

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Alcoholism And Addictions: Role Of Homoeopathy

- Role of Homoeopathy In Alcoholism
- Alcoholism and Addiction Treatment with Homeopathy: A Comprehensive Guide



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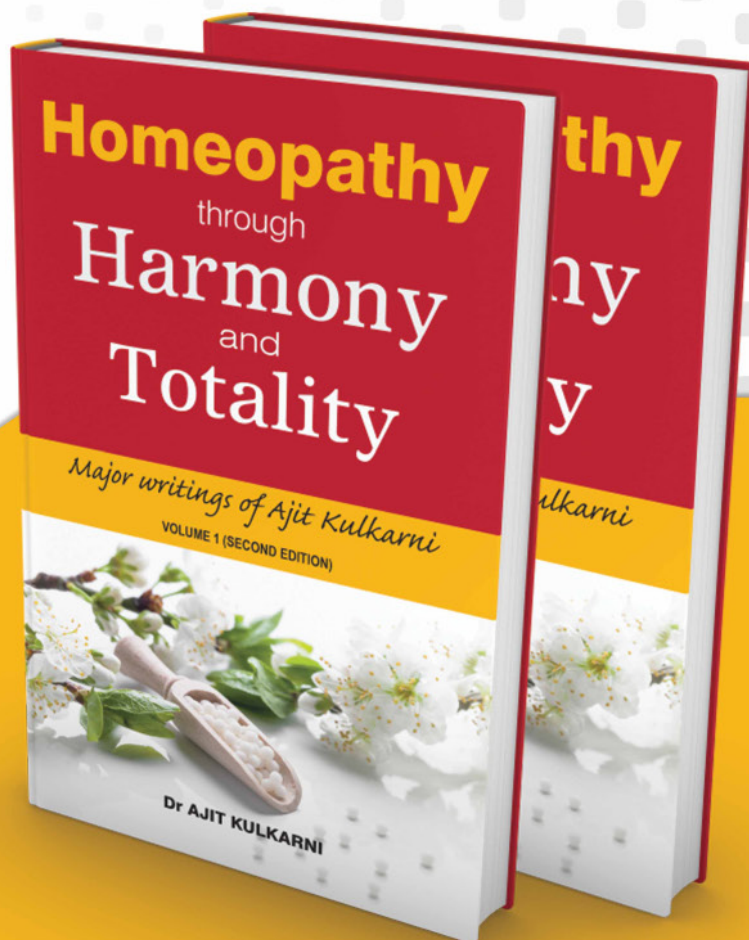
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Dear Readers,

The world of today witnesses the metamorphosis of recreational use of alcohol and other psychoactive substances into a complete dependence. Declining age-incidence of alcohol and substance use disorders is a reflection of the proportionately plummeting social, emotional and psychological health of mankind. With a steep incline in the cases of alcohol and drug abuse, and the escalation in the global rate of direct or indirect mortality from alcoholism and drugs, it is imperative for us to know, understand and thoroughly grasp the potential that homoeopathy has in managing addiction, alcoholism, and their symptoms.

The world of today witnesses the metamorphosis of recreational use of alcohol and other psychoactive substances into a complete dependence. Declining age-incidence of alcohol and substance use disorders is a reflection of the proportionately plummeting social, emotional and psychological health of mankind.

The WHO writes in its report on global statistics on alcoholism-

- “Worldwide, 3 million deaths every year result from harmful use of alcohol. This represents 5.3% of all deaths.
- Overall, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in

disability-adjusted life years (DALYs)”.

While these figures reflect the global pattern, the Press Information Bureau, India released a note on the 19th of July 2022. It stated-

“There has been a change in the pattern of substance abuse as reflected in the National survey on Extent, Pattern and Trends of Substance Use done in 2004, and in the Comprehensive National Survey on Extent and Pattern of Substance Use in India conducted in 2018.

As per the Comprehensive National Survey on Extent and Pattern of Substance Use in India conducted in 2018, the details of drug abuse are as under:

Sl.	Name of the Substance	Estimated no. of users (age 10-17 years)	Estimated no. of users (age 18-75 years)
1.	Alcohol	30,00,000	15,01,16,000
2.	Cannabis	20,00,000	2,90,18,000
3.	Opioids	40,00,000	1,86,44,000
4.	Sedatives	20,00,000	1,05,80,000
5.	Inhalants	30,00,000	51,25,000
6.	Cocaine	2,00,000	9,40,000
7.	Amphetamines Type Stimulants (ATS)	4,00,000	15,47,000
8.	Hallucinogens	2,00,000	11,01,000

The DSM 5 is the latest version of DSM which lays down 11 criteria for identifying or classifying substance or alcohol use as addiction. These are-

1. Using more of a substance than intended or
2. Trying to cut down or stop using the substance but being unable to.
3. Experiencing intense cravings or urges to use

using it for longer than you're meant to.

the substance.

4. Needing more of the substance to get the desired effect — also called tolerance.
5. Developing withdrawal symptoms when not using the substance.
6. Spending more time getting and using drugs and recovering from substance use.
7. Neglecting responsibilities at home, work or school because of substance use.
8. Continuing to use it even when it causes relationship problems.
9. Giving up important or desirable social and recreational activities due to substance use.
10. Using substances in risky settings that put you in danger.
11. Continuing to use despite the substance causes problems to your physical and mental health.

This implies that the treatment or management of addiction to any substance requires the medicine to act on the mental sphere of the patient whereas the management of the symptoms of addiction or withdrawal of a substance may be done on the physical, mental, psychological, social or emotional plane depending upon the area affected.

At this point, it is imperative to recall the dictum that Homeopathy treats patients and not diseases. Therefore homeopathy seems to be the best approach when it comes to dealing with addiction. As per the norm, deeper the disease is seated, higher the potency used and more physical the symptoms, lower the potencies. Homeopathy has a number of medicines each with a wide spectrum of potencies which can be used to tackle symptoms on both physical and mental planes. Multiple

studies and research have shown that homeopathy has been successful in treating and in a large chunk of cases efficiently managing the symptoms of addiction as well as withdrawal be it of alcohol or other dependence-producing drugs.

A Quick Word on Issue Content

This issue of The Homoeopathic Heritage is dedicated to 'Alcoholism and Addictions: The Role of Homoeopathy'. The aim behind releasing an issue on this topic was to acquaint our readers with the efficacy of homoeopathy in dealing with alcoholism and addictions of all sorts. With a steep incline in the cases of alcohol and drug abuse, and the escalation in the global rate of direct or indirect mortality from alcoholism and drugs, it is imperative for us to know, understand and thoroughly grasp the potential that homoeopathy has in managing addiction, alcoholism, and their symptoms.

With a number of subjective articles by students and professionals, you will find in this issue, a column called In Italics, by Dr. Francis Treuherz, esteemed author of 'My Journey in Homeopathy.. Much Ado About Nothing'. The issue also features a section called Stalwarts' Expedition by Dr. Subhas Singh, Director, National Institute of Homoeopathy, Kolkata, Editor's Desk by Dr. Rajat Chattopadhyay and a book review of Gentle Medicine authored by Dr. Joachim F. Gratz by Dr. Kavita Chandak, esteemed LMHI 2023 speaker and author of the much celebrated book Healing Women with Homeopathy. Additionally, a special section in the issue is dedicated to an insightful article on Drug Proving.

Dr Rashmi Prakash
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Note: The Homoeopathic Heritage is a peer-reviewed journal since January 2013. All articles are peer-reviewed by the in-house editorial team. Articles selected from each issue are sent for peer-review by an external board of reviewers and marked with a 'peer-reviewed' stamp. For inclusion of articles in the peer-review section, kindly send your articles 3-4 months in advance of the said month at hheditor@bjain.com.

Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Date
September 2023	Scope Of Homoeopathy In PCOS	July 15, 2023
October 2023	Psychosomatic Diseases And Homoeopathy	August 15, 2023
November 2023	Clinical Trials In Homoeopathy	September 15, 2023

Alcoholism & Addictions : Role of Homoeopathy

Dr. Rajat Chattopadhyay

In today's society, alcoholism and addiction are the two terminologies the general people are very much familiar with. The management and treatment of alcoholism and addiction became a challenging assignment to the present day physician. The Homoeopathic system of medicine perceives man from a holistic view with all environmental and other factors as accessory circumstances which are now the trend of thought in epigenetics too. The constitution of individual, miasmatic dyscrasia, susceptibility, idiosyncrasy and many other events are considered to be the most important underlying factors for the evolution of disease.

Homoeopathy can prove itself as an important therapeutic weapon to treat and manage alcoholism and addiction with its holistic and dynamic approach. A detailed case taking with anamnesis of each individual case may open multiple events in materialistic and/or dynamic level to perceive the disease in each unique way.

The polluting agent like psora and/or syphilis in dynamic level can make man susceptible to the said disease states. Sycosis is another agent that makes the condition more complicated. So with the exhaustive and thorough case taking the homoeopathic physician will have to bring out the following points in each case:

- Anamnesis- The significant medical and/or past event of life which can be the most influential point to frame "the totality" in each case.
- Miasmatic dyscrasia- from past and family history, specially in cases of dipsomania (hereditary tendency to take alcohol /addiction)

[NB: The author perceives that the term dipsomania although refers to alcohol but in present day it may be equally applicable to drug addiction]

- To identify the multiple factors under accessory circumstances like familial, socio-economical, environmental, political, sexual, etc as per individual cases for which there should not be any fixed limited factors to enquire.

The advantage of the homoeopathic system of medicine is that with the initiation of case taking, a type

of counselling process is also in progress, which is of utmost importance. The first step to tackle the said cases is to develop doctor- patient bonding in which one physician has to take the role of a well-wisher of a patient as friend or guardian.

There are a lot of medicines found in the materia medica and repertory under different medicine heads and rubrics respectively. Anti-syphilitic medicines are indicated on many occasions but it should not be abused and can only be prescribed if "the totality" of a case demands it. Medicines like Aurum met, Syphilinum, Sulphur, sulphuric acid, China, crotalus H, Lachesis, Nux Vom, Selenium are frequently indicated not only for alcoholism but also can be applicable to any type of drug addiction. In many situations only good counselling along with case taking maybe the choice of treatment where no medicine can be of use (moral remedy as per homoeopathic philosophy)

There are no specific homoeopathic medicines neither for alcoholism nor for addiction rather the homoeopathic physician may remain specifically focused to

- Detailed case taking
- Searching out the anamnesis for evolution of disease
- Framing the totality with miasmatic dominance
- Making evaluation of symptoms to prepare repertorial totality
- Doing accurate repertorization which may vary depending on each case
- Consulting materia medica
- Refreshing the knowledge of homoeopathic philosophy to prescribe "the similimum" (indicated remedy in each case)

A judicial use of Homoeopathy in alcoholism and addiction may prove itself as a boon to society for making an addiction free nation in (w)holistic view.

Only a healthy nation can prosper, build and proliferate to a better future.

Dr. Richard Hughes

A Homoeopath of Different Conviction

Dr. Subhas Singh, Dr. Niharika Shaw, Dr. Dinesh Sura, Dr. Vignesh K.

Progress and development of Homoeopathy can be attributed to different stalwarts who enriched it with their knowledge, experiences and experiments. One such stalwart of Homoeopathy was Dr. Richard Hughes. Dr. Richard Hughes was born on 20th August, 1836 in London, England to Mr. Philip Hughes and Mrs. Emily Hughes. A firm believer of *Law of Similia* treatment, Hughes always tried to bring a change in Homoeopathy. He was an allopath who later converted to Homoeopathy. He always persuaded his allopathic acquaintances to convert to Homoeopathy and join him in developing and propagating Homoeopathy. Many times, he was misunderstood especially regarding his views on the practice of Homoeopathy. Though he had his differences, he was just a dedicated and hardworking homoeopath. His belief and dedication to Homoeopathy did not falter till his last breath and he continued to spread and enrich Homoeopathy in every possible way he could.

A learned physician

Richard Hughes was a great learner and this is evident by his much-earned degrees like M.R.C.S. from England and L.R.C.P. from Edinburgh, Scotland. He took his M.D degree from American College in 1860 but later converted to homoeopathy and started practicing homoeopathy at Brighton Homoeopathic Dispensary. He lived in Brighton with his wife Sarah and his six children.

While practicing homoeopathy, Hughes realized there are many newer practically important aspects which should be incorporated in Homoeopathy. Thus, he tried to introduce a new field in homoeopathy based on more research and pathology. Hughes's philosophies were clear and distinct. He laid importance on establishing the relationship between disease pathology and drug pathogenesis. He had great respect for Master Samuel Hahnemann for his relentless efforts for

establishing Homoeopathy against all odds but he challenged some strong and basic concepts of Homoeopathy like the psora theory, theory of chronic disease, theory of vital force and even drug dynamization. He wrote vividly about Hahnemann in his book '*Hahnemann as a Medical Philosopher*' in 1881.

Hughes - The Researcher

Richard Hughes was very much influenced by 19th century discoveries of cellular science. Hughes wanted to introduce the revolutionary scientific discoveries of his time to Homoeopathy. His efforts in this direction can be seen in his very first work '*A Manual of Pharmacodynamics*'. It was published in 1867 as the first part of the '*Manual of Homoeopathic Practice for students and beginners*'. He also encouraged conducting experiments on animals in this book. He continued to enrich each of its subsequent editions with recent research and development that took place in the field of drugs used in Homoeopathy.

Hughes was requested by the British Homoeopathic Society to deliver a course of lectures in London on Materia Medica and Therapeutics in 1875. These delivered lectures became the revised content for its Third Edition. In 1877, he was called upon by London School of Homoeopathy to head the department of Materia Medica and Therapeutics. These lectures became the new revised and augmented content of the fourth and final edition of *Manual of Pharmacodynamics*. Amidst all this, in 1876, he also became the Permanent Secretary of the "*International Congress of Homoeopathy Physicians, Philadelphia*".

Hughes published '*A Cyclopaedia of Drug Pathogenesis*' in 1887 in which he removed all the symptoms of drug proving above 6C potency. He even gave less importance to clinical symptoms

which were also excluded from his work. He highly praised the symptoms obtained by drug proving on healthy human beings. He appreciated Hahnemann for bringing drug proving into medical use after Von Haller. Hughes referred to symptoms of *Materia Medica Pura* and *Chronic Diseases* in his book but did not include their symptoms because of lack of prover's daybooks.

Hughes - The homoeopath

Richard Hughes had a great reputation among Homoeopaths despite disagreeing on many of the principles of Homoeopathy. Hughes was a low potency prescriber. His frequently used potency was 3X because of which he was also called as 3Xer or a half homoeopath. Dr. Hughes at one point of time was supposedly so powerful that it was believed that it is difficult to sustain in Homoeopathy if you are not on good terms with Hughes. One physician who faced this discrimination was Dr. J C Burnett. Dr. J H Clarke who was the closest disciple of Richard Hughes, also left his side and went on to join the Anti-Hughes group of Burnett, Cooper and Skinner. But Richard Hughes's work and contribution to Homoeopathy was beyond such pettifoggery.

Great need for change in the way *Materia Medica* was taught was felt and addressed by Dr. Yeldham at British Homoeopathic Congress in 1880. In 1884, a conference was held which was attended by Richard Hughes on request of the British Homoeopathic Society. At the conclusion of the conference, a set of 9 instructions were adopted by the American Institute of Homoeopathy and subsequently by the British Homoeopathic Society for the formation of '*Cyclopaedia of Drug Pathogenesis*'. Several works of Homoeopaths across the world were considered and they all were acknowledged in all the 4 volumes of the work. The book was intended mainly for students of Homoeopathic *Materia Medica*. It provided compilation and reference to different kinds of toxicological and research work in relation to the drugs used in Homoeopathy.

Hughes was appointed as the editor of eminent

journal "The British Journal of Homoeopathy" in 1889. He assisted Dr. T. F. Allen in preparing 10 volumes of '*Encyclopaedia of Pure Materia Medica*' which was published in 1874. He also extended his great help to Dr. R. E. Dudgeon in translating Samuel Hahnemann's '*Materia Medica Pura*' into English. Hughes's last work was '*The principle and Practice of Homoeopathy*' which was published posthumously in 1902. Dudgeon took the responsibility of publishing the book and wrote *Foreword* for the book. First fourteen lectures of the book are dedicated to origin and development of Homoeopathy followed by Homoeopathic treatments of all diseases in nosological terms. Hughes has enriched it with experience of his own medical practice along with experiences of other physicians other than Homoeopath also, which seemed to him of any Homoeopathic importance.

CONCLUSION

Homoeopathy gets defame for lack of development in fundamental science, in-vitro and in-vivo research. Dr. Richard Hughes sensed this quite before seeing the rapid development taking place in field of science in late 19th century. If he would have been successful in igniting the minds of Homoeopaths for research in Homoeopathy then today Homoeopathy would have been richer in research fields also along with clinical enrichment. Richard Hughes was one amongst the few who witnessed the reburial of Hahnemann's body at Père Lachaise Cemetery in 1898. Hughes passed at 66 years of age on 9 April, 1902.

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Action of Avena Sativa on Substance Use Disorders

Dr. Himangsu Hait, Dr. Rayba Khatoon, Dr. Sumanta Kamila, Dr. Sanjay Sarkar

ABSTRACT

People are highly addicted to harmful substances such as alcohol, tobacco, opium and other illicit drugs. The following article focuses on a homoeopathic drug called Avena Sativa which has many pharmacological effects such as antioxidant, anti-inflammatory, neurological, cardiovascular and many other biological activities. Avena Sativa is highly effective in cigarette smoking. This paper will mainly highlight its anti-oxidative properties and effects on opiate addicts' group.

Keywords: Substance use disorders, Avena Sativa, Homoeopathy, opiate addicts, antioxidant

Abbreviation: Substance use disorders (SUD), World Health Organization (WHO), Avenanthramide (Avn), Cerebral cavernous malformations (CCM), Reactive oxygen species (ROS),

INTRODUCTION

Substance use disorder (SUD) refers to uncontrolled use of harmful substances. People with SUD have an intense focus on using a certain substance such as tobacco, alcohol, or some illicit drugs. People are highly addicted to such harmful substances.^[1] Data from the 2018 National Survey on Drug Use and Health^[2] suggest that, over the preceding year, 20.3 million people aged 12 or older had substance use disorders, and 14.8 million of these cases were attributed to alcohol. When considering other substances, the report estimated that 4.4 million individuals had a marijuana use disorder and that 2 million people suffered from an opiate use disorder. In part related to stress, substance use disorders are highly comorbid with other psychiatric illnesses: 9.2 million adults were estimated to have a 1-year prevalence of both a mental illness and at least one substance use disorder. The survey estimated that over the preceding month, 37.2% of individuals with serious mental illnesses were cigarette smokers, compared with 16.3% of individuals without mental illnesses. Substance use frequently accompanies suicide and suicide attempts, and substance use disorders are associated with a long-term increased risk of

suicide. Research has shed light onto mechanisms underlying the critical components of addiction and relapse: reinforcement and reward, tolerance, withdrawal, negative affect, craving, and stress sensitization. In addition, clinical research has been instrumental in developing an evidence base for the use of pharmacological agents in the treatment of substance use disorders, which, in combination with psychosocial approaches, can provide effective treatments. Mortality from substance use disorders has been well documented during the current drug overdose crisis in the United States^[3] and in numerous studies showing elevated death rates due to tobacco, alcohol, and other drugs^[4,5,6]

Effects of Substance Use

All these substances directly activate the brain's reward system and produce feelings of pleasure. Initially people may crave the substances. They may even neglect normal activities. These substances have direct physiologic effects, including intoxication, withdrawal and substance-induced mental health disorders. Intoxication impairs the person's mental function and judgement and may alter mood. Many drugs impair physical functioning and coordination. Withdrawal refers to symptoms that develop when people stop taking

a substance which sometimes may be serious or even life threatening. Substance-induced mental health disorders are mental changes produced by substance use or withdrawal that resemble psychiatric disorders such as depression, psychosis, or anxiety. ^[7]

Description of *Avena Sativa*

Avena Sativa, which also has common names like Oat, Shofan, Doser, Oats and Avoine, Hafer, Kher-tal, etc., is a rich source of protein, minerals, lipids, β -glucan, avenanthramides, indole alkaloids, flavonoids, triterpenoidsaponins, lipids, and sterols. It shows many pharmacological effects including antioxidant, anti-inflammatory, dermatological, immunomodulatory, antidiabetic, gastrointestinal, hypolipidemic, neurological, cardiovascular and many other biological activities. Fresh milky seeds are used as medicine. The mature seed is eaten as food. It is used as cardiac and nerve tonic, for spermatorrhoea, palpitation, sleeplessness, antispasmodic, for diarrhoea, dysentery, and colitis. It was also used as thymoleptic, antidepressant and externally as emollient. ^[8]

Effect of *Avena Sativa* on Cigarette Smoking

In 1967, while using an alcoholic extract of *Avena Sativa* on a group of opium addicts, several patients reported a loss of interest in smoking. The drug is listed in the United States Dispensatory and National Formulary. The active drug was an extract of healthy, fresh plant *Avena Sativa* selected just before harvest. 1.5 parts of the crushed whole plant by weight in 5 parts by volume of 90% ethyl- alcohol, kept at room temperature with frequent agitation for 72 hour and then filtered. Twenty-six cigarette smokers including healthy volunteers and chronic patients in the chest wards of Ruchill Hospital Glasgow, including tuberculous patients, participated in the trial. The total duration of their smoking and the average number of cigarettes smoked per day in the preceding six months were recorded. By random allocation, thirteen patients received the drugs and the others received placebo for 28 days. Each of them was kept in close observation. No patient was taking any other kind of drugs which could affect smoking. In the drug group the total daily consumption by thirteen patients was 254 ciga-

rettes and at the end of the trial it was 74. Five had stopped smoking, seven had reduced it to less than 50 % and in one no change had occurred. In the placebo group the total daily consumption at the start was 215, at the end it was 217. Smoking had been stopped by none, reduced to above 50% by six and increased by three; four reported no change. In the drug group various degrees of loss of craving for cigarettes were reported. The drug seems to reduce the number of cigarettes smoked per day, along with diminished craving for smoking. Moreover, the reduction in smoking seems to continue even 2 months after the termination of the drug. The drug has never been used in dealing with the problem of smoking and, as this was the first instance of its use in smokers, its role and significance are worthy of further investigation ^[9]

Oxidants in addicts and antioxidant properties of *Avena sativa*

Drug addiction is a social problem worldwide nowadays. According to the WHO, more than 15 million people are addicted to opiate. ^[10] Opium contains more than 40 types of alkaloids, such as morphine, codeine and thebaine, and over 70 other components including sugars and organic acids ^[11] Opiate abuse is related to oxidative stress that is evaluated separately through oxidants and antioxidants. ^[12] Free radicals or radical generating agents cause oxidative stress, which overwhelm natural radical blocking or scavenging mechanisms. ^[13] Oxidative stress increases the production of free radicals and reactive oxygen species (ROS) and decreases antioxidant capacity. ^[14] Some studies have revealed that opium smokers had a low to moderate grade of inflammation, which was determined by an increase in acute phase proteins. ^[15]

Avena Sativa contains distinct molecular components with high antioxidant activity, it is a unique source of avenanthramides, phenolic amides containing anthranilic acid and hydroxycinnamic acid moieties, and endowed with major beneficial health properties because of their antioxidant, anti-inflammatory, and antiproliferative effects. The antioxidant activity of *Avena Sativa* components was initially suggested by the evidence that oat flour could be used as a food preservative from oxidative deterioration due to its ability in retard-

ing the initial peroxide formation and rancidity. ^[16] ^[17] The antioxidant properties of oat extracts and their components, including avenanthramides, were eventually demonstrated directly by assaying purified compounds from different oat cultivars. ^[18] ^[19] In particular, Emmons and colleagues examined oat milling fractions to determine their potential as dietary antioxidants, showing that three avenanthramide isoforms (Avn-A, Avn-C, and Avn-K) were among the most important oat metabolites endowed with antioxidant activity. ^[20] Avn-C supplementation in the diet of rats at a concentration of 0.1 g/kg was effective in reducing reactive oxygen species (ROS) levels in the soleus muscle. Moreover, Avn-C-fed rats had higher superoxide dismutase activity in the vastus lateralis muscle, liver, and kidney, and higher glutathione peroxidase activity in the heart and DVL, compared to control rats. In addition, Avn-C supplementation attenuated the increased ROS production in the soleus and lipid peroxidation in the heart induced by exercise. ^[21] The bioavailability and antioxidant action of major Avns, including Avn-A, Avn-B, and Avn-C, was also investigated in humans. ^t doses of 0.5 and 1.0 g of an Avn-enriched mixture (AEM), Avns reached the maximum peak in plasma at 1.5 and 2.3 h, respectively. Avn-A and Avn-B bioavailability was 18- and 5-fold higher in humans than in hamsters, respectively. Interestingly, consumption of Avn-enriched oat extracts significantly increased the plasma concentration of reduced glutathione (GSH), the body's master antioxidant. Specifically, after consumption of 0.1 g of AEM, plasma GSH levels increased 21% from baseline at 15 min, without apparent adverse side effects. ^[22] Moreover, Avn-rich extract from oat was also reported to possess an effective antioxidant activity against D-galactose-induced oxidative stress. ^[23] Furthermore, it was demonstrated that Avns, including Avn-A, significantly increased heme oxygenase-1 (HO-1) expression in HK-2 cells in both dose- and time-dependent manners, showing that this effect involved ROS production and Nrf2 nuclear translocation. ^[24] ^[25] Avn analogs produced in recombinant yeast, including YAvn I and YAvn II, were originally shown to have strong antioxidant activity when tested in an ABTS^{•+} radical quenching assay, as well as the capacity to reduce intracellular ROS levels in a cellular model of CCM

disease, as evaluated with a cellular antioxidant assay. ^[26] It is generally accepted that antioxidants exert health-promoting effects by scavenging intracellular ROS. Both natural, synthetic, and recombinant avenanthramides have been shown to exhibit strong antioxidant, anti-inflammatory, and antiproliferative activities.

