NAD Brain Restoration for Addiction

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Can neurotransmitter restoration therapy return people who suffer from PTSD, substance abuse, and other mental health conditions to previous levels of health?

*If addiction is, as some assert, a “chronic, relapsing brain disease,” it follows that treatments that specifically target brain functioning should be an important part of the arsenal of interventions used to help patients. Although a variety of treatments designed to improve the mental functioning of patients, including the use of psychotropics, already exist, NAD therapy is unique in a variety of ways, including the intravenous method of administration. Should NAD become a widely used form of treatment for addiction? Pioneering clinician Paula Norris spells out the argument in favor…Dr. Richard Juman*

I’ve been a psychotherapist since 1979, helping clients deal with a wide variety of mental health conditions, including depression, anxiety disorders, chronic and post-traumatic stress, alcohol and substance abuse, and marital and family challenges. Although my career has encompassed patients of all ages—from children at Manhattan Children’s Psychiatric Center in New York to aging adults—and virtually all types of mental health conditions, since 2001 my work has focused primarily on chemical dependency, acute and chronic stress, depression, and PTSD (post-traumatic stress disorder).

I am experienced in the use of psychotherapy in both acute and sub-acute psychiatric settings, including an open unit of a hospital psychiatric ward and a variety of residential and non-residential treatment programs. I’ve incorporated a variety of mind-body psychotherapies, using cognitive, emotive, and behavioral models in both individual and group sessions for interventions in stress management, co-dependency, and grief.

In other words, as a therapist, I respect and value highly the therapeutic relationship as a tool for helping patients overcome even the most crippling addictions, chronic or acute depression, and post-traumatic stress disorder. Yet, I am also now an advocate—indeed, one of the leading pioneers—of a physical aid to mental health: the intravenous administration of nicotinamide adenine dinucleotide, or NAD, a naturally derived coenzyme of vitamin B3, or niacin.

I stumbled upon NAD in 1998 when my teenage daughter exhibited such a personality change that I suspected she was using drugs—although I didn’t know which drugs, or how heavily she was involved. A friend told me about an American doctor in Tijuana, Mexico, who was getting “miraculous” results with what he called NTR—Neurotransmitter Restoration—therapy. My husband—Dr. Richard Mestayer, III, who for 20 years was a medical director in Ochsner Foundation Hospital’s Stress Treatment and Behavioral Health units—was appalled at the very idea of sending our child for treatment to Mexico. But I called and spoke with the director—Dr. William Hitt—and liked what I heard, so we decided to give it a try. My daughter was treated for 10 days with NTR, which Dr. Hitt described as an amino acid supplement. She came home clean and happy; her personality returned to the child I knew. She was thereafter the designated driver for her high school friends, graduated from college with a degree in history, and has been successful ever since.

In the years that followed, I often referred clients struggling with addiction to Dr. Hitt for detox treatment, and he would similarly refer his American patients—once detoxified—to me for psychotherapy and aftercare.

One young man who’d gone to Dr. Hitt for treatment, and then come to me for aftercare, had been part of a group of 10 highly successful stockbrokers who’d made too much money too young. Of the 10, he was the only one still alive. The others had overdosed, been killed in accidents, or met other early deaths as a result of their addictions. I sent him to AA as part of his aftercare, and they told him that the results he’d experienced in getting clean were impossible; they were “too good to be true” and he was just “setting himself up for relapse.” This young man, who’d been raised a Catholic in New Orleans, has since earned a Ph.D. in theology and is the Baptist minister of a mega-church in Chattanooga, Tennessee. His recovery was not “too good to be true.”

I began to consider opening my own NTR clinic in Louisiana, my home. By researching the literature on alternative addiction treatment, it wasn’t too difficult to conclude that NAD had been the active ingredient in NTR therapy. NAD is a neurotransmitter and plays a crucial role in cell metabolism and repair. It has been used for drug addiction rehabilitation in South Africa since the 1970s, and was even used in the United States and Canada, until it was abandoned—particularly for opiate addiction—in favor of methadone, and later Suboxone, both of which could be taken orally—a less cumbersome and expensive way to administer treatment—though also addictive.

