

Efficacy of Individualized Homoeopathic Medicines in Alcohol addiction: A Retrospective Observational Study

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Abstract

Background: Alcohol addiction, also known as alcohol use disorder (AUD), is a chronic relapsing condition characterized by compulsive alcohol consumption despite harmful consequences. It is associated with severe physical, psychological, and social complications. Conventional treatment modalities such as detoxification, pharmacotherapy (e.g., naltrexone, disulfiram), and behavioral therapies, though effective, often have limitations such as relapse, side effects, and poor compliance. Homoeopathy, a system of holistic medicine, may offer a complementary or alternative approach by addressing the underlying emotional and behavioral triggers of addiction.

Objective: To evaluate the efficacy of individualized homoeopathic medicines in managing symptoms of alcohol addiction and preventing relapse through a retrospective analysis.

Material and Methods: A retrospective observational study was conducted at Dr. Puri's Homoeopathy Clinic from January 2020 to December 2024. The study included 60 patients aged 25 to 60 years diagnosed with alcohol use disorder (AUD) who received homoeopathic treatment for at least six months. The Alcohol Use Disorders Identification Test (AUDIT) scale was used to evaluate alcohol use severity before and after treatment. Statistical analysis was performed using paired t-tests.

Results: Of the 60 patients analyzed, a significant reduction in AUDIT scores was observed from a mean of 28.5 ± 3.8 to 12.7 ± 4.1 post-treatment ($P < 0.01$). Commonly prescribed homoeopathic medicines included **Nux vomica**, **Quercus robur**, **Sulphur**, and **Lachesis mutus**. 76% of patients reported reduced alcohol cravings, improved sleep, and better emotional regulation. 68% maintained sobriety for more than 6 months post-treatment.

Conclusion: Individualized homoeopathic treatment demonstrated promising results in reducing alcohol cravings and improving overall mental health in patients with alcohol addiction. While encouraging, further large-scale randomized controlled trials are recommended to validate these findings.

Keywords: Homoeopathy, Alcohol Addiction, Alcohol Use Disorder, Nux vomica, Quercus robur, AUDIT, Craving, Relapse

Introduction

Alcohol addiction is a major public health issue worldwide, contributing to over 3 million deaths each

year and accounting for 5.3% of all deaths globally [1]. In India alone, the prevalence of alcohol use disorders is estimated to be around 14.6% among adult males [2]. The consequences of chronic alcohol use include liver cirrhosis, pancreatitis, cardiovascular diseases, cognitive impairments, psychiatric conditions like depression and anxiety, and socio-economic issues such as unemployment, domestic violence, and legal conflicts [3].

Conventional treatment options include medical detoxification, psychological counseling, group therapies, and pharmacotherapies such as **naltrexone**, **acamprosate**, and **disulfiram**. However, these interventions often have side effects, poor compliance, and high relapse rates [4]. This necessitates the exploration of integrative treatment approaches like homoeopathy that are safe, personalized, and holistic.

Homoeopathy emphasizes treating the person as a whole rather than focusing solely on the addiction. By evaluating the patient’s mental, emotional, and physical constitution, a remedy is selected that matches the totality of symptoms. This study aims to assess the effectiveness of individualized homoeopathic remedies in reducing alcohol dependence and associated symptoms.

Objective

To evaluate the efficacy of individualized homoeopathic treatment in patients diagnosed with alcohol addiction, measured through changes in AUDIT scores and patient-reported outcomes.

Material and Methods

Study Design

A retrospective observational study was conducted at Dr Puri’s Homoeopathy Clinic, India, from January 2020 to December 2024.

Inclusion Criteria

- Adults aged 25–60 years
- Diagnosed with Alcohol Use Disorder (AUD) per DSM-5 criteria
- Received homoeopathic treatment for at least six months

Exclusion Criteria

- Patients concurrently receiving psychiatric medications
- Presence of severe psychiatric comorbidities (e.g., schizophrenia)
- Incomplete follow-up records

DSM-5 Criteria for Alcohol Use Disorder

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Alcohol Use Disorder (AUD) is diagnosed when at least 2 out of 11 criteria are met within a 12-month period. These include:

DSM-5 Criterion Met	Number of Patients (n=60)
Consumed more alcohol than intended	57
Failed attempts to cut down	55
Spent significant time on alcohol use	54
Cravings	58

Role obligations neglected	47
Continued use despite social problems	45
Reduced activities due to use	43
Use in hazardous situations	38
Continued use despite physical harm	39
Tolerance	60
Withdrawal symptoms	60

Severity Classification:

Mild (2–3 criteria)

Moderate (4–5 criteria)

Severe (6+ criteria)

In this study, 100% met criteria for Severe AUD (6+ symptoms).