Pharmacology

The pharmacology of *Avena sativa* has been investigated in laboratory animals following a report that tincture of *Avena sativa* reduced the craving for cigarettes in man. The aqueous extract prepared from the tincture did not affect the seizure threshold to bemegride or nicotine or the sleeping time induced by barbitonesodium. ^[27]

Cardiovascular effect of Avena Sativa

In addition to its cholesterol lowering effect, it improved the blood pressure when consumed with vitamin C, improved endothelial function and exerted angiotensine converting enzyme inhibition. beta glucan from oats has been shown to decrease hypertension. Avenanthramide is an oat polyphenol that has been shown to enhance production of nitric oxide, a potent vasodilator, and to inhibit thickening of vascular smooth muscle. Both actions are preventative for developing of atherosclerosis. ^[28]

Effects of Avena Sativa on Central nervous System

An extract of Avena Sativa was tested in rats for its behavioural effects after chronic oral administration via extract- admixed food. The low dose led to an improvement of active stress response, an enhancement of shock avoidance learning and an increased synchrony in social behavior. ^[29] Dietary oat β -glucan enhanced the endurance capacity of rats and facilitated their recovery from stress and fatigue^[30] Avena sativa improved overall mental fitness and supported cognitive performance in stressful situations. Avena sativa has been shown to positively affect the activity of brain enzymes closely related to mental health and cognitive function in vitro. Additionally, preclinical and clinical studies have confirmed that Avena sativa specifically interacted with brain structures and neurotransmitters implicated in cognition, mem-

ory and motivation. *Avena sativa* boasted a dual activity profile on monoamino oxidase-B (MAO-B) and phosphodiesterase 4 (PDE4) thus displayed in its ability to mediate a strengthening and balancing effect on the brain and mind^[31]

Conclusion: Smoking is the chief avoidable cause of premature death and ill health in the world. Tobacco kills more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke^[32]. To address the tobacco epidemic, WHO Member States adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003. Currently 182 countries have ratified this treaty. Orthodox medical practitioners offer Nicotine Replacement Therapy (NRT) and anti-depressant drugs, except in special circumstances where they use multiple sessions of problem solving and social support counselling, to those individuals who want to give up smoking. FDA classifies NRT therapies as a Pregnancy Category “C” or “D” developmental hazard. Category D classification indicates “studies, adequate well-controlled or observational, in pregnant women have demonstrated a risk to the fetus”^[33]. Furthermore, potential serious adverse health effects with pharmaceutical NRT product use are suggested based on government warning statements for such products. These include warnings against potential major adverse effects.^[34] So in such circumstances if we homoeopaths can help the patients with the harmless rapid and gentle approach to recover their health and to quit the smoking as well nothing can be more satisfying than that.

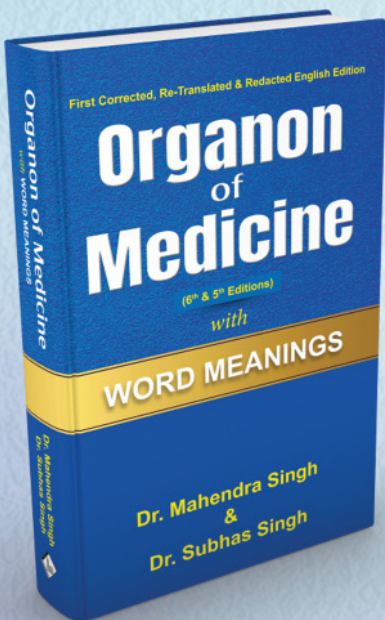
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Organon of Medicine

With Word Meanings

Author:-
Dr. Subhas Singh

Effects of Alcohol on Our Body and Its Homoeopathic Management

Dr. Ashok Yadav, Dr. Virendra Chauhan, Dr. Bhavneet Kaur

ABSTRACT

Alcohol consumption is increasing in almost every region of the world and thus the risk from its misuse is also at pace. There is an urgent need to control this situation to reduce the burden from this major health hazard. Alcohol has its impact on almost every system of our body and also the cases of crime and violence are increasing. Alcohol addiction is making it more tough to combat this situation. This article highlights the impact of alcohol on our body and some homeopathic medicines to control alcoholism and its effects.

Keywords: : alcohol, alcoholism, alcohol addiction, alcohol use disorder, effects, homeopathic medicines

Abbreviations: ALD: Alcoholic Liver Disease; GERD: Gastro-esophageal reflux disease

INTRODUCTION

Alcohol use was ranked 9th among the top 15 global risk factors in 2015 whereas in 1990 it was ranked 11th. This rise is probably due to falling prices of alcohol, increased availability and cultural change fostering higher levels of consumption.^[1] Alcohol is consumed at least occasionally by most adults in most regions of the world. Alcohol use is linked with increased risk of accidents, workplace productivity losses, increased medical and mental health costs, and greater rates of crime and violence.^[2] Alcohol use disorder is a chronic relapsing disorder which is characterized by a compulsion to seek and take the alcohol with loss of control in limiting alcohol intake and the emergence of a negative emotional state which reflects a motivational withdrawal syndrome, when access to the alcohol is prevented.^[3]

Effects Of Alcohol On Body:

- G.I.T.:** It can cause vomiting. It is one of the most important causes of chronic liver disease. The risk threshold for developing ALD is variable but starts at 30 g/day of ethanol consumption. The average alcohol
- Cardiovascular system:** It is among the triggering factors of palpitations produced by extrasystoles. It is also an important causative agent of atrial fibrillation. It contributes to increased plasma triglycerides levels. It is also associated with hypertension, dilated cardiomyopathy. Maternal alcohol misuse is associated with septal defects, and maternal lupus erythematosus with congenital complete heart block.
- Respiratory system:** Alcohol is one of the predisposing factors of pneumonia. Klebsiella pneumonia has a specific association with alcohol abuse and often presents with a particularly severe bacteraemic illness. It

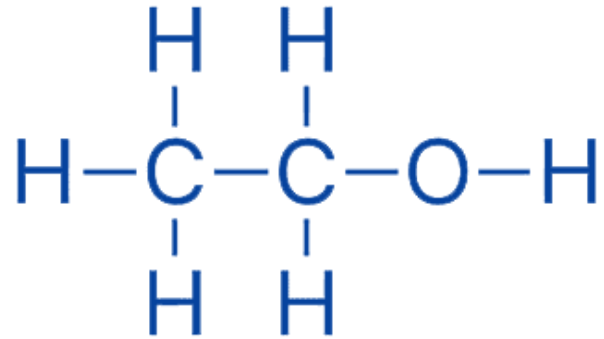
consumption of a man with cirrhosis is estimated to be 160 g/day for over 8 years. Liver damage is more likely to occur in continuous drinking patterns. Excess alcohol consumption leads to recurrent episodes of pancreatitis and a risk for pancreatic cancer. Overuse of alcohol is also an important risk factor of oral cancer and gastric cancer. Alcohol relaxes the lower esophageal sphincter and may provoke symptoms of GERD. It is also responsible for many cases of acute gastritis. It is also a risk factor for drug induced hepatic fibrosis.

is also an important predisposing factor of snoring and apnea by relaxing the upper airway dilator muscles.

4. **Alcoholic ketoacidosis:** History of chronic malnutrition and recent binge is usually found in cases of alcoholic ketoacidosis.
5. **Genitourinary system:** It is one of the important causes of erectile dysfunction with intact libido. Excessive alcohol intake can be a precipitating cause of acute urine retention in patients of benign prostatic enlargement.
6. **Endocrine system:** Alcohol excess is the most common cause of hypoglycemia in the UK and it also has strong association with diabetes mellitus.
7. **Nutrition:** Excessive alcohol intake can cause hypomagnesemia through gut and renal losses. Alcoholism is also an important risk factor of chronic zinc deficiency. Nutritional deficiencies caused due to excessive alcohol intake leads to morbidity. Excessive alcohol consumption can lead to obesity due to excessive calories. They can also lose weight as a consequence of self-neglect and poor dietary intake. The risks of refeeding syndrome are greatest in those who are most malnourished, especially chronic alcoholics. They are at risk of vitamin B, C and D deficiency disorders.
8. **Haemopoietic system:** Excessive alcohol consumption is a cause of relative erythrocytosis, neutropenia
9. **Musculoskeletal system:** Alcohol excess can lead to an inflammatory myositis and atrophy of type 2 muscle fibers. Alcohol, predominantly beer, is an important risk factor of gout. It is also a risk factor of fibromyalgia. Heavy alcohol intake is an established cause of osteoporosis and fracture.
10. **Central nervous system:** Episodic memory may be impaired. It is also associated with the occurrence of cluster headaches. Subdural haematoma can occur spontaneously in alcoholics. Acute cerebral dysfunction can also be seen in alcoholics. It is an important risk factor of stroke. Sleep disturbances are also seen.
11. **Psychiatry:** It produces anxiety, dysphoria, irritability and hyperkatifeia.

Are the Effects of Alcohol Different for Males & Females?

Effect of alcohol is different in males and females. Females have more blood ethanol levels even after consuming the same amount of alcohol as men and thus incidence of ALD is higher in women.



It may be related to reduced volume of alcohol distribution. ^[1] The transition from initial drug use to the development of AUD is also faster in females. Anxiety and depression is also present more in girls. Marked association between alcohol consumption and insomnia is also seen in females. During withdrawal, women with AUD report greater sleep disturbances and experience greater stress and cue-induced craving and relapse. ^[4]

Alcohol withdrawal : Symptoms of alcohol withdrawal include anxiety disorders, panic, paranoid delusions, visual and auditory hallucinations. Patients experience agitation and restlessness. Delirium and tremors are present. Tachycardia, ataxia, disorientation, seizures are the common signs seen. ^[1]

Managing Harmful Effects of Alcohol: The Role of homeopathy^[5,6]

1. *Lachesis:*

It is suited to drunkards with congestive headaches. Marked craving of alcohol is present. Hereditary alcoholism is seen. Liver is so sensitive to touch that he cannot bear anything around waist. In the epigastric region, persistent trembling can be seen.

Headache after waking. It can be used for the withdrawal stage when delirium tremens is present with anxious trembling and confusion.

2. *Nux vomica*:

The person is engaged in mental labor and leads a sedentary life and desires for stimulants such as wine, coffee. Insanity is seen in drunkards. He is quarrelsome, irritable and malicious. There is a feeling of intoxication. Nausea and vomiting with retching. He is unable to vomit but he desires so. Bitter eructations and bloated sensation in epigastrium with pressure as from a stone after several hours of eating. He is unable to sleep after 3 a.m. till morning.

3. *Arsenic album*:

It is suitable for bad effects of alcoholism producing a state of generalized weakness and lethargy. Satiety of life in drunkards. Nutrition is impaired leading to gradual weight loss. Nausea with retching and vomiting after eating or drinking. Painful hepatomegaly and splenomegaly. Burning pains in the abdomen as from coals of fire. It produces trembling and twitching with spasm, heaviness and weakness of extremities. Sleep is disturbed. He feels anxious and restlessness at night.

4. *Sulphur*:

He is forgetful, irritable and a very talkative person. Thinking is difficult and delusions such as he is wealthy and rags are beautiful things. There is either complete loss of appetite or excessive hunger. Weak and faint feeling in abdomen about 11 a.m. and he must have something to eat. Abdomen is sensitive to pressure and there is internal feeling of rawness and soreness. Tenderness around the liver region. Trembling of hands.

5. *Asarum*:

There is loss of appetite with increased desire for alcoholic drinks. Nausea is worse after eating. He suffers with flatulence, eructations, heartburn and vomiting. Vanishing of thoughts with drawing pressure in forehead.

6. *Ranunculus bulbosus*:

It is a useful remedy for the bad effects of alcoholism. Delirium tremens are present. Patient experiences shocks throughout the

body.

7. *Sulphuric acidum*:

There is marked craving for alcohol. He mixes liquor in water as water causes coldness in his stomach. Profound debility is seen especially in the gastrointestinal tract producing gastralgia, sour vomiting, heartburn and hyperchlorhydria. His breath is offensive. He experiences tremors, cramp like paralytic contractions in arms and hands with jerking of fingers while writing. He is impatient, everything must be done in great hurry. It has been mentioned by Dr. William Boericke that sulphuric acid when mixed with three parts of alcohol and taken around ten to fifteen drops thrice a day for several weeks is effective in reducing the craving for liquor.

8. *Opium*:

There is general sluggishness and lack of vital reaction. All his complaints are painless and characterized by drowsy stupor. He is unable to understand his sufferings. He is in a state of delirium, does delirious talking with wide open eyes. Vertigo with lightness of head. His look is that of an intoxicated man with half closed eyes, insensible contracted pupils. Spasmodic twitching of face, especially corners of mouth. Trembling of the whole body after fright with external coldness. Abdomen is hard and bloated with chronic constipation. Appetite is lost with no desire to eat.

9. *Quercus E Glandibus*:

It is known to antidote the effect of alcohol. Ten drops in a teaspoonful of distilled spirit should be given three to four times a day to take away the craving for alcoholics. It is useful in dropsy, gout and liver affections.

10. *Selenium metallicum*:

There is a strong desire for brandy and other strong drinks. Patient suffers with chronic liver affections with painful hepatomegaly and fine rashes over the liver region. He has lascivious thoughts with impotence which leads to irritability after coitus. He gets exhausted easily, both mentally and physically.

11. *Aloes socotrina*:

This remedy is best suited to old beer drinkers who lead a sedentary lifestyle. He

experiences fullness in the region of the liver and pain under right ribs. This is one of the top medicines for portal congestion. He is angry and dissatisfied about himself and is disinclined for mental labor.

12. *Antimonium tartaricum*:

It is useful for the gastric affections of the drunkards. There is trembling of the whole body with great prostration and faintness. Irresistible sleepiness with nearly all complaints. Nausea, retching and vomiting with deathly faintness, fear and prostration. Vomiting in every position except when lying on the right side.

DISCUSSION & CONCLUSION:

Alcohol dependence is creating a major health issue. It has become the need of hour to control this situation as its addiction is growing due to many reasons such as easy availability, low prices and increasing cultural changes. Alcohol has its major impact on liver producing ALD, cirrhosis etc. but no system of our body remains untouched by it. In homeopathy, there are several homeopathic drugs which are effective in controlling the urge to drink and reducing its effects on our body. Thus, while taking history, history of alcohol intake should always be considered. Patients should be instructed about the harmful effects produced by alcohol and its addiction.

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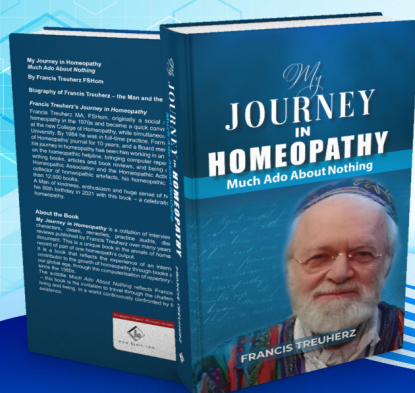
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JOURNEY IN HOMEOPATHY
Much Ado About Nothing

An experience of an internationally recognised contributor to the growth of homeopathy since the 1980s. A Selection and Compilation of the thoughts, practices, prescriptions, philosophy, materia medica, debates, lectures, articles, book reviews and humour. This book is his invitation to travel through the challenges of homeopathic living and being.

Francis Treuherz

Conquer Alcohol Addiction With Homoeopathy

Dr. Puja S. Dabhi

ABSTRACT

Alcohol and its addiction is a major problem in the current era. There are many substances which produce a euphoric state similar to alcohol but alcohol is still a highly consumable addictive substance in society. Homoeopathy plays a vital role not only in the weaning process of alcohol but also helps in reducing physiological and psychological ill effects of it.

Keywords: Alcohol, Addiction, Dependency, Homoeopathy

Abbreviations: GABA-gamma-amino butyric acid, NMDA -N-methyl-D-aspartate, ALDH-acetaldehyde dehydrogenase, BAC-blood alcohol content, ARBD-alcohol-related brain damage

INTRODUCTION

There are large varieties of substances available to man which can produce addiction after their usage. Alcohol is a substance which is consumed very frequently and among all. Alcohol and other drug substances are both included when we talk about “substance abuse”. Some examples are- Alcohol, cannabis, opioids, sedative/hypnotics, inhalants, hallucinogens, cocaine and other similarly acting chemicals.

Epidemiology¹

Male lifetime prevalence rates for alcohol consumption in India's general population range from 24% to 74%, and student lifetime prevalence rates range from 10% to 58%. 21% of 40,697 males between the ages of 12 and 60 who participated in a recent National Household Survey on alcohol and other substances reported using alcohol currently.

Although most drug users have a “drug of choice,” polysubstance misuse is the most frequently seen pattern and is influenced by accessibility and cost.

Dependence¹

A stereotyped pattern of use, precedence of

substance use over other activities, recurrent withdrawal symptoms, relief drinking or use of substance, and a compulsion to use the substance are all characteristics of this pattern of use. Both psychological and physiological withdrawal symptoms are possible.

Aetiology¹

A stereotyped pattern of use, precedence of substance use over other activities, recurrent withdrawal symptoms (which occur with abrupt cessation or reduction of use), relief drinking or use of substance (drinking or using substance to overcome withdrawal symptoms), and a compulsion to use the substance are all characteristics of this pattern of use.

In this regard, alcohol works by making the excitatory and inhibitory effects of glutamate and gamma-amino butyric acid (GABA) neurotransmitters more potent.

Ethanol can indirectly affect the release of other neurotransmitters such as serotonin, dopamine, norepinephrine, glutamate, aspartate, and GABA by inhibiting the N-methyl-D-aspartate (NMDA) receptor. The hypothalamic-pituitary-adrenal axis and the extra-hypothalamic corticotropin-releasing factor system, which control the body's reac-

tion to stress, are two more systems with which the brain reward systems communicate. Chronic substance use impairs the balance of these systems and inhibits the production of adaptive responses.

Alcohol abuse and dependence¹

Early alcohol-related issues frequently go unnoticed and ignored until dependence develops, and if it is occurring frequently only then that medical assistance is suggested. In every given community, alcohol is linked to more than 60 different health issues. It primarily contributes to accidents and injuries, which account for 15% to 20% of mortality. Regularly abusing large amounts of alcohol is linked to psychological issues, suicide, and greater disability.

Effects of Ethanol¹

Spirits like whisky, brandy, rum, and gin as well as distilled liquors like arrack have ethanol concentrations that range from 35% to 50%, whereas beers normally have 4% to 5% alcohol content and wines have an alcohol percentage of around 12%. With the amount of alcohol in the beverage, the blood alcohol content (BAC) rises. Although modest amounts are also absorbed through the stomach, large intestine, and the mucous membranes of the mouth and esophagus, the proximal small intestine is where alcohol is absorbed most frequently.

The rate of ingestion is accelerated by gulping down liquids, drinking quickly, and combining alcohol with carbonated drinks like soda. Congeners, proteins, and carbohydrates can all slow down its absorption. Congeners, particularly those found in illegally produced alcohol, can harm internal organs. These congeners include iron, lead, and cobalt as well as heavy metals like methanol, butanol, aldehydes, histamines, phenols, and tannins. Blood alcohol peaks 30 to 60 minutes after consumption on an empty stomach.

The microsomal ethanol oxidizing system, which accounts for around 10% of the metabolism at high blood alcohol concentrations, is another metabolic process. Acetaldehyde may stimulate and encourage behavior at low dosages. The liver, brain, and other body tissues may get dam-

aged if acetaldehyde builds up in them.

Criteria for Alcohol Dependence²

- 1.) A reduction in the range of drinks
- 2.) Prioritizing drinking over other pursuits (salience)
- 3.) Tolerance for alcohol's effects
- 4.) Recurrent withdrawal signs
- 5.) Relieving withdrawal symptoms by consuming more alcohol
- 6.) Subjective alcohol compulsion
- 7.) Resuming drinking habits after a period of abstinence

Pathogenesis²

The most crucial elements appear to be alcohol accessibility and social drinking habits. Dependency is genetically predisposed. Despite the fact that the majority of persons who abuse alcohol do not also have a psychiatric disease, some do drink heavily in an effort to combat despair or anxiety.

Clinical Features²

The following is a summary of the ways that alcohol addiction and abuse with its complications are presented.

Social problems

Absenteeism, unemployment, marital conflict, verbal abuse, financial hardships, and legal issues like violence and moving violations are common characteristics.

Low mood

Since alcohol has a direct depressive impact and frequent drinking causes several social problems, low mood is a common occurrence. Abuse of alcohol is linked to attempted and successful suicide

Anxiety

Anxious people may temporarily relieve their worry by drinking alcohol, but this can lead to dependence. In contrast, alcohol withdrawal makes people more anxious.

Alcohol withdrawal syndrome

The characteristics are explained below. Seizures are possible symptoms that can peak roughly 2-3 days following the last drink. A severe alcohol withdrawal illness known as delirium tremens is described by both delirium (often marked by agitation and visual hallucinations) and physiological hyper-arousal (tremor, sweating, and tachycardia). Significant mortality and morbidity are present.

The features of Alcohol withdrawal syndrome are as follows:

- **Acute intoxication**

Hypoglycemia with emotional and behavioral disturbance,

Ketoacidosis, aspiration of vomit, respiratory depression

Accidents and wounds from fighting

- **Withdrawal phenomena**

Psychological symptoms: anxiety, agitation, and panic attacks

Autonomic signs include tachycardia, sweating, dilated pupils, nausea, and vomiting.

Delirium: hallucinations (classically 'Lilliputian'), Delusions, agitation, illusions

- **Consequences of harmful use**

- **Neurological:** cerebellar degeneration, cerebral hemorrhage, peripheral neuropathy, dementia

- **Hepatic:** Cirrhosis, fatty change and, liver cancer

- **Gastrointestinal:** Mallory–Weiss syndrome, malabsorption, oesophageal varices oesophagitis, gastritis, pancreatitis, oesophageal cancer,

- **Respiratory:** pneumonia, pulmonary tuberculosis,

- **Skin:** Dupuytren's contractures, telangiectasias spider naevi, palmar erythema,

- **Cardiac:** hypertension, cardiomyopathy

- **Musculoskeletal:** fractures and myopathy

- **Endocrine and metabolic:** Hypoglycemia, gout

Pseudo-Cushing's syndrome,

Reproductive: Infertility, hypogonadism, fetal alcohol syndrome,

Psychiatric and cerebral

Alcoholic hallucinosis

Alcoholic 'blackouts'

Depression

Wernicke's encephalopathy: ataxia with nystagmus or ophthalmoplegia and delirium

Korsakoff's syndrome: short-term memory deficits leading to Confabulation

- **Hallucinations**

In delirium tremens, hallucinations—typically visual but occasionally in other modalities—are frequent. Less frequently seen is a condition known as "alcoholic hallucinosis," in which a patient with alcoholism has auditory hallucinations while still aware and not in the midst of alcohol withdrawal.

