



## PARADOXICAL REACTIONS TO AMINO ACIDS

The following is not an answer to an e-mail that came in, but was inspired by a phone call for technical support that we received at NeuroResearch last week.

“Paradoxical reactions” are seen in approximately 2% of patients treated with amino acids. A paradoxical reaction is defined as an outcome to treatment that is the opposite of what is expected. For example, a weight patient who reports that they are more hungry at the end of the first week, the depressed patient who returns at the end of the first week saying they feel more depressed or the patient with insomnia who reports that they are having even more trouble sleeping can all be examples of “paradoxical reactions”.

Differentiation of paradoxical reactions from “start-up depletion problem” is as follows. The “start-up depletion problem” is present from the first day-first dose of the amino acids and in 95% of cases it is GI upset. Whereas the “paradoxical reaction” generally starts after the first day or two of treatment and makes the very thing that you are attempting to treat seem worse from the patient’s perspective and is not a new problem that occurs as with the depletion problem.

So how do you manage the “paradoxical reaction properly”? Common sense would tell you to back off the amino acids and go slow, but based on clinical experience with patients that is the exact opposite of what you need to do. The proper approach is to simply leave the patient on the 8 NeuroReplete given (4 pills twice a day) for the non-weight loss patient or 8 pills of D5 given (4 pills twice a day) in the weight loss patient and move these pills to 4 pills in the AM and 4 pills at noon and add 4 pills of RepleteExtra in the non-weight patient or 4 pills of “D5 Extra” in the weight patient at 4 or 5 PM in the afternoon.

In virtually all cases of paradoxical reactions, where the very symptom you are trying to treat gets worse from the patient’s perspective, by the end of the first week of treatment increasing the amino acid dosing will get the patient through the paradoxical reaction and onto a level where the symptoms are truly getting better.

In closing, if you simply take the attitude with a paradoxical reaction that you are going to decrease the dosing of the amino acids to say, “2 pills twice a day and then increase the dosing by one pill a week”, the patient will be stuck in a “twilight zone” where it is even more difficult to get the patient through the dosing range that induced the paradoxical reaction and the patient will be subjected to the paradoxical reaction for a very long period of time. During which time, the patient will, in all probability, quit the treatment that is really needed to get the neurotransmitters once again functioning optimally.