor). Three stages have been identified; 1) binge/poisoning, which involves regions of cerebral reward (the nucleus accumbens and pale ventral), 2) Retreat/negative affect, mainly extended amygdala and habenula and 3) anxiety/concern, basolateral amygdala, hippocampus, prefrontal cortex, insula and other regions of the brain [2]. Explicitly the parts of the brain that are affected by the chronic use of drugs: Basal ganglia; which play an important role in motivation, including effects of pleasure in activities such as food, socialization and sex, and on the other hand the formation of habits and routines are also involved. These areas form the key to the reward circuit. The drugs activate this circuit producing euphoria with repeated exposure, the circuit adapts to the presence of the drug decreasing its sensitivity, making it difficult to feel pleasure for anything other than the drug. The extension of the amygdala; plays a role in stressful feelings such as anxiety, irritability and discomfort, which characterize abstinence, after the elimination of the drug and therefore motivates the person to look for the drug again. The prefrontal cortex enhances the ability to think, plan, solve problems, make decisions and exercise self-control over impulses. It is also the last part of the brain that matures, making adolescents more vulnerable. Some drugs such as opioids also affect other parts of the brain such as the brainstem, which controls life- critical functions, such as heart rate, breathing and sleep, and explains why overdoses can cause depression and death [3,4].

Psychomotor stimulants, such as cocaine and amphetamine, appear to depend on an increase in the synaptic release of dopamine in the mesolimbic dopamine system. This system has its cellular bodies of origin in the ventral tegmental area and projects towards the nucleus accumbens, the olfactory tubercle, the frontal cortex and the amygdala.

Cocaine acts mainly to block the reuptake of dopamine by binding to a specific protein, the dopamine transporter protein, involved in reuptake; amphetamines improve dopamine release and block its reuptake. Three of the five dopamine receptor subtypes clones have been implicated in the reinforcement actions of cocaine. Opioid drugs bind to opioid receptors to produce their reinforcing effects. The mu receptor appears to be the most important for the reinforcing effects of heroin and morphine, and the most important brain sites for the acute reinforcement actions of these drugs appear to be in the ventral tegmental area and the nucleus accumbens. Opioids stimulate the release of dopamine in the terminal areas of the mesolimbic dopamine system, and there also seems to be an independent action of dopamine in the nucleus accumbens region in neuronal systems that receive a dopaminergic contribution. Ethanol and other sedative hypnotics clearly have multiple sites of action for their acute reinforcing effects, which depend on the facilitation of GABAergic neurotransmission, the stimulation of dopamine release at low doses, the activation of endogenous opioid peptide systems and the Antagonism of serotonergic and glutamatergic neurotransmission. Nicotine is a direct agonist of cerebral nicotinic acetylcholine receptors, which are widely distributed throughout the brain. Self- administration of nicotine is blocked by dopamine antagonists and opioid peptide antagonists, and it has been shown that both an antagonist Nicotinic acetylcholine as an opiate antagonist precipitate nicotine withdrawal in rodents. Therefore, nicotine activates both the mesolimbic dopamine system and the opioid peptide systems in the same neural circuit associated with other drugs of abuse.

Abstinence from the chronic use of drugs of abuse is characterized by a dependency syndrome that is composed of two elements. Objectively observable physical signs of alcohol withdrawal are autonomic tremor and hyperactivity; Abdominal discomfort and pain are associated with abstinence. of opiates. The "psychological" signs of abstinence from drugs, which may be considered motivating, are usually different components of a negative emotional state, such as dysphoria, depression, anxiety and malaise.

Activation of the locus coeruleus during withdrawal is due to a combination of intrinsic factors (that arise within the specific brain region) and extrinsic factors (that arise from another brain region). The intrinsic mechanisms imply upregulation of the cAMP pathway In acute form, opioids inhibit the cAMP pathway in the locus coeruleus by inhibiting adenylyl cyclase, a molecular site of action for opioid neuroadaptation. In contrast, chronic exposure to opioids increases the amount of adenylyl cyclase and the cAMP-dependent protein kinase expressed in neurons, this increased cAMP pathway, contributes to the increase in electrical excitability of the locus coeruleus neurons associated with abstinence.

Materials and Methods

The study was conducted in the year of 2017, from January to December and the cases were followed up for a period of one year. One hundred ten patients are included, of both sexes and regardless of age, who were addicted to the different drugs prohibited in the country were included in the year 2017, all showed up voluntarily to get out of addictions, using a treatment called rugal treatment with Alprazolam, Olanzapine and Duloxetine, a daily review was made, for two weeks, to evaluate in all the presence of adverse effects which did not occur in any patient. Only one patient is exemplified with its pre-treatment and post-treatment status.

Justification

Due to the urgency of providing a solution to the patient's condition, medications that the literature marks as a contraindication to be mixed were used, however the clinical results show that the patient is not at risk and no undesirable adverse reactions were manifested. when it came to people intoxicated with a potent drug, such as Crystal, Heroin and Cocaine.

All the patients were informed, what was an experimental study and they were cited daily for a period of two weeks, to observe the possibility of an undesirable adverse effect, without this being present in any of the patients. They were asked to sign an informed consent document with what, legally the experiment could be carried out with completely satisfactory results.

It is mentioned that one never sought to harm anyone and that satisfactory results were achieved so that this RUGAL treatment can be used by everyone.

Conclusions

A treatment for the control against addictions to prohibited drugs is installed, taking into account what the specialized literature, tries that certain medications should not be mixed. This treatment is called RUGAL, the name RUGAL is legally registered, and consists of the administration of Alprazolam 0.50 mg, 0.25 mg, which is eliminated in less than a week, Duloxetine 60 mg for two weeks and continues with 30 mg to complete 3 months, Olanzapine 10 mg day for 3 months. In the face of urgency, a management was established with the sole intention of removing the patient from his withdrawal syndrome by treating insomnia, anxiety, paranoia and schizophrenia, with surprising results that not only was abstinence resolved, but it was also achieved in two weeks, reintegrate the patient into the family, social and work environment, without any of the one hundred ten patients having relapsed in the need to administer prohibited drugs, even in 9 months after concluding the treatment.

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