- **Wernicke–Korsakoff syndrome**

This is a substantial indirect effect of long-term alcohol use that is focused on addiction. It is an organic brain disorder caused by thiamin (vitamin B1) deficiency, which damages the thalamic dorsomedial nuclei, mamillary bodies, and surrounding periventricular grey matter. Wernicke's encephalopathy is characterised by ataxia, psychosis, nystagmus and ophthalmoplegia.

- **Alcohol-related brain damage**

The term "alcohol-related brain damage" (ARBD) is widely used to describe a variety of brain conditions linked to heavy alcohol use, many of which coexist in the same patient. Very heavy drinkers occasionally go through what are known as "alcoholic blackouts," which are periods of forgetting things that happened

while they were intoxicated. When a patient has a history of alcohol abuse, they may get "alcoholic dementia," a widespread cognitive impairment that resembles Alzheimer's disease but does not become worse with abstinence. Indirect effects of high alcohol use on the brain include Wernicke-Korsakoff syndrome, head injury, hypoglycemia, and encephalopathy.

Management:

Often, all that is necessary to assist an alcoholic is a doctor's explanation of the harmful effects of alcohol and the advised safe limits of consumption. People need counseling in more serious cases to shift their hobbies or professions in order to decrease their intake. Psychological therapy is required for those who have relapsed repeatedly and is often provided at special facilities². Treatment for alcohol-induced psychopathology includes encouraging patients to achieve abstinence, giving supportive care, reassurance, and "talk therapy" such as cognitive-behavioral approaches.³

Apart from this Homoeopathy plays a very important role in the treatment of various complications of alcohol addiction as well significantly helps in process of alcohol weaning.

Homoeopathic Management:

1. *Agaricus muscarius*: It corresponds to various cerebral stimulation. Consequently, in alcoholism, fever delirium, etc. Sings and chats but doesn't respond. Averse to work. Delirium with rhymes and prophecies, as well as singing, shouting, and muttering. Starts with an episode of yawning⁴.
2. *Angelica atropurpurea*: It causes aversion for alcohol and thus aids in alcoholism⁵.
3. *Asarum europaeum*: A treatment for severe erethism, energy loss, and nervous disorders. It's painful to scratch on silk, linen, or paper. Aches and spasmodic muscle movements. An intense thirst for alcoholic beverages⁴.
4. *Avena sativa*: Various effects of Alcoholism. Sleeplessness, particularly common among drinkers. Nerve tremors, chorea, paralysis agitans, and epilepsy in older persons. Being unable to concentrate on one thing at a time⁴.
5. *Cannabis indica*: Assists when the higher faculties are inhibited and when the imagination is stimulated. An extremely ecstatic condition in which all perceptions, conceptions, feelings, and emotions are exaggerated. Feels like the top of the head is expanding and closing and that the calvarium is being raised⁴.
6. *Hyoscyamus niger*: Mainly neurological system disturbance, making it a good drug of choice for alcoholic addicts. The brain's functionality completely halted and as if someone has taken over. Accompanied by psychosis, spasmodic muscular problems. Profound stupor and perpetual carphologia⁴.
7. *Ichthyolum*: In alcoholism nothing will stay on the stomach. Forgetful, not paying attention. Unpleasant taste higher appetite⁴.
8. *Kola*: The solution to the Alcohol drinking problem. It decreases the desire for alcohol while enhancing digestion and appetite. Gives the ability to engage in continuous physical activity without eating or experiencing weariness⁴.
9. *Nux vomica*: For many diseases that are prevalent in modern life, including social drinking, this is by far the greatest treatment. His prolonged office hours, extensive learning, and intimate ties to his company. Makes him Prone to stimulants like alcohol⁴.
10. *Opium*: Nervous system insensibility, depression, painlessness, and torpor, as well as general lethargy and lack of vital response. They are accompanied with sterile breathing and foolish dozing. A dark mahogany tone on their face. Resistance of a drug to the effects of other drugs⁴.
11. *Quercus glandium spiritus*: Alcoholic effects are mitigated. Dizziness and hearing loss. Removes cravings for alcoholics. However, it treats the drunken state and decreases appetite. Uncertain, silent, prone to crying, and unable to fully support his own position. Drunk-like feeling in the head⁶.

12. ***Strophanthus hispidus***: Strophanthus is a more potent diuretic, has no cumulative side effects, doesn't affect vaso-motor function, is safe for elderly individuals⁴. Able to treat heart problems brought on by alcohol, smoke, and tea⁶.
13. ***Sulphur***: The worst position is standing since it is the most uncomfortable. Those who lack proper hygiene. Constantly busy. Adults that resembles childish behavior. Sulphur patients are typically anxious, melancholy, thin, and fragile even when they have a good appetite⁴.
14. ***Sulphuric acid***: An intense craving for stimulants. Tremor and weakness. Hot flushes followed by shaking and sweat. Writer's cramp. Anxious, irritated. Hurried and unresponsive to inquiries⁴.

CONCLUSION:

Alcoholism and its addiction is one of the deeply rooted societal issues. Its addiction can lead to many Physiological, psychological and societal consequences. Homoeopathy can prevent and abolish such effects of alcohol with its Holistic

approach.

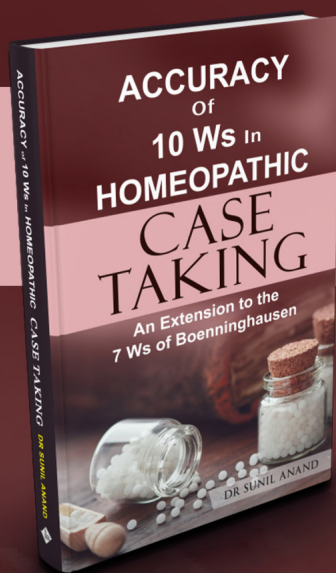
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ACCURACY OF 10WS IN HOMEOPATHIC CASE TAKING

An Extension to the 7 Ws of Boenninghausen

The author carries the reader on a journey of understanding how their earliest life experiences result in patterned behaviours that form the lens from which they experience life - both in health and disease.

For a practicing homeopath or an eager student, this book will really help in learning the finer nuances of remedies and the art of case taking.

The author provides the reader glimpses of his role as a practitioner and teacher through case examples from his practice.

The author has introduced a unique understanding and approach of case taking and analysis based on the concept of Dr Boenninghausen's 7 Ws; and named it as "10 Ws

Resolving The Complications of Addiction By Homeopathy

Dr. Dimple Soni

ABSTRACT

Addiction is a term that means compulsive physiological need for and use of a habit-forming substance (like heroin, nicotine, alcoholism, drugs, smoking) characterized by tolerance and well-defined physiological symptoms upon withdrawal. Compulsive use of these substances lead to more harmful effects on the level of physical, psychological and social aspects. Homoeopathy has a great role in helping these patients through supportive treatment. Homeopathic management can prove to be really beneficial in addiction cases. Homeopathic medicines can strengthen the person's overall constitution so they are not only less physically addicted to all these substances but they feel stronger emotionally and thus feel less addicted to all these substances.

Keywords: Addiction, Alcohol Misuse, Alcohol Dependence, Alcohol Withdrawal, Homeopathy, Homeopathic medicines

Abbreviations: WHO- World Health Organization, NMHS- National Mental Health Survey, ATS- Amphetamine Type Stimulants, MCV- Mean Corpuscular Volume, GGT- Gamma Glutamyl Transpeptidase, CNS- Central Nervous System

INTRODUCTION

Addiction is a disease that affects the brain and behavior of a person. Addiction means a recurring compulsion in an individual's health, mental state and social life; it may be alcohol, chemical drugs, smoking, etc. An addiction state is characterized by three stages: preoccupation/anticipation, blinge/intoxication, withdrawal/negative affect. A proper case history and individualization after constructing the totality of symptoms is the key for successful homeopathic treatment. Homeopathy can facilitate detoxification, behavioral negativities, denial and deterioration from addiction. It helps to build the motivation to resist addictions, replace addictive activities with positive and rewarding behaviors, and safely manage the symptoms of withdrawal associated with quitting addictions.

Epidemiology:³

From a public health and social welfare perspective- it is the prevalence of substance use disorders (harmful use and dependence) which is more concerning. In general, the trend that appears in most of the states is, higher the prevalence of current use, higher the prevalence of alcohol use disorders according to NMHS. Data presented in the report indicates the prevalence of alcohol use disorders to be slightly higher at 5.2% nationally (2018). According to WHO, a substantial number of Indians (5.2%) use alcohol in a harmful/dependent pattern, which is almost equal to the global estimates. In other words, fewer people in India consume alcohol, but a larger proportion are affected by harmful use of or dependence on alcohol. In India, other than alcohol, some regional drug substances are also used for addiction like cannabis (1.2%), Opioids (2.06%), Cocaine (0.11%), ATS (0.18%).

SUBSTANCE	ROUTE
Alcohol	<ul style="list-style-type: none"> • Oral
Opioids	<ul style="list-style-type: none"> • Oral • Parenteral • Smoking
Cannabis (Marijuana)	<ul style="list-style-type: none"> • Smoking • Oral
Cocaine	<ul style="list-style-type: none"> • Inhalation • Smoking
ATS	<ul style="list-style-type: none"> • Oral • Parenteral

Alcohol Misuse & Dependence:⁵

Consumption of alcohol when associated with social, psychological and physical problems constitutes alcohol misuse. A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by multiple psychosocial, behavioral or physiological features constitutes alcohol dependence.

Aetiology:⁴

- It is caused by drinking too much
- Result of self-medication for life stresses
- It is caused by depravity of temperament
- Alcoholism is hereditary

Complications Of Acute Intoxication:⁴

- CNS depression- small quantity interferes cortical processes, and large quantity depresses medullary functions
- Vasodilatation- hypothermia and hypotension
- Hypoglycemia- occur within – hours after ingestion. Patient is comatose, hypothermic, sweating, flushing, tachycardia
- Lactic acidosis- mainly occurs in patients with severe liver disease, pancreatitis or sepsis
- Alcoholic ketoacidosis- results from combination of dehydration, glucopenia,

increased lipolysis and ketogenesis

- Other features- while intoxicated patient may have suffered an injury (head or peripheral nerve), Amnesia and Hangover (in no habituated person)

Complications Of Chronic Alcoholism:⁴

- Gastrointestinal:
 - Periodontal disease and caries
 - Oral infections, leukoplakia and malignancy
 - Alcoholic gastritis and hematemesis
 - Alcoholic enteropathy and malabsorption syndrome
 - Colonic malignancy
- Hepatobiliary and pancreatic
 - Hepatomegaly-Fatty liver, alcoholic hepatitis, fibrosis
 - Acute and chronic relapsing pancreatitis
 - Latent genetic hepatic porphyrias
- Cardiovascular
 - Cardiac arrhythmia
 - Cardiomyopathy
 - Hypertension
 - Hypercholesterolemia

- Neurological
 - Giddiness, tremor
 - Stroke
 - Cerebral dementia, cerebellar degeneration
 - Demyelinating syndrome- central pontine myelinolysis
 - Neuropathy- sensory, motor, mixed, autonomy
 - Nutritional deficiency
 - Wernicke-Korsakoff syndrome
 - Pellagra
 - Tobacco-alcohol amblyopia
 - Voluntary muscles and skeletal
 - Proximal metabolic myopathy
 - Neuromyopathy
 - Atrophy of smooth muscles of GI leading to motility disorders
 - Osteopenia
 - Gout
 - Avascular necrosis (e.g. femoral head)
 - Fractures (malunion)
 - Genitourinary and reproductive
 - IgA nephropathy
 - Renal tubular acidosis
 - Renal tract infections
 - Subfertility
 - Impotence
 - Spontaneous abortion
 - Fetal alcohol syndrome
 - Dermatological
 - Skin stigmata of liver disease
 - Skin infections- bacterial, fungal, virus
 - Psoriasis
 - Discoid eczema
 - Local cutaneous vascular effects
 - Hematological
 - RBCs- Macrocytosis, anemia due to blood loss, folate deficiency, malabsorption
 - WBCs- Neutropenia, lymphopenia
 - Platelets- Thrombocytopenia
 - Social
 - Family problem
 - Marital discord
 - Road accidents, driving offenses
 - Employment- absenteeism, poor performance
 - Children's problem- stress, behavioural problem
 - Psychological
 - Anxiety (social phobia), depression
 - Personality change
 - Misuse of other drugs
 - Cognitive impairment
 - Social phobia
- Alcohol Withdrawal:⁵
- Alcohol withdrawal is mainly seen in chronic alcoholics. It is characterized by the sudden exhibition of CNS.
 - Clinical features occur 6-8 hours after the reduction of ethanol intake and may last for 2-7 days. They are as follows:
 - Minor withdrawal symptoms:

These resolve within 24-28 hours. It includes insomnia, tremors, hyper-reflexia, restlessness, mild anxiety, gastrointestinal upset, headache, tachycardia, palpitations, sweating, hypertension, anorexia, nausea, vomiting
 - Alcoholic hallucination:

Appear within 8-12 hours of abstinence and disappear within 48-72 hours. These hallucinations are visual, not associated with clouding of sensorium.
 - Withdrawal seizures:

Also known as RUMFITS. Seizures are generalized tonic-clonic convulsions. These develop usually 12-24 hours after the last drink but it develops after only 2 hours of abstinence. About 30% of delirium tremens patients have a history of withdrawal seizures preceding delirium tremens.
 - Delirium tremens:

Develop between 24-72 hours after the last drink, and may last for 1-5 days. If alcohol withdrawal is not treated early, about 5% of them may have a chance to develop delirium tremens.

These include agitation, visual hallucination, illusion, delusion, dilated pupils, dehydration- as a result of diaphoresis, tachypnea, hypokalemia, hypophosphatemia, hypomagnesemia. Around 5 % of patients may die because of arrhythmia, pneumonia or electrolyte imbalance.

Diagnosis Of Dependence:⁴

Diagnosis may be apparent from the history or may be made when the patient present with complication

- A strong desire or sense of compulsion to take the substance
- Difficulties in controlling substance taking behavior
- A physiological withdrawal stage when substance use has stopped or reduced
- Evidence of tolerance, such that increased dose of psychoactive substance are required in order to achieve effects originally produced by lower doses
- Progressive neglect of alternative pleasures or interests
- Persisting with substance use results in harmful consequences like liver injury, depressive moods, etc.

INVESTIGATIONS OF DEPENDENCE:⁵

Laboratory detection of alcohol abuse includes-

- Breath, Blood and Urine Examination- screen for alcohol
- GGT- most sensitive for alcohol abuse, and raised in alcohol abuse person
- MCV- raised, but less sensitive than GGT
- Carbohydrate-deficient transferrin level- elevated and highly specific in absence of liver disease
- Phosphatidyl ethanol- greater than 20 mg/dL, evidence of chronic intoxication, it can detect excessive alcohol intake within two-week period
- Others- Alanine aminotransferase (ALT), Aspartate aminotransferase (AST), Lactate dehydrogenase (LDH)

MANAGEMENT:⁵

Alcohol dependence can be treated in two phases-

Detoxification and Rehabilitation

(i) Detoxification-

- Alcohol sensitizing agents- Disulfiram
- Anticraving agents- Naltrexone, Acamprosate

(ii) Rehabilitation-

- To prevent relapse
- Needs psychotherapeutic interventions

HOMEOPATHIC MANAGEMENT^{6&7}

Today, homeopathy is a rapidly growing system and is practiced all over the world. It strengthens effectively as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual and physical levels. When alcohol dependence is concerned, many effective homeopathic medicines are there, depending upon the individuality of the patient.

ANGELICA: Angelica produces disgust for liquor. It is also used for atony of different organs, nervous headaches. Chronic bronchitis to increase expectancy. Dose- 5 drops three times a day in tincture form.

QUERCUS GLANDIUM SPIRITUS: Quercus antidotes the effects of alcohol. Takes away the craving for alcohol (give for several months). Spleen dropsy and liver affections. Dose: 10 drops to a teaspoonful of the distilled spirit 3-4 times a day.

STRYCHNINUM NITRICUM: Strychninum stimulates motor centers and reflex action of the spinal cord. It also stimulates CNS, produces mental activities, and special senses rendered more acute.

AVENA SATIVA: Nervous exhaustion, sexual debility and morphine habit call for Avena sativa. Alcoholism. Sleeplessness, especially in alcoholics. Bad effect of morphine habit.

NUX VOMICA: Dizziness and restlessness after alcohol drinking, nux vomica is useful. After drinking, heavy vomiting, nervousness and trembling. Very much suitable for so called modern civilized life. Mental stress seeks stimulants like coffee, wine, stimulating food, in excess quantity.

OPIUM: Opium causes insensibility of the nervous system. It produces drowsiness, stuporous state and depression, painlessness, torpor and general sluggishness. Lessens voluntary movements, depresses higher intellectual power, lessens self-control and judgmental power and stimulates the imagination.

RANUNCULUS BULBOSUS: Bad effects of alcohol and delirium tremens. Dose- mother tincture, 10-30 drop doses for delirium tremens.

CHIMAPHILLA UMBELLATA: Chimaphilla is effective for removal of hepatic and renal dropsies in chronic alcoholics.

STERCULA: Stercula is the remedy for drinking habit. It promotes the appetite and digestion and lessens the craving for alcohol. Dose- 3-10 drops or even 1 dram doses for three times a day.

SULPHURIC ACID: Sulphuric acid is the best remedy for alcoholism. Craving for alcohol is and main symptom of this remedy. Sulphuric acid mixed with three parts of alcohol, 10-15 drops 3 times daily for several weeks, has been successfully used to subdue the craving for

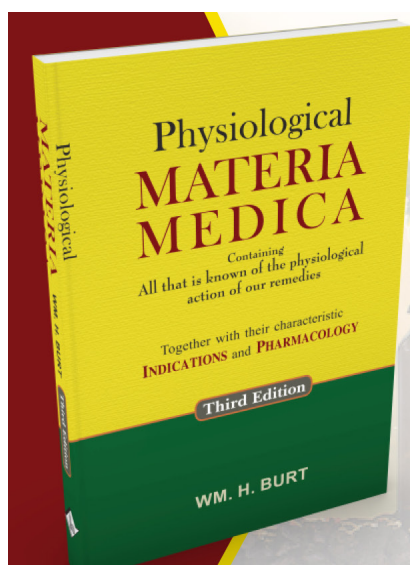
alcohol.

CONCLUSION:

The above article gives information related to the alcohol misuse, alcohol dependence and alcohol withdrawal symptoms, their diagnosis, investigations and management(modern) and role of homeopathic treatment in cases of this kind of diseases. Homoeopathy can be a potential science which helps to cure as well as prevent this kind of diseases in near future which will be helpful to improve the quality of the patient's life. As incidence of consumption of alcohol and other substances are very much higher in day to day life, so the medical world needs a treatment which helps the patient as a whole to maintain his normal healthy state which purpose can be served by homoeopathic treatment.

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PHYSIOLOGICAL MATERIA MEDICA

BY W. BURT

- The book offers extensive knowledge about physiological and pathological actions of more than 200 drugs.
- Detailed description about the drug, its source, preparation of the medicine from the crude drug substance, its action upon the human body, affinity towards certain organs, toxicological effects and the characteristic therapeutics.
- Contains a detailed description about Classification of remedies on the basis of their sources, their action on various tissues and organs of human body.
- A brief description about the pharmacology and highlights its importance is also given.

The Road to Recovery- Understanding Alcoholism and Addiction and The Role of Homoeopathy

Deepanshi Dhama

ABSTRACT

Alcohol and addictions are influenced by a complex interplay of genetic, environmental, and psychological factors. Alcoholism is not only associated with a risk of developing health problems such as mental and behavioral disorders, but also with major noncommunicable diseases such as liver cirrhosis, cancers and cardiovascular diseases. A well selected homoeopathic remedy can help in different stages of addiction and thus, to lead a healthy life.

Keywords: Homoeopathy, alcoholism, addiction, Alcohol Deprivation Effect, psychology, Sinclair method

INTRODUCTION

Alcoholism is a burning problem in today's fast running world where everyone is fighting their own battles; 'It all started with occasional drinking which turned him into a chronic addicted alcoholic'. According to WHO, worldwide, 3 million deaths every year result from harmful use of alcohol. This represents 5.3% of all deaths and overall, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).^[1]

To understand the treatment protocol for alcoholism, it is essential to understand the basic reason behind these addictions. Several psychoanalysts have given different theories for alcoholism. The well-known Sinclair experiment is one of the many efforts to understand alcohol dependency in rats. Here some analysts relate addiction with certain genes thus giving two forms of alcohol addiction-

- Acquired addiction
- Hereditary addiction

Homoeopathic science is based on individualization of patients and certainly works wonders in breaking this addiction cycle.

PSYCHIATRIC POINT OF VIEW

From a psychiatric perspective, alcohol dependence and drug addiction have aspects of both impulsivity and compulsivity at different stages of the addiction cycle.

Impulse Control Vs Compulsive Disorders?

Impulse control disorders are characterized by an increasing sense of tension or arousal before committing an impulsive act, feelings of pleasure, gratification, or relief at the time of committing the act and possible regret, self-reproach, or guilt following the act. In contrast, compulsive disorders are characterized by anxiety and stress before committing a compulsive repetitive behavior and relief from the stress by performing the compulsive behavior.

As an individual moves from an impulsive to a compulsive disorder, there is a shift from positive to negative reinforcement driving the motivated behavior. Drug addiction is a disorder that progresses from impulsivity to compulsivity in a collapsed cycle of addiction^[2]

Science Behind Addiction- Sinclair Experiment

Dr. R.J.Senter at the University of Cincinnati had a

grant for doing alcohol research and hired Sinclair (UG student) in 1964 to help look after the laboratory rats. In the experiment, the rats had been given a choice between water and alcohol for several weeks. The rats took about 70 percent of their fluid from the water bottle and only about 30 percent from the alcohol bottle. Rats seemed to prefer water to alcohol.

At the end of that experiment, these rats were left in their cages for a few weeks with free access to food and water but no alcohol. After a few weeks, when rats were normally sleeping, Sinclair went down to the rat room and started putting alcohol bottles back on the cages. Much to his surprise, the rats immediately woke up, came to the front of the cage, and began drinking the alcohol solution vigorously. They paid no attention to the water bottle next to it. Their preference for alcohol gradually returned to normal levels over the next week, but having seen that high level of drinking when the alcohol was first returned, He could have no doubt that these rats had shown a high motivation for alcohol which he later explain as

ALCOHOL DEPRIVATION EFFECT.^[3]

Since the 1968-publication of the paper describing the Alcohol Deprivation Effect, it has become recognized as central to understanding why alcoholism and many other addictions become lifelong conditions. To establish an alcohol craving in the first place, it's necessary to drink alcohol repeatedly for a long time—in rats for several weeks. The ADE explains how already addicted alcoholics increasingly crave alcohol when they abstain from alcohol for a period of time. The deprivation or abstinence may be the result of hospitalization.^[3]

Genes and Alcoholism

Alcohol use disorder runs in families, with 40%-60% of the variance of risk explained by genetic influences. The rate of this condition is three to four times higher in close relatives of individuals with alcohol use disorder. A significantly higher rate of alcohol use disorders exists in the monozygotic twin than in the dizygotic twin of an individual with the condition. A three to fourfold increase in risk has been observed in children of individuals with alcohol use disorder, even when

these children were given up for adoption at birth and raised by adoptive parents who did not have the disorder. High vulnerability is associated with preexisting schizophrenia or bipolar disorder, as well as impulsivity, and a high risk specifically for alcohol use disorder is associated with a low level of response (low sensitivity) to alcohol.^[4]

Genetic variants are also likely to influence response to the treatment either by affecting function of medication-specific molecular targets, including enzymes, receptors or transporters, or indirectly and through factors that are not medication specific: anxiety, dysphoria, sedation, and cognition.

