Addiction: A Unique Chiropractor’s Pursuit of the Source
Interview with Jay Holder, D.C.
by TAC Staff

Dr. Holder is the first American to receive the Albert Schweitzer Prize in Medicine from the Albert Schweitzer-Gesellschaft, Austria. Dr. Holder is Adjunct Professor, St. Martin's College, Milwaukee; held appointment to the faculty at the University of Miami, Center for Addiction Studies and Education and held appointment as post graduate faculty at numerous chiropractic colleges including National College, Life College, Life West and Parker College.

He is the creator of Torque Release Technique®, discoverer of the Foundation Point System and Addiction Axis Line in Auriculotherapy, President/Emeritus of the American College of Addictionology and Compulsive Disorders and is Director/Founder of Exodus Treatment Center, a 250 bed addiction facility located in Miami, Florida; Director/Founder of Exodus Israel Addiction and Research Center, Jerusalem, Israel and Chairman of the Israel Certification Board of Addiction Professionals.

TAC: Dr. Holder, you've become regarded as a chiropractor with extensive knowledge on addiction, not only within chiropractic, but in association with all the other professions that work with addiction. Can you explain a few examples of the patients you have treated and explain just what addiction is?

HOLDER: Addicts come from all walks of life. I never know who our next admission will be at Exodus/Concept House in Miami, Florida’s first licensed addiction treatment program, now entering its 40th year. It could be a homeless person or an astronaut. Addiction is a disease, and there are five addictions: work, food, sex, gambling and drugs; each one of those simple terms are huge arenas in clinical treatment. Food, for instance, is bulimia, anorexia nervosa and carbohydrate binging, the eating disorders. Drugs for example include cigarettes, heroin, cocaine, alcoholism and so forth. This is an equal opportunity disease; it is a genetically based disease. The gene for addiction was discovered at the University of Texas in 1990 which is the A1 allele of the D2 dopamine receptor defect. Therefore, just like diabetes, addiction is not a moral issue or a psychiatric disorder. You just didn't choose your parents properly, that’s all.

TAC: And how has the success rate been?
HOLDER: Of the 18,000 addiction programs in the U.S., the success rate with a 30 day drug-free model is about 46 percent with a retention rate of 60%. When you add Torque Release Technique (TRT), Auriculotherapy (a cranial nerve augmentation which has nothing to do with ear acupuncture) and neurotransmitter replacement therapy (4 amino acids) to that 30 day standard model, the outcomes improve to 86 percent with a retention rate of 100%.

TAC: Do you view the chiropractor’s role in addiction and compulsive disorders as being one of a technician?
HOLDER: Oh my goodness, absolutely not. No chiropractor should allow themselves to play or fall into the role of a technician. The chiropractor is a primary care provider in this field. This is because the D.C. directs all treatment and intervention recourses. Further, addiction treatment always works best when it’s drug free. And there is no risk of iatrogenic relapse because a D.C. would not prescribe drugs - and remember, residential and outpatient treatment programs, for the most part, don't use drug therapy. We're not talking about medical detox. Addiction treatment begins after detox. Detox is not considered addiction treatment. The role of the chiropractor is primary and chiropractic is a primary intervention resource. Federal and state government recognize that, and that’s why they're calling upon chiropractors for training and treatment, because they know that the D.C. as a primary care provider is best suited to run and manage addiction treatment programs.

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and provide primary intervention resources.

**TAC:** And what is it that attracts you to this market?

**HOLDER:** Saving lives. Addiction is the leading cause of death and crime in the United States according to the US Department of Health and Human Services and the White House National Office of Drug Control Policy. 68% of all manslaughter, 50% of all traffic fatalities, 49% of all murder and 35% of all suicide, make it by far the leading cause of death in the U.S. Up to 92% of all felony arrests are drug related. The disease of addiction, if not treated successfully, is a fatal disease. There are more people in federal prisons for drug related crime than there are in the U.S. Military.

**TAC:** Could you tell our readers about the Brain Reward Cascade and the impact of the subluxation on an addicted patient?

**HOLDER:** People who are born with the A1 allele of the D2 dopamine receptor defect have an inability to manifest a normal state of well being and human potential, known as Reward Deficiency Syndrome (RDS). That’s what this gene expresses. And of course, chiropractic is all about improving state of well being and human potential through a non-linear, tonal, subluxation based technique. The only non-linear tonal technique that has been studied and implemented well within chiropractic and medical sciences is the chiropractic model of Torque Release Technique (TRT). Our original work was published in the world’s leading scientific journal, published by Nature, Molecular Psychiatry and we’ve been published in the Journal of Psychoactive Drugs to name a few. Chiropractic’s role in the addiction milieu is considered mainstream today, by almost every field of expertise, except the chiropractic field, which turns on itself or misunderstands its own purpose. So this gene defect causes an inability for the Brain Reward Cascade to express itself, which is a linear cascade of one neurotransmitter triggering another to trigger another like a domino effect, so it’s linear. For example, the hypothalamus produces serotonin then methionine enkephalin, which then counteracts GABA at the substantia nigra which then competes with dopamine at the ventral tegmental region which then goes to the amygdala and the nucleus accumbens. If there is a breakdown in this linear cascade we have depression, anxiety, all other compulsive disorders (ADHD, etc.) and the five addictions. We talk about the five addictions, but there’s also all the compulsive disorders with the same gene defect, just with a different name. That’s ADD-ADHD, Tourettes, Aspergers, most learning disabilities, some autisms, most dyslexias. So we’re talking about a tremendous affect within the population, certainly among adolescents and children. The D.C. now plays a tremendous role. Using Torque Release Technique, we have had dramatic objective changes in the mapping of the brain to determine restoration of normal brain function, pre and post, using brain electrical activity maps, p300 wave testing, EEG, etc. TRT can restore an abnormal Brain Reward Cascade to normal eliminating RDS.