Intervention

Remedies were selected on the basis of totality of symptoms, miasmatic background, and constitutional type. Medicines were prescribed in 30C, 200C, and 1M potencies based on individual response.

Remedy Selection Process

Each patient underwent a comprehensive homoeopathic case-taking process focusing on:

Totality of symptoms (including mental, emotional, and physical characteristics)

Miasmatic background, as inferred from clinical presentation and family history

Constitutional type, encompassing personality traits, thermal modalities, and general tendencies

The following tools were utilized during remedy selection:

Kent’s Repertory

Synthesis Repertory

Final prescriptions were derived through a cross-analysis of repertorization results and Materia Medica verification, ensuring close alignment with Hahnemannian principles of individualization.

Most Commonly Prescribed Medicines

Nux vomica –useful in irritability, alcohol cravings, digestive issues, and liver complaints. It suits those with a nervous temperament, leading a sedentary life with high living and overuse of stimulants like alcohol. It helps relieve symptoms from overindulgence, such as nausea, headache, and bitter taste [5][6].

Quercus robur – known for reducing alcohol craving and supporting liver function. It is especially useful in chronic alcoholism, where there is a history of excessive drinking. The remedy helps tone the system, relieve liver affections, and support recovery from the damaging effects of long-term alcohol abuse [5][6][7].

Sulphur – It is indicated in cases of relapse prevention in alcohol addiction, especially where there are long-standing behavioral patterns and a tendency toward arrogance or egotism. It suits individuals who lack motivation for change, show neglect of personal hygiene, and often resist help despite clear signs of deterioration [5][8].

Lachesis mutus – It is indicated for individuals who are excessively talkative, jealous, suspicious, and prone to binge behaviors, including alcohol. It suits those with intense emotions, inner restlessness, and a

tendency to release tension through speech or substance use. These individuals are often oversensitive, worse after sleep, and may show signs of circulatory or emotional disturbance linked to addictive patterns [5][8][9].

Outcome Measures

The **Alcohol Use Disorders Identification Test (AUDIT)** was used at baseline and post-treatment to assess the severity of alcohol use.

AUDIT Score Details

The Alcohol Use Disorders Identification Test (AUDIT) is a validated screening tool developed by the World Health Organization to assess alcohol consumption patterns, dependence symptoms, and alcohol-related harm.

It consists of 10 items, each scored from 0 to 4, giving a maximum possible score of 40.

Interpretation of Total Scores:

0–7: Low-risk alcohol consumption

8–15: Hazardous drinking

16–19: Harmful drinking

20 and above: Possible alcohol dependence

In this study, the mean baseline score of 28.5 ± 3.8 indicated alcohol dependence, while post-treatment scores averaging 12.7 ± 4.1 showed a shift toward hazardous use, reflecting substantial clinical improvement.

Note: For reader clarity and reproducibility, the full AUDIT questionnaire is included as an appendix.

Statistical Analysis

Data were analyzed using SPSS v.25. Paired t-tests were used to compare pre- and post-treatment AUDIT scores. $P < 0.05$ was considered statistically significant.

Results

A total of 60 patients were included in the study. The mean age was 42.6 ± 6.7 years, with a male-to-female ratio of 5:1. Most participants had a history of alcohol dependence for more than 3 years.