In the pharmacodynamic domain, level of response to alcohol has been associated with variants of several genes (e.g., *HTT* and *GABRA6*), but the findings require confirmation. *HTTLPR*, *NPY Leu7Pro* polymorphisms and the *GABRA2* gene have been associated with alcoholism but their definitive roles remain to be clarified.^[5]

A number of gene variations may account for low response to alcohol or modulate the dopamine reward systems; however, any one gene variation is likely to explain only 1% -2% of the risk for these disorders.

Why Homoeopathy?

The standard allopathic drugs prescribed for alcohol addiction are Disulfiram, Naltrexone, Acamprosate, and Baclofen. As per a study on the effects of these drugs it has been found that- The mean total bilirubin showed a decline of 0.10 ± 0.50 in the baclofen group. However, in the naltrexone, it increased by 0.02 ± 0.47 by the end of the study period. The levels increased by 0.22 ± 0.72 in the acamprosate. The SGOT levels declined the most in the baclofen (48.59 ± 67.54) followed by naltrexone (27.91 ± 68.84) and acamprosate (14.20 ± 40.92). The SGPT levels declined the most in the baclofen group (14.88 ± 29.29) followed by the naltrexone (14.79 ± 50.17) and acamprosate (6.67 ± 22.64) group. Thus, long term use of these drugs has harmful effects.^[6]

Homoeopathy on the other hand is based on symptom similarity and individualization of the patient and believes in a holistic approach of

treatment. Homoeopathic treatment has a beneficial role in managing patients with acute alcohol withdrawal symptoms. Observational studies of homoeopathy intervention also direct toward its usefulness in not only breaking the cycle of dependence but also in improving alcohol-related sleep disturbances.

Homoeopathic therapeutics as mentioned by Dr. Gallavardin^[7]

1. Nux Vomica-Violent people, often cross, and whom sorrows or cares lead to drink as a means of forgetting, and who spit frequently; or mild-tempered people, kind and affectionate in their ordinary condition, who, while drinking, become brutal even to striking, insulting, sometimes weeping. Tendency to jealousy, to envy, to suicide by shooting or stabbing, before and during drunkenness. Inclination to sadness, or to great genital excitement during drunkenness. Longing for red wine, white wine, beer, absinth, rum; persons inclined to get drunk for lack of anything else to do; neurotic men, and women addicted to drunkenness during or after pregnancy. Sometimes thieving and shrewd; inclined to constipation, to vomiting, to regurgitations, to difficult digestion.

2. Lachesis-III-natured people, hard to get along with. Inclined to violent crimes, vindictive, wicked, jealous, envious, licentious. Inclined to kill others, but not to kill them-selves, except to get themselves run over by a vehicle. Talking ceaselessly before or during drunkenness. Appetite for brandy.

3. Causticum-Fussy, quarrelsome, cheating, much inclined to be moved to tears before and after drink; very great genital overexcitement before and during drunkenness. Desire for brandy and wine. Indicated for persons who have lost their loved ones. Great indifference.

4. Sulphur-Slow-going people, getting drunk in secret. Desire for wine and whisky. Mild before and brutal during drunkenness. More intelligent while they are drunk; saying and doing while drunk what they would neither say nor do before. Obese and corpulent people.

5. Calcarea carbonica-Corpulent, obese people. After excessive mental labors, which have weak-

ened the intellect, and inspire a fear of losing their mind. Envious, hateful, vindictive, somewhat licentious. Devoid of will-power and unable to refuse a glass of wine.

6. Hepar sulphuris.-Persons who are not affectionate, always dissatisfied, high tempered, easily angered, even to homicide. Inclined to be a criminal. Need wine to be able to work mentally.

7. Arsenicum album-Wicked, vindictive, merciless, sometimes jealous; inclined to commit crimes. Inclined to suicide, by stabbing, poisoning or hanging. Persons who are always thirsty and take any kind of drink, even water. Inclined to vomiting, and more still to diarrhoea; much inclined to persecute others.

8. Mercurius vivus-Always dissatisfied with everything, everybody, and themselves. Inclined to caries of the teeth, to engorgement of the gums, to salivation, neuralgia, diarrhea, dysentery, intestinal worms. Great gamblers. Spending day by day what they earn. Hard to get along with and weak-minded.

9. Petroleum-Drunkards without energy, without strength of will, unable to refuse a glass of wine, vomiting after the least excess in drink, talking much when they are drunk.

10. Opium-Especially brandy-drinkers. Getting drunk over humiliations, inclined to weep easily. Very gay or stupid or sleepy while drunk. This remedy suits, in the first case, those who get drunk on wine; in the latter, those who get drunk on cider, beer, ethylic or amylic alcohol.

11. Staphysagria-Suits drunkards who have made an abuse of venereal pleasures. Sad before, during and after drunkenness. Hypochondriac. Inclined to persecute. Tobacco users.

12. Conium-People who drink to brace-up, because they feel extremely cold and chilly. Persons who cannot stand continence. Great indifference. Adults lacking in reason, like children. Paralytic weakness of the lower spine, and especially of the lower legs, inclined to paraplegia.

13. Pulsatilla-People who imagine they strengthen their stomachs by drinking, and whose diges-

tive powers are insufficient. Sad while they are drunk. Chlorotic women and girls who drink for the still more envious, inclined to hate. Timid, and even cowardly.

14. Magnesia carbonica.-Suits drinkers of mild liquors, those who make very frequent use of dainties and candies. Shrewd, sad, taciturn, or loquacious. Face livid, or scarlet. Sleeplessness during the night. Sleep during the day. Speaking ceaselessly while drunk.^[7]

CONCLUSION

Thus, the road to recovery is simply understanding the addiction stages and the psychology of the patient. There are more than 100 remedies under the rubric **Mind Alcoholism, dipsomania** in complete repertory. The selection of remedy should be based on individualization and symptom similarity.

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In Italics

My Journey in Homeopathy Cadmium: A Case of Bell's Palsy

About our Columnist



Francis Treuherz

Francis Treuherz MA, FSHom, originally a social scientist, first heard of homeopathy in the 1970s and became a quick convert, studying in London, at the new College of Homeopathy, while simultaneously lecturing at London University. By 1984 he was in full-time practice. Former Editor of the Society of Homeopaths' journal for 10 years, and a Board member for over 20 years, his journey in homeopathy has seen him working in an NHS practice, effective on the homeopathic helpline, bringing computer repertories to homeopaths, writing books, articles and book reviews, and being a trustee of the British Homeopathic Association and the Homeopathic Action Trust. An incurable collector of homeopathic artefacts, his homeopathic library contains more than 12,500 books.

A Man of kindness, enthusiasm and huge sense of humour, Francis marks his 80th birthday in 2021 with his book 'My Journey in Homeopathy- Much Ado About Nothing'— A celebration of his life's work in Homoeopathy.

This column is an excerpt from this book.

continued on page.....46



Role Of Homoeopathy In Alcoholism

Dr. Shwetha Shree

ABSTRACT

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a high burden of disease and has significant social and economic consequences. Alcohol consumption is a contributory factor in a substantial number of health conditions. Drinking alcohol is also associated with a risk of developing a number of mental and behavioural disorders.

Keywords: alcoholism, homoeopathy, alcohol addiction, delirium tremens.

INTRODUCTION

Alcoholism or alcohol use disorder is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.¹ Alcohol use is quite common in India both in rural and urban areas with prevalence rates as per various studies varying from 23% to 74% in males in general and although it's not that common in females but it has been found to be prevalent at the rate 24% to 48 % in females in certain sections and communities. In 2005 the estimated numbers of people using alcohol in India was 62.5 million with 17.4 % of them (10.6 million) having alcohol use disorder and of all hospital admissions in India 20-30% are due to alcohol related problems.² Individuals with an alcohol addiction may go to extreme measures such as stealing, lying, hiding alcohol, drinking household cleaners that contain alcohol and other unhealthy behaviours to obtain alcohol due to cravings and the fear of withdrawal. In the absence of alcohol, these individuals can experience withdrawal symptoms, which are characterized by agitation, tremors, hot flashes, increased heart rate, and blood pressure, nausea and vomiting, and seizures. Withdrawing from alcohol can be lethal, and therefore, individuals should seek professional help when trying to quit their drinking habit. Homoeopathy put this disease under the most virulent and destructive

miasmatic disorder, Syphilitic Miasm.³

Aetiology

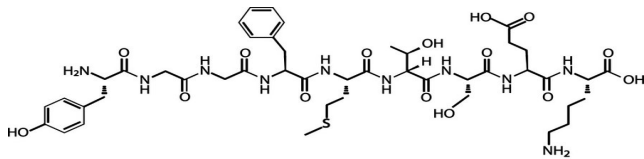
The etiology of alcoholism and drug addiction is best understood as a complex interaction between genetic and environmental factors (Gorski, 2003) disease. The World Health Organisation model recognizes three basic elements of the disease of addiction: (1) a susceptible host, (2) a toxic agent, and (3) a permissive environment (WHO, 2007). It is evident that different people have different susceptibility to addiction once they ingest alcohol and/or drugs¹.

Biological factors

- Hereditary Children of alcoholics become alcoholic about 4 times more than those of non-alcoholics while over 40% had a parent-usually the father-who is alcoholic.
- Comorbid psychiatric disorder or personality disorder.
- Comorbid medical disorders.
- Withdrawal effects and craving.

Biochemical factors

A genetically determined deficiency of brain neurotransmitters (endorphins) predisposes an individual to alcoholism.



ENDORPHIN

Psychological factors

- Curiosity; need for novelty seeking.
- General rebelliousness and social non-conformity.
- Early imitation of alcohol and tobacco.
- Poor impulse control.
- Sensation-seeking (high).
- Low self-esteem
- Poor stress management skills.
- Childhood trauma or loss.
- Relief from fatigue and/or boredom.
- Lack of interest in conventional goals.

Social factors

- Peer pressure, often more important than

parental factors.

- Imitating behavior of important others.
- Ease of availability.
- Strictness of law enforcement.
- Poor social/familial support.
- Permissive social attitudes.
- Rapid urbanization.

Pathophysiology

There are large volumes of scientific literature showing that addictive drugs target the brain, specifically its reward pathways (Berridge , 1998; Robinson, 1993). The reward pathways evolved to promote activities that are essential to the survival of the human race, as well as other animals lower on the phylogenetic tree, such as successful reproduction and procurement of adequate nutrition.⁴

Clinical types

1. According to Jellinek, there are five 'species' of alcoholism on the basis of the patterns of use, and not on the basis of severity.⁵

<u>A. Alpha</u>	<ul style="list-style-type: none"> ● Excessive and appropriate drinking to relieve physical and/or emotional pain ● No loss of control ● Ability to abstain present.
<u>B. Beta</u>	<ul style="list-style-type: none"> ● Excessive and appropriate drinking ● Physical complications, e.g. cirrhosis, gastritis and neuritis, due to cultural drinking patterns and poor nutrition ● No dependence
<u>C. Gamma (<i>malignant alcoholism</i>)²</u>	<ul style="list-style-type: none"> ● Progressive course ● Physical dependence with tolerance and withdrawal symptoms ● Psychological dependence, with inability to control drinking

<u>D. Delta</u>	<ul style="list-style-type: none"> • Inability to abstain • Tolerance • Withdrawal symptoms • The amount of alcohol consumed can be controlled • Social disruption is minimal
<u>E. Epsilon</u>	<ul style="list-style-type: none"> • Dipsomania (compulsive-drinking) • Spree- drinking⁵

2. According to Cloninger, alcoholism is of two types- Type-1, and Type-11. This is on the basis of genetic and environmental factors.

Signs and Symptoms of Addiction

The **DSM-IV (1994)** places a heavy weight upon the “pattern of compulsive use” as the primary factor distinguishing between abuse and dependence. The DSM-IV has categorized three stages of addiction:

- Preoccupation and anticipation
- Binge and intoxication
- Withdrawal and negative affect (mood)

According to the DSM-IV, the pattern of compulsive use is marked by the following signs and symptoms:

1. Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - Markedly diminished effect with continued use of the same amount of alcohol.
2. Withdrawal, as defined by either of the following:
 - The characteristic withdrawal syndrome for alcohol.
 - Alcohol is taken to relieve or avoid withdrawal symptoms.
3. Alcohol is often taken in larger amounts or over a longer period than was intended.

4. There is a persistent desire or there are unsuccessful efforts to cut down or control alcohol use.
5. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
7. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the alcohol.⁶

Prominent addictionologist Terence Gorski elaborated on signs and symptoms referred to in the DSM-IV and described a progression of pathological thoughts and behaviors related to progressive pathological alteration of the brain’s reward system.

How can drinking too much affect me?

Drinking too much alcohol can damage your health. It’s associated with:

- Brain damage, including dementia.
- Despair, depression and suicide.
- Cancers of the breast, liver, colon and mouth.
- Fetal alcohol syndrome (if exposed to alcohol before birth).
- Accidents (like falls or burns) and injuries (like fractures or drowning).
- Liver problems, such

as cirrhosis, hepatitis and fatty liver.

- Blackouts, assaults, DUIs and even homicide.

Frequent or heavy drinking can also lead to personal problems, such as trouble with:

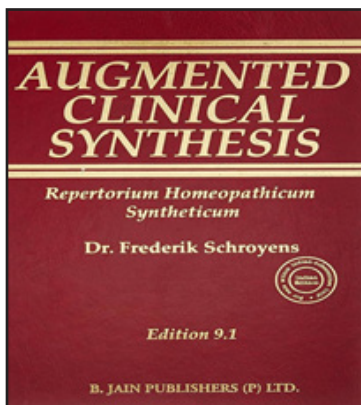
- Money.
- Personal relationships.
- Work.

Treatment

- **Behavioural therapies:** Counselling, or talk therapy, with a healthcare provider like a psychologist or mental health counsellor can teach ways to change your behaviour. Motivational, cognitive-behavioural, contingency and 12-step facilitation are the most commonly used techniques.⁷

Homoeopathic Approach to Treat Alcohol Addiction

Rubrics From Synthesis Repertory in Context of Alcoholism



- Mind- Ailments from- alcoholism
- Mind- Delirium Tremens
- Mind- Dipsomania
- Mind-Drinking-more than she should
- Mind-Drunkenness; symptoms during
- Mind- Libertinism
- Mind-Alcoholism
- Generals- Family History of- alcoholism
- Generals- Food and Drinks-alcoholic drinks-desire
- Generals-Intoxication, after

Rubrics From Boriecke's Repertory in Context of Alcoholism⁹

- Alcoholic (delirium tremens)

Homoeopathic Remedies for Alcoholism²

- **ANGELICA :** Angelica (in tincture, five drops, three times daily, produces disgust for liquor.⁹
- **APOCYNUM CANNABINUM:** Effective for curing great craving for alcohol. The patients are low spirited and experience anxiety and depression. There is severe nausea and vomiting.
- **ARSENIC ALBUM:** It stops the craving for alcohol and helps in reducing the ill effects of excessive alcoholism. Arsenic patient experiences great anxiety, restlessness and fear of death. There are delirium tremens.
- **CAMPHOR:** It should be tried when Angelica failed in controlling alcoholism. There is coldness in the stomach followed by burning.
- **CAPSICUM ANNUM:** It is effective for controlling great desire for alcohol.
- **CHINA OFFICINALIS:** It will remove the craving for alcohol in drunkards who wish to reform. Liver and spleen enlarged.
- **NUX VOMICA:** When your alcoholism is in its earliest stages, then it becomes easier to leave this addiction. For those people who have just started to fall prey to alcohol, Nux Vomica is a wonder medicine. It is administered for faster relief against your drinking problem.⁸
- **QUERCUS GLANDIUM SPIRITUS:** takes away craving for alcoholics; Dropsy and liver affections.⁹
- **STERCULIA:** An effective remedy for alcoholism. It promotes appetite and digestion and lessens the craving for alcohol.
- **SULPHURIC ACID:** It is one of the top remedies for alcoholism. The patient experiences heartburn, sour eructations and sour vomiting. Craving for alcohol is an important symptom of this remedy. It is prescribed when water causes coldness of the stomach, and must be mixed with liquors.
- **SULPHUR:** It should be tried when China fails. The patient has great desire to drink

alcohol all the time. Wants to drink from morning till evening or till awake.

Homoeopathic Remedies for The Bad Effects of Alcoholism

- **AVENA SATIVA:** It is prescribed for sleeplessness and nervousness in drunkards. It helps to relax the senses and detoxifies the body against alcohol.⁸
- **CARBONEUM SULPH:** It is very useful for people broken down by abuse of alcohol.⁹
- **CARDUUS MARIANUS:** It is very effective for liver troubles, liver pain, and constipation alternating with diarrhoea seen in chronic alcoholics especially beer drinkers.¹
- **COFFEA CRUDA:** It is effective for headache due to alcoholism.
- **CROTALUS HORRIDUS:** Gastritis in chronic alcoholism.⁹
- **CHIMAPHILA UMBELLATA** - Hepatic and renal dropsies; chronic alcoholics. Incipient and progressive cataracts. (BOERICKE)
- **GELSEMIUM SEMPERVIRENS:** It is prescribed when nervous symptoms are predominant in alcoholics. There is excessive trembling and weakness of all limbs. 1
- **OPIUM:** Delirium tremors over and over again. Expression of fright or terror on face. Breathing strenuous visions of animals and ghosts with uneasy sleep. Face dark red.
- **PETROLEUM:** It is effective when the drunkards are seen without energy, without strength of will, unable to refuse a glass of wine. Vomiting after the least excess in drinks. The patient talks too much when drunk.
- **RANUNCULUS BULBOSUS:** It is effective for mental attacks of drunkards. It cures coma due to heavy drinking of alcohol and other bad effects of alcohol.
- **SECALE CORNUTUM:** Insomnia of drug and liquor habitues.⁹

CONCLUSION

Achieving a reduction in the harmful use of alcohol in line with the targets included in the Sustainable Development Goals 2030 agenda and the World Health Organisation Global Monitoring Framework for Non communicable

Diseases requires resolute action by countries, effective global governance and appropriate engagement of all significant patrons. By working together effectively, the negative health and social consequences of alcohol can be reduced. Homoeopathic approach of treating patients on a holistic level, together with individual and family psychotherapy, has shown to be highly effective in addressing the issues that may have contributed to and resulted from the development of alcohol use disorder.

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Alcoholism and Addiction Treatment with Homeopathy: A Comprehensive Guide

Dr Shreya K Mehta



ABSTRACT

Homeopathy has been used for centuries to treat various ailments, including alcoholism and addiction. Homeopathic remedies work by stimulating the body's own healing mechanism, promoting detoxification, and reducing withdrawal symptoms. This article explores the role of homeopathy in the management of alcoholism and addiction, highlighting some of the most Traditional to Rare Remedies.

Keywords: Homeopathy, Alcoholism, Addiction, Remedies, Withdrawal symptoms.

Abbreviations: National Drug Dependence Treatment Centre (NDDTC), Alcohol use disorder (AUD)

INTRODUCTION

According to a survey conducted by the NDDTC in 2019-2020, alcohol remains the primary substance of abuse in India. The survey found that approximately 16 crore Indians (about 16% of the population) consume alcohol, with the majority being men. Additionally, alcohol use disorders affect about 3% of the population. Alcoholism and addiction are complicated diseases with negative effects on both the person and society at large.^[2] While traditional medical approaches to treating these disorders, such as therapy and detoxification, have been used, homeopathy has also shown potential. A comprehensive approach to medicine, homeopathy emphasizes treating the whole person rather than simply the symptoms. It entails the application of medicines from plants, animals, or minerals that have been extremely diluted in an effort to boost the body's natural healing process.^[1]

Definition: AUD is a pattern of alcohol use that leads to clinically significant impairment or distress. It is characterized by several symptoms, including persistent desire to drink, failure to fulfill major role obligations, and continued alcohol use despite knowledge of physical or psychological

problems caused by it. Addiction, on the other hand, is a complex condition that is characterized by compulsive substance use despite harmful consequences. It is a chronic and relapsing condition that can result in disability or premature death.^[2]

Causes: Genetics may play a role in the susceptibility to substance abuse.^[3] Environmental factors such as stress, trauma, and social influences-peer pressure can also contribute.

Psychological factors such as personality traits, mental health disorders, and cognitive processes.

What happens when alcohol enters the body?

Alcohol affects the brain by crossing the blood-brain barrier, which is a semi-permeable membrane that prevents toxins from entering the brain.^[4] Alcohol interferes with the actions of neurotransmitters, which are chemicals in neurons that transmit signals from the brain to the target organ. Excitatory neurotransmitters increase target organ activity, while inhibitory neurotransmitters decrease it. Alcohol inhibits the action of excitatory neurotransmitters and increases the activity of inhibitory neurotransmitters, resulting in a state of euphoria, a feeling of intense well-being and happiness. Alcohol is metabolized mainly in the liver, with a small amount being metabolized

in the stomach. The majority of alcohol is excreted by the body through urine, sweat, and exhalation.^[4]

How do people get alcohol addictions?

Neuroadaptation describes alterations or 'adaptations' that take place in the brain in response to repetitive stimulation. When alcohol or any other drug is taken in excess beyond what the body needs, the brain begins to develop a tolerance to it or an adaptation to its chemistry in order to counteract the effects of the drug. Once neuroadaptation has taken place, the removal of alcohol from the body causes a withdrawal symptom^[3]

Signs & Symptoms

Acute Alcoholism Symptoms:

Alcohol affects the way that neurotransmitters operate in the brain by interacting with them. Alcohol's depressed effects make it challenging to walk, bad balance. Speech slurring and lack of coordination. A problem with peripheral vision. A person's respiration and heart rate may slow down at higher alcohol concentrations, and they may vomit, which carries a high risk of being breathed into the lungs and leading to aspiration pneumonia. Higher alcohol concentrations could cause a coma and perhaps death.

Chronic Symptoms of Alcoholism:

Nervous system: Alcohol abuse leads to sleep disturbances, numbness, tingling, and neurological disorders like Wernicke's syndrome and Korsakoff's syndrome, causing mental confusion, amnesia, impaired memory, and physical coordination issues.

Gastrointestinal system: Alcohol can cause inflammation of the stomach, ulcers, acid reflux, esophageal varices, pancreatitis, malnutrition, and liver problems such as fatty liver, inflammation, and cirrhosis.

Blood and immunity: Alcohol affects blood cells, resulting in enlarged red blood cells, decreased white blood cells, weakened immune system, increased infection risk, and a higher likelihood of bleeding.

Heart: Alcohol consumption initially lowers blood pressure but can lead to hypertension with increased intake. It also increases the risk of

heart disease, heart enlargement, abnormal heart rhythms, blood clots, and stroke.

Reproductive system: Heavy drinking impairs fertility in both men and women by reducing testicle and ovary size, as well as interfering with sperm and egg production.

Pregnancy and Alcoholism: Maternal alcohol consumption during pregnancy can have severe negative effects on fetal development, including physical and neurological abnormalities, mental retardation, behavioral problems, cognitive difficulties, and facial malformations.

Alcohol withdrawal: After consuming alcohol over an extended period of time, a person becomes so reliant on it that when he tries to cut back on his intake^[4], he experiences a range of symptoms known as withdrawal symptoms. Depending on when they first appear, symptoms are divided into three stages: -

- *Stage 1 (mild)* appears six to seven hours after the last drink: Heart palpitations, palpitations, anxiety, sleeplessness, nausea, vomiting, abdominal discomfort, lack of appetite, exhaustion, tremors, depression, fuzzy thinking, and anxiety.
- *Stage 2 (moderate)* emerges 12 to 24 hours after the previous alcoholic beverage: Blood pressure that is higher than normal, changes in body temperature and respiration, an irregular heartbeat, mental disorientation, perspiration, impatience, and more severe mood swings^[4]
- In the first one or two days after the last drink: *Stage 3 (severe/delirium tremens)* begins to manifest: severe disorientation, agitation, fever, seizures, and hallucinations.

