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Nicotine dependence: A homeopathic perspective on addiction and recovery

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Abstract

One of the main obstacles to quitting smoking or chewing tobacco is nicotine addiction. Nicotine addiction happens when a person becomes physically and mentally dependent on nicotine, a chemical present in tobacco. Many people find it difficult to get over the intense cravings and withdrawal symptoms even after being aware of the health concerns. A medical science called homeopathy treats symptoms by taking into account the entirety of them. The many facets of nicotine addiction are covered in this article, along with homeopathy's potential solutions.

Keywords: Nicotine dependence, withdrawal, tobacco, homeopathy

Introduction

Nicotine use disorder is characterized by the pattern and consequences of nicotine use leading to clinically significant impairment or distress both to physical or mental health of the user or others around the user ^[1]. A psychoactive component of tobacco, nicotine plays a major role in the dangerous tobacco smoking habit. More people are dependent on nicotine than on any other substance ^[2]. Evidence suggests that nicotine-dependent smokers are at increased risk for psychiatric comorbidity ^[3].

Nicotine, the addictive ingredient in tobacco, is what causes people to start smoking. The most frequent source of nicotine, a harmful alkaloid, is tobacco and tobacco products, such as cigarettes, cigars, chewing tobacco, pipe tobacco, snuff, and most e-cigarette liquids. The body's response to not having nicotine is withdrawal. Therefore, nicotine withdrawal symptoms are the impact that people who are addicted to nicotine have when they cut back on or stop using nicotine. Nicotine withdrawal symptoms appear 4-24 hours after stopping long-term use of goods containing nicotine, peak in 72 hours, and then gradually subside over the next 3-4 weeks. The way nicotine is ingested has a significant impact on the intensity of withdrawal symptoms ^[4].

Tobacco's Historical Aspects

Since virtually the beginning of human society, tobacco has been a part of it. Christopher Columbus brought tobacco to the world in 1492. Tobacco was being used all over the world within 150 years. Snuff was the most popular in the 18th century, followed by cigars in the 19th century, manufactured cigarettes in the 20th century, and tobacco use by one-third of all people worldwide, including a growing number of women, at the start of the 21st century.

Tobacco was initially utilized for medical purposes. In 1500, Native Americans learned that tobacco had therapeutic benefits. It was prescribed by French scientists to treat the Queen of France's migraine headaches. Some negative effects of this product were noted from the start of the 17th century. The King of England said that tobacco was bad for the lungs and the mind. They enacted the first laws prohibiting tobacco use this century. In the 17th century, tobacco was introduced into India's royal courts as a barter good for Indian textiles. The first industrial cigarettes were introduced in 1830, which altered the tobacco product commerce. Doll & Hill discovered the connection between smoking and an increase in cancer in 1950. This incident signalled the start of contemporary tobacco control initiatives. In many western nations, the prevalence of smoking began to decline. However, the tobacco industry focused its efforts on expanding into new markets in numerous wealthy nations (in Asia and Africa). Tobacco's rising popularity persisted until the middle of the 1990s, when scientific findings led to its condemnation as a health hazard ^[4].

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Risk factors ^[5]

- 1. Psychological risk Factors:** Belonging to a lower socioeconomic group, peer smoking prevalence, the adolescent's environment, friends' and parents' attitudes and behaviours, a lack of parental supervision, poor academic performance, and prior tobacco use experimentation are all psychosocial risk factors.
- 2. Marketing and Social and Environmental variables:** Social and environmental variables have the power to both promote and deter tobacco usage. For instance, the implementation of smoke-free rules, tariffs, and social penalties can deter use, whereas being among friends or family members who smoke can promote smoking. Use of tobacco is widespread worldwide.
- 3. Behavioural and psychological factors:** Nicotine is one of the most addictive medications due to its continuous use and the fact that withdrawal symptoms are frequently avoided with each cigarette. Additionally, certain behaviours, such as smoking following a meal, while talking on the phone, or while operating a motor vehicle, tend to be associated with smoking and encouragement.

