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Homeopathic interventions in alcoholism: Their impact on self-efficacy and recovery outcomes

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Abstract
Alcohol is still a highly consumed addictive chemical in society, despite the fact that many other substances can generate a euphoric feeling similar to that of alcohol. Addiction risk is influenced by a combination of environmental, genetic, and important developmental periods in an individual's life. By treating the underlying causes, whether they be psychological, emotional, or genetic, homoeopathic treatments have demonstrated promise in reducing the symptoms of alcoholism and withdrawal. The case study presented here illustrates the efficacy of individualized homoeopathic treatment, backed by careful case-taking and repertorisation at every visit. The AUDIT (Alcohol Use Disorders Identification Test) scale was used to validate the diagnosis, and the Alcohol Abstinence Self-Efficacy Scale was used to track improvements in self-control and abstinence.

Keywords: Alcohol use disorder, homoeopathy, self-efficacy, AASE, AUDIT

Introduction
Alcohol use disorder (AUD) is a medical illness marked by an inability to control or quit using alcohol despite negative social, professional, or health outcomes. It includes conditions that are sometimes referred to as alcoholism, alcohol abuse, alcohol dependence, and alcohol addiction [1].
Definition: "al-co-hol-ism (al'ka-hol-iz-am) 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 [2]."
The improper use of alcohol leads to over 200 illnesses and injuries. Every year, alcohol misuse causes about 3 million fatalities worldwide. Alcohol was a contributing factor in 5.3% of all fatalities. Alcohol is responsible for around 5.1% of the global disease and injury burden (DALYs), according to disability-adjusted life years [3]. Due to social suffering, economic instability, poverty, and illiteracy, alcohol consumption among men and women was higher in rural regions than in urban neighbourhoods. According to India's most recent NFHS survey, which was released in May 2022. According to community-based responders in several Indian states, the total prevalence of AUDs was estimated to be 12.5% [4].
According to a study, men, young adults between the ages of 15 and 24, single people with jobs, people with higher levels of education, people with a family history of alcoholism, and people with more cultural integration were all substantially more likely to develop alcoholism. Men with the less active ADH2*1 gene mutation and people with anxiety problems between the ages of 25 and 34 emerged as two particularly high-risk categories, both of whom had significantly higher odds of becoming alcoholics [5]. Hereditary alcoholism plays a major impact on the severity of alcoholism. About half of the susceptibilities to heavy drinking and related issues are explained by genes. A flushing reaction to alcohol; a low level of response to alcohol; personality traits such as impulsivity, sensation seeking, and neuronal and behavioural disinhibition; and psychiatric symptoms are at least four prominent intermediate characteristics (phenotypes) that appear to be influenced by the majority of genetic influences and interact with environmental events to produce the alcoholism risk [6].
Alcohol intoxication and withdrawal symptoms are two aspects of alcohol use disorder. Rising blood alcohol levels cause intoxication, leading to behavioural and mental changes and when heavy and persistent alcohol use is stopped or drastically decreased, alcohol withdrawal may result [7].

DSM-5 Diagnostic Criteria: Substance (e.g., Alcohol) Use Disorder*: [8]

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by 2 of the following, occurring within a 12-month period:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. 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 alcohol.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for alcohol.
    b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Alcoholism and homoeopathic view point

Homeopathy is based on the principle 'Similia Similibus Curentur'. Homoeopathy has been used to aid the patients of alcohol and drug abuse. Both alcohol addiction and alcohol withdrawal can be effectively treated with homeopathic remedies. In addition to lessening the symptoms right away, it helps the patient gradually regain his health by treating the underlying reason, which may be inherited, acquired, emotional, or psychological. Patients experiencing acute withdrawal symptoms can also benefit from homoeopathic treatment [9].

Self-efficacy theory [10] based therapeutic interventions are supported by numerous studies for people with addictive behaviours who also have conditioned responses, ineffective coping mechanisms, positive expectations about the effects of alcohol, and low expectations about their ability to manage high-risk situations [11].

The well-known Alcohol Abstinence Self-Efficacy Scale is one of several tools created to assess features of self-efficacy in relation to substance misuse as a result of examining self-efficacy in the context of these behaviours. Here is a case of Alcohol use disorder which was treated with Homoeopathy holistically. Case taking and repertorisation was done carefully during every visit and their self-efficacy is assessed using Alcohol Abstinence Self Efficacy Scale. AUDIT scale is used to confirm the diagnosis of Alcohol use disorder [12].

