LETTERS TO THE EDITOR

Isidore of Seville, Eels and Disulfiram
Seamus P.M. MacSuibhne (Sweeney)*

Department of Psychiatry, St Luke’s Hospital, Kilkenny, Ireland

*Corresponding author: E-mail: seamus.macsuibhne@ucd.ie, seamussweeney1@gmail.com

In 2010 I corresponded with this journal (Mac Suibhne, 2010) about intriguing parallels between a comment made by the 17th Century English botanist, physician, astrologer and herbalist Thomas Culpeper in his ‘Complete Herbal’ and the use of disulfiram. Culpeper’s specific words were ‘eels, being put into wine or beer, and suffered to die in it, he that drinks it will never endure that sort of liquor again’ (Culpeper, 2006 [1653]).

I wish to the journal readership’s attention to an even earlier citation of the same advice, in Isidore of Seville’s (c. 560–636) encyclopaedia Etymologiae. Compiled towards the end of his life, Etymologiae was the first attempt by a Christian writer to produce a compilation of the knowledge of antiquity. It serves as the only remaining source of much classical learning.

Chapter 12 of this work deals with animals; at section 6, verse 41 we find the following: ‘Eels originate from mud; hence, when one is caught, it is so slippery that the tighter you hold it, the more quickly it slips away. They say that the river Ganges, in the East, produces eels 30 feet long. When eels are killed in wine, whoever drinks it then develops a distaste for wine (Isidore of Seville, 2006 [c. 630]).

As this work is a compilation of ancient sources, many of which are lost, it is clear that this advice has an even older origin. In my previous correspondence I outlined the serendipitous discovery of disulfiram as an aversive agent, its derivation from the rubber industry, and linked this naturally occurring disulfiram analogues (Broadhurst-Zingrich, 1978) and with the use of eel skins to produce rubber-like products. It is possible that this form of aversive therapy has even older roots.

REFERENCES


doi: 10.1093/alcalc/agu031

Advance Access publication 30 May 2014

Thiocolchicoside and Alcohol Abstinence:
A Case Report

F. Etcheverri
taga1,*, J. Cholet2, A. Sauvager2, M. Guerlais1, P. Jollivet1,3, M. Grall-Bonnec2,3,7 and C. Victorri-Vigneau1,3,†

1Center for Evaluation and Information on Pharmacodependence, Clinical Pharmacology Department, Nantes University Hospital, Nantes, France, 2Addictology and Psychiatry Department, Nantes University Hospital, Nantes, France and 3EA 4275, Biostatistics, Pharmacoepidemiology and Subjective Measures in Health Sciences, Nantes University, Nantes, France

*Corresponding author: Service de Pharmacologie Clinique, CHU Nantes, 9, quai Moncousu, 44093 Nantes Cédex 1, France. Tel.: +33-6-84-15-03-86/+33-2-40-08-40-97; Fax: +33-2-40-08-40-97; E-mail: francoisetxe@yahoo.fr
†The authors M.G.-B. and C.V.-V. are both co-last authors.

(Received 7 March 2014; first review notified 13 March 2014; in revised form 19 March 2014; accepted 21 March 2014)

INTRODUCTION

Thiocolchicoside (TCC) is approved in France as an adjunctive treatment for painful muscle spasms in rheumatology. To our knowledge, it has not been documented to produce alcohol abstinence. We report here a case of a man who succeeded in maintaining alcohol abstinence with regular doses of TCC.

CASE REPORT

The patient is 43 years old. From the age of 15, he has been drinking every day, especially spirits (whiskey…), contemporarily with a break of family ties. From the age of 33, three bottles of wine a day were consumed (i.e. 21 units of alcohol per day), referring to anxiolytic, hedonic and sensory effects. He never succeeded to stop his excessive alcohol consumption despite several attempts. When he was 42, he was admitted into hospital after a traffic accident under the influence of alcohol.

During the 3 weeks he remained in hospital, detoxification was obtained using oxazepam with decreasing dosages. After hospital discharge, oxazepam was replaced by hydroxyzine 50 mg in case of anxiety and tetrazepam was prescribed, initially for musculoskeletal disorders. Due to its misuse, tetrazepam was replaced by TCC 4 mg twice a day to relieve his pain and avoid benzodiazepine use. Posology remained stable afterwards.

The patient found he regained control over alcohol use, as he could drink one glass socially and then stop. He did not feel alcohol withdrawal symptoms since he was treated by TCC, but detachment from the beverage, and therefore never lost control of its use anymore. He stopped once TCC after 8 months’ use as he felt it ineffective for his pain management. He then increased heavy drinking in a solitary context, but felt
no pain anymore. Moreover, he lost his indifference toward alcohol and his abilities to control the strong urges. This led him to believe that the medication allowed him to avoid acute excessive uses of alcohol and helped him to not relapse.

DISCUSSION

TCC is a semi-synthetic derivate of colchicine (Nautiyal, 2011), and is used clinically for its muscle relaxant and analgesic properties. Its action mechanism is intricate: (a) it is mediated by competitive GABA type A receptor antagonism, which may reduce the rewarding effect of alcohol; (b) it acts by a strychnine-sensitive glycine receptor agonist effect in the central nervous system (Carta et al., 2006), which may modulate the action of alcohol on these receptors, decreasing craving (Chau et al., 2011); (c) it is a structural analogue of colchicine, which may disrupt microtubules (Kerfant et al., 2001). However, we know that intact microtubules are necessary to enhance ethanol-induced GABA-A response (Whatley et al., 1996). This action may also block ethanol-induced GABA-A response, helping the patient in managing his consumptions, in case of long-lasting treatment.

Our patient well tolerated his long-lasting treatment, while we know that colchicine and its by-products may cause tolerance problems as mentioned in the imprint of the molecule (Vidal, 2013).

To conclude, there is both a clinical (subjective feeling of the impact of the medication, with reducing heavy drinking) and pharmacological range of arguments that suggest TCC is effective to promote abstinence. Moreover, we can exclude a placebo effect in this context. In fact, TCC has never been presented to him as treatment for alcohol disorders. To date, TCC is not approved in the management of alcohol abstinence maintenance.

Further investigations, particularly randomized controlled trials, are needed to assess its potential interest.

REFERENCES


doi: 10.1093/alcalc/agu017

Advance Access publication 15 April 2014