Forms of nicotine intake ^[6]

The most popular way that people use tobacco and feed their addiction to nicotine is by smoking. Nearly 1 billion individuals are thought to still smoke globally, despite the availability of alternative delivery systems including chewing tobacco and replacement e-cigarettes.

- **Cigarette:** Most common and most harmful worldwide
- **Bidi:** Most commonly used form in Bangladesh and India
- **Cigar, Pipes:** worldwide
- **Hookah (Hubble bubble):** Mediterranean region, Asia
- **Tobacco chewing:** America, Africa, Southeast Asia, Western Pacific
- **Kreteks (clove cigarettes):** prevalent in Indonesia
- **Snuff:** South-East Asia, Saudi Arabia, South Africa, America
- **E-cigarette:** Europe, America
- **Dissolvable:** America

Prevalence

One-fourth (24.9%) of the general population, comprising people of both sexes, currently use tobacco, with 40.3% of those users being males and 9.5% being women, according to the WHO global report ^[2]. According to the Global Adult Tobacco Survey 2 (GATS 2) 2016-17, 28.6% of Indian adults use tobacco, with 42.4% of them being men and 14.2% being women ^[3]. According to India's National Family Health Survey (NFHS-5) 2019-21, 38% of men and 9% of women smoke or use smokeless tobacco ^[7].

Criteria for the dependence

Nicotine Dependence usually considered a maladaptive pattern of use of nicotine leading to clinically significant impairment or distress in a person, the condition of physical, psychological, and behavioural symptoms exists, including

- 1. Tolerance:** Need for more and more amount of nicotine to achieve the desired effect.
- 2. Withdrawal:** Such as irritability, anxiety, difficulty concentrating, and cravings appear when one's using reduces or stops.

- 3. Compulsive Use:** A persistent desire or repeated failure to decrease or control nicotine use, despite knowing a persistent physical withdrawal state from nicotine.

Nicotine dependence is categorised as a substance-related disorder because of its reinforcing nature of nicotine, which creates a cycle of addiction and withdrawal ^[8].

The ICD-10 defines Nicotine Dependence under F17.2 - Mental and Behavioural Disorders due to Use of Tobacco, Dependence Syndrome.

Diagnosis: The diagnosis must meet at least three or more of the following criteria during the past year ^[9]. ICD-10 Criteria for Nicotine Dependence:

- 1. Irresistible desire to use tobacco:** A strong craving to smoke or for intake of tobacco.
- 2. Difficulty Controlling Tobacco Use:** Difficulty in limiting or controlling the onset, cessation, or amount of tobacco use.
- 3. Withdrawing Symptoms:** Physiological or psychological phenomena such as restlessness, nervousness, difficulty concentrating when nicotine is decreased or when use is stopped, and continued use is being used to prevent or alleviate these symptoms.
- 4. Tolerance:** Requiring larger doses of nicotine to perceive the desired physiological response or experiencing less of the effect with the same dose and pattern of use.
- 5. Discarded Alternative Pleasures or Interests:** Spending significant time obtaining, using, or coming out from the effects of nicotine, while neglecting other activities or interests.
- 6. Persistent Tobacco Use although Harming:** Continuing to use tobacco even when aware of its harmful physical, psychological, or social consequences (e.g., respiratory issues, financial problems, or strained relationships). (World Health Organization. 1994) ^[9].

DSM-5 explains that a substance use disorder is basically the pattern of symptoms that results from the use of a substance that an individual consumes despite its harmful effects. Based on decades of research, DSM-5 specifies 11 criteria that can be identified as arising from substance misuse: These criteria come under four basic categories: Impaired Control, Physical Dependence, Social Problems and Risky Use ^[10].

DSM-5's 11 Criteria for Addiction

1. Using more of something than one intends or for a longer period than one planned.
2. A repeat effort to cut down or even stop the substance use but failing to do so.
3. Feeling a strong urge or craving to use the substance.
4. Increasing amounts of the substance being needed to produce an effect. One mentions this as tolerance.
5. Experiencing symptoms of withdrawal when not using the substance.
6. More time being spent getting drugs, using them, and recovering from their effects.
7. Substance use cause interruption in daily routine work, at home, school office or business
8. Continued substance use despite relationship problems that result from it.
9. Abandonment of important or enjoyable social and recreational activities due to substance use.

