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Bringing Classical and Contemporary Homoeopathy Together

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Research Based Homoeopathic Practise

 An Approach to Hyperuricemia, Flagship Sign of Early Onset of Gout with Case Report

BJAIN

My Head is Aching......!
 A Case Study of Anaemia Cured with Homoeopathic Medicine

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Alcohol Withdrawal Syndrome and its Homoeopathic Management

Dr Shweta Singh, Dr Rekha Juneja



ABSTRACT

Nowadays psycho-active substance used disorders are common lethal conditions; among these, alcohol is the commonest which results into serious medical, psychological and sociological problems. It is legally available and an easily accessible substance which may be associated with other risk factors and co-morbidities. The withdrawal symptoms develop after abrupt cessation of alcohol use that has been heavy and prolonged and craving are the factors responsible for addiction and relapses. Homeopathy has its important role to help addicts in taking them out of this mire of alcohol addiction and offers a great help to detox and remove the craving.

Keywords: alcohol, withdrawal, homoeopathy, psychoactive substances, ethanol

Abbreviations: Blood alcohol concentration (BAC), Centesimal (C), Central nervous system (CNS), Delirium tremens (DT), Indian made foreign liquor (IMFL), In patient department (IPD), Twice a day (BD), Pulse rate (P/R), World Health Organisation (WHO)

INTRODUCTION

Alcohol is the commonest psychoactive substance with dependence producing properties giving rise to numerous health and social consequences and one of the leading cause of death and disability globally 1,2,3,4. The main active ingredient of the alcoholic beverages is Ethanol which is a well known central nervous system (CNS) depressant. Alcohol may be classified as a sedative, tranquillizer, hypnotic or anaesthetic depending upon the quantity consumed and its concentration varies across the alcohol preparations (Table 1) ⁽⁴⁾.



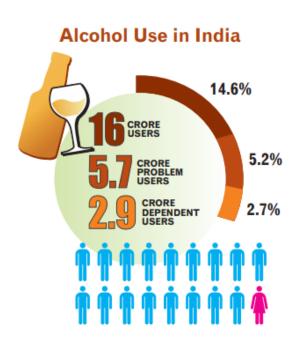
Table 1. TYPES OF ALCOHOLIC PREPARATIONS ⁽⁴⁾		
Preparation of Alcohol Alcohol by volume (%ABV)		
Beer (Standard)	3-5	
Beer (Strong)	8-11	
Wines	5-13	
Fortified wines	14-20	
Spirits (Whisky/Rum/ Gin/ Vodka/ Brandy etc.)	38-43	

Problem Statement (5)

The World Health Organization (WHO) estimates that 380 million people are affected worldwide with alcoholism i.e. 5.1% of the total population above 15 years of age. About 14.6% of the Indian population, between 10 and 75 years of age, uses alcohol. The consumption of alcohol is considerably higher among men (27.3%) in comparison to women (1.6%).

Country liquor or 'desi sharab' (30%) and spirits or Indian Made Foreign Liquor (about 30%) are the predominantly consumed beverages. States with high prevalence (<10%) of alcohol use disorders are Tripura, Andhra Pradesh, Punjab, Chhattisgarh, and Arunachal Pradesh.

Current evidence indicates that alcoholism is 50–60% genetically determined & 40–50% is due to environmental and peer group influences.



Harmful and Dependent Use

About 5.2% of the population is affected by harmful or dependent alcohol use and need help for their alcohol dependence problems. The prevalence of dependent pattern of alcohol use is estimated to be 2.7% while 2.5% of the general population between 10-75 years of age uses it in harmful manner.

