

A Primary Care Physician's Alternative for the Benzodiazepines

Morton Walker, D.P.M.¹

Sitting in her pew at church, 28-year-old Marci Reighart of Lima, Ohio, a home-maker, feels faint, her heart starts racing, and she thinks to herself, "I can't breathe. I'm choking!" But enough air lodged in her lungs allows her to rise quickly, walk outside to gulp down the fresh air, swallow a pill taken from her purse, and in a few minutes feel normal again. This slim, tense, dark-haired young woman suffers from a common form of anxiety disorder

— panic attacks. The pill she swallowed was Librium™.

Mrs. Reighart never knows when a panic attack will take over. It could be at home, in a restaurant, church, in a theatre or at a party. She has undergone test after test. Yet her primary care physician could find no physical cause for her problems. As treatment he offered prescriptions for one of the more popular benzodiazepines—preferring Librium™ over Valium™.

The doctor had referred her for psychiatric evaluation, but Marci Reighart refused to make the appointment and merely resorts to her benzodiazepine product.

In the January 30, 1990 *New York Times*, my fellow medical journalist Daniel Goleman discussed various treatments for anxiety disorders. However, he noted that many physicians still do not recognize their symptoms and hardly any know how to treat them.

"The typical primary care physician sees at least one patient every day with an anxiety disorder. In fact, anxiety disorders are more common than diabetes mellitus in the primary care office," writes Thomas McGlynn, M.D., associate professor of medicine at Penn State University, College of Medicine, in his co-edited handbook, *Diagnosis and Treatment of Anxiety Disorders*.¹

In our interview, Dr. McGlynn said,

"There is still a general lack of knowledge among primary care physicians on how to treat panic attacks, depression, posttraumatic stress, simple phobia, or any of the anxiety disorders. Patients with extreme anxiety are far more likely to consult a primary care physician than they are a psychiatrist."

Generalized anxiety disorder is estimated to affect every third American. Panic attack is considered one of its more extreme responses — the exaggerated manifestation of an individual undergoing stress overload. Depression frequently is a coexisting condition. Indeed, more than 40 definitions of stress can be found in the medical literature.²

Some fairly famous people experience symptoms of anxiety or depression as a result of unrelenting stress and strain. Author William Styron, recently writing in *Vanity Fair*, described his own plunge into despondency, "a veritable howling tempest in the brain," that nearly cost him his life. CBS correspondent Mike Wallace fell into depression during submergence in his grueling five-month trial that resulted from the libel action brought by retired General William Westmoreland. Actress Patty Duke went into irrational tantrums, followed by multiple consecutive days when she would lie in bed, crying. Author Virginia Woolf, photographer Diane Arbus, painter Vincent van Gogh, and poets Anne Sexton and Robert Lowell all fought the demons of emotional and mental disintegration.

The Abuse of Benzodiazepine Therapy

The most sought-after approach by the primary care physician for helping patients overcome anxiety with its self-destructive thinking, distraught emotions, and/or irrational behaviour is to prescribe benzodiazepine therapy.¹ Benzodiazepines have been among the most

1. 484 High Ridge Road, Stamford, Connecticut 06905.

widely prescribed drugs in the United States for the past two decades. There continues to be considerable controversy about whether long-term use of these drugs constitutes a medically sanctioned and potentially dangerous iatrogenic kind of addiction.⁴

Publishing in the *Journal of Orthomolecular Medicine*, Robert J. McCaldon, M.D., D.Psych., F.R.C.P.(C) of Kingston, Ontario urges physicians to avoid making psychiatric diagnoses by mere summary exclusion. Dr. McCaldon suggests that they recognize various "limitations in routine examinations that may not always reveal the true diagnosis." He asks primary care physicians "to be aware that a vast array of physical disorders can present with psychiatric symptomatology, usually depressive, anxious or pseudo- 'functional'. Awareness of the somato-psychic possibility [not psychosomatic] will lead to greater diagnostic precision [and more appropriate treatment]."⁵

Dr. McCaldon points out that somatopsychic disorders, those physical or metabolic illnesses which manifest themselves predominately in psychiatric symptoms and signs, are too often overlooked. Frequently the result is that one of the benzodiazepine drugs is prescribed, a treatment fated to mask the patient's mental or emotional symptoms and signs but to do nothing for correcting the true source of illness — a physical deficiency, an actual disease, or a metabolic disorder. The medical consumer's ready acceptance of drugs like Valium™ or Librium™ makes it all too easy for the primary care physician to fall into that prescription-writing trap.

Use and abuse of benzodiazepines by prescription are related to the clear-cut and increasingly documented phenomenon of patients' withdrawal reactions following the administering of these drugs.⁶ Ceasing treatment because of severe withdrawal responses commonly causes serious difficulties. The awesome withdrawal phenomenon — an inability to discontinue the prescribed benzodiazepine drug — is termed "dependence"⁷ and by itself is enough to qualify patients for the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed., revised diagnosis of "psychoactive substance dependence".⁸ Peter P.