Homeopathic Treatment

Homeopathic remedies can be considered for symptom management in alcoholism, with specific medicines mentioned for different systems affected: Agaricus, Cannabis indica, and Hyoscyamus for nervous symptoms, Avena sativa, Nux vomica, and Acid-sulphuricum for gastric symptoms, China, Nux vomica, Avena sativa, and Pulsatilla for alcohol withdrawal symptoms, and Strophanthus, Cocculus indicus, and Cannabis indica for cardiac symptoms.^[5] Avena sativa,

Cannabis indica, and *Zincum* are suggested for restoring fertility in alcohol addicts.

Agaricus muscarius - Homeopathic treatment for alcoholism that is made worse by movement, coitus, or pressure touch. Headaches with swelling head sensation. Loquacity.^[4] *Agaricus* exhibits intense mental agitation, speaks incoherently, and alternates between immoderate gait and depression. A small hole looks to be a terrifying chasm, and a teaspoon of water appears to be a vast lake. The perception of the relative scale of items is lost, and the person takes long steps and jumps over small objects as if they were tree trunks. Can lift hefty loads thanks to greater physical strength. Uncontrollable muscle twitching and spasms known as chorea that go away after sleep.

Avena Sativa - When an alcoholic suffers from anxiety and insomnia to the point of delirium tremens, *Avena sativa* is a helpful treatment. It is also a helpful treatment for cocaine and opium addictions.

Arsenic album - Diseases caused by excessive alcohol usage. Cirrhosis of the liver. It sees ghosts and is quite feeble. Patients must consume their usual beverages. Significant trembling and weakness.^[5] Suicidal inclination and a persistent attempt to brush off insects and other vermin that he sees on himself. Patients with arsenic are agitated, fearful, and chilly.

Cannabis indica - An effective homeopathic treatment for alcoholism, particularly in cases of acute alcoholism. It is surrounded by some aggression, talkativeness, and mentally active individuals. Delusions and hallucinations are related to inflated concepts of time, space, etc. Face flushed, eyes dilated, and easy perspiration.

Hyoscyamus - When delirium tremens (Severe alcohol withdrawal symptoms such as shaking, confusion, high blood pressure, fever and hallucinations.) This is usually one of the first remedies indicated. The delirium is constant and loquacious. The pulse is small and quick and compressible, the skin is cold and clammy, The patient is tremulous and picks constantly at objects in the air. Marked sexual excitement, desire to expose a person and fear of poison. The visions are those of persecution, are terrifying, and the patient makes

efforts to escape. Constant insomnia is an excellent indication; outburst of laughter alerting with weeping may also occur.

Opium - This is a remedy indicated in “old sinners” who have had the delirium tremens over and over again. There is a constant expression of fear or panic, they see ghosts, have images of animals appearing everywhere, and their breathing is Sertorius. *Opium* causes an abrupt awakening from sleep due to a choking sensation in the throat. The predominant mental trait is fear, and all illusions and hallucinations cause fear and horror. He tries to flee as he sees visions of beasts charging him from all directions. Suicidal propensity continually irritated by insects and other pests he sees on himself and relentlessly tries to brush them off.

Sulphuric acid - This homeopathic remedy is for long-term alcoholism. Patients who are chilly, shriveled, and pallid, and whose stomachs cannot handle even a small amount of food. They can only drink water that has been thoroughly whisked. They are hurried and rapid in everything, and they constantly crave brandy. It appears long after *Nux vomica* and other treatments have repeatedly failed to work. Alcoholic dyspepsia's bad breath and vomiting are appropriate for it.

Stramonium - It is suitable for habitual drunkards. The predominant mental trait is fear, and all illusions and hallucinations cause fear and horror. He tries to flee as he sees visions of beasts charging him from all directions. In contrast to *Opium*, *stramonium* has a brighter red face. Suicidal propensity continually irritated by insects and other pests he sees on himself and relentlessly tries to brush them off.

Nux vomica - When the patient gets a headache, a tremor, and foul taste.

It also resembles delirium tremens, which is characterized by severe alcohol withdrawal symptoms like shivering, confusion, and hallucinations. In this condition, every sound terrifies the victim, who is unable to find peace anywhere and wakes up at night with terrifying visions.

Gastric disturbance, ugliness, and irritation are all

characteristics of the tremor. It is a treatment that should be administered while the patient is still drinking or in any stage of alcoholism. Headache, morning hangover.

CONCLUSION

By taking into account the physical, emotional, and psychological elements of alcoholism and addiction, homeopathy provides a comprehensive approach to treating these illnesses. Homeopathy emphasizes individualized treatment, focusing on specific symptoms and traits of each person. Remedies such as Nux Vomica, Arsenic album, and Sulphuric acid have traditionally been used to address cravings, withdrawal, and emotional distress. Homeopathy should be integrated into a comprehensive treatment plan that includes counseling, support groups, and medical interventions as necessary.

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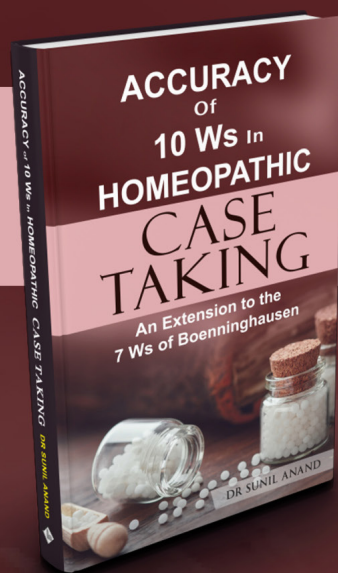
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ACCURACY OF 10WS IN HOMEOPATHIC

CASE TAKING

An Extension to the 7 Ws of Boenninghausen

The author carries the reader on a journey of understanding how their earliest life experiences result in patterned behaviours that form the lens from which they experience life - both in health and disease.

For a practicing homeopath or an eager student, this book will really help in learning the finer nuances of remedies and the art of case taking.

The author provides the reader glimpses of his role as a practitioner and teacher through case examples from his practice.

The author has introduced a unique understanding and approach of case taking and analysis based on the concept of Dr Boenninghausen's 7 Ws; and named it as "10 Ws

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Alcoholism and Addiction: Role of Homoeopathy

Dr Khatoon N, Dr Padhy P, Dr Mondal R

ABSTRACT

Alcohol is a CNS depressant. Alcohol is a habit forming substance. Drinking alcohol does not produce any benefit for the person who drinks it except a temporary feeling of euphoria and being free of inhibitions. On the other side it produces many negative effects on the person's health, family as well as the community. Alcoholism is a common social problem which may be associated with risk factors and other comorbidities. Sudden termination of alcohol intake results in withdrawal symptoms. Homeopathy is a holistic system of medicine in treatment of patients by individualization. So homeopathic remedies help to check the withdrawal symptoms and at the same time reduce the craving towards alcohol.

Keywords: alcohol, euphoria, health, risk factors, homoeopathy

INTRODUCTION

In 2067-2025 B.C., the King Hammurabi of Babylonia, popularized the sale and consumption of alcohol. The word 'Alcoholism' was first instigated by Magnus Huss. The word 'Alcohol' was derived from Arabic word 'al-kohl' meaning 'essence'.¹

The modern medical classification does not use drug abuse and alcohol abuse as diagnostic labels. The DSM-IV classification uses blanket terms – Substance Dependence, Substance Abuse and Substance Use Disorders.²

Substance Dependence - When an individual continues in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Irresistible and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. These, along with Substance Abuse are regarded Substance Use Disorders.^{3, 4}

Substance Abuse - When repeated use of alcohol or other drugs leads to problems but does not include compulsive use or addiction, and stopping the drug does not lead to significant withdrawal symptoms the term substance abuse applies.^{3, 4}

Substance Use Disorders - This term confines both dependence on and abuse of drugs usually taken voluntarily for the purpose of their effect on the central nervous system (usually referred as intoxication) or to prevent or reduce withdrawal symptoms. These mental disorders form a subdivision of the substance-related disorders.^{3, 4}

According to World Health Organization, psychoactive substance use poses a significant threat to health, and the social and economic fabric of families, communities and nations.⁵

The global burden of these three psychoactive substance groups varies across the WHO regions. The level of economic development in countries also plays an important role. The burden from psychoactive substance use is higher in the developed countries than in the high mortality developing countries.⁵

Alcoholism: It is characterized by significant physical and psychological health problems dependence on alcohol. People with an alcohol addiction want to drink in order to function.⁶

Causes of Alcoholism¹

The abnormal pattern of drinking that constitutes alcohol abuse may begin with a desire to reach a

state of feeling high. Some drinkers who find the feeling rewarding then pivot on repeatedly reaching that state.

- Many people, who exploit alcohol chronically, have certain personality traits; feeling of isolation, loneliness, shyness, depression, dependency, hostile and self-destructive impulses and sexual immaturity.
- Drunkards may come from broken home

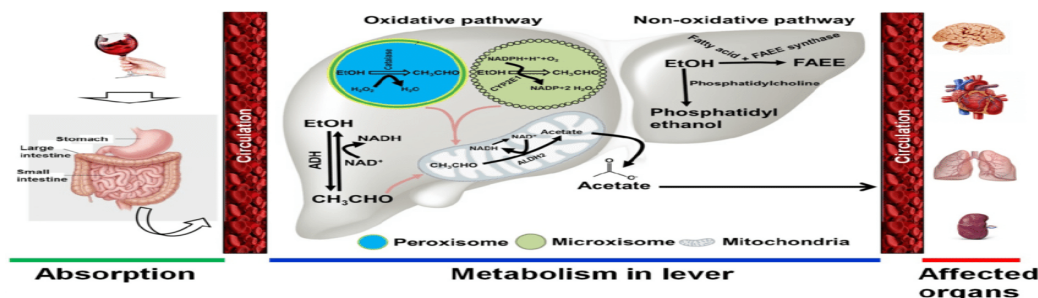
and have a disturbed relationship with their family.

- Societal factors – Perspectives transmitted through the culture or child rearing affect patterns of drinking and consequent behavior.
- There is evidence of genetic or biochemical predisposition, including data suggesting that some people who become alcoholics are less easily intoxicated i.e. they have increased threshold for CNS effects.

Pathology of Alcoholic Dependency¹

4 distinct phases are present.

Pre-alcoholic symptomatic phase	Person commences drinking as conventional social situations and soon experiences relief from tension. As the time advances, tolerance for tension decreases and almost daily alcohol consumption begins. Alteration may take several months to years.
Prodromal phase	This phase is noticeable by the sudden onset of blackouts, the drinker may show signs of intoxication and may be able to carry on a reasonable conversation or go through detailed activities but will have no memory of it. Certain correlated behavior like surreptitious drinking, avoid drinking, guilt feelings and avoidance of references to alcohol.
Crucial phase	It is characterized by the loss of control over drinking mean that consumption of alcohol seems to trigger a chain reaction that continues until either sick or intoxicated. Begins to drop friends and jobs which lead to isolation and further centering of behavior around alcohol. It can further take to phase of impediment as improper nutrition and alcoholic jealousy syndrome. As he becomes a morning drinker, he enters the chronic phase.
Chronic phase	Finds he intoxicated. There is also marked impairment in thinking process.



Metabolism and Absorption of Alcohol

CLINICAL FEATURES¹

Early warning signs include increased consumption, frequent desire for alcohol, extreme behavior and morning drinking. It hinders with the ability to socialize and work. Injuries are common. Interesting phenomena seen are Hangover, Blackout and increased sexual stimulation but decreased sexual performance.

COMPLICATIONS⁶

Alcoholic liver disease (ALD), Cirrhosis of liver (CLD), Hypertension (HTN), Stroke etc.

Alcohol Withdrawal Syndrome⁶

A group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use of alcohol that has been taken repeatedly, usually for a prolonged period and or in high doses.

GENERAL MANAGEMENT⁶

Gradual decrease in intake of alcohol. Yoga, exercise, meditation.

HOMEOPATHY FOR SUBSTANCE ABUSE^{1, 2, 6}

Homeopathy is based on the principle 'Similia Similibus Curentur'. Homoeopathy has been used to aid the patients of alcohol and drug abuse. The remedies can be used in three ways:

- Tautopathic application of the abused substance
- Remedies applied for presenting symptoms
- Remedies concerned according to the constitutional simillimum

Homeopathic medicines produce promising results in cases of both alcohol addiction as well as alcohol withdrawal. Not only it reduces the immediate symptoms, it also works to heal the underlying cause, whether inherited, acquired, emotional or psychological and gradually helps the patient to restore his health. Homoeopathic treatment has a beneficial role in managing patients with acute alcohol withdrawal symptoms as well.

Conventional medicine has little to offer in terms of pharmacotherapy to help the patients of substance abuse. The only help available is in the form of counseling and social support. Homeopathy on the other hand has remedies that can assist the patients of alcohol and drug abuse at various levels – helping in de-addiction, management of withdrawal and improving the physical and mental constitution of the patients.

Repertory is one of the excellent instruments in the hands of homoeopath only when one knows how to use it. We can learn many rubrics related to alcoholism in our repertories.

RUBRICS FROM KENT'S REPERTORY⁷

MIND - DIPSOMANIA: *Ars.*, *bufo.*, *calc.*, *caust.*, *con.*, *lach.*, *mag-c.*, *merc.*, *nux-v.*, *op.*, *petr.*, *puls.*, *staph.*, *sulph.*

drinking on the sly: *Sulph.*

menses, before: **Sel**

Mind - MANIA-A-POTU: *Acon.*, **Agar.**, *ant-c.*, *arn.*, **Ars.**, *bell.*, *bism.*, *calc-s.*, *calc.*, *cann-i.*, *carb-v.*, *chin.*, *chlol.*, *cimic.*, *coff.*, *crot-h.*, *dig.*, *ferr-p.*, *gels.*, *grat.*, *hell.*, *hyos.*, *ign.*, *kali-br.*, *kali-p.*, **Lach.**, *led.*, *lyc.*, *merc.*, *nat-c.*, **Nat-m.**, **Nux-m.**, **Nux-v.**, *oena.*, **Op.**, *phos.*, *puls.*, *ran-b.*, *rhod.*, *rhut-t.*, *ruta.*, *sel.*, *sep.*, *sil.*, *spig.*, **Stram.**, **Stry.**, *sul-ac.*, *sulph.*, *zinc.*

VERTIGO - ALCOHOLIC liquors: *Caust.*, **Coloc.**, **Nat-m.**, **Nux-v.**, *verat.*

HEAD – CONGESTION, HYPERAEMIA ETC;
alcoholic liquors agg.: *Calc-s.*, *calc.*, *glon.*, *lach.*, *zinc.*

STOMACH – DESIRES; alcoholic drinks:
Acon., *ars-i.*, **Ars.**, **Asar.**, *aster.*, *aur.*, *bov.*, *bry.*, *bufo.*, *calc-ar.*, *calc-s.*, *calc.*, **Caps.**, *carb-an.*, *chin.*, *cic.*, **Crot-h.**, *cub.*, *cupr.*, *fl-ac.*, *gins.*, *hep.*, *iod.*, *kreos.*, *lac-c.*, **Lach.**, *lec.*, *led.*, *med.*, *merc.*, *mur-ac.*, *naja.*, *nat-p.*, **Nux-v.**, *op.*, *phos.*, *plb.*, *psor.*, *puls.*, *sel.*, *sep.*, *sol-t-ae.*, *spig.*, *staph.*, *sul-ac.*, **Sulph.**, *syph.*, *tub.*

STOMACH – HICCOUGH; alcoholic drinks,
after: **Ran.b.**

GENERALITIES - ALCOHOLIC stimulants:

Acon., agar., alum., am-m., anac., ant-c., arg-n., arn., **Ars.**, **Asar.**, **Bar-c.**, **Lach.**, laur., led., lyc., naja., nat-c., nat-m., nux-m., **Nux-v.**, **Op.**, petr., puls., **Ran-b.**, rhod., rhus-t., ruta., sabad., sang., **Sel.**, sep., sil., spig., stram., stront., stroph., **Sul-ac.**, Sulph., tab.

HEAD – PAIN, NAIL AS FROM A; alcoholics, after: Ruta

RUBRICS FROM BBCR REPERTORY⁸

APPETITE – Desire, for alcoholic liquors: Aco.; Arg.; **Arn.**; ARS.; Aur.; Bov.; Bry.; **Calc – c.**; **Carb – v.**; **Chin.**; Cic.; HEP.; Ign.; Kre.; LACH.; Merc.; Mos.; Mur – ac.; Naj.; Nat – m.; Nux – m.; **Nux – v.**; **Op.**; Pul.; Rhus – t.; **Sele.**; Sep.; Sil.; Spi.; **Stap.**; SUL.; Sul – ac.; Ther.

RUBRICS FROM PHATAK REPERTORY⁹

FOOD AND DRINKS – ALCOHOLIC; Agg:

Ars.; Asar.; Bar – c.; Calc.; Carb – v.; Chin+; Cimi.; Hyo.; Kali – bi.; Lach.; NUX – V.; Op.; Pho.; Puls.; Ran – b.; Sele.; Stram.; Sul.; Sul – ac.; Terb+; Zin.

FOOD AND DRINKS – ALCOHOLIC; Amel:

Aco.; Agar.; Canth.; Con.; Gel.; Lach.; Op.; Sele.; Sul – ac.

HOMOEOPATHIC THERAPEUTICS^{1, 6, 10, 11}

AVENA SATIVA – It is a valuable remedy in alcoholism where the victim is nervous and sleepless almost to the point of delirium tremens.

NUX-VOMICA – It is the great anti-alcoholic remedy. It corresponds to the tremor, to the nervous affection, to the headache, to the bad taste. It corresponds to delirium tremens, where every little noise frightens and the victim finds no rest any place, springs up at night and has frightful visions. The tremor is marked with ugliness and irritability and gastric disturbance. It is a remedy to be given while the patient is still under the influence of liquor or any of the stages of alcoholism.

Ranunculus Bulbosus – Bad effects of alcohol; delirium tremens. One of the effective agents for removing the bad effects of alcoholic drinks.

Sulphuric Acid – This is the medicine for chronic alcoholism. It corresponds to inebriates on their last, who are pale and shriveled and cold, whose stomach will not tolerate the slightest amount of food. They cannot drink water unless it is well whisked.

Syphilinum – Hereditary tendency to take alcohol. Antisocial, feels depressed as if going to insane or being paralyzed. Delirium at night.

Selenium – They desire for brandy and other strong drink. Alcoholics with chronic liver affections. Sleeplessness with lascivious thoughts.

Capsicum – Abstainers from accustomed alcoholics. Prostration and poor digestion of alcoholics. Sleeplessness, delirium tremens, depression with suicidal thoughts. Craving for stimulants. Thirsty, if drinks causes shuddering.

Kola – Remedy for drinking habit. It promotes appetite and digestion and lessens the craving for alcohol.

CONCLUSION

Homoeopathic treatment of Alcoholism boasts of a much better success along with counseling. Homoeopathic medicines help in de-addiction from alcohol and also help in treating the after effects of alcoholism. A few large scale multi-centric trials are required to confirm the existing research evidence and if found in favor of homeopathy, it will help establish homeopathy as the treatment modality of choice for all substance abuse patients.

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ABOUT THE AUTHORS

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The case of a male patient with facial paralysis from the cold. Born in April 1952, seen in February 1985: a planning surveyor in the public utility property department. The patient was a shy, socially inept, very conventionally old-fashionedly-clothed young man in a dead end lack-of-initiative job, who lived in a house with two women who looked after him. Complains of flu since a few days, a fever, an unsettled stomach, cannot hold fluids, no trouble swallowing, a frontal headache which was worse from central heating, a few days ago.

Worse from cold weather, and this appears to be the causation; especially cold wind of which there has been much this February.

Complains of paralysis after penicillin; felt face puffed up, observed: not puffed up.

Left eyebrow will not raise, left eye will not stay shut, or shut at all, left head pain, left nostril sensation as if swollen, twitch on left side of face almost leads to whole body spasm.

History of nervous twitches when run down; left collarbone fracture, blow to head left and some pain in left hip.

No involuntary urination, some sweat axillae night; bowels, nothing abnormal disclosed.

Analysis

Kent has the following intriguing rubrics; FACE: PARALYSIS: agar., all-c, anac., bar-c., cadm., Caust., Cocc., crot-h., cupr., cur., dulc., form., graph., iod., kali-chl., kali-p., nux-v., op., petr., plb., puls., ruta., seneg., stry., syp., zinc.

FACE: PARALYSIS: right: arn., caust., hep., kali-chl., kali-p., phos., plb., sil.

FACE: PARALYSIS: left: all-c., cadm., cur., form.,

continued on page.....52

Alcoholism & Homeopathy

Dr. Romal Padsumbiya

ABSTRACT

Alcohol is a psychoactive substance which seems to have dependency producing qualities. It is used widely for many purposes in various cultures. Alcohol consumption leads to many mental and physical disorders, many diseases and accidents. It not only harms the person who consumes it but also harms other people including family members, friends, coworkers and strangers. Homeopathy has been found to be helpful in treating addiction of alcohol to the stage of recovery. Since it takes a holistic approach, it can help an addict to get out of this mire of alcoholism.

Keywords: Alcoholism, alcohol intoxication, alcohol withdrawal syndrome, homeopathic repertory, homeopathic medicines, rare medicines.

INTRODUCTION

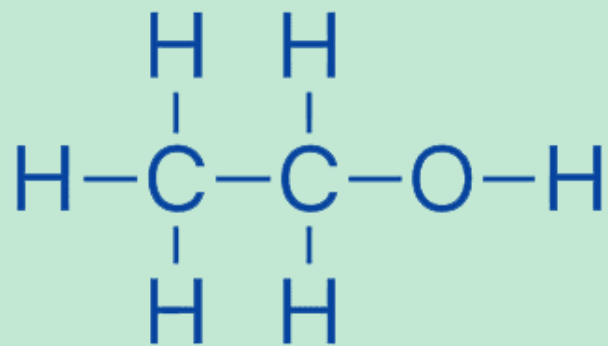
Alcohol abuse is the pattern of consuming alcohol that results in harm to one's physical, social and psychological health ^[1].

Alcohol misuse leads to acute alcohol intoxication (alcohol poisoning) or alcohol dependency (alcohol use disorder). An adult of legal drinking age can choose not to drink or to drink in moderation by limiting the intake to 2 drinks or less in a day for men and 1 drink or less in a day for women. ^[2]

ACUTE ALCOHOL INTOXICATION :- Acute alcohol intoxication is a clinically harmful condition that usually follows the ingestion of a large amount of alcohol in a short period of time.

Clinical features ^[3, 4, 5]

1. CNS depression Ethanol is a CNS depressant, in small quantities interferes with function of several neurotransmitter system like GABA (gamma aminobutyric acid receptor), glutamate system and serotonin system and predominantly affects frontal cortical control and in larger doses, may depress medullary function. The effects of ethanol on CNS are generally proportional to blood ethanol concentration i.e.



- Less than 500 mg/dl- Loquacity, subjective feeling of well being
 - 500-1000 mg/dl- Inebriation, slurred speech, emotional instability, in coordination and loss of sensory perception
 - 1000-5000 mg/dl- Intoxication that includes Loss of sensory perception, Muscular incoordination, Ataxia, blurred or double vision, convulsions or coma.
 - More than 5000 mg/dl- Very severe intoxication that includes coma, hyporeflexia, hypothermia, respiratory depression, poor airway protection.
- 2. Vasodilation:** Ethanol causes peripheral vasodilatation that may result in hypothermia and hypotension in highly intoxicated individual.

3. **Hypoglycemia:** There is inhibition of hepatic gluconeogenesis that results in hypoglycemia, particularly when poisoning follows fasting, exercise or chronic malnutrition. Typically, alcohol-induced hypoglycemia occurs within 6–36 hours after ingestion of a moderate to large amount of alcohol. Usual features of hypoglycemia like flushing, sweating, tachycardia are absent but may be present with hypothermia and comatose conditions.
4. **Lactic acidosis:** Usually, it is not so common but it is a serious complication and occurs in patients especially with severe liver disease, pancreatitis or sepsis.
5. **Alcoholic ketoacidosis:** It may develop in alcoholics who recently start to consume alcohol in heavy amounts. It occurs when a person has dehydration, glucopenia, increased

lipolysis and ketogenesis all together. Onset of ketoacidosis follows an ethanol free interval with frequent vomiting so ethanol may be undetectable in blood.

- **Amnesia and hangover**
- **Accidents and injuries sustained in any fight**
- **Aspiration of vomitus:** leads to coma or death.

