

<http://somatosphere.net/2008/trick-main-main-bandarq-paling-baik-waktu-nya.html/>

## Images from the history of disulfiram treatment

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By Eugene Raikhel



There have been a number of messages circulated recently about the posting of the [Life magazine photograph archive](#) on Google. For instance, there is a good selection of images culled from the archive related to the history of psychology [here](#).

I came across another interesting historical artifact in this archive – images from a [1949 article on the use of Antabuse to treat alcoholism in Sweden](#). I've been researching this drug because it is still widely used in Russia, but these images take us back to the early days of its use as a therapy. Antabuse is a trade name for [disulfiram](#), a chemical which prevents the body from fully processing alcohol. It does this by blocking the action of aldehyde dehydrogenase, a key enzyme in the metabolic pathway of ethanol, and thereby causing a build-up of the toxic by-product acetaldehyde, with extremely unpleasant consequences for patients. People with active disulfiram in their bodies experience flushing, nausea and high blood pressure soon after drinking.

Disulfiram – or a related compound – was originally used in the manufacture of synthetic rubber, and its aversive physiological effects had been common knowledge to those in the industry but were first noted by a medical researcher in the mid-1930s (Williams 1937). A decade later these effects were rediscovered by Jens Hald and Erik Jacobsen two Danish researchers, who were experimenting with disulfiram as a possible treatment for worms ([Hald and Jacobsen 1948](#)). (This



is one of those accidental discovery stories: the researchers tested the toxicity of the drug on themselves and then went out to the tavern) (Steffen 2005). A Danish psychiatrist, Oluf Martensen-Larsen, subsequently developed the chemical as a treatment for alcoholism ([Martensen-Larsen 1948](#)).

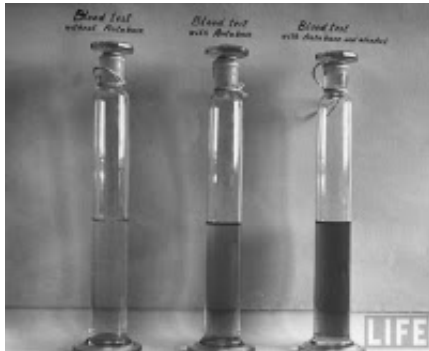
A major problem with disulfiram as a means of facilitating sobriety is an issue of adherence or compliance: for many patients, taking the drug daily is about as difficult as not drinking in the first place. And so the dr



ug has often been embedded in various coercive institutions – parole programs, supervised consumption – in a way that is somewhat similar to methadone maintenance therapy. This is one of the reasons why the use of disulfiram therapy has—at least in North America—declined over the past decades; although in certain countries, in particular Denmark, it is apparently still the dominant means of treating alcoholism.

There are a number of interesting things about this drug which I would argue make it an interesting aid for thinking through the recent anthropological literature on pharmaceuticals. In particular, the fact that disulfiram is a pharmacological therapy which works primarily through psychological means: either the memory or the expectation of an adverse reaction is meant to deter patients from drinking while taking disulfiram. As anthropologist [Vibeke Steffen](#) puts it in a fascinating book chapter which draws on [Gregory Bateson's article on alcoholism](#) to interpret the use of Antabuse in Denmark:

“[O]ne of the main purposes of taking Antabuse might be to confirm the patient’s consent to the unspoken rules of compliance. In that sense, Antabuse may be better understood as a ritual treatment than as a purely medical treatment. The ritual provides the professional with the symbolic power of controlling the patient’s intake of the drug, and the patient demonstrates his will to comply with the rules of the game by accepting this external control...” (Steffen 2005: 184).



Sources:

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Martensen-Larsen, O. (1948). Treatment of alcoholism with a sensitizing drug. *Lancet*, 2(6539), 1004.

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#### **AMA citation**

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