10. Use in hazardous situations that put the individual in jeopardy.
11. Continued nicotine use despite problems that substances bring about in physical and mental health. (American Psychiatric Association, 2022) ^[10].

Nicotine withdrawal symptoms

The extremely addictive nature of nicotine in tobacco can cause withdrawal symptoms in those who stop using it, particularly if they have smoked or used other tobacco products extensively for a long time.

Common nicotine withdrawal symptoms include

- Nicotine Cravings
- Anger, frustration and irritability
- Difficulty concentrating
- Insomnia
- Restlessness
- Anxiety
- Depression
- Hunger or increased appetite

Other, less common nicotine withdrawal symptoms include headaches, fatigue, dizziness, coughing, mouth ulcers, and constipation ^[11].

Psychiatric comorbidity

The relationship between smoking or nicotine dependence and mental disorders has been further analysed according to their sequencing. Smoking and mental illnesses may co-occur for a variety of causes.

1. Pre-existing mental disorders may reinforce smoking, and people may utilize nicotine as a self-medication method. Self-medication among depressed individuals may work through tobacco smoking's MAO-inhibiting effect, which appears to be connected to the metabolism of serotonin and dopamine.
2. Common factors, such as shared genetic predispositions, might exist.

A year later, increasing smoking was preceded by mental illnesses in a cohort study of a general population sample of adults. Alcohol and drug use disorders, as well as significant depression, were found to be linked to the progression to daily smoking. According to the DSM, pre-existing major depressive and anxiety disorders indicated an elevated risk for the first beginning of daily smoking and for nicotine dependence in a cross-sectional study with a representative population sample of individuals aged 15 to 54. Baseline non-smokers with social worries and baseline non-dependent smokers with social fears showed higher odds ratios for nicotine dependence after four years, according to a cohort study of 14-24-year-olds ^[3].

Homoeopathic perspective

Homoeopathy can play a big role in prevention, as well as in treatment of Tobacco related sickness.

Some homeopathic remedies ^[12]

1. **Aconitum napellus:** Aconite is a wonderful remedy for acute stress and has also been used for anxious dreams and nightmares, vertigo, headaches (with an associated boiling sensation), red, inflamed eyes, dry mouth and

throat, intense thirst, vomiting, a short, dry, croupy cough, tickling in the throat and chest pain brought on with coughing. Symptoms are worse at night and after midnight, dry cold wind and warm rooms and better for open air.

2. **Arsenic album:** The Arsenicum type displays a classic picture of the recently ex-smoker: restless, anxious, constantly shifting, fearful, easily exhausted, emaciated and any area of pain often has a burning character. Also seen here may be an unquenchable thirst, burning eyes, respiratory catarrh and lung pain. Symptoms are worse in wet weather or cold, and better for heat and warm drinks.
3. **Caladium:** One of the great tobacco craving remedies, Caladium promotes a dislike for tobacco, often to the point of nausea or vomiting if used when smoking. A keynote symptom for this remedy is a dread of motion. Headaches, memory loss, dyspnoea and catarrhal asthma may also be noted here. Symptoms are worse for motion and better after sleep.
4. **Camphora:** Icy coldness is characteristic here and it's often accompanied by a throbbing, occipital headache, insomnia, a weak bradycardia and a violent, dry, hacking cough. Symptoms are worse at night and from motion, and better from warmth.
5. **Daphne indica:** Like Caladium, Daphne is one of the most frequently used remedies for tobacco craving. The symptoms that correspond to it include insomnia, a bursting headache, shooting pains in the extremities, twitching, a burning pain in the stomach and foetid breath.
6. **Eugenia:** The primary characteristic linking Eugenia with smoking is nausea that's improved by smoking. One may from time to time encounter a patient whose attempts at smoking cessation are constantly thwarted by nausea that's relieved by smoking, and in this instance, Eugenia can be very effective.
7. **Plantago:** Plantago is indicated for "nicotinism", the historical term applied to tobacco craving, and in its mother tincture form, has been found to produce an aversion to tobacco. The presence of depression, insomnia, constipation of diarrhoea, as well as nocturnal enuresis, may indicate a need for its use.
8. **Staphysagria:** The guiding symptoms for Staphysagria include irritability, hypersensitivity, insomnia, stupefying headaches, a desire for stimulants (this obviously includes tobacco) and itchy skin. Symptoms are worse from emotional disturbance and the touch of other on affected parts, and better from warmth and rest after sundown.
9. **Tabacum:** Like Nux vomica, some say that Tabacum assists in the elimination of the toxins carried by tobacco smoke. This is yet to be proved but it certainly does appear to have a significant effect on tobacco craving, where it's indicated. The symptoms that may be used to confirm this include cold extremities, sick headaches in the early morning, indigestion, palpitations or vertigo, prostration, hypertension, dizziness, nausea, confusion and lack of concentration. Symptoms are worse at night and better during the day and slow motion. Use may also be made of a variation of this remedy, Tabacum fumar, the remedy manufactured from tobacco smoke, in low potency as an emergency measure for acute cravings.

