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Review Article

Homeopathic Management in Alcoholic Diseases

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ABSTRACT
Alcoholism and alcoholic liver disease is prevalent from centuries. Alcohols nature being habitual, it affects both mind and body. In many cases we see that the patient started drinking after certain setbacks, disappointments or merely because of friends and in most cases we see a family history of alcoholism. Hence a constitutional approach would ensure both mind and body being taken care of by the homoeopathic remedy along with homoeopathic treatment of alcoholic liver disease. Alcohol may be a psychoactive drug with dependence-producing properties that has been widely utilized in many cultures for hundreds of years. The harmful use of alcohol causes an outsized disease, social and economic burden in societies. Worldwide, 3 million deaths per annum result from harmful use of alcohol, this represents 5.3% you look after all deaths. Alcohol consumption causes death and disability relatively early in life. In the age bracket 20–39 years approximately 13.5% you lookafter the entire deaths are alcohol-attributable. Overall, 5.1 % of the worldwide burden of disease and injury is due to alcohol, as measured in disability-adjusted life years
Keywords: Alcoholic diseases, homoepathic management, alcoholism

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INTRODUCTION

A chronic disease characterised by uncontrolled drinking and preoccupation with alcohol. Alcoholism is that the inability to regulate drinking thanks to both a physical and emotional dependence on alcohol. Alcohol is the oldest and the most widely used drug according to the old Arabic dictionaries. Al- Kol (Al- ghol) means any drug or substance that takes away the mind or covers it. Moderate amounts of alcohol stimulate the mind and relax the muscles.

The Greeks had employed wine and vinegar in wound care. Alcohol- containing beverages played a vital part in the daily lives of ancient people. Beer is the fermented form of barley, the earliest known alcoholic drink to man. In 1790 The East India Company for the first time imposed excise duty on alcohol as a regular source of revenue. 19th century, the policy of the Government of India was to minimize temptation among those who did not drink, and discourage excess use among those who were drinking'. After independence, the prohibition movement survived till the mid-1960s, when several states lifted the prohibition. The prohibition orders were soon reversed as states lost nearly 20-25% of alcohol- related Revenue.

Although the Constitution of India upholds prohibition in its directive principles, the

liberalization in the production, distribution, and consumption of alcohol is well known in most states. Since the trade liberalization in 1992–93, the attitudes of the Central and State governments to alcohol have changed dramatically with the previous restrictions on consumption and production being relaxed. Alcohol multinationals eagerly took advantage of India's economic

ALCOHOLIC PERSONALITY

1. **NEUROTIC DRINKER** – Neurotic drinker has a rather normal ego structure, social investigation and evaluation show normal development. They turn to alcohol whenever outside stresses become too severe for them.
2. **PSYCHOTIC DRINKER** – Psychotic alcoholic uses alcohol either as a tranquilizer or to get relief from inner pressures or acute panic situation.

3.**ADDICTIVE DRINKER** – Constitutes largest group of people with drinking problem that come to the attention of the physician and

CLINICAL FEATURES-

Acute intoxication-

Emotional and behavioural disturbance

Medical problems – hypoglycaemia, aspiration of vomit, respiratory depression, accidents

Indigestion, headache, abdominal pain

Chronic effects

Symptoms of withdrawal – restlessness, anxiety, panic attacks

autonomic symptoms – tachycardia, sweating, pupil dilatation, nausea, vomiting, delirium tremens – agitation, hallucinations, illusions, delusions, seizures

Neurological – peripheral neuropathy, cerebral haemorrhage, cerebellar degeneration, dementia.

Hepatic – fatty change and cirrhosis, liver cancer.

GI – oesophagitis, gastritis, Mallory–Weiss syndrome, pancreatitis, malabsorption, oesophageal cancer; oesophageal varices.

Respiratory – pulmonary TB, pneumonia, aspiration

Skin – spider naevi, Dupuytren's contractures, palmar erythema,telangiectasis

Cardiac – cardiomyopathy, hypertension

Musculoskeletal – myopathy, fractures

Endocrine and metabolic – pseudo-Cushing's syndrome, gout, hypoglycaemia

Reproductive – hypogonadism, infertility,fatal alcohol syndrome

Psychiatric and cerebral – alcoholic hallucinosis, alcoholic 'blackouts', Wernicke's encephalopathy,Korsakoff's syndrome.

SOCIAL PROBLEMS ASSOCIATED WITH ALCOHOL USE:

Alcohol consumption can cause many problems for the individual, his immediate environment and society. The social consequences are workplace- related problems, family and domestic problems, and interpersonal violence. The effects of alcohol aggravate the causes of poverty by increasing malnutrition, absenteeism at work, road traffic accidents and loss of productivity. Social consequences due to alcohol can affect individuals other than the drinker e.g. passengers involved in traffic casualties, or family members affected by failure to fulfill social role obligations, or incidences of violence in the family.

ALCOHOL AND FAMILY:

A Cross-Sectional Study done by Gayathri Vijaya Lakshmi et al at a Tertiary Care Setting among 100 patients and their spouses showed that Co- morbid psychiatric disorders were found in sixty-two percent of the participants. 68% had medical co-morbidities. Spouses who were physically abused (67%) also experienced other forms of abuse at similar rates viz., Emotional abuse (63%), Economic abuse (52%), and Sexual abuse (65%). Among women reporting domestic violence, 11% had attempted suicide. The majority of those reporting domestic violence exceeded cut-off scores for a depressive disorder. The severity of violence correlated positively with the Brief Psychiatric Rating Scale (psychopathology) scores. These findings highlight the importance of screening alcohol dependent patients for psychopathology, spouse for domestic violence and its complications in mental health settings[58].