Alcohol Use Disorder ^[2,6]

Alcohol use disorder (AUD) is a medical condition which is characterized by inability to stop or control alcohol use regardless of the adverse social, occupational, or health consequences. It covered the terms such as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe.

ALCOHOL USE DISORDER		
Mild	Moderate	Severe

Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to relapse.

There is a criterion to define alcohol dependency as

- Narrowing of the drinking repertoire
- Priority of drinking over other activities (salience)
- Tolerance of effects of alcohol
- Repeated withdrawal symptoms
- Relief of withdrawal symptoms by further drinking
- Subjective compulsion to drink
- Reinstatement of drinking behavior after abstinence

Etiology ^[1,6]

The following causes may lead to alcohol use disorder

1. Availability of alcohol and social demand for its use
2. Genetic factors
3. As a way to relieve the anxiety and depression
4. People who abuse alcohol may have certain personality traits like feeling of isolation, shyness, loneliness, dependency, hostile and self-destructive impulsivity and sexual immaturity or may have social problems like disturbed relationships with family.

Complications ^[6]

1. **Social problems:** Staying away from work, unemployment, marital tension, child abuse, financial difficulties and problems with the law, such as violence and traffic offences.
2. **Psychological problems:**
 - Anxiety
 - Alcoholic hallucinosis
 - Alcohol withdrawal Symptoms usually become more about 2 days after the last drink and include seizures ('rum fits').
 - Delirium tremens: they are associated with

severe alcohol withdrawal.

- Alcoholic blackouts
- Depression

Neurological Complications:

- Stroke
- Cerebral dementia, cerebellar degeneration
- Demyelinating syndrome – Central pontine myelinolysis, Marchiafava-Bignami syndrome
- Neuropathy: Sensory, motor, mixed, autonomic
- Nutritional deficiencies
- Wernicke-Korsakoff syndrome
- Giddiness, tremors
- Pellagra
- Tobacco-alcohol amblyopia

Effects on Other Organs [5]:

- Liver & pancreas: fatty change and cirrhosis, hepatocellular carcinoma
- Acute and chronic pancreatitis
- Malabsorption syndrome
- Overt expression of latent genetic hepatic porphyrias

Gastrointestinal:

- Periodontal disease and caries
- Oral infections, leukoplakia and malignancy
- Alcoholic gastritis and hematemesis
- Alcoholic enteropathy and malabsorption syndrome
- Colonic malignancy

Cardiovascular:

- Cardiac arrhythmia
- Cardiomyopathy
- Hypertension
- Hypercholesterolemia

Voluntary muscle and skeletal:

- Proximal metabolic myopathy, principally affecting type II
- Neuromyopathy secondary to motor nerve damage
- Atrophy of smooth muscle of GI tract leading

to motility disorders

- Osteopenia
- Gout
- Avascular necrosis (e.g., Femoral head)
- Fractures(malunion)

Genitourinary and reproductive:

- IgA nephropathy
- Renal tubular acidosis
- Renal tract infections
- subfertility
- Impotence
- Spontaneous abortion
- Fetal alcohol syndrome

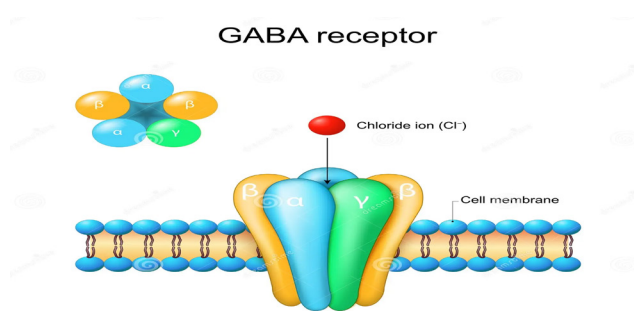
Dermatological:

- skin stigmata of liver disease
- Skin infection bacterial, fungal, viral
- Local cutaneous vascular effects
- Psoriasis
- Discoid eczema
- Hematological: RBCs- macrocytosis, anemia due to blood loss, folate deficiency and malabsorption
- WBCs- neutropenia, lymphopenia
- Platelets- thrombocytopenia

Alcohol Withdrawal Syndrome

It is the characteristic feature of chronic alcohol abuse or alcohol dependency. It is characterized by sudden presentation of central nervous system excitation. They occur after 6-8 hours after the cessation of alcohol intake and it may last for 2-7 days.[3]

Pathophysiology



Ethanol seems to act on the benzodiazepine g-aminobutyric acid (GABA) chloride receptor complex. When a person withdraws from alcohol, the receptor complex loses the potentiating effects of ethanol on chloride flux thus decreasing the efficacy of GABA. It leads to hyperactivity of neurotransmitters such as norepinephrine, glutamate

and dopamine.

Clinical features:

Clinical features of withdrawal can be classified as given in the following table depending on their intensity.

Minor	Intermediate	Major
Appear within a few hours as blood ethanol concentration falls sharply and subside within 24-72 hours.	Appear within 8-12 hours of cessation of alcohol and resolve after 48-72 hours.	Occur between 24-72 hours after the last drink and may last for about 1-5 days
<ol style="list-style-type: none"> 1. Weakness 2. Faintness 3. Sweating 4. Irritability 5. Catecholamine-Induced Hypertension 6. Insomnia 7. Tremors 	<ol style="list-style-type: none"> 1. Auditory and visual hallucinations, mostly with an unpleasant or threatening content (Alcoholic Hallucinos) 2. Convulsions of uncomplicated grand mal type. 3. Dysrhythmias due to electrolyte disbalance 	<ol style="list-style-type: none"> 1. Delirium tremens- It consists of agitation, hallucinations, illusions, delusions, tachycardia, hypertension, diaphoresis and dilated pupils.

Investigations

- Breath, blood, urine examination
- GGT- Gamma-glutamyl transpeptidase
- MCV (mean corpuscular volume)
- Carbohydrate- deficient transferrin level
- Phosphatidylethanol (Peth)
- ALT, AST

Homeopathic Therapeutics

The most indicated medicines which are frequently used in treating Alcohol use disorder are as follows ^{[8][9][10][11]}

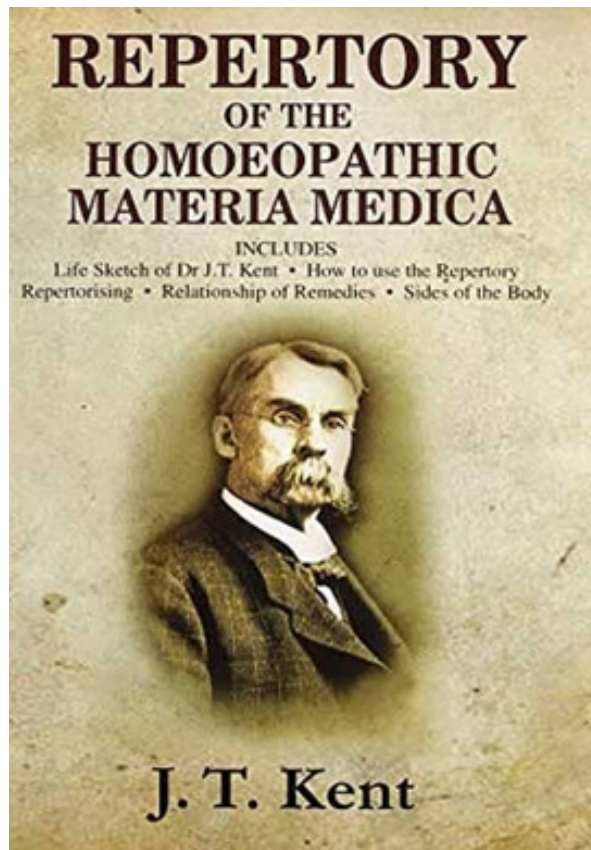
1. **Nux Vomica:** Bad effects of alcoholic stimulants, highly spiced, over eating. Eructation-sour, bitter, nausea and vomiting every morning with depression of spirits. Desire for stimulants, constipation, with frequent ineffectual urging, incomplete and unsatisfactory stool.

2. **Selenium:** Headache of drunkards, after debauchery. Hungry, at night, longing for spirituous liquors, an almost irresistible maniacal. Desire for brandy and other strong drinks .
3. **Ranunculus Bulbosus:** Bad effects of alcohol, delirium tremens. Spasmodic hiccough.
4. **Sulphuric Acid:** Heartburn, sour eructation craving for alcohol, water causes coldness of stomach, loss of appetite,its act wonder when nux fails,fully must be mixed with liquor .
5. **Syphilinum:** Craves alcohol [10]. Hereditary tendency to alcoholism, obstinate constipation for years
6. **Avena sativa**—for sleeplessness , nervousness and general exhaustion . 20 drops of mother tincture in hot water gives wonderful results
7. **Apocynum cannabinum** —For acute alcoholism. Desire for alcoholic drink.very good remedy for general oedema and dropsy of the body , great thirst and gastric irritability

, acute alcoholism

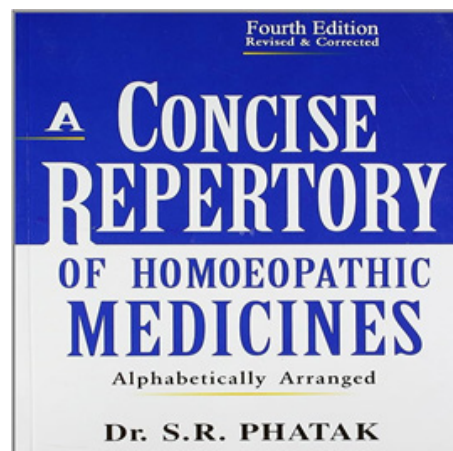
8. **Strychnine nitrate** —Takes away craving for alcohol
9. **Angilica** —Creates disgust for alcohol , acts complimentary
10. **Coffea:** Headache due to alcoholism. Intolerance of tight clothing after, after wine and liquor as if nails were driven into head. Worse in open air. Sleeplessness, convulsions and liveliness.
11. **Asarum europeum:** A great longing for alcohol.
12. **Conium:** Intoxication after taking the smallest quantity of liquor or even wine in water.
13. **Coca:** Longing for alcoholic liquors.
14. **Syphillinum:** Craving for alcohol in any form. Hereditary tendency to alcoholism.
15. **Quercus Glandium Spiritus:** Antidotes effect of alcohol, takes away craving of alcoholics

Important rubrics of Chronic Alcoholism from Kent's Repertory^[7]



- KENT-VERTIGO-alcoholic liquors
- KENT-HEAD-congestion hyperemia etc. (see fullness, pulsation) alcoholic liquors
- KENT-HEAD-pain, headache in general: Alcoholics (see spirituous liquor)
- KENT-HEAD-pain, headache in general: nail, as from a, alcoholics, after
- KENT-STOMACH-aversion: alcoholic stimulants.
- KENT-STOMACH-desires: alcoholic drinks.
- KENT-STOMACH-desires: alcoholic drinks: menses, before.
- KENT-STOMACH-hiccough: alcoholic drinks, after.
- KENT-RECTUM-diarrhea: alcoholic drinks, after.
- KENT-RECTUM-diarrhea: spirits (see alcoholic drinks).
- KENT-GENERALITIES-alcoholic stimulants.
- KENT-GENERALITIES-alcoholic stimulants.
- KENT-GENERALITIES-weakness, enervation (see lassitude, weariness): alcoholic drinks amel.

Important rubrics of Alcoholism from Phatak's Repertory^[8]



- [Phatak] [Phatak A-Z] ALCOHOLISM:Acute
- [Phatak] [Phatak A-Z] ALCOHOLISM:Later
- [Phatak] [Phatak A-Z] ALCOHOLISM:Later:Recurrent
- [Phatak] [Phatak A-Z]DIPSOMANIA (SEE DELIRIUM TREMENS)
- Rubrics From Complete Repertory

- [COMPLETE] [MIND]ALCOHOLISM, DIPSOMANIA:
- [COMPLETE] [Generalities]FOOD AND DRINKS:Alcohol, alcoholic drinks:Agg.:Alcoholism, in acute:

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ABOUT THE AUTHOR

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graph., nux-v., spig., sulph. FACE: PARALYSIS: cold, from: cadm., Caust., dulc., ruta. How can we use this information?

The patient's paralysis is from cold WIND not bathing so we can eliminate Dulcamara, the only other strongly showing remedy is Cauticum with a RIGHT sided paralysis, although there may be other possible indications in the patient's history. We do not have a three-legged stool but have established that there is no escape of urine. I had never prescribed Cadmium sulphuratum before; indeed only a check in the abbreviations list showed me that it was not the metallicum. I had so far only considered this remedy as a cancer remedy in the writings of Grimmer.. Eye open - sleep during. Eye closed difficult (face seems swelling).

Prescription

Cadmium sulphuratum 200C and S.L.

Follow up Follow up was seven days later and there was no trace of the problem at all, the main improvement was immediate 75%, and then a gradual improvement of the remainder. No continuing treatment was sought.

Comment

Cadmium metallicum was thought of as the remedy for "influenzosis" by William Gutman, (BrHomJ 51 pp20-21 1961). Grimmer characterises the sulphuratum as having a fear of solitude, of mental work, worse from cold winds and a crawling sensation with paralysis on the face. A college note showed Cadmium sulphuratum to be prescribed in the CM every 20 minutes for severe 'flu! (was this a joke?); I once tracked down the source of this to Eric Powell's Natural Home Physician. Clarke confirmed the facial paralysis and cold wind aggravation. Clarke and Grimmer confirmed the unsettled stomach although

continued on page.....52

Alcoholism And Addiction: Role of Homoeopathy

Dr. Urvashi Dwivedi, Dr. Varnika Prashad

ABSTRACT

Alcoholism is a disorder marked by a pathological pattern of alcohol use that causes serious impairment in social or occupational functioning. It includes both alcohol abuse and alcohol dependence. In current times, occasional use of alcohol has slowly transformed into a traditional habit that is gradually leading to addiction. Homoeopathy, which is a holistic system of medicine, has shown favourable results in treating cases of alcohol intoxication and other disorders related to alcohol abuse.

Keywords: Alcoholism, alcohol addiction, homoeopathy, murphy repertory, rubric.

INTRODUCTION

Alcohol dependence is a pattern of compulsive alcohol use, defined by the presence of three or more major areas of impairment related to alcohol occurring within the same 12 months.

Alcohol abuse is diagnosed when alcohol is used in physically hazardous situations (e.g., driving). Alcohol abuse differs from alcohol dependence in that it does not include tolerance and withdrawal or a compulsive use pattern; rather, it is defined by negative consequences of repeated use. Although alcoholism does not describe a specific mental disorder, the disorders associated with alcoholism generally, can be divided into three groups:

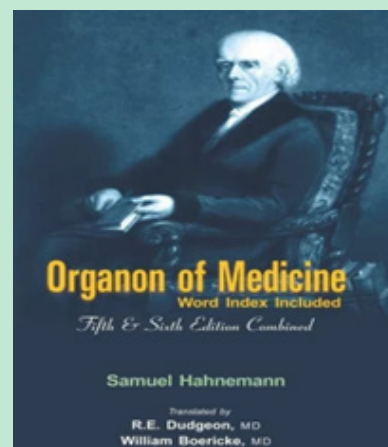
- (1) Disorders related to the direct effects of alcohol on the brain (including alcohol intoxication, withdrawal delirium, and hallucinosis);
- (2) Disorders related to behaviour associated with alcohol (alcohol abuse and dependence);
- (3) Disorders with persisting effects (including alcohol-induced persisting amnesic disorder, dementia, Wernicke's encephalopathy, and Korsakoff's syndrome).⁽¹⁾⁽²⁾

DIAGNOSTIC FEATURES

Individuals whose heavier drinking places them at elevated risk for alcohol use disorder can be

identified both through standardized questionnaires and by elevations in blood test results likely to be seen with regular heavier drinking. These measures do not establish a diagnosis of an alcohol-related disorder but can be useful in highlighting individuals for whom more information should be gathered. The most direct test available to measure alcohol consumption cross-sectionally is blood alcohol concentration, which can also be used to judge tolerance to alcohol. For example, an individual with a concentration of 150 mg of ethanol per decilitre (dL) of blood who does not show signs of intoxication can be presumed to have acquired at least some degree of tolerance to alcohol. At 200 mg/dL, most intolerant individuals demonstrate severe intoxication.⁽²⁾

Role Of Homoeopathy In Alcohol Addiction



Homoeopathy which is a holistic system of medicine has proved to be of immense use in treating cases of alcohol addiction as, mentioned by master Hahnemann himself in the aphorism 221 organon of medicine sixth edition "If, however, insanity or mania (caused by fright, vexation, the abuse of spirituous liquors, etc) have suddenly broken out as an acute disease in the patient's ordinary calm state although it almost always arises from internal psora, like a flame burst in forth from it".

(3)

REPERTORY REFERRED: Homoeopathic Medical Repertory (third revised edition) by Dr. Robin Murphy

Rubrics for alcohol addiction and complaints related to alcohol addiction from Murphy Repertory that can be referred include-

- Clinical-alcoholism, dipsomania
- Constitution-alcoholic constitution, delirium and mental derangement
- Constitution-alcoholic constitution, hands trembling
- Food-alcohol, general, (see clinical, chapter)
- Food-alcohol general, desires alcohol
- Head-congestion, head, hyperaemia, (see fullness, pulsation).
- Head-congestion, head, hyperaemia, alcoholic, liquors agg.
- Headaches-alcohol, spirituous liquors, pain from.
- Headaches-alcohol, spirituous liquors, pain from, amel. Headaches-general, head pain, (dull, pain)
- Headaches-nail, pain as if from alcoholic after
- Mind-depression, sadness, alcoholics in
- Rectum-diarrhoea, general, alcoholics drink after
- Rectum-diarrhoea, general alcoholics in
- Stomach-aversion, alcoholic stimulants
- Stomach-belching, eructation, alcoholics in (see heartburn)
- Stomach-burning, pain alcoholics, in
- Stomach-cramping, pain alcoholics of
- Stomach-indigestion, general, alcoholics in

- Stomach-nausea, general, alcoholics in
- Stomach-gastritis, inflammation alcohol abuse from
- Stomach-gastritis, inflammation, alcoholics in
- Stomach-heartburn, general (see belching) alcoholics in
- Stomach-hiccoughs, hiccups, alcoholic drinks after
- Stomach-hiccoughs, hiccups, alcoholics in
- Stomach-pain, stomach alcoholics in
- Stomach-retching, gagging alcoholics in
- Stomach-vomiting, general alcoholics, drink from
- Stomach-vomiting, general alcoholics of
- Toxicity-alcohol, general
- Vertigo-alcoholic, drinks, from
- Vertigo-alcoholic drinks after, as if
- Weakness-alcoholism, weakness in

Homoeopathic therapeutic management for alcohol addiction:

In the books of homoeopathic therapeutics, recommended by theory, against intoxication by alcohol more than 40 medicines that may be useful, if they are indicated by the totality of psychic and somatic symptoms in the person to be treated. But while waiting to show their differential indications, the clinical indications seem to be the most useful. Here are a few medicines according to their order of importance.

1. **Nuxvomica**-Violent people often contradicted, whom cares and chagrins force to become intoxicated and spits often or mild people, good and sensitive, in ordinary condition and who is in the state of drunkenness become brutal up to striking, insulting, sometimes weeping. Desire for red wine, white wine, beer.
2. **Lachesis**- People of bad character, vulgarly called "difficult to lie with". Tendency to violent crimes, vindictive wicked, jealous, envious, debauch. Likes brandy and absinth. Using tobacco. Sometimes extravagant, sometimes miser, light headed, unreflecting mind.

3. **Causticum-** Teasing, quibbler, babbler, great tendency to become softened up to tears before, during and after intoxication. Very great genital excitement. Desire for brandy and rum, indicated in persons who have lost their beloved beings.
4. **Sulphur-** Does not have a sense of duty, nor the will to do it. Likes wine and beer. before and after Mild intoxication. More intelligent during drunkenness. Saying and doing things during drunkenness, which he would not have said or done before. People who have the tendency to obesity or at least to become corpulent.
5. **Calcarea carbonica-** Corpulent, obese people. Have neither the sense of duty or the desire to accomplish it. Is not disposed to give services. Having antipathy against persons without any motive. Tendency to become a thief and a liar. Having done some excessive brain work, which has weakened the intelligence and has made him afraid of becoming mad. Envious, heinous, vindictive. Sometimes a gambler. Sometimes miser. Sometimes extravagant for themselves or by ostentation. Without any strength of mind and cannot refuse a glass of wine.
6. **Hepar sulphuris-** Affectionate persons, always displeased, easily loses self-control and becomes angry up to killing Inclined to become criminal. For making his brain work he drinks wine.
7. **Arsenicum album-** Wicked people, vindictive, inexorable, inclined to become a criminal. Tendency to suicide by a dagger, by poison or by hanging. People are always thirsty and need whatever drinks, even water. Tendency to vomiting and especially diarrhoea. Great tendency to persecute others.
8. **Vivus-** Always dissatisfied, of everything and of himself. Dental caries. Swelling of gums, salivation, neuralgias, diarrhoea, dysentery, tendency to worms. Great gambler, sometimes extravagant, sometimes miser. They gradually spend all they have; a very difficult character, of weak intelligence. Suffering from diseases palliated rather than cured.
9. **Petroleum-** Drunkards without energy, without strength of mind, cannot refuse a glass of wine, vomits after the least excess of drinks. Speaking much when they are drunk.
10. **Opium-** Specially drinkers of brandy. Intoxicates himself after humiliation. Very gay, hebeted, or asleep when drunk. Tendency to weep easily. This remedy suits those who become intoxicated with wine in the first case and in the following two, to those who become intoxicated by ciders, beer, alcohol of grains, of potato.
11. **Staphysagria-** Suits to drunkards who have made abuse of venereal pleasures. Being innervated he believes he can make himself steady by the abuse of alcohol, specially by mild liquors, than by strong liquors. Sad before, during and after being drunk. Hypochondriac. Persecutory delirium. Single and specially debauched husbands. Onanism. Jealous. Use tobacco.
12. **Conium maculatum-** People who drink to restore himself, because they are full of ennui, cold and frozen. People who cannot tolerate continence. Great indifference. Intelligence not yet well developed. Adults want reasons like children. Paralytic weakness of the kidneys, specially of the legs. Tendency to paraplegia.
13. **Pulsatilla-** People, who, while drinking, want to make strong their stomach and whose digestion power is really very weak. Sad during drunkenness. Likes ciders. Chlorotic women or girls who drink for improving their debility. Jealous and still more envious even heinous. Extravagant by ostentation. Timid and even cowardly.
14. **Magnesia carbonica-** Suits to persons who drink mild liquors, to those who, in their food, make frequent uses of dainty things and sweets. Teasing, sad, taciturn, and loquacious. Face livid or bright red, insomnia at night, Somnolence during the day. Speaks unceasingly when drunk.(5)(6)(7)

CONCLUSION

With the increasing incidence of alcohol addiction Homoeopathy has a wide range of medicines in treating different stages of alcohol use disorder as well as de addiction of alcohol by using the medicines on the therapeutic basis or carefully selected individualised homoeopathic medicines

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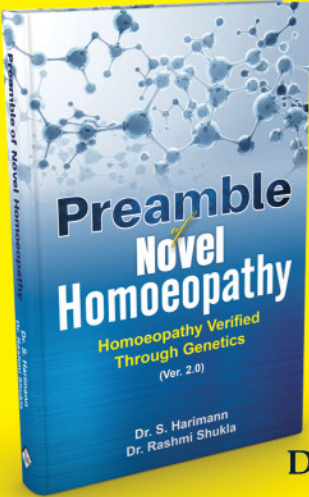
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associating it with yellow fever or cancer, but also with icy coldness and yet with sweat in the axillae. All this and more was confirmed by Hering in seven pages!

This patient was seen some years before the publication of the work of Jan Scholten on Minerals and Elements and provides a clear confirmation of the possible uses of Cadmium salts. It could be seen as anecdotal evidence. I prefer to see it as an interesting case study, an example of N=1.

Footnote

Modern versions of the repertory such as in MacRepertory™ display Cadm-s as the abbreviation for Cadmium sulphuratum.