Role of repertories in nicotine dependence

one of the key tools for determining homeopathic medicine based on the entirety of symptoms is a repertory. the data acquired through case taking, suggest numerous drugs and comparison of the medicine is done to indicate constitutional cure. diverse rubrics suggesting anxiety among tobacco users are there in diverse repertories, various bodily symptoms sometimes supply key to medicines in higher grade. the "desire for tobacco" rubric is frequently used in cases involving anxiety, tobacco, and nicotine, all of which were significant factors in the choice of medication [13].

Repertories have performed a long journey from simple indexing of the symptoms of Materia medica to the

formation of separate large voluminous books and mechanical aids. Repertory is a connecting link between the Materia medica and disease. It helps to find out the required symptoms together with the group of medicines having different grades. As Dr Kent said, "True, some men do some good work without a repertory, but they also do poor work, more than they would do with it". Dr. P. Schmidt, "No one can know everything and that is why no conscientious homoeopathic doctor can practice homoeopathy in a serious and scientific way without a repertory. "Repertory of Hering's Guiding Symptoms of our Materia Medica" contains Rubric Tobacco in the Chapter 15 (Eating and Drinking) with many sub-rubrics of mental as well as physical sphere [4].

Rubrics given in various repertories for nicotine dependence are

Repertory of homoeopathic materia medica by Dr J.T. Kent [14]	Synthesis repertory by Dr. Frederick Schroyens [15]
MIND- Anxiety- tobacco- from smoking HEAD- Pain- tobacco- smoking- amel. HEAD- Pain- tobacco- smoking- from EYE- Atrophy of optic nerve- tobacco- from VISION- Loss of vision- tobacco EAR- Pain- tobacco- from NOSE- Odors- tobacco NOSE- Smell- acute- strong odors- tobacco FACE- Pain- tobacco- from MOUTH- Taste- bitter- tobacco tastes MOUTH- Taste- offensive- tobacco tastes MOUTH- Taste - pasty- tobacco tastes MOUTH- Taste- sour- tobacco MOUTH- Taste- sweetish- tobacco tastes MOUTH- Taste- wanting- tobacco TEETH- Pain- tobacco smoking TEETH- Pain- tobacco smoking- amel. TEETH- Pain- tobacco- chewing THROAT- Scraping- tobacco- from STOMACH- aversion- tobacco STOMACH- Aversion- tobacco- morning STOMACH- Aversion- tobacco- smoking STOMACH- Aversion- tobacco- smoking- forenoon STOMACH- Aversion- tobacco- smoking- morning STOMACH- Desires- tobacco STOMACH- Desires- tobacco- smoking STOMACH- Eructations- tobacco- from STOMACH- Heartburn- tobacco- from STOMACH- Nausea- tobacco- odor of STOMACH- Nausea- tobacco- thought of ABDOMEN- Pain- tobacco- after ABDOMEN- Pain- tobacco- amel. RECTUM- Diarrhea- tobacco- from URINE- Odor- tobacco- like LARYNX AND TRACHEA- Pain- larynx- tobacco smoking- from LARYNX AND TRACHEA- Tickling in the air passages- tobacco