A cross-sectional study by Avi Singh et al among medical college students in September 2016-October 2016 reported that 61.29% males and 8.24% females showed

both tobacco use and alcohol abuse. In the case of alcohol consumption, 80.65% males and 35.29% of females consumed some form of alcohol. Overall 43% of respondents abused alcohol and tobacco to relieve stress. The alcohol and tobacco are major substances being abused by young medical graduates in spite of universal knowledge that they are source of major non communicable diseases[63].

ALCOHOL CONSUMPTION AND WORKPLACE:

Persons who consume alcohol have higher rates of sickness absence than other employees. Alcohol consumption can lead to decrease productivity in industries. Heavy alcohol drinking can lead to unemployment, but loss of work can also result in increased drinking, which may lead to heavy alcohol drinking.

ALCOHOL CONSUMPTION AND FAMILY:

The functioning capacity is impaired by alcohol among its consumers. Alcohol consumption affects the drinker's partner as well as the children. Alcohol consumption during pregnancy in women can lead to fetal alcohol syndrome. Parental drinking can lead to child abuse and affects the child's social, psychological and economic environment. Drinking costs money and can impact upon resources of a poor family. Diversion of money for alcohol use that could have otherwise been used for seeking medical care, may lead to delay in seeking health care.

ALCOHOL AND DOMESTIC VIOLENCE:

The behavior of the alcoholics may cause physical, psychological or sexual harm to those in their relationship. It includes acts of physical aggression (slapping, hitting, kicking or beating), psychological abuse (intimidation, constant belittling or humiliation), forced sexual intercourse or any other controlling behaviour (isolating a person from family and friends, monitoring their movements and restricting access to information or assistance[73].

Monetary issues (26%) and alcoholism (22%) were the two most important causes of domestic violence. Other causes were extramarital affair (6%), family conflicts (6%) and dowry (6%). 64% victims were either illiterate or primary pass; 34% were skilled workers; 56% victims had their per capita income between 980 and 2935; 76% had their modified score between 5-10. 56 % victims face

domestic violence daily. The monetary problems, alcoholism, illiteracy, extramarital affairs, and dowry were the causes of domestic violence.

ALCOHOL AND POVERTY:

Shekhar saxena et al reports that the poor people take refuge in alcohol to alleviate the unendurable suffering of their lives. In some circles drinking was explained as the natural and expected response to misery. Alcohol was popularly assumed to be a way of temporarily escaping for a short while the harsh realities were associated with poverty. Quite apart from whether alcohol itself alleviates suffering, the simple formulation that the poor drank because it helped them alleviate their suffering .

ALCOHOL'S EFFECTS ON IRON METABOLISM

"In addition to interfering with the proper absorption of iron into the hemoglobin molecules of red blood cells (RBC's), alcohol use can lead to either iron deficiency or excessively high levels of iron in the body.Because iron is essential to RBC functioning, iron deficiency, which is commonly caused by excessive blood loss, can result in anemia. In many alcoholic patients, blood loss and subsequent iron deficiency are caused by gastrointestinal bleeding. Iron deficiency in alcoholics often is difficult to diagnose, however, because it may be masked by symptoms ofother nutritional deficiencies (e.g., folic acid deficiency) or by coexisting liver disease and other alcohol-related inflammatory conditions. For an accurate diagnosis, the physician must therefore exclude folic acid deficiency and evaluate the patient's iron stores in the bone marrow. Conversely, alcohol abuse can increase iron levels in the body. For example, iron absorption from the food in the gastrointestinal tract may be elevated in alcoholics. Iron levels also can rise from excessive ingestion of iron-

containing alcoholic beverages, such as red wine. "

"Theincreased iron levels can cause hemochromatosis, a condition characterized by the formation of iron deposits throughout the body (e.g., in the liver, pancreas, heart, joints, and gonads). Moreover, patients whose chronic alcohol consumption and hemochromatosis have led to liver cirrhosis are at increased risk for liver cancer."

SideroblasticAnemia

"One component of RBC's is hemoglobin, an iron-containing substancethat is essential for oxygen transport. Sometimes, however, the iron is notincorporated properly into the haemoglobin molecules. Instead, it is convertedinto a storage form called ferritin, which can accumulate in RBC precursors, often forming granules that encircle the cell's nucleus. These ferritin- containing cells, which are called ringed sideroblasts, cannot mature further into functional RBC's. As a result, the number of RBC's in the blood declines and patients develop anemia. Many patients also have some circulating RBC's that contain ferritin granules called Pappenheimer bodies. The presence of these cells in the blood serves as an indicator of sideroblasticanemia and can prompt the physician to perform a bone marrow examination to confirm the diagnosis.Sideroblasticanemia is a common complication in severe alcoholics: Approximately one-third of these patients contain ringed sideroblasts in their bone marrow. Alcohol may cause sideroblasticanemia by interfering with the activity of an enzyme that mediates a critical step in haemoglobin synthesis. Abstinence can reverse this effect: The ringed sideroblasts generally disappear from the bone marrow within 5 to 10 days, and RBC production resumes. In fact,

excess numbers of young RBC's called reticulocytes can accumulate temporarily in the blood, indicating higher-than normal RBC production."[3,4,5]

MegaloblasticAnemia

"Blood cell precursors require folic acid and other B vitamins for their continued production. Under conditions of folic acid deficiency, precursor cells cannot