Preamble
Novel
Homoeopathy
Homoeopathy Verified
Through Genetics
(Ver. 2.0)
Dr. S. Harimann
Dr. Rashmi Shukla

NEW RELEASE

Author:-
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Homoeopathic Drug Proving on Sick: First Step Towards A Model

*Dr Manpreet Kaur, Dr S M Singh, Dr Pankaj Aggarwal,
Dr Vandana Gambhir, Dr Chaturbhuja Nayak*

ABSTRACT

Background: Study proposed a research method for drug proving, clinically.

Materials and Methods: Patients were screened as per inclusion and exclusion criteria and judgmental sampling for a period of 18 months. Thirty patients suffering from chronic diseases for whom *Pulsatilla nigricans* got selected as an indicated remedy after a detailed homoeopathic case taking in 'Case taking proforma/Pre-proving Assessment and Treatment Format' were taken as sample size. Qualitative research design was followed. Clinical case study method was used to collect data from participants. Archival research method was used to compare the findings of clinical cases with already existing sources. After administration of *Pulsatilla nigricans*, symptoms pertaining to changes in mind and body were recorded for two follow-up visits in 'Follow-up/During and Post-proving Assessment and Treatment Format' and 'Patient's Symptom Recording Sheet'. This data was collected by clinical case study method of research and analysed by content analysis.

Results: Symptoms obtained from all patients were recorded in 'Symptoms Compiling Proforma' under three criteria: symptoms observed as disappeared/ameliorated, symptoms observed as appeared/aggravated and symptoms observed as re-appeared. For validating the obtained symptomatology, they were verified from three source books, i.e., *Materia Medica Pura*, *Hering's Guiding Symptoms* and *Allen's Encyclopedia* in the 'Proforma for clinical verification of the symptoms'. Symptoms verified from one or more source books were designated as clinically verified symptoms (n=97) and the rest as new clinical symptoms (n=42).

Conclusion: The model has proved significant in obtaining more symptoms for the pathogenesis of *Pulsatilla nigricans*.

Keywords: clinical drug proving, drug proving, homeopathic drug proving, homeopathic drug proving on sick, *Pulsatilla nigricans*

INTRODUCTION

Drug proving is a process carried out to discover the positive characteristic of the action of the drug on the vital energy of the human being.¹ The symptoms from homoeopathic drug proving can be derived by two modes- healthy and sick individuals.²

The first evidence of proving of drugs dates back to 3000 BC, when, *Shen Nung*, the Chinese father of medicine³ tested herbs upon himself for eliciting therapeutic efficacy. Later, there have been 33 persons, before Hahnemann, including *Paracelsus*, *Conrad Gessner*, *Albrecht von Haller*, *Anton Stoerck* and others who did pioneering work in the field

of proving. Amongst them, there were only *Albrecht von Haller*, *Anton von Stoerck*, *Coste* and *Willemin*, whose works leave an indication about drug-proving on sick individuals. But none of these persons attempted to follow up the invaluable hint³ of carrying out drug proving on an extensive scale.

Hahnemann instituted drug proving with a definite methodology on the most extensive scale and published his results.⁴ He did this work in two ways: 1) Drug proving on healthy human beings and 2) Drug proving on sick human beings. His work on proving started in 1805 with *Fragmenta de Viribus Medicamentorum Positivis* to the last edition

of *Die Chronischen Krankheiten* in 1839. He proved 100 drugs in all, but 99 drugs are on record.

Hahnemann began with conducting proving on the healthy individuals and included 66 medicines in his *Materia Medica Pura*. Then, after establishing his 'theory of chronic diseases' in 1827, he further proved his drugs on the sick individuals.^{5,6} By such a proving, he has compiled 47 medicines in his *Chronic Diseases*. Amongst these 47 medicines, 16 medicines have reappeared from his *Materia Medica Pura*. So, the symptoms of these medicines which are again found in the *Chronic Diseases* must have been obtained from their re-proving on the sick individuals.

Along with the symptoms of proving obtained from sick individuals, the *Chronic Diseases* of Hahnemann contains several healthy drug proving symptoms borrowed from provings of Stapf, Hartlaub and Trinks, Professor Joerg etc. along with sick. This is evident from the 'Prefatory Note to Materia Medica Section', of *Chronic Diseases*⁶, where Dr Richard Hughes writes that:

"Hahnemann was further able, at this time, to draw upon independent sources of drug-pathogenesy. Hartlaub and Trinks had published a *Materia Medica* of their own. Stapf had begun to issue his journal known as the *Archiv*, and many provings adorned its pages. Lastly, outside the Homoeopathic school, Professor Joerg, of Leipsic, was following in Hahnemann's track and proving medicines on himself and his students. Of all these materials Hahnemann availed himself in the present work, which thus presents a complex whole, made up of very heterogenous elements, and needing analysis that it may be appraised and used aright."

Hahnemann had collected clinical symptoms from his patients' records while writing on proving of the medicines in his *Chronic Diseases*. These medicines are based upon §142 of *Organon of Medicine* where Hahnemann has instructed about drug proving on the sick individuals. This aphorism tells that when a medicine is given to a sick individual suffering from a natural disease, the medicine also produces certain symptoms which can be distinguished amongst the disease symptoms.² Also, in the footnote of §142, Hahnemann

says that the following symptoms should be regarded as the symptoms of the medicine when it is proved over the sick individuals⁷:

- i. The symptoms which were observed a long time previously but reappeared during the whole course of the disease⁷
- ii. The new symptoms which were never observed before but appeared during the course of the disease⁷

Moreover, Dr. Richard Hughes in his works talks about how Hahnemann used to collect pathogenetic symptoms of his medicines from his patients and which symptoms he regarded as medicinal symptoms. This is evident from the following quotes from the work 5 of Dr. Richard Hughes:

"There can be no doubt, indeed, that, with proper precautions, the pathogenetic effects of a drug may be observed upon patients taking it for their ailments almost as well as upon healthy subjects... The disease must be of a definite and limited character, consistent with fair general health; all symptoms conceivably resulting from it, or occupying the same seat, must be excluded, and likewise all phenomena previously observed in or by the patient during his ill health.

He also says, in his *Medicine of Experience* (1806): "how, even in diseases, amid the symptoms of the original disease, the medicinal symptoms may be discovered, is a subject for the exercise of a higher order of inductive minds, and must be left solely to masters in the art of observation." This statement stands unchanged in the last edition of the *Organon* (1833); and a note is added to the words "medicinal symptoms," explaining them to be such as "during the whole course of the disease might have been observed only a long time previously, or never before; consequently, new ones belonging to the medicines."

In another paragraph⁵, he says that:

"In the later *Organon*, he lays down the canon (§ cxxxviii) that "all the sufferings, accidents, and changes of the health of the experimenter during the action of a medicine (provided the proper conditions are complied with) are solely derived from this medicine, and must be

regarded and registered as belonging peculiarly to this medicine, as symptoms of the medicine, even though the experimenter had observed, a considerable time previously, the spontaneous occurrence of similar phenomena in himself” He seems to have entertained the same principle in his mind as regards the administration of drugs in disease, and to have considered “all the sufferings, accidents, and changes of health” of the patient as “solely derived from the medicine” he was taking.”

Then again, he writes ⁵ that:

“There is one source especially on which Hahnemann seems to have relied at this time for pathogenetic effects of drugs. I mean aggravations, real or supposed, of the existing symptoms of patients. In 1813, he had written to Stapf:—“You are right in supposing that the increase by a medicine of symptoms that had been previously present most probably indicates that the medicine given can of itself also excite similar symptoms.”

In his book, *The Principles and Practice of Homoeopathy* also, Hughes ⁸ writes that:

“This verdict must be passed still more decisively on another mode in which Hahnemann, in later years, utilised the sick in the construction of his pathogeneses. I refer to aggravations, real or supposed, of their symptoms. In 1813, he expressed the opinion that such aggravation “most probably indicates that the medicine given can itself also excite similar symptoms,” but he would not have such symptoms set down as pathogenetic. In the ‘Chronic Diseases,’ however, there is good reason to believe that he departed from his salutary caution; and many of the apparently wonderful effects of drugs which experience has proved of the ‘Materia Medica Pura,’ are—so far as they are Hahnemannian obtained.”

In another paragraph, he writes ⁸ that:

“Not only were fresh sensations and phenomena occurring in the course of their treatment set down to the medicines they were taking, but aggravations of their existing troubles were ascribed to these, and registered as pathogenetic effects accordingly...When in a prover some existing deviation from health disappeared under

the influence of a drug, Hahnemann recorded it, adding “Heilwirkung” (curative action).”

In his book, *The Knowledge of the Physician* Hughes ⁴ says that:

“The observation of symptoms in the sick became quite common; and these patients afforded yet another opportunity for supplying the *Materia Medica* with symptoms. Aggravations of their existing troubles occurred from time to time during treatment, and were of course ascribed to the energy of the medicines they were taking; and these were, not without countenance from Hahnemann, set down among the symptoms of the drug...But the imitators of the master’s weaknesses have quite outdone him as regards the utilisation of the sick for enriching the *Symptomen Codex*. When in a prover some existing deviation from health disappeared during the action of a drug, Hahnemann recorded it, adding “Heilwirkung” (curative effect).”

Also, Hahnemann himself tells that the symptoms obtained from the sick individuals are collaborative and require verification with a source containing pure effects of the drugs in healthy persons, for being validated as the pathogenetic symptoms of the medicines. He writes in the author’s preface of his *Materia Medica Pura*, Volume 1 ⁹:

“Among the observations from extraneous sources in the following pages are some which were observed in patients; but as these were the subjects of chronic disease whose morbid symptoms were well known and were not confounded with the new effects caused by the medicine taken—at least GREDING seems to have carefully avoided doing so—these observations are not altogether valueless; at all events, they serve occasionally to confirm similar or identical symptoms that may appear in pure experiments on the healthy.”

This quote of Hahnemann has been mentioned by Dr. Richard Hughes also in his *Pharmacodynamics*⁵, as (see underlined):

“Nor did Hahnemann fail to recognise the necessity of such precautions to obtain even a tolerable result, as is evident from his preface to the first volume of the *Reine Arzneimittellehre*. He there writes:—“Among the observations of others

which are mingled with the following symptoms some were obtained from sick persons. However, inasmuch as they were chronic patients, with symptoms well known, these last need not be confounded with the effect produced by the medicines, as Greiding has shown and carefully exemplified. Symptoms observed upon such patients, therefore, are not without value, and may at any time serve for corroboration when analogous or identical symptoms appear among the pure effects of the drugs in healthy persons."

Therefore, it is evident that Hahnemann has described a clinical method for identifying the pathogenetic symptoms of a medicine amongst the symptoms of the disease of a sick individual.

So, keeping the medicine *Pulsatilla nigricans* into focus, this study demonstrates a *method for clinical drug proving* [Figure 1], following the guidelines suggested by Hahnemann. Here clinical drug proving means a method through which the proving symptoms of a drug can be obtained during its administration to a sick individual.



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Urethral Stricture And Its Management with Homoeopathic Medicines

Dr. Jaykumar Chandarana, Dr. Vaibhav Shah

ABSTRACT

The urethra is the thin tube that carries urine from the urinary bladder out of the body. Both in the males and females the urethra's main function is to pass urine outside the body. It also plays an important role in ejaculation for men. Sometimes a scar is formed due to reasons like swelling, injury or infection which may block or slow down the flow of urine in it. This is called a urethral stricture. Some people feel pain with a urethral stricture whereas some may not.

A urethral (u-REE-thrul) stricture is when narrowing from scar tissue occurs in the urethra. Scar tissue causes narrowing of the urethra and can be due to various causes like A medical procedure, Trauma or injury, An enlarged prostate or previous surgery, Radiation therapy, Ca of the urethra or prostate etc. The tube could now become narrow and cause difficulty and discomfort during the process of micturition. This condition is labeled as urethral stricture. Although not every time it could so happen that a urethral stricture may need immediate medical attention. A stricture restricts the flow of urine from the bladder and can lead to an array of symptoms or medical problems in the urinary tract, including inflammation or infection.

Keywords: Urethral Stricture, Incontinence Of Urine, Traumatic Bladder Catheterization, Homeopathic Individualisation

INTRODUCTION

The scar tissue causes the urethra to become narrow, making it more difficult for urine to flow. Sometimes, the inflammation or injury to the urethra happens long before the stricture becomes noticeable. In other cases, the stricture happens soon after a urethral injury. It can lead to obstructive micturition problems at any age and over time can irreversibly damage the entire urinary tract. They are usually caused by transurethral interventions and traumatic bladder catheterization. Diagnosis is chiefly on the basis of uroflowmetry and cystourethrography. Urethral stricture is much more common in males than in females. Mostly the cause remains unknown.

In allopathy, there are no definite medications available. This makes handling of such cases all the more difficult. Dilatation and surgical

interventions have made great progress with time. But what if a patient does not want surgery to be done or is fed up with repeated dilatations? There are many instances like these where the role of Homoeopathy becomes all the more important. Homoeopathic literature is rich with many names of medicines for the treatment of urethral strictures.

AETIOLOGY

The commonest cause is Trauma particularly the rupture of the membranous urethra following fracture of the pelvis. At times it follows endoscopy but the most common causes appear to be chronic inflammation or injury where scar tissue can gradually form.

1. CONGENITAL CAUSE
2. TRAUMATIC CAUSE - Which could be

because of the rupture of the bulbous or membranous part of the urethra. An injury to the penis or scrotum or a straddle injury to the scrotum or perineum can also lead to it.

3. **INFLAMMATORY CAUSE**– Gonorrhea is the commonest reason in this group leading to post gonococcal stricture. However its incidence is now coming down rapidly due to better medicines available. Post gonorrheal stricture is commonly seen in the bulband and constitutes 70 to 80 % of cases. Next in frequency is at the penoscrotal junction and the least common site is the distal part of the spongy urethra. Often in this condition, multiple strictures may be seen. Post gonorrheal stricture is never seen in the membranous or in the prostatic parts. Usually post gonorrheal stricture develops during the 1st year after infection. This is followed by non gonorrheal acute urethritis or sexually transmitted infections like chlamydia. Tuberculosis is also one of the causes.
4. **INSTRUMENTAL CAUSES** – Introduction of indwelling catheter in inexperienced hands or endoscopy. This usually occurs due to trauma due to passage of too large an endoscope. If

indwelling catheter is introduced roughly such stricture may occur following injury to the urethral mucous membrane. If an indwelling catheter is kept for a long time, urethritis may occur which may in turn cause stricture. .

5. **POST OPERATIVE CAUSES** – This happens after surgeries like prostatectomy or amputation of penis. Whatever the method applied, about 3 to 4 % of the cases develop stricture following prostatectomy. Such stricture is usually situated in the proximal end of the prostate urethra. It could take the form of a shelf at the junction of the bladder with the prostatic bed. It may be opened perurethrally and its edges are resected with a urethrotome. While doing suprapubic or retropubic prostatectomy, such shelf may be resected with a pair of scissors and then the margins are carefully sutured.

PATHOLOGY – Whatever may be the cause, it is usually caused by the infiltration of round cells and fibroblasts into the periurethral tissue. This usually follows injury or inflammation to the urethral mucosa. Gradually there is scar formation to the periurethral tissue. This gradually encroaches the mucous membrane and

CLASSIFICATION 1

PROXIMAL	Common in bulbous urethra (70%)
DISTAL	Congenital (in the external meatus). It is often traumatic in children

CLASSIFICATION 2

PERMEABLE	Permits urine to pass
IMPERMEABLE	Does not permit urine to pass

CLASSIFICATION 3

PASSABLE	Allows catheter to pass
PASSABLE	Catheter cannot pass

CLASSIFICATION 4

SINGLE	One stricture
MULTIPLE	More than one strictures

CLASSIFICATION 5 (According to Part Involved)

THE ROOF	Most Common
THE FLOOR	Less Common

CLINICAL FEATURES

SYMPTOMS

- The most common and initial symptom is gradual diminution of the force and caliber of the urinary stream. There is decreased urine stream and incomplete evacuation of the bladder.
- Spraying of the urine stream
- Some patients also have to strain to urinate.
- Increased urge to urinate or more-frequent urination
- Sometimes pain mild or severe may be felt depending upon the underlying condition and present status.
- Symptoms of cystitis like increased frequency, urgency or nocturia are late to appear.

SIGNS

In long standing cases, it is often possible to palpate the stricture. A tender mass may be present if periurethral abscess has developed. In late untreated cases, urinary fistulas may be

found.

COMPLICATIONS

- Obstruction to the outflow of urine gradually causes dilatation of the urethra proximal to the stricture. This results in compensatory hypertrophy of the bladder musculature and there may be formation of diverticula. The back pressure that is caused may lead to hydroureter or hydronephrosis.
- The stasis that occurs could lead to infections resulting in prostatitis, cystitis and pyelonephritis.
- The combined effect of stasis of urine and infection there could be formation of calculi.
- Other complications like periurethral abscess, urinary fistula etc may be seen. When periurethral abscess occurs proximal to a tight urethral stricture the patient passes most of the urine through many such urinary fistulae. This condition is called Watering Can Perineum.
- Urethral diverticulum may develop due to

increased intraurethral pressure proximal to the stricture.

- At times if the obstruction to the flow of urine is severe there could be Urinary Retention.
- If a patient strains excessively or repeatedly, he could develop Rectal Prolapse, Haemorrhoids Or Hernia.

INVESTIGATIONS AND DIAGNOSIS

Urethrogram and voiding cystourethrogram reveals the site, length of the stricture or presence of a diverticulum. Excretory urograms may reveal urinary calculi or calculi within the diverticulum or changes compatible with pyelonephritis.

Retrograde urethrogram. Here a contrast agent is used. It is squirted into the opening of the penis and then the x rays are taken. The contrast that is visualized on the X-ray film helps locate the stricture and its length. At times, the patient may be asked to urinate once the bladder is full so that the stricture can be recognized during the voiding process.

Cystoscopy –it is a 10 to 20 minutes procedure where a small, flexible, camera called a cystoscope is inserted into the penis. Now the inside of the urethra is visualized.

TREATMENT

Using strict aseptic precautions Dilatation is carried out. There are 3 types of instrumental dilatations – intermittent, continuous and rapid.

1. **INTERMITTENT** – This is the most popular of the 3 methods. Obviously a stricture can not be rectified by just a single dilatation. Repeated dilatations would be required at intervals. In the 1st instance a medium size bougie is used to dilate. Then sequentially bigger size bougies are used. This dilatation at first is done biweekly and every time the largest bougie is inserted. After this dilatation is done weekly for a month. Then fortnightly for 3 months. Then once a month for next 6 months, then half yearly for the next 2 years and lastly once a year. The dilators commonly used are Lister's dilator, Clutton's dilator or filiform Bougies.
2. **CONTINUOUS** – Filiform bougies(gum

elastic bougies) are passed through the stricture under urethroscopy. 2 or 3 are passed through the urethra and by to and fro movement, one will pass through the stricture. It is left in position for 12 hours for sufficient dilatation to facilitate subsequent intermittent procedures. Otherwise FOLLOWERS made up of gum elastic material is screwed to the filiform bougie whose caliber is gradually becoming larger for immediate dilatation.

3. **RAPID** – full dilatation in one sitting is performed by the KOHLMANN DILATOR. However its not much used because of the trauma which may be caused.

SURGICAL TREATMENT –

1. External urethrotomy
2. Internal urethrotomy
3. Urethroplasty or surgical reconstruction - Here the stricture is excised and urethra is reconstructed using preputial skin or scrotal skin (Johanson's urethroplasty).

HOMEOPATHIC MANAGEMENT AND CONCLUSION

In allopathy, there are no definite medications available. This makes handling of such cases all the more difficult. Hence the importance of treatment with Homoeopathy which has no side effects and is a holistic science. Also we have a number of medicines which can treat judiciously depending on detailed case taking and symptom similarity. In such cases where surgery is advised Homeopathy definitely has a role to play as is proved by the case. The Homeopathic approach is always holistic and not merely pathology related. Also one should remember that we need to monitor the patient closely and keep a proper follow up to check for recurrence if any.

Let's prove this point using the Synthesis repertory. It has a specific rubric URETHRA STRICTURE (pg 1063). If we dwell deeper into it then we find 77 remedies listed under it. Also it is further divided into 7 sub rubrics. Of them the chief remedies are CAN, CLEM, NIT AC, PETR, PULS.

If we were to use Robin Murphy's repertory, under the main rubric BLADDER (PG 208) we find SRTICTURE, URETHRA. If we dwell deeper into it then we find 70 remedies listed under it. Also it is further divided into 5 sub rubrics. Of them the chief remedies once again are CAN, CLEM, NIT AC, PETR, PULS,

SOME OF INDICATED HOMEOPATHIC REMEDIS FOR URETHRAL STRICURES ARE

1. Clematis
2. Chimaphila
3. Cantharis
4. Thiosinaminum
5. Conium mac.
6. Arnica mon.
7. Thuja Occ.
8. Cannabis sativa
9. Merc sol
10. Magnesium iod.
11. Sulph iod.
12. Mag. Mur.

A CASE OF URETHRAL STRICTURE TREATED WITH HOMEOPATHY

A 75 YRS MALE patient who is k/c/o Urethral Stricture came with burning urination with polyuria and dysuria esp. at night. He had to go 5-6 times to pass urine every night.

He is k/c/o Osteoarthritis.

Patient was absolutely well before 2015 suddenly he had c/o increased frequency of urine, he had consulted a urologist and was diagnosed as a case of Benign Prostatic Enlargement (Grade 3) for which he underwent thallium laser eradication of prostate. Thereafter he was well but after some days he had developed urethral stricture for which he was advised surgical intervention Cysto + VIU holmium laser. After that in 2021 again urethral stricture was diagnosed.

This time the patient lost all patience and hope. He said he was fed up with all this. "Maybe I am never going to come out of this vicious circle", he said. "I never wanted to undergo any surgery but Kya Karein".

Clearly He Was Losing His Patience And Hope Too..

Past history

- BPH in 2015 - Surgery done
- HTN – On allopathic Medication.
- Osteoarthritis – on allopathic medication.
- Family history
- He has 5 brothers and 4 Sisters having H/O Dm 1 and Hypertension.
- Mother- HTN - died at 82 yrs
- Father - Hydrocele - died at 89 yrs

Personal History

- Thermal stage - Chilly
- Perspiration - Normal
- Appetite- Adequate
- Desire- sweet
- Thirst-7 to 8 glass/day
- Urine - frequency nocturnal urination is much more. Also troublesome.
- Bowel- Constipation Sometimes and then ok at times.
- Sleep –sound

Mind

- Wants everything neat and clean
- Fastidious + +
- He is Specific for time & date.
- Extroverted in nature
- Hobby - reading, cricket
- Happy go lucky person in the past
- Intelligent person
- Hopelessness and despair now ("Am feeling out of my mind. As if mind and body have become separated")
- Cried, nervous, was trying to find correct words to narrate.