EXPECTORATION- Taste- tobacco juice- like CHEST- Palpitation heart- tobacco from EXTREMITIES- Trembling- hand- tobacco- from SLEEP- Sleeplessness- tobacco- abuse of- after FEVER- Tobacco smoking GENERALITIES- Tobacco agg. GENERALITIES- Tobacco- chewing agg. GENERALITIES- Tobacco- smoking- when breaking off. (Kent JT, Clara Louise Kent. 2016)	MIND - ANXIETY - tobacco, from smoking MIND-DELUSIONS - intoxicated - is; he - tobacco smoking; as after MIND-DELUSIONS - tobacco MIND-DELUSIONS - tobacco - vertigo were from tobacco MIND FORGETFUL - tobacco poisoning, from MIND-PROSTRATION of mind - tobacco; from MIND-SADNESS - tobacco, after abuse of MIND-TOBACCO MIND-TOBACCO - amel. VERTIGO-TOBACCO agg. VERTIGO - TOBACCO agg. snuff EYE - ATROPHY - Optic nerve - tobacco; from EYE - ATROPHY - Retina - tobacco; from EYE-TOBACCO agg. VISION-LOSS OF VISION - tobacco EAR-PAIN- tobacco; from NOSE - ODORS; imaginary and real - tobacco NOSE - SMELL - acute tobacco FACE-CANCER - Lips - tobacco; from FACE-PAIN - tobacco; from MOUTH-CRACKED - Tongue fissured - accompanied by - tobacco poisoning MOUTH - PAIN - Palate - tobacco MOUTH - PAIN - Palate - tobacco - biting pain MOUTH - PAIN - Tongue - tobacco; from MOUTH - PAIN - Tongue - tobacco; from - biting pain MOUTH-TASTE - acrid - tobacco tastes MOUTH-TASTE - acute tobacco; of MOUTH-TASTE - bad - tobacco tastes MOUTH-TASTE - biting - tobacco tastes MOUTH-TASTE - bitter - tobacco MOUTH-TASTE - bitter - tobacco - amel. MOUTH - TASTE - dry - tobacco MOUTH - TASTE - good - tobacco; of MOUTH-TASTE - metallic - tobacco tastes MOUTH-TASTE - musty - tobacco MOUTH-TASTE - nauseous - tobacco tastes MOUTH-TASTE - offensive - tobacco tastes MOUTH-TASTE - pasty - tobacco tastes MOUTH - TASTE-pungent - tobacco MOUTH-TASTE-sour-tobacco MOUTH-TASTE - straw, like tobacco tastes MOUTH-TASTE - strong; too - tobacco MOUTH-TASTE - sweetish - tobacco tastes MOUTH-TASTE - tobacco, juice, as from MOUTH-TASTE - wanting, tastelessness of food -tobacco TEETH-PAIN - tobacco; from chewing

Rubrics given in Boericke's Repertory are

- ABUSE of Tobacco
- Tobacco, in boys
- Tobacco Chewing
- Smoking

- Headache, Tobacco
- Headache, Drugging, after, aggravation
- Headache, Tobacco, Amel
- Headache, Smoking
- Aversion Tobacco

- Craving, Tobacco
- Tobacco disagree
- Nausea Smoking [from]
- Angina Pectoris Tobacco [From]
- Palpitation, Tobacco
- Restlessness, Tobacco
- Tremors, twitchings, trembling from smoking

Conclusion

Homeopathy offers a holistic way to manage nicotine dependence by easing cravings and withdrawal on physical, emotional, and psychological levels. Remedies such as Nux Vomica, Tabacum, and Caladium are commonly used, with treatment tailored to each individual for better results. Its gentle yet effective approach makes it a supportive option in quitting nicotine.

Conflict of Interest

Not available

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