Alcohol Withdrawal

The characteristic clinical syndrome develops after abrupt cessation of alcohol use that has been heavy and prolonged (i.e. usually daily or almost daily use for at least a few months) is known as its withdrawal syndrome. The withdrawal symptoms typically begin when BAC decline sharply (i.e., within 4-12 hours) after alcohol use has been stopped or reduced. (4,6)

Table 6. Alcohol withdrawal symptoms ⁽⁴⁾		
Early Withdrawals Late Withdrawals (Delirium Tremens)		
Prevalence	Commonly seen	5% of patients in withdrawals

Clinical Signs	Anxiety, restlessness features	, · · · · · · · · · · · · · · · · · · ·
	Sweating, tachycardia	tuating) Disorientation, confusion, psychomotor agitation
	Fine tremors,	Coarse tremors
	Insomnia, vivid dreams	Marked autonomic hyperactivity(tachycardia, hyper-
	Anorexia, Nausea, vomiting	tension, fever, sweating tachypnoea etc)
	Seizures (seen in up to 5%)-	Illusions or Hallucinations (visual, tactile, auditory)
	usually generalized tonic- clonic	Seizures may occur
Time frame	Onset: 6 - 48 hours of last drink	Onset: 24 hours up to a week of last use, usually peaks at 24 - 36

These signs or symptoms cause clinically significant distress and impairment in social, occupational, or other important areas of functioning with an intense craving for alcohol usually peaking in intensity during the second day of abstinence are likely to improve markedly by the fourth or fifth day.

However, symptoms of anxiety, insomnia, and autonomic dysfunction may persist for up to 3-6 months at lower levels of intensity. The severity of withdrawals depends on the amount of consumption and duration of use.

All patients in alcohol withdrawals should be asked questions to assess the orientation to time, place and person. Any sign of disorientation or impaired sensorium must be taken seriously. DT is a medical emergency, requiring prompt management (mortality risk is 5-15%).⁽⁴⁾

Homoeopathic Management

The initial phase of treatment of alcohol dependence which includes the treatment of withdrawal syndrome which surfaces after abrupt cessation of alcohol, assessment of medical complication with treatment of those requiring acute intervention is known as *detoxification*.

The purpose is to minimize subjective and objective discomfort as this is an important reason for relapse and to prevent development of more serious symptoms. Usually the alcohol detoxification can be completed in 7-10 days. However the duration of treatment vary individual to individual

depending on the severity of dependence, susceptibility of the patient and nature of the remedies.

Homoeopathy can be used as a standalone or as an add-on to conventional treatment. The treatment can be based on presenting symptomatology, akin to Dr Hahnemann's guideline for treatment of acute mental condition arising by abuse of such psychoactive substances. Such acute exacerbations should not be treated immediately with anti-psoric remedies, but should be treated with acute remedies, non anti- psorics, at first to subdue the suddenly surfaced acute state (Aphorism 221 of the *Organon of Medicine*).⁽⁷⁾

There are numerous acute remedies like *Aconite*, *Agaricus*, *Arsenicum album Belladonna*, *Nux vomica*, *Chamomilla*, , *Coffea cruda*, *Hysocyamus*, *Stramonium*, *Veratrum album*, *Zincum met etc.* can be prescribed based on the individual's acute totality to subdue the effects of the psychoactive substances.

CASE HISTORY

Case 1: 48 years old male admitted in the IPD of Muskan Foundation on 5th Feb 2022 for alcohol dependence since 28 years, complained of sleep-lessness since 3 days. Tremors in hands, marked anxiety and weakness was noticed.

The appetite was decreased. The patient has a strong desire for spicy food. Perspiration was more on forehead. The patient was chilly.

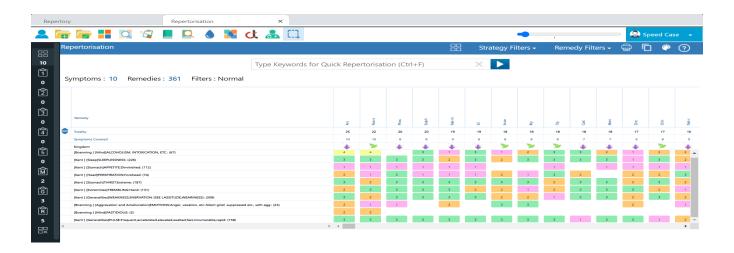
On mental sphere, the patient was well oriented and cooperative, used to suppress his anger and was fastidious.

On examination, pulse rate was rapid, thready, 140 per minute.