On Examination

- BP 114/ 70 mm of Hg
- Pulse 86/ min

Case Study

OPERATIVE NOTES
 Date: 25.02.2015
 Age/Sex: 68/M

Name of Patient: [REDACTED]
 Name of Operation: Thulium Laser Enucleation of Prostate
 Operating Surgeon: [REDACTED]
 Anaesthetist: [REDACTED] Type of Anesthesia: Saddle Block

Summary of Procedure done:

- Urethral calibration done
- Median Lobe +++
- Lateral lobes +++
- Grade III enlargement of Prostate (wt 80gms)
- Bladder - trabeculation grade II
- Capacity 200 C.C
- Thulium laser enucleation of all lobes done
- Haemostasis achieved
- 20 F Foley catheter kept, mild traction with slow irrigation continued
- Clear Urine
- Immediate post op recovery - uneventful
- Discharged on
- Catheter removed on 4/3/15

ON DISCHARGE:-

- NORMAL DIET, PLENTY OF LIQUIDS
- TAB CEFTUM (500MG) 1-0-1 FOR 5 DAYS
- TAB PANTOP (40MG) 1 DAILY FOR 15 DAYS
- TAB OROFER XT 1 DAILY FOR 15 DAYS
- TAB MYOSPAS 1-0-1 FOR 5 DAYS
- TAB FLORABC 1-0-1 FOR 15 DAYS
- TAB PAUSE (500MG) 1-1-1 FOR 5 DAYS
- SYP. LOOZ 2TSP AT BED TIME (IF CONSTIPATION)
- FOLLOW UP AFTER 1 WEEK

Tab Niftran (100mg) 1 daily (15d)
 Tab Creampac 'D' 1-1-1 (15d)
 CHIEF UROLOGIST

Please read the instructions given overleaf
 2k ↑ frequency

OPERATIVE NOTES
 Date: 30.07.2015
 M / 68

Name Patient: M [REDACTED]
 Name of Operation: Cysto + VU by Holmium Laser
 Operating Surgeon: Dr [REDACTED] Assistant: [REDACTED]
 Anaesthetist: Dr [REDACTED] Type of Anesthesia: GA

Summary of Procedure done:

- Lithotomy Position
- Cystoscopy done
- Bulbar urethra stricture +++
- VU done by Laser
- Adequate Passage created
- 16 F Foley catheter kept
- Post Op - uneventful recovery

ON DISCHARGE:-

- NORMAL DIET, PLENTY OF LIQUIDS
- TAB ZOCEF (500MG) 1-0-1 FOR 5 DAYS
- TAB PANTOP (40MG) 1 DAILY FOR 10 DAYS (BEFORE BREAKFAST)
- TAB PAUSE MB 1-0-1 FOR 5 DAYS
- TAB FLORA BC 1-0-1 FOR 15 DAYS
- FOLLOW UP AFTER 1 WEEK

Tab Creampac 1-1-1 (15d)
 Catheter on removal
 Pain and swelling
 Abt - follow up on 6

CHIEF UROLOGIST

RADIOLOGY REPORT
 Date: 30/03/2016

USG REPORT

Patient's Name: [REDACTED]
 Case No: [REDACTED]

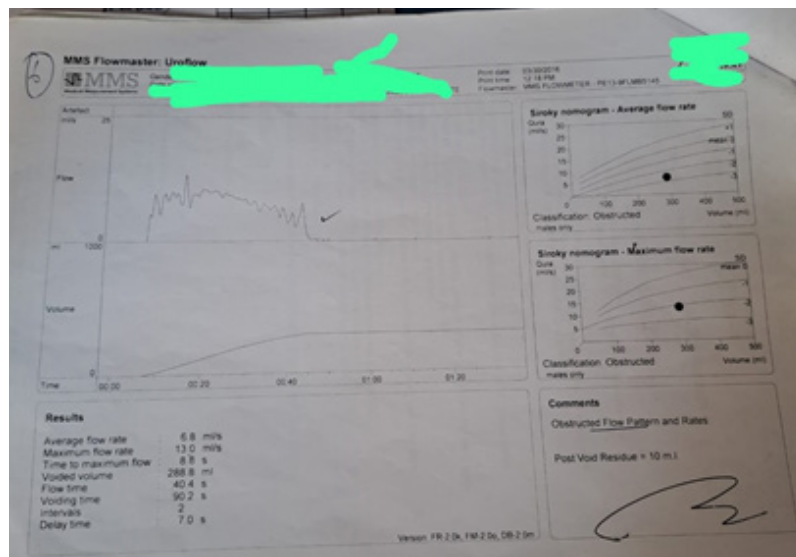
Right Kidney: 7.5 cm x 4.6 cm
 No calculus
 No hydronephrosis
 Cortex maintained

Left Kidney: 9.4 cm x 5.1 cm
 No calculus
 Mild fullness of PC System
 Cortex maintained

Bladder: Full and Normal
Prostate: H/O TURP Done

Post Void Residue: 10 m.l

For internal use of Aashray Urology Institute only



Treatment

- Thuja occ. 10M / I dose.
- Cannabis Indica 30C/ 3 doses on every 4th day.
- Nat Sulph 6x /tds / 14 days

1st follow-up

- Feels better

- Decrease in frequency of urine.
- Pain has decreased while passing of urine. Urinary flow is better now
- BP 120/ 80 mm of hg
- Pulse 84/min

Rx

Thuja occ.. 10M / I dose.

Cannabis Indica 30C/ 3 doses on every 4th day.

2nd follow up

- Better by 25 %. in all complaints. But still complains of nocturnal aggravation in micturition.

Rx

Merc sol 30/200/1M on day 1/ 2 / 3

Sac lac 200 C/ tds / 14 days

3rd follow up

- 50% better in all aspects inspite of severe cold. Mentally also feeling much relaxed.

Rx

Thuja occ.. 10M / 3 doses on every 4th day.

Sac lac 200 C/ tds

Alfalfa Q / 20 drops / 14 days

4th follow up

- He is feeling much better.
- Urine Stream now improved remarkably.
- BP -110/90 mm of HG.
- Pulse - 82/min

Rx

Thuja occ.. 10M / 3 doses on every 4th day.

Sac lac 200 C / tds

Withania Q / 20 drops / 14 days

5th follow up

- Burning micturition 75% better. Flow of urine improved remarkably.
- BP-140/90 mm of Hg.

Rx

Sac lac 200 C / tds / 14 days

Withania Q / 20 drops / tds /14 days

6th follow up (After 1 year)

- 100% better in urinary stricture related complaints
- No allopathic medicines or any surgical intervention was done during the course.
- Now urinary flow is normal but a new complaint of burning urine since week .
- Burning sensation after urination ++

Rx

Cantharis 30/ I dose

Berb. Vulg.Q / 15° / 7 days.

7th follow up

- No burning urination. Totally relieved.
- Burning only on while eats spicy food.

Rx

Sac lac 200 C / tds/ 30 days

Berb. Vulg.Q / 15° / 30 days.

The patient is very happy. Mentally relaxed. He talked with the hospital staff too and now is a staunch believer of Homoeopathy.

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Alcoholism And Addiction: What is the Role of Homoeopathy?

Dr. Devika Chaturvedi, Dr. Ram Prasad Yadav, Dr. Zubair ali khan

ABSTRACT

Alcoholism and substance use disorder are a challenge in day-to-day life. The ever advancing era, change in lifestyle as well as stress to meet the needs of the society are some of the factors which contribute to addiction of alcohol and other euphoric substances among youth nowadays. Long working hours, night shifts are some of the factors which add to addiction. Research and studies are required in the field to find the ways to uproot this problem. Homoeopathy being a holistic science has the capability to remove the hereditary tendency to addiction as well as to remove the bad effects of substance use.

Keywords: Acetaldehyde, alcoholism, apoptosis, cirrhosis, ethanol, homoeopathy

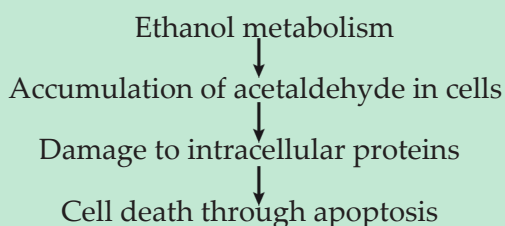
INTRODUCTION

The term Alcoholism stands for the condition when alcohol intake starts affecting physical and mental health of the individual consuming it. The World Health Organization has estimated that as of 2016, there were 380 million people with alcoholism worldwide (5.1% of the population over 15 years of age).

frequency and quantity of intake increases the person gets trapped in this vicious cycle of addiction.

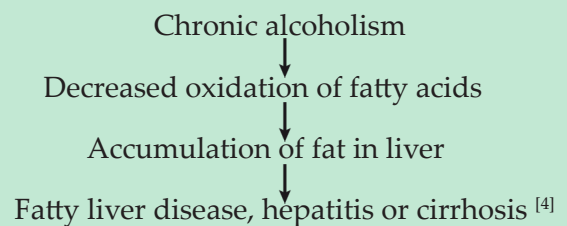
Acute withdrawal symptoms include headache, anxiety, nausea, vomiting, insomnia and sometimes hallucinations, confusion and disorientation.

Chronic alcoholism increases the risk of gastrointestinal, nervous, cardiovascular, immune, and other systemic disorders.^[2]



Complications can occur if there is inflammation of the stomach or oesophagus resulting in gastrointestinal bleeding. Chronic pancreatitis or pancreatic cancer are among severe complications.^[3]

Effect on liver:



Effect on heart-

Cardiac arrhythmia can occur as a result of binge drinking; a syndrome known as holiday heart.^[5]

Effect on CNS-

Chronic alcoholism can affect the functioning of CNS in following ways:

- Peripheral neuropathy resulting in tingling or numbness especially in hands and feet.
- Nystagmus due to atrophy of cerebellum.
- Progressive neurological syndrome affecting

- gait and stance.^[6]
- Severe misuse leads to dementia and cognitive impairment.

STEPS TO CONTROL ALCOHOLISM-

- Regulating and limiting the sale of alcohol (particularly to minors)

- Taxing alcohol to increase its cost.
- Providing education and treatment.^[7]

DIAGNOSIS-

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is used in United states as a manual for diagnosis of substance use disorder.

DSM-IV	Alcohol abuse, or Alcohol dependence	<ul style="list-style-type: none"> Alcohol abuse - repeated use despite recurrent adverse consequences. Alcohol dependence - <i>alcohol abuse</i> combined with tolerance, withdrawal, and an uncontrollable drive to drink.^[8]
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EFFICACY OF HOMOEOPATHY-Homoeopathic literature illustrates the efficacy of homoeopathy in alcoholism and substance use disorders.

A french physician Dr. Gallavardin published a book in 1890 "*The Homeopathic Treatment of Alcoholism*" in which he explained about treatment of over two thousand alcoholics from homoeopathic remedies.^[9] In this book he mentioned homoeopathic medicines having peculiar affinity in case of alcoholism like *Nux vomica*, *Lachesis*, *Sulphur* etc.

He explained a case in which he accidentally relieved a woman of an "addiction to Southern Comfort" (her words) using *Sulphur*. The woman consulted for some other complaint. Southern Comfort was her favourite alcoholic beverage which she consumed daily. After one month of consultation when she came for follow up she said that she has completely lost interest in Southern Comfort. Even she can't look at the bottle which makes her feel nauseating.

In 1993, a randomized, double-blind, placebo-controlled trial was conducted at Hahnemann College of Homeopathy in Albany, California in which homeopathy was given both for chemical and alcohol dependency.^[10] The duration of the study was eight months including seven hundred three drug and alcohol patients. All the study subjects were divided into three groups, one group

received placebo, another group received homeopathic remedies and the third group was given conventional detox treatment. Among all the three groups, patients who were given homeopathic medicines had the lowest relapse rate that is only 32 percent compared to 68 percent in the placebo group and 72 percent in the conventional detox group.

A study was published in 2014 in India describing the use of homeopathic medicines for acute alcohol withdrawal (AAW) symptoms.^[11]

HOMOEOPATHIC MEDICINES FOR ALCOHOLISM-^[12]

- ABSINTHIUM-** Sudden and severe giddiness, delirium with hallucinations and loss of consciousness. Nervous excitement and sleeplessness. Hallucinations. Frightful vision. Loss of memory. Forgets what has happened recently.
- AGARICUS MUSCARIUS-** It corresponds to various forms of cerebral excitement rather than congestion. Thus, it is indicated in alcoholism (delirium tremens). Delirium characterized by singing, shouting and muttering; rhymes and prophecies.
- APOCYANUM CANNABINUM-** Indicated in acute alcoholism
- ASARUM EUROPAEUM-** Desire for alcoholic

- drinks with loss of appetite, flatulence, eructations and vomiting.
5. AVENA SATIVA- Sleeplessness especially in alcoholics. Nervous exhaustion, sexual debility, morphine habit often call for this remedy in rather material dose.
 6. CALCAREA ARSENICOSA- Complaints in drunkards after abstaining
 7. CAPSICUM ANNUM- Abstainers from accustomed alcoholism. Delirium tremens. Prostration and feeble digestion in alcoholics.
 8. CARBONEUMSULPHURATUM- Very useful in patients broken down by abuse of alcohol.
 9. COCCULUS INDICUS- Desire for cold drink especially beer.
 10. COFFEA CRUDA- Excessive hunger and intolerance of tight clothing after wine and liquor.
 11. FLOURICUM ACIDUM- Hob-nailed liver of alcoholics.
 12. KALIBICHROMICUM- Nausea and vomiting after beer. Desire for beer and acids.
 13. LACHESIS- Craving for alcohol and oysters.
 14. NUX MOSCHATA- Irresistible drowsiness. Great inclination to become unconscious.
 15. NUX VOMICA- For individuals who lead a sedentary life who seek for stimulants like coffee, wine, possibly in excess, he hopes to quiten his excitement, by indulging in sedative effect of tobacco, if not really a victim to the sedative drugs like opium.
 16. QUASSIA AMARA- Atonic dyspepsia with gas and acidity. Heartburn and gastralgia. Regurgitation of food.
 17. QUERCUS GLANDIUM SPIRITUS- Takes away the craving of alcohol. Antidotes bad effect of alcohol.
 18. RANUNCULUS BULBOSUS- Bad effect of alcohol; delirium tremens.
 19. SELENIUM METALLICUM- Desire for brandy and other strong drinks.
 20. STRAMONIUM- Delirium tremens. Sensation as if limbs were separated from the body. Loquacious, garrulous, laughing, singing, praying, beseeching, rhyming. Delirium with a desire to escape.
 21. STROPHANTHUS HISPIDUS- Nausea with special disgust for alcohol and thus aids in the treatment of dipsomania. Seven drops of tincture.
 22. SULPHURICUM ACIDUM- Craving for alcohol. Water causes coldness of the stomach and must be mixed with liquor. Relaxed feeling in the stomach.
 23. SULPHUR- Very forgetful. Difficulty in thinking. Delusions; thinks rags are beautiful things; that he is emmensely wealthy. Averse to business; loafs; too lazy to rouse himself. Great acidity, sour eructation.
 24. SYPHILLINUM- Hereditary tendency to alcoholism. Apathetic; feels as if going insane or being paralyzed. Craves for alcohol.
 25. VERATRUM ALBUM- A perfect picture of collapse with extreme coldness, blueness and weakness is offered by this drug. Cold perspiration on forehead.
“coprophagia” violent mania alternates with a refusal to talk. Sullen indifference.
 26. ZINCUM METALLICUM- Cannot stand the smallest quantity of wine. Ravenous hunger around 11am.

RUBRICS FROM DIFFERENT REPERTORIES RELATED TO ALCOHOLISM-

I. Rubrics from Kent's repertory- [13]

MIND- DIPSOMANIA
MIND- Mania-a-potu
VERTIGO - ALCOHOLIC liquors

HEAD - CONGESTION, hyperaemia etc., - alcoholic liquors agg.

HEAD - PAIN - alcoholics.
HEAD - PAIN - odors - alcohol, of
HEAD - PAIN - nail, as from a - alcoholics, after

STOMACH - AVERSION to - alcoholic stimulants

STOMACH - DESIRES - alcoholic drinks

STOMACH - HICCOUGH - alcoholic drinks, after

RECTUM - DIARRHOEA - alcoholic drinks, after-
RECTUM - DIARRHOEA - spirits

URINE - ALBUMINOUS - alcohol, after abuse of

COUGH - ALCOHOL

CHILL - ALCOHOL, abuse of

GENERALS - ALCOHOLIC stimulants

GENERALS - DRUNKARDS

GENERALS - WEAKNESS, enervation - alcoholic
drinks amel.

II. RUBRICS FROM SYNTHESIS REPERTORY- [14]

MIND - AILMENTS FROM - alcoholism - absti-
nence of alcohol

MIND - ALCOHOLISM

MIND - ALCOHOLISM - excitement, from alco-
holism

MIND - ALCOHOLISM - hereditary

MIND - CLARITY of mind - alcohol; in spite of

MIND - CONCENTRATION - difficult - alcohol
amel.

MIND - CONFUSION of mind - alcoholic drinks;
after

MIND - DELIRIUM - alcoholic

MIND - DELIRIUM TREMENS - small quantity of
alcoholic stimulants, from

MIND - DIPSOMANIA

MIND - DRINKING alcohol; complaints after

MIND - EXCITEMENT - alcohol amel.

MIND - INDIFFERENCE - dearest friends; even
towards - alcoholism; in chronic

MIND - KORSAKOFF's psychosis - alcoholism

MIND - MANIA - alcoholic drinks; from

MIND - QUARRELSOME - alcoholism; in

MIND - SADNESS - alcoholics; in

MIND - STUPOR - alcoholic

MIND - TIMIDITY - alcohol amel.

MIND - UNCONSCIOUSNESS - alcoholic

VERTIGO - ALCOHOLIC drinks, from

VERTIGO - ALCOHOLICS; in

HEAD - ALCOHOLIC drinks

HEAD - CONGESTION - alcoholic liquors agg.
etc.

III. RUBRICS FROM MURPHY REPERTORY- [15]

ABDOMEN - COLDNESS - drinking, after - alco-
hol, spirituous, after

ARMS - WEAK, arms - powerless - alcoholism, in
chronic

BLADDER - STRICTURE, urethra - alcoholics, in

BLADDER - URINATION, general - painful, uri-
nation - alcoholic drinks, from

BLOOD - LEUKEMIA, general - constitutions
broken down by gonorrhea, syphilis, alcohol, etc.

BLOOD - VARICOSE, veins, general - alcohol,
from

BRAIN - COMA, unconsciousness - alcoholic

BRAIN - COMA, unconsciousness - alcoholic - de-

lirium tremens

BRAIN - COMA, unconsciousness - delirium tremens

BRAIN - COMA, unconsciousness - vertigo, during - alcoholics, of

BREATHING - DIFFICULT, breathing - alcoholics

CHEST - BLEEDING, from lungs and chest - alcoholics, in

CHILLS - ALCOHOL, abuse from

CONSTITUTIONS - ALCOHOLIC, constitutions

CONSTITUTIONS - ELDERLY, people - alcohol, women accustomed to taking

CONSTITUTIONS - GOUTY, constitutions - alcoholics

CONSTITUTIONS - RHEUMATIC, constitutions - abuse of alcohol

CONSTITUTIONS - WEAK, constitutions - alcoholic drinks amel.

CONSTITUTIONS - WEAK, constitutions - alcoholism, in

COUGHING - ALCOHOL, from drinking

COUGHING - ALCOHOLICS, coughs of

COUGHING - SPIRITS

DELUSIONS - DOOMED, being - alcoholics, in

DISEASES - ALCOHOL, general

DISEASES - ALCOHOLISM, dipsomania

DISEASES - BRIGHT'S disease, kidneys - alcohol, from abuse of

DISEASES - CANCER, general - leukemia, blood - constitutions broken down by gonorrhea,

syphilis, alcohol, etc.

DISEASES - DELIRIUM tremens, mania-a-potu

DISEASES - DELIRIUM tremens, mania-a-potu - small quantity of alcoholic stimulants, from

DISEASES - EDEMA, general, external - alcoholism, from

DISEASES - GASTRITIS, stomach - alcohol abuse, from

DISEASES - GOUT, general - alcoholics, in

DISEASES - HEARTBURN - alcoholics, in

DISEASES - PULMONARY, edema, lungs - alcoholics, in

DISEASES - STRICTURE, urethra - alcoholics, in etc.

IV. RUBRICS FROM BOGER BOENNING-HAUSEN CHARACTERISTICS AND REPERTORY(BBCR)-^[16]

MIND - Alcoholism, intoxication, etc.

MIND - Amelioration - alcoholic stimulants

SENSORIUM - Alcoholism, as of

HEAD - Internal - aggravation - alcoholic liquors

HEAD - Internal - amelioration - alcoholic liquors

EYES - Aggravation - alcoholism, from

EYES - Vision - aggravation - alcohol, abuse of

NOSE - Bleeding - alcoholics

NOSE - Smell - illusions of - brandy, alcohol, etc.

CORYZA - Aggravation - alcoholic drinks

FACE - Pimples on - red (acne of alcoholics)

TEETH - Aggravation - alcoholic drinks

MOUTH - Aggravation - alcoholic drinks

APPETITE - Aversion - alcoholic drink

APPETITE - Desire - alcoholic liquors; for

NAUSEA AND VOMITING - Amelioration - alcoholic drinks

STOMACH - Cramp, gastric - of alcoholics and gluttons

STOMACH - Digestion - weak - alcoholics, in

STOMACH - Amelioration - alcoholic, liquors

URINE - Micturition - urination - strangury - alcohol, from

URINE - Conditions of urination - alcohol, abuse of

UPPER EXTREMITIES - Aggravation - alcoholism

SENSATIONS AND COMPLAINTS IN GENERAL - Trembling - alcoholics, of

CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Food - alcoholic drinks

CONCLUSION

Thus, study of various literatures shows us the efficacy of homeopathy in management of bad effects of alcoholism and other substance use but more studies and researches are needed in the field for validation of results.

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Gentle Medicine By

Dr. Joachim-F. Gratz



About the Reviewer

Dr. Kavita Chandak, MD (India), PG. Hom (London), PHD (France) is an author, international trainer, speaker and promoter of homeopathy, practicing for 23 years, honored by three

Golden Book of World Records, recipient of many prestigious awards (the recent 'Excellence in Homeopathy-2022) providing her services through her web clinic in 20+ countries.

Health today is standing on a precarious junction, a vicious and dangerous menacing turn. Though we have seen increased life span but will it last for how many generations is questionable. At a very young age, we are getting pushed towards chronic illnesses, dangerous chemical drugs and incorrect diagnosis; this eventually leads to early deaths unless something magical happens to the perceiver's health and disease.

Dr. Joachim-F. Gratz's book *Gentle Medicine*, the true causes of diseases, healing and health reinforces repeatedly the universal law of nature and why correct medical approach is needed. This book gives us a new perspective and understanding about illness and health. This book does not present theories or hypotheses or ask to believe in any one system. It serves to clarify, reinforce, strengthen and to understand health diseases with classical homeopathy.

Chapter by chapter he has resolved the entire if and buts we have in our minds with rational and logical thinking. The scientific frauds perpetuated in the past the horrendous treatment methods used and harrowing stories of some atrocities done under the title of development and science in the recent years.

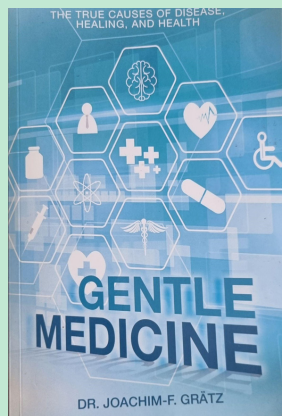
The chapters give us vision to identify individual miasm and the need to focus on correct prescription and with a miasmatic understanding of the dynamic and zestful process of real disease.

In the next chapter, Dr. Gratz skillfully explained German New Medicine, the section on biological

conflicts, biological rule of handedness, the impact of this on creation of disease and the analysis from the perspective of modern medicine and homeopathy.

The next chapter explains Encephalopathy -A necessary consequence of vaccinations. With clear references, Dr. Gratz explains how statistical tricks have been used to spread the so-called benefits of vaccination, how vaccination became the main cause of demyelinating encephalopathies, how vaccination can intensify the primary miasmas and can shift the general health situation towards destruction.

The chapter that follows comprehends Dr. Gratz's practice and experience in treating patients with



gentle medicine. They are different patients of neurodermatitis, psoriasis, Lyme, disease infections, cardiovascular diseases, chronic asthma, allergies and many more.

The next chapter features FAQs. Among other things vaccination, antibiotics, conventional treatment

and protocols are discussed.

This amazing journey of Dr. Gratz ends with an elaborate Appendix. Every serious homeopath, every single nonprofessional and every generous human being must appreciate this hoard of treasure being worthy of everyone's bookshelf. This has ticks on all the right boxes. Good quality paper, printing, binding and front back cover. This is worthy of being read not once but more often like our Organon.

My thanks and gratitude to Dr. Gratz for writing such an amazing book. This will inspire generations of all the practitioners, homeopaths and common person. This is a recipient of esteem pride amongst the important and most intensely loved book collection.



Ahmad Naseem



Simran Chahana



Anshita Sahu



Sayan Maity



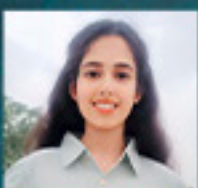
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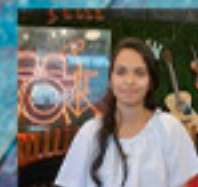
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