Roy-Byrne, M.D. and Daniel Hommer, M.D., faculty members in the Department of Psychiatry, University of Washington School of Medicine, describe "addiction" and "abuse" as terms that denote drug use resulting in physical, psychologic, economic, legal, or social harm to the user, or others affected by the user's behaviour.⁹ The terms often imply, in addition to dependence, escalating dosage and drug ingestion to obtain a euphoriant effect. These aspects, say Drs. Roy-Byrne and Hommer, are infrequently associated with benzodiazepine use, and thus dependence is a more appropriate term."¹⁰

Besides withdrawal symptoms following discontinuation of the benzodiazepines, additional side effects from their use are reported as numerous. These benzodiazepine side effects consist of drowsiness, fatigue, ataxia, confusion, and insomnia, which is especially seen in the elderly and debilitated.

Other adverse reactions of the benzodiazepines are an exacerbation of depression, diplopia, dysarthria, headache, hypotension, incontinence, salivary changes, vertigo, blurred vision, slurred speech, tremor, syncope, hypotension, tachycardia, skin eruptions, edema, menstrual irregularities, nausea and constipation, extrapyramidal symptoms, and alteration of the libido. Blood dyscrasias, jaundice, and hepatic dysfunction have been reported during tranquilizer therapy. There may be paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, deepening insomnia, rage, sleep disturbances, and stimulation.

To avoid such benzodiazepine side effects, an injection of calcium, in a combination with magnesium and potassium, has a near-equivalent calming effect, suggests Max Daunderer, M.D. of the Toxicological Centre in Munich, West Germany. However, in the treatment of another anxiety disorder, the hyperventilation syndrome, Dr. Daunderer says, "It [intramuscular injection of calcium alone] encourages dependence on drugs on one hand and, on the other hand, has the hidden danger that repeated injections block the parathyroid glands and by lowering the calcium level in the blood can cause severe spasms. For this reason, calcium must not be administered,

with the exception of Phosetamin® [Mynax® in the United States], produced by Dr. Franz Koehler Chemie of Alsbach, West Germany. In this product, the [combination] calcium content takes the form of the ethanol amino-phosphate [EAP] and has a calmative effect on the nervous system without any danger of causing dependence."

Thus, Phosetamin® in Europe or Mynax® in North America takes over from the prescribed benzodiazepines as a viable alternative and without side effects.

Alternative Therapy for Psychosomatic/Somatopsychic Disorders

We have already used Dr. McCaldron's definition to explain somatopsychic disorders. Now add to his definition: "That every illness causes psychological reactions is a truism to which too little attention is paid," wrote Curran and Partidge, in 1957.¹¹

In contrast to somatopsychic practice, psychosomatic medicine investigates the interactions between somatic, psychic, and social factors in the healthy as well as diseased individuals.

The psychotropic drugs commonly prescribed by the primary care physician for relief of psychosomatic symptoms, particularly the sedative-hypnotics, become unnecessary and plain bad medicine when our EAP carrier compound (ethanol amino phosphoric acid) is available. Rather the preparation of the three nutrient metals — magnesium, calcium, and potassium — with the phosphoric acid-mono-(2-amino-ethylester) was, in fact, originally developed for the treatment of vegetative regulation disorders (abbreviated psychosomatics). Studies in Europe have shown that this EAP combination is especially suitable for the transfer of cations in order to regulate disruptions in the intracellular cation spectrum.

P. Leskow, M.D. and G. Dietz, M.D. proved in one such clinical study¹² that deficiencies of minerals in the diets of industrialized Western countries are giving rise to a variety of disorders of the nervous system. The deficient electrolytes were replaced by these two researchers with the EAP mineral carrier compound, and their

patients' psychosomatic disruptions ceased to cause difficulties.

Components of the Benzodiazepine Alternative Compound

Mynax® contains the physiologically active mineral substances: 145.8 mg magnesium salt of phosphoric acid mono-(2-aminoethylester) 58.4 mg calcium salt of phosphoric acid mono-(2-aminoethylester) 145.8 mg potassium salt of phosphoric acid mono-(2-aminoethylester)

Ethanol amino phosphoric acid being the mineral-carrying vehicle, it integrates itself as an essential part of the human neuronal cellular membrane and myelin sheath. Seventy-five percent of neuronal makeup consists of phosphatidyl etha-nolamin. The mechanisms of the electrophysiological processes in nervous stimulation are regulated by this compound. Consequently, the release of catecholamine (the sympathomimetic amine stressor substance) is reduced so that calcium flow is normalized.