Analysis & Evaluation of Symptoms

Mental Generals	Physical Generals	Particulars
 -Suppressed anger++ - Fastidious++ 	 -Loss of appetite++ -Thirst increased+ -Desire for Spicy -Sleeplessness++ -Perspiration: profuse on forehead+ - Thermals: Chilly patient 	 -Alcoholism - Weakness+++ -Trembling of hands+ -Rapid & frequent pulse++

Characteristics Symptoms Considered for Repertorization are:(8)



Prescription

Arsenicum album 30/ TDS for 3 days

Justification for the Selection of Remedy Prescribed 9,10,11

On repertorial analysis, *Arsenicum album* came to be of the highest ranked remedy, covering maximum number of symptoms of the patient. Considering the materia medica, *Arsenic* is a well known remedy for marked anxiety of any kind. The remedy '*Arsenic*' has characteristics mental restlessness with rapid disproportionate pros-

tration along with the thirst for small quantity of water, which matches with that of the patient. The prescription was based more on well-marked mental and physical symptoms, so *Arsenic* i.e. 30C was chosen, considering the susceptibility of the patient.



Follow-up

DATE	COMPLAINTS		PRESCRIPTION
8.2.22	Weakness++	On Examination	Arsenicum album 200/ BD for 3 days
	Sleepless but Drowsy++	BP 142/90 mm Hg	
	Mild tremor still present	P/R 106 bpm	
12.2.22	Weakness+	On Examination	Arsenicum album 200/ OD for 3 days
	Drowsiness+	BP 140/90 mm Hg	
	Sleep little better		
	Mild tremor still present	P/R 106 bpm	
20.2.22	Sleep- better, sound sleep	On Examination	Arsenicum album 200/ OD for 3 days
	Tremors much decreased	P/R 88/min	
		BP 130/80 mmHg	
27.2.22	Sleep- sound sleep	On Examination	Natrum carbonicum 200/ 1 dose
	Tremors decreased	P/R 88/min	Followed by Rubrum met 30/ BD for 1 week
	History of grief	BP 130/80 mmHg	week
	Suppressed anger		
	Feeling of Insecurity		
4.3.22	Sleep- sound sleep	On Examination	Rubrum met 30/ BD for 1 week
	No Tremors	P/R 88/min	
		BP 130/80 mm Hg	

Case 2: A 42 years aged male admitted in IPD of Muskan Foundation on 25th March 2022 had an injury over his upper lip when intoxicated with alcohol. Also complained of oral apthae and palpitations; aggravation, evening.

His appetite was decreased with no desire to eat anything. Thirst was for 2-3 litres/ day, little quantity at a time. He desired salty food. The tongue was coated white with bluish discoloration. The

thermal reaction was hot. He was very calm in nature.

On examination, the blood pressure was raised i.e. 162/88 mmHg

Analysis & Evaluation of Symptoms

Mental Generals	Physical Generals	Particulars
• Calm	 Loss of appetite++ Thirst, small quantity at a time Desire for salty things Perspiration: scanty Thermals: hot patient Tongue; coated white with bluish discoloration 	AlcoholismPalpitationsUlcers, mouthHypertension

Prescription

Syphilinum 200/1 dose

Followed by Rubrum met 30/ TDS for 1 week

Justification for the Selection of Remedy Prescribed 9,10,11

Syphilinum was given as the symptoms showed syphilitic character like ulcers, palpitation, hypertension, evening/night aggravation. Desire for stimulants and there is family history of alcoholism which favors this remedy.

Follow-up

Date	Complaints		Prescription
26/3/22	Palpitations much decreased	On examination:	Rubrum met 30/ BD For 2 days
	Ulcers – same	• BP 150/90 mm	
	Appetite improved	Hg • P/R 110/min	
27/3/22	Mild headache > sleep after < afternoon	 On examination: BP 130/80 mm Hg P/R 88/min 	Rubrum met 30/ BD For 5 days
28/3/22	General condition much bette	r	Rubrum met 30/ BD For 5 days

Case 3: A male aged 42 years admitted in IPD of Muskan Foundation for alcoholism on 9th September 2021 complained of sleeplessness the whole night after abstinence. His appetite was decreased; thirst was increased for 3 - 4 litres per day. He desired sweets and was intolerant to spicy food. His perspiration was more over the forehead. His