In 1998, the Discovery Channel did a program on various alternative treatments for drug addiction—including Dr. Hitt’s clinic in Mexico. The program was shown in Europe but not in the U.S. When I mentioned this to a friend who worked at New Orleans station WDSU, she produced a two-part series that aired in New Orleans in 2000.

With this kind of validation, in 2001, I succeeded in opening my own clinic, in Slidell, Louisiana, delivering intravenous NTR therapy. In 2005, my husband and I moved the clinic to Springfield, Louisiana, changing the name to Springfield Wellness Center. We have since treated some 800 patients with intravenous NAD and the results have been phenomenal—or, as some people say, “too good to be true.” But they are.

In a study (Broom, Carson, Cook, Hotard, Mestayer, Norris, Simone & Stuller), we presented at the November 2014 Society of Neuroscience meeting in Washington, D.C., 60 adult patients (male and female) with addictions primarily to opiates and alcohol reported that their cravings fell from an average of five or six (on a 0 to 10 scale) on Day 1 to a rating of two by Day 5, and to an average of one or less by Day 10. Treatment consisted of infusions of NAD, along with vitamins, oral amino acids, and N-acetyl cysteine (NAC) for an average of 10 consecutive days. The treatment was administered from 5 to 10 hours daily at individually prescribed dosages of NAD each day. Perhaps even more impressive than the initial craving reductions, cravings remained low—a rating of two or less—even 20 months post-treatment. But these dry facts don’t begin to do justice to the human impacts of this treatment.

“Doug,” for example, was a nine-year Army veteran who had been on drugs since the age of 14. He’d used cocaine, heroin, speed, Suboxone, pain pills—anything and everything. As a soldier, he had completed two deployments in Iraq and one in Afghanistan and had severe PTSD when he returned to the States. One day, he drove his car through a McDonald’s and was sent to a 30-day PTSD treatment program in Texas.

Doug had detoxed previously on 19 separate occasions before coming to us. He was facing detox from Suboxone, which he calls “10 times worse than heroin to quit.” But after 10 days of intravenous NAD therapy (our BR+ formula), he was clean. He had “one bad day,” he says, but it was nowhere near the bad days he’d had on previous withdrawal attempts.

Doug had been scheduled to complete a 96-day addiction treatment program at a VA hospital, but when he reported as scheduled, he had no trace of drugs in his bloodstream. The staff accused him of lying about his addiction. He has now been clean and free of cravings for more than three months and feels so good that he stopped counting his days of sobriety after Day 80. His hypervigilance and PTSD symptoms are gone as well. His life has so changed that he has returned to school to get a degree in psychology so that he can better understand addiction and help people like himself.

Doug is just one example. Another veteran, “Patrick,” had also completed two tours in Iraq and one in Afghanistan. The VA had him on 12 different medications for pain and other symptoms. When they stopped giving him opiates, he became heavily addicted to heroin. He was also so afflicted with PTSD that he’d have to sleep sitting upright with his back against the wall, facing the door. If he was driving, he’d become triggered by trash bags or dead animals on the side of the road because these were often the camouflage for an improvised explosive device (IED). We treated him with our standard 10-day intravenous BR+ (NAD) therapy and he has now been clean and without cravings for three years. He comes in for a “booster” treatment every six to eight weeks—if he can’t sleep or begins to become hyper-vigilant again. Those are his cues that his NAD levels are running low. We give him a low dose of NAD and, as he says, “The light turns on” for him again.

**These experiences are not the exception but the rule.** I would say that our clients experience a reduction in withdrawal symptoms of 75-80% over other detox methods, no matter what chemical they’ve been addicted to—even methadone or Suboxone. Moreover, NAD is also effective in reducing or eliminating Post-Acute Withdrawal Symptom, or PAWS, which, along with cravings, is another reason for relapse. NAD eliminates PAWS initially and if patients feel it coming back on, they can return for re-treatment for a day or two, and then they’re symptom-free again.

Patrick is also the patient who has been our test subject for heart rate variability, which is a measure of stress, or specifically, of the adrenal system being overworked. Low heart rate variability means the patient is experiencing high levels of stress. A high score—100%—is as low a stress rating as you can get.