**TAC:** Are there certain models of chiropractic treatment or techniques that you feel are most successful for the treatment of addicted patients?

**HOLDER:** Yes, it must be a non-linear, tonal, subluxation
**TAC: What's the most difficult thing that you have to deal with in achieving your highest success rate in getting the patient as close as possible to normal health?**

**HOLDER: In the field of addiction treatment, it is well known, the hallmark of the disease of addiction is denial. Denial is not a river in Egypt. Denial is a psychosocial dynamic where a person actually believes or remakes his reality to believe that there's no problem, that everyone else has a problem, they deny their issues. Breaking down that denial is everything. Denial is the primary barrier to the addict accepting treatment. They have to reach bottom to breakdown their denial mechanism. The problem is most people who reach a bottom may die before they come into treatment. So the idea is a successful intervention to get them into treatment. What's the barrier? Breaking down that denial. So that during the intervention they'll realize what reality really is. That they really are killing themselves with a smile on their face. Denial means that the addict has come to believe that they're not harming themselves or others. They deny reality so that they can continue their addiction. Therefore this is not a psychiatric disease or a moral issue. There are psychiatric diseases that are co-morbid, that can co-exist with the disease of addiction which we call a dual diagnosis. A person can have an addiction and at the same time be bipolar.

A dual diagnosis then would suggest there is a co-occurring psychiatric disease. But we don't use psychiatric methods to treat addiction. It has always failed miserably. And the leadership in the field of addiction medicine would be the first to tell you that addiction is not a psychiatric disease.

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TAC: How do you view the use of pharmaceuticals in this type of practice?
HOLDER: Only as a last resort. Again, the role of pharmaceuticals would be in those few cases where medical detox is necessary. Heroin, cocaine, pot, and crack do not require a medical detox, but abrupt discontinuation of drugs such as alcohol, methadone, suboxone, barbiturates or benzodiazipines may. No matter if it’s heroin, pot or cocaine, whether the cocaine is crack or it’s snorted or injected, whatever, it does not require a medical detox. So only in those cases, as a last resort, would we review the patient’s needs and recommend a medical detox prior to addiction treatment, if necessary.

TAC: Are many patients addicted to pharmaceuticals?
HOLDER: Yes. And becoming more and more so because of the tremendous explosion of these so called pain-management clinics that advertise very clearly, if you have pain come and get your oxycontin. And the federal government is cracking down on them. I would expect that after a year or two years there will be no pain-management clinics. Laws are being promulgated as we speak to shut them down. In addition, the occasional misunderstanding of a good-intentioned M.D. or DDS, who didn't realize that this person has the disease of addiction; a genetic defect, RDS or an incompetent Brain Reward Cascade; and then gives that person percodan for a tooth that was pulled, means well and is not trying to take advantage of anybody, but those patients are addicted and this causes relapse in recovering addicts. That’s iatrogenic, and there’s a lot of that. But these pain-management clinics that are ‘medically based’ are an atrocious abomination and have created an epidemic that is way worse than what the case was ten years ago.

TAC: What about supplements?
HOLDER: Supplements are always important depending on what the person is recovering from. If it’s bulimia it would be several things. It would be different if its anorexia nervosa. There are target organs depending on the addiction. If it’s alcoholism it’s the liver, esophagus and pancreas. Therefore it makes sense to have the best intervention resources that
are nutritionally based. But keep in mind that across the board, whether it’s compulsive disorders or the five addictions - work food sex gambling or drugs - the four amino acids should be considered a nutritional approach as well, but everybody gets that. The four amino acids are L-tyrosine, L-glutamine, DL-phenylalanine, and L-tryptophan, each one of those at 750 mg three times a day, but it only works on an empty stomach. This is not a nutritional approach, you’re not supplementing. These four amino acids are used as enkephalinase inhibitors, when taken on an empty stomach. If taken with food, they're useless in this dynamic.

**TAC:** Could you tell us a little bit about the Integrator Adjusting Instrument?

**HOLDER:** The Integrator is the first chiropractic instrument to be cleared by the Federal Government for the indication of the adjustment of the vertebral subluxation. It doesn’t do what any other adjustment instrument does. It is a toggle recoil instrument. Primary subluxations are usually three letter listings. In other words they’re three-dimensional on an XYZ axis. So simultaneously your listings could be listed posterior, lateral and inferior and you’re adjusting by hand your hand in a toggle recoil are moving in more than one direction at the same time to correct one direction against another versus superiority or inferiority. Such as torque. People don’t understand that torque in chiropractic is a line of drive for superior or inferior line of drive for the listing. The Integrator reproduces what the hands were intended to do in a perfect toggle recoil at 1/10,000 of a second and it’s the only adjusting instrument who’s dynamic thrust is three dimensional and reproducible.

**TAC:** Explain what the Government program in Louisiana is about and who will train D.C.’s in addictions and compulsive disorders?

**HOLDER:** Great news for Chiropractic! The State of Louisiana will now pay the cost for the D.C. to be trained and certified in Torque Release Technique, auriculotherapy and addiction sciences, pay for their equipment and provide patients only to D.C.’s certified in Torque Release Technique. The American College of Addictionology and Compulsive Disorders (ACACD) has been chosen to train and certify all Louisiana D.C.’s. The ACACD is our nation’s pre-eminent provider in addiction certification for all healthcare providers. We are starting with Louisiana and expect this to spread to every state. For details on this project please go to the American Chiropractor web site or the July 29, 2010 issue of Dynamic Chiropractic’s front page story, “Fighting Addiction With Chiropractic Care.”

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