Magnesium bound to EAP has a high affinity to the nervous tissue and stimulates the energy metabolism in the membranes and in the intracellular compartments (c-AMP, glycolyse, mitochondrial ATPase, etc.). Magnesium also regulates the release of various transmitting substances in terms of moderate suppression.

It is known, furthermore, that the additional effect of magnesium is to enhance capillary peripheral vascular flow.¹³ The result is an improved oxygen supply of the parenchymatous tissue and prevention of tissue acidosis. Most medical scientists, of course, recognize the general effect of magnesium as a physiological calcium antagonist.

Patients exhibiting symptoms of general weakness, neuromuscular impairment, poor reflexes, soft and sagging muscles, dry skin, and other problems may have an intracellular potassium deficiency; therefore, an aim of this therapeutic antidote is to replace missing potassium. The compound does it with potassium EAP as one of its components.

Additional Uses of the Triple Mineral EAP

Distributed in North America by Koehler

Company USA, P.O. Box 1508, Mt. Vernon, WA 98273, the triple mineral EAP has established therapeutic indications which include the following:

Cardiology — cardiac arrhythmias, calcium antagonism, cardiac stress pain, hypertension;

Gynecology — menopausal irritation;

Psychiatry/Psychology — stress syndromes of all types;

Neurology — eyelid tic, restlessness, muscle spasm and vibration, insomnia, memory loss, neurotransmitter deficiencies;

Pediatrics — hyperactivity, concentration loss, drug abuse, inadequate growth and development, cognitive dysfunction;

Orthopedics and Sports Medicine — electrolyte loss, muscular weakness, decreased reflexes, and slow recovery after trauma or illness.

American physicians are reporting an expanding application of the remedy. For instance, in our telephone interview, Abraham Ber, M.D. of Phoenix, Arizona said,¹⁴ "I have been using Mynax® for a couple of years with remarkable success. Because it contains calcium, magnesium, and potassium, I've prescribed it for people with cardiovascular disorders, especially for lowering high blood pressure. It diminishes symptoms of hypertension, arrhythmias, and angina pectoris. The secret of this compound's therapeutic success is that the three minerals are linked to phosphoric acid. Integrating them with the cholamine phosphate compound makes cellular membranes stabilize. The EAP vehicle is the true therapeutic agent for spastic conduit diseases such as asthma, chronic inflammatory diseases in which the bowel is hypertonic, Friedreich's ataxia, amyotrophic lateral sclerosis, and spastic bladder as in bed wetting or multiple sclerosis. It's also valuable for overcoming small blood vessel disorders as with diabetic retinopathy and nephrogenic diabetes.

"I use it quite frequently for people under psychological stress and for those suffering with insomnia — three tablets t.i.d. One of the key elements for my protocol in the treatment of Crohn's disease and ulcerative colitis is Mynax®," continued Dr. Ber. "For example, my patient, a 20-year-old male student residing in Scottsdale, Arizona, had Crohn's disease,

including severe diarrhea with cramping and bleeding," Dr. Ber said. "These symptoms remitted within 48 hours of my placing him on nine tablets daily of Mynax®.

"Another man from a suburban Phoenix community, an engineer, age 54, was on stringent doses of medication for hypertension. After keeping him on this same calcium carrier compound for three months, I was able to take him off the high blood pressure medication altogether," Dr. Ber said. "The drugs for hypertension had been causing him impotence and loss of energy, but Myrnax® helped to restore his function.

"For me, this is a vital mineral supplement. I take nine tablets of Mynax® myself every day and give my wife six tablets a day to take," concluded Dr. Abraham Ber. "It's excellent as an antidote against stress and for general physiological protection."

Treatment for Chronic Fatigue Syndrome

The calcium, magnesium, potassium salts of phosphoric acid mono-(2-amino-ethylester) are suited to the treatment of chronic fatigue syndrome and other vegetative dystonia. Symptoms may not only be general fatigue but also headaches and pains in the neck, queasiness, heart sensations, the feeling of not wanting to do anything, eclampsia, spasms of cerebral and peripheral blood vessels causing steno-cardiac complaints, latent tetany, and eclampsia or pre-eclampsia.

With the aid of this phosphoryl colamine nutrient compound, it is possible to build up magnesium, calcium, potassium content of the cells so as to eliminate the malfunctioning of mineral metabolism. Unless otherwise prescribed, a dosage of two or three tablets should be taken three times daily. The pills must be swallowed whole with a little liquid and without being sucked. They are resistant to gastric juices. As a rule, a pause of two to three weeks in the administration of the mineral compound is customary after treatment has lasted an equal two to three weeks. In other words, prescribe three weeks on and three weeks off the dosage until the complaints associated with chronic fatigue syndrome have been completely eliminated.

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