Patrick had come in for a booster treatment of NAD and agreed to let us hook him up to heart monitors. His variability score was 51%. That night, after receiving a low dose of NAD intravenously, his heart rate variability had risen to 98.9%. By morning it was 100%. None of us could believe it; it seemed too good to be true. But it wasn’t.

We’ve had similar results with literally hundreds of patients, whose dependencies have ranged from alcohol to methamphetamine to pain pills to opiates to a variety of drugs. They not only get off drugs; they tell us that they get their lives back. They go on to lead lives that prove it. One of our clients described it as “an eraser effect.” It’s like she never had a problem with drugs or alcohol. Their appeal is completely gone.

Nor are addiction and PTSD the only conditions that NAD effectively treats and reverses. Because we’re a mental health clinic, we started seeing a lot of patients, particularly after Katrina, who were debilitated from chronic stress. We’d give them a four- to six-day treatment with intravenous BR+ and their healthy mental outlook would be restored. Other providers have used NAD to similarly good effect. One patient with Parkinson’s, whom I had the pleasure of treating, had tremors so bad he couldn’t hold a cup or a fork and kept his hands in his pockets to avoid drawing attention to them. I didn’t know what result NAD would have on his symptoms, but I knew it couldn’t hurt him. So we hooked him up to an IV and began administering our NAD/BR+ protocol. He was about halfway through the bag when someone in the room commented that the man was holding his book without his hands shaking. I’d seen the same thing, but thought it was just because his elbows were propped against the armrests. The man extended his arms out straight—and his hands did not shake. His wife started crying. The man started crying.

We continued with six days of treatment and sent him home. He was scheduled for a repeat treatment in three or four weeks; sooner if symptoms start to return. It has been three weeks and we haven’t heard from him.

**How are these results possible?** One theory is that NAD is able to repair damaged genes. Another is that the treatment simply restores normal, healthy levels of NAD to cells that have been depleted of it due to stress, alcohol, addiction, toxins, anxiety, or other factors.

To be accepted by the medical community, however, we need controlled, reproducible, long-term studies to document what we’ve witnessed in the treatment setting. Fortunately, we believe those studies are just on the horizon.

Our work has put us in contact with a number of leading medical researchers including Harvard Medical School’s Dr. David Sinclair, who first linked NAD with anti-aging properties; Dr. James Paul Watson, director of stem cell research at Hollywood Presbyterian Medical Center; and Dr. Ross Grant, director of the Australasian Research Institute; and others—many of whom will be speaking at the inaugural Brain Restoration Summit 2015: NAD—the Future of Brain Health, which Springfield Wellness Center is sponsoring Oct. 29-Nov. 1, in Natchez, MS. These scientists are as excited as we are about the benefits of NAD—which, after all, is simply a coenzyme of a water-soluble vitamin—a treatment that can do no harm.

As a therapist, do I believe NAD is likely to put me out of business? No, absolutely not. Addiction is a psycho-spiritual disease, as well as a physical one. People still have to address the underlying issues that caused them to abuse drugs or alcohol, or sent them into depression in the first place. Also, people who have struggled with chemical dependencies for a long time have often harmed themselves and others in ways that need healing and forgiveness. For all these reasons, a therapeutic relationship with a qualified mental health professional is essential.

But am I an advocate for a natural treatment that so effectively treats the physical aspects of addiction? Absolutely. Springfield Wellness Center now trains and certifies physicians in providing this treatment so that we do not become a limiting factor in the number of patients who can benefit from it. Our collective experience has demonstrated that NAD is one “too good to be true” treatment that is not.

*Paula Norris, M.Ed., LPC, FAPA, is the founder of Springfield Wellness Center, in Springfield, Louisiana.  She has 35 years of experience in psychotherapy and is a Licensed Professional Counselor (LPC), a Fellow of the American Psychotherapy Association (FAPA), a member of the American Counseling Association (ACA) and the Louisiana Counseling Association, and a former member of the International Society of Clinical Hypnosis, the American Society of Clinical Hypnosis, PAIRS Foundation for Marital Family Therapy. She is the author of numerous papers and presentations and is the organizer of the inaugural Brain Restoration Summit in Natchez, MS, this fall.*