Case Report

A 33-yr old male patient came to the OPD with following chief complaint

- Chronic alcoholism for past 20 years
- Unable to quit drinking
- Sleeplessness, restlessness and anxiety develop on stoppage of alcohol use.
- Increased tolerance

History of Present Illness

Patient reports daily alcohol consumption for the past 12 years, initially starting with beer. Over the last 5 years, drinking escalated to heavy use, attributed to work-related stress and professional pressure. He used to take a quarter of whiskey earlier now have to take more quantity because of increased tolerance. Talks incoherently after the intake and experienced blackouts rarely. He is very loving towards his family and children. They got worried when his recent medical checkup revealed type 2 diabetes mellitus and grade 1 fatty liver. Patient came willingly to treat alcoholism.

Past History

- **Comorbidities:** No major medical or psychiatric illnesses reported.
- **Alcohol use pattern:** quantity: a quarter of whiskey, Frequency: daily
- **Family history:** Father - chronic alcoholic.
- **Previous attempts to quit:** Yes, several times.

Personal History

Education: Btech

Occupation: Software engineer

Mental generals

The patient displays a tendency to become irritated quite easily, particularly when faced with contradiction, which often provokes anger. He is highly particular about punctuality and expect everything to be done on time; any delay quickly leads to frustration. In addition, he experiences noticeable anxiety when deprived of alcohol, further contributing to his overall sensitivity and restlessness.

Physical generals

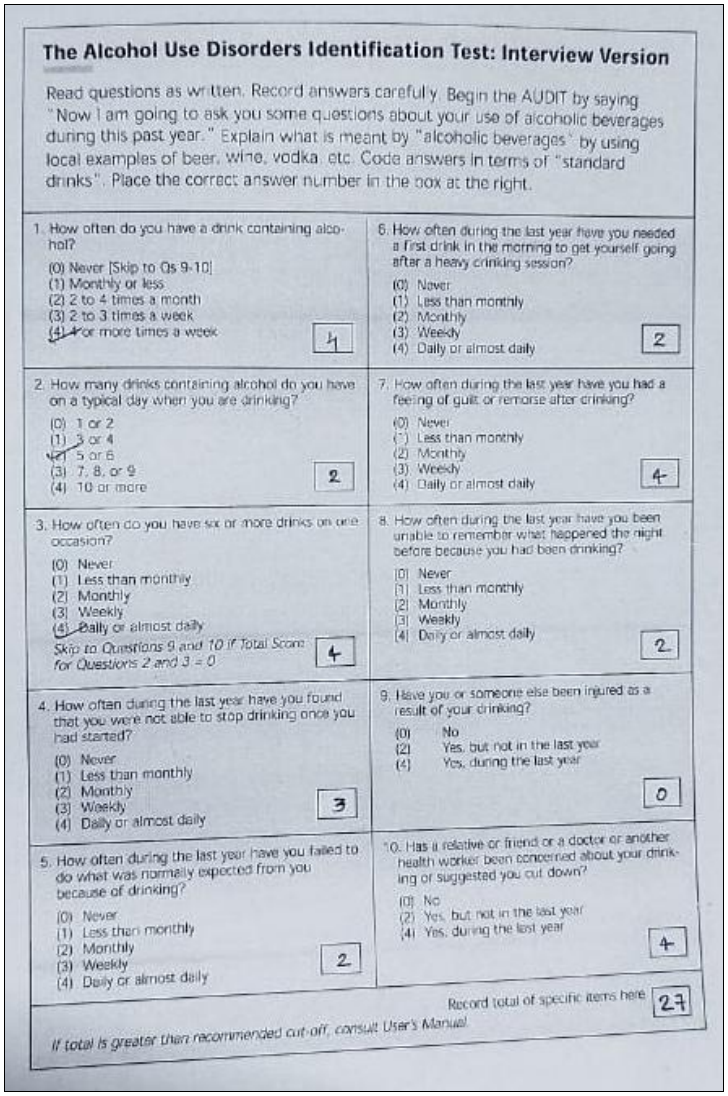
He is physically well built with a brownish complexion and tends to suffer from sleeplessness and restlessness when withdrawing from alcohol. Alongside these symptoms, he occasionally experiences constipation and perspiration is well marked across the body. Thermally, he is a hot patient.