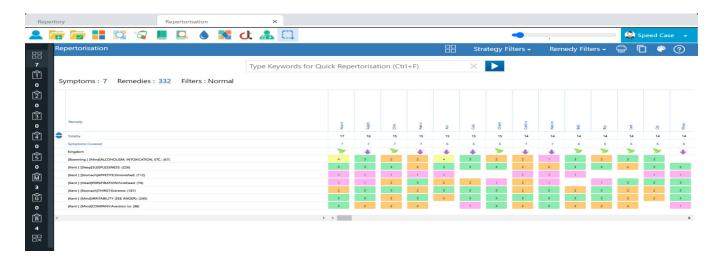
stools were unsatisfactory. The patient was hot thermally. He was irritable, got angry on slightest trifles and liked solitude.



Analysis & Evaluation of Symptoms

Mental Generals	Physical Generals	Particulars
 -Irritable+++ -Angry on slightest trifles -Likes to be alone+ 	 -Loss of appetite++ -Thirst increased+ -Desire for Sweets+ -Intolerance to spicy food++ -Sleeplessness++ -Perspiration: profuse on forehead+ -Thermals: Hot patient 	• -Alcoholism

Characteristics Symptoms Considered for Repertorization are: (8)



Prescription

Sulphur 200/1 dose

Followed by Rubrum met 30/ TDS for 3 days

Justification for the Selection of Remedy Prescribed (9,10,11)

On repertorial analysis, Nux vomica, Sulphur came

to be of the highest ranked remedies, covering maximum number of symptoms of the patient. Considering the materia medica, *Sulphur* seemed to be most suitable as it has characteristic desire for sweets and thermal reaction as hot, matches with the constitution of the patient. The prescription was based more on well-marked mental symptoms, so medium potency of *Sulphur* i.e. 200 C was chosen, considering the susceptibility of the patient.

Follow up

Date	Complaints	Prescription
12/9/21	Appetite- improved, can't tolerate hunger	Lycopodium 200/ 1 dose
	Sleep better, sound	Followed by Rubrum met 30/BD for 3 days
	Thirst - moderate	
	Stool- satisfactory, 2 times in a day	
	Much flatulence	
	Irritability decreased	
	Dominant personality	
	On examination:	
	• P/R 84/MIN	
	• BP 120/80 mm Hg	
16/9/21	No new complaints	Rubrum met 30/ BD for 1 week
	Gastric complaints much better	
	Sleep- sound sleep	
	Irritability decreased	
23/9/21	General condition better	Rubrum met 30/ BD for 1 week

General Management

A calm, well-lit, predictable, non-threatening environment should be maintained to help patient come out of withdrawals in a safe and comfortable way. Diet plays a crucial role in the management of alcohol effects. Most of the alcoholics tend to be malnourished and deficient in vitamins, minerals. Therefore healthy and nutritious diet, multi-vitamin and mineral supplements, hematinics should be promoted which has the most important role in recovery. When the craving comes on, it may sometimes be allayed by eating a few raisins. An orange eaten before breakfast lessens the craving.

Patients should be motivated to do regular exercises, yoga, dance therapies etc. Counseling may be needed to motivate the alcoholics according to the patient's orientation and the likings.

DISCUSSION

Alcoholism is associated with a wide spectrum of consequences which includes serious medical, psychological, sociological problems. There are no legally-binding regulatory frameworks to control the abuse of this dependence producing substance. As a result, alcohol consumption has increased in quantity and frequency over the past 30-40 years. In this era, those adults who drink alcohol serve as a role model for the youngsters. Alcohol becomes a symbol of prestige and higher social status for today's generation. The withdrawal symptoms developed approximately 4-12 hours after the abstinence of alcohol intake make the patient's life miserable and painful results into continuation of the substance and increase the rate of relapses. The early and speedily intervention and counseling is needed at this point to save the patient from this agonized disorder. Homoeopathy showed significant improvement in reducing

Case Study

the intensity of the withdrawal symptoms and also helps in reducing the craving for alcohol and hence helps the patients in quitting and prevents the relapses. No side effects were noticed in the cases discussed above and the treatment is cost effective.

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