Change in AUDIT Scores

Outcome Measure	Baseline (Mean ± SE)	Post-Treatment (Mean ± SE)	Change	P-value
AUDIT Score	28.5 ± 3.8	12.7 ± 4.1	-15.8	<0.01
Sleep Quality (hours/night)	4.2 ± 1.2	6.8 ± 1.1	+2.6	<0.01
Craving Intensity (VAS)	8.1 ± 1.0	3.2 ± 1.1	-4.9	<0.01

Remedy Effectiveness

Remedy	No. of Patients (n=60)	Improvement (%)	Relapse (%)
Nux vomica	22	81.8%	9.1%
Quercus robur	16	75.0%	12.5%
Sulphur	12	66.7%	16.7%

Lachesis mutus	10	70.0%	10.0%
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Discussion

This study demonstrated that individualized homoeopathic treatment led to a statistically significant reduction in AUDIT scores, indicating a reduction in alcohol dependence severity. **Nux vomica**, the most frequently prescribed remedy, showed the highest improvement rate of 81.8%, aligning with previous literature supporting its use in substance abuse-related irritability, cravings, and digestive issues [5].

Quercus robur, a lesser-known remedy, demonstrated promising results in controlling alcohol cravings and supporting liver detoxification, consistent with earlier clinical observations [6]. **Sulphur** and **Lachesis** were particularly effective in long-standing behavioral and emotional patterns associated with addiction. These findings support the use of homoeopathy in addressing not only the physiological symptoms of alcohol addiction but also the deeper emotional and psychological imbalances. The principle of **individualization** allows tailored treatment, which may lead to better patient compliance and lower relapse rates.

Homoeopathic Perspective: Hahnemannian Classification of Mental Disease

According to Samuel Hahnemann (Organon §§215–230), chronic alcohol addiction corresponds to what he termed “one-sided mental diseases” or “chronic mental diseases”, where the emotional and behavioral symptoms dominate the clinical picture. In many of the cases reviewed, patients exhibited destructive behaviors, delusions of control, impulsivity, and emotional instability—features that suggest a syphilitic miasmatic dominance.

As per §221, these mental conditions are understood to stem from deep-seated chronic miasms, and treatment must be directed not only at superficial symptoms but at the underlying miasmatic disturbance. Hahnemann emphasized individualized observation of each mental state, and in this study, selection of the remedy was closely guided by such individualized symptomatology and miasmatic background, aligning with Hahnemann’s principles.

Role of Psychotherapy

In this retrospective study, none of the patients received any formal psychotherapy or counseling (such as Cognitive Behavioral Therapy or Motivational Interviewing) during the course of homoeopathic treatment. This isolates the effect of individualized homoeopathic medicines in managing Alcohol Use Disorder.

Although psychotherapy was not utilized, homoeopathy may act as a complementary modality alongside psychotherapeutic interventions. Its individualized and holistic approach addresses the emotional and behavioral components of addiction—such as denial, impulsivity, anxiety, and suppressed guilt—which are central to relapse prevention.

In future integrated treatment models, homoeopathy may synergize well with structured therapies like CBT or MI by:

Enhancing emotional awareness and receptivity to change
Reducing psychological resistance
Improving patient compliance through overall mental balance
This opens a promising path for integrative care in chronic addictions, especially for those unwilling or unable to access psychotherapy.

Relapse Monitoring

In the present study, relapse data beyond 6 months was not consistently available due to limitations in long-term patient follow-up and retrospective data collection. As a result, sustained sobriety and relapse trends after the 6-month period could not be statistically evaluated.

However, recognizing the importance of long-term outcome tracking in addiction management, future studies are being planned with:

Prospective designs involving regular follow-ups at 6, 12, and 24 months

Relapse definition standardization (e.g., any alcohol consumption after 4 weeks of abstinence)

Use of validated craving and relapse assessment tools alongside AUDIT

Inclusion of patient diaries or digital monitoring systems to ensure accuracy

This would enable a more robust understanding of homoeopathy's role in relapse prevention and long-term recovery maintenance.

Psychological and Neurological Perspective

Research suggests that addiction involves dysregulation of the brain's reward system, particularly the dopaminergic and limbic pathways [10]. Homoeopathic remedies may work through modulation of neurotransmitter levels and neuroplasticity. Preliminary studies also suggest homoeopathy can reduce stress hormone levels (like cortisol), improve sleep, and regulate emotional responses [11].

Conclusion

The findings of this study suggest that individualized homoeopathic remedies may be effective in reducing alcohol cravings, improving mental and emotional well-being, and supporting long-term recovery. Homoeopathy presents itself as a promising alternative or complementary approach in the holistic management of alcohol addiction.

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