Examination: The patient is a brownish man with a well-built body who presents with physical restlessness. His attitude toward the examiner is cooperative, without any ingratiating behaviour. His mood appears anxious, though his affect remains appropriate to the situation. Speech is slow and monotonous, with reduced spontaneity. Thought processes are marked by cravings and compulsive thoughts about drinking. No perceptual disturbances are noted. Cognition is intact, and he demonstrates true emotional insight into his condition.

Provisional diagnosis

ALCOHOL USE DISORDER (F10)

AUDIT score 27 confirms Alcohol use disorder and suggests addiction likely.



The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
(0) Never [Skip to Qs 9-10]
(1) Monthly or less
(2) 2 to 4 times a month
(3) 2 to 3 times a week
(4) 4 or more times a week
4

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
(0) 1 or 2
(1) 3 or 4
(2) 5 or 6
(3) 7, 8, or 9
(4) 10 or more
2

3. How often do you have six or more drinks on one occasion?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily
Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0
4

4. How often during the last year have you found that you were not able to stop drinking once you had started?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily
3

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily
2

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily
2

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily
4

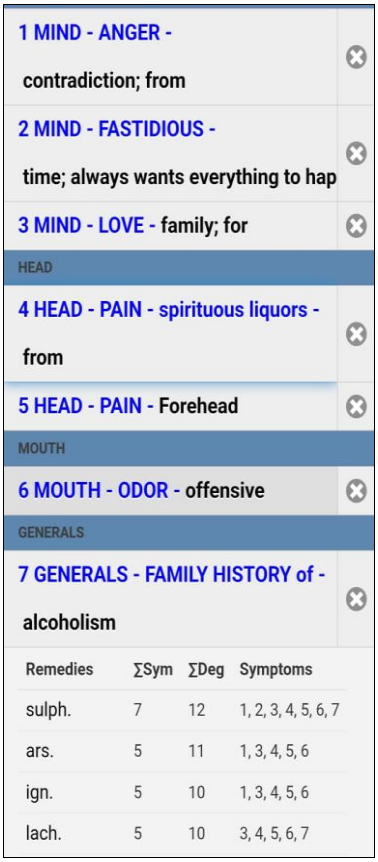
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily
2

9. Have you or someone else been injured as a result of your drinking?
(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year
0

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year
4

Record total of specific items here 27

If total is greater than recommended cut-off, consult User's Manual



1 MIND - ANGER - contradiction; from

2 MIND - FASTIDIOUS - time; always wants everything to hap

3 MIND - LOVE - family; for

HEAD

4 HEAD - PAIN - spirituous liquors - from

5 HEAD - PAIN - Forehead

MOUTH

6 MOUTH - ODOR - offensive

GENERALS

7 GENERALS - FAMILY HISTORY of - alcoholism

Remedies	∑Sym	∑Deg	Symptoms
sulph.	7	12	1, 2, 3, 4, 5, 6, 7
ars.	5	11	1, 3, 4, 5, 6
ign.	5	10	1, 3, 4, 5, 6
lach.	5	10	3, 4, 5, 6, 7

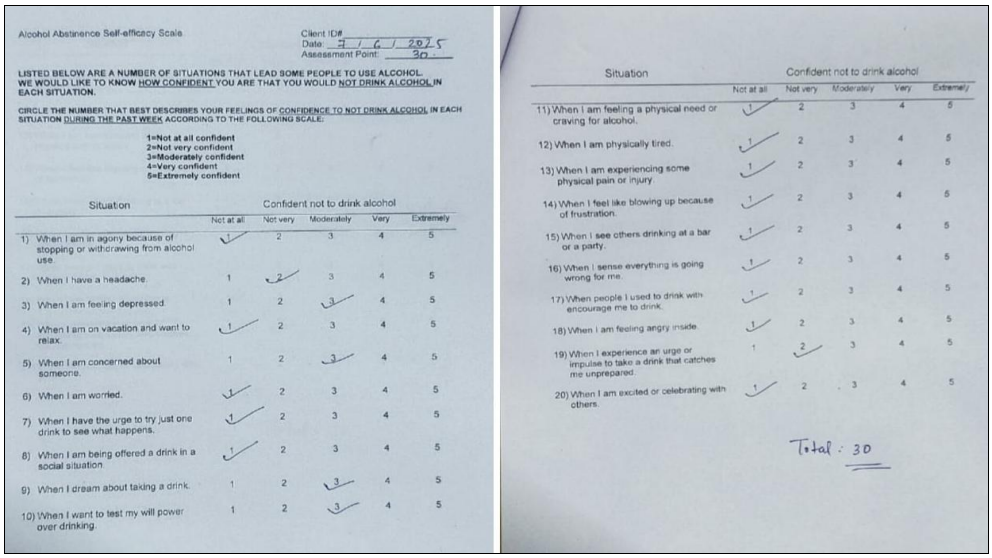
Repertorial Totality

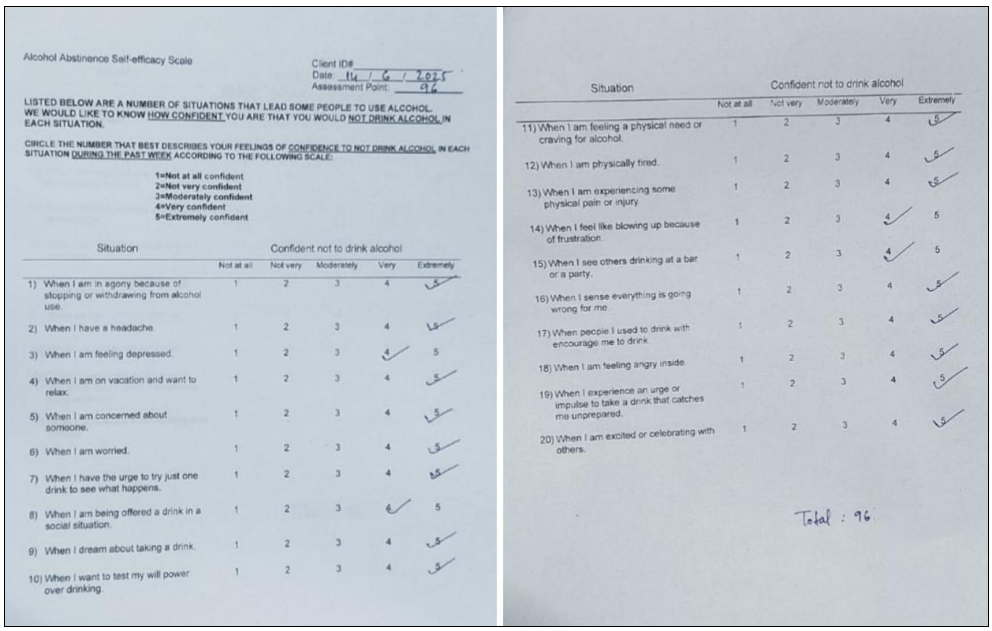
1. Mind - Anger - Contradiction; From
2. Mind- Fastidious - Time; Always Wants Everything To Happen At The Same
3. Mind - Love - Family; For
4. Head -Pain -Spiritous Liquors - From
5. Head - Pain - Forehead
6. Mouth - Odor - Offensive
7. Generals - Family History Of - Alcoholism

Repertorial Result

Sulphur - 12/7
Arsenicum album - 11/5
Ignatia Amara - 10/5
Lachesis - 10/5

Date	Symptoms	Prescription
7/6/2025	Increased craving for alcohol Unable to quit drinking Anxiety, sleeplessness and restlessness on abstaining	1. SULPHUR 200 /1Dose - OD for 5 days 2. ANGELICA ARCHANGELICA tincture/ 10 gtt tds (AASE score: 30)
15/6/2025	Craving present, drank alcohol after 6 days of abstaining Anxiety present with sleeplessness irritability	1 ANGELICA ARCHANGELICA tincture/ 10gtt tds
25/5/2025	Craving reduced Anxiety reduced Sleeps better Restlessness and irritability present Self efficacy improving	1.SULPHUR 1M / 1D - OD 3 days 2. ANGELICA ARCHANGELICA tincture/ 10gtt bds
14/6/2025	Craving reduced Sleeps better but appetite reduced Restlessness and irritability reduced Self efficacy increased	1.ALFALFA tincture / 10gtt tds (AASE score: 96)





Conclusion

It has been repeatedly established that homeopathy has an indisputable role in the treatment of alcoholism. Investigating self-efficacy in addiction is crucial, particularly when alcoholism is considered. In less than two months, the patient with alcohol use disorder who received homeopathic constitutional medicine treatment felt more confident about quitting drinking. After receiving a prescription for the homeopathic treatment sulphur, their self-efficacy score significantly improved. Although drawing conclusion on this subject will need a larger sample size. The above case is one of the several testimonials that homoeopathy may be an useful option for treating alcoholism and strengthen the patient's will.

Conflict of Interest

Not available.

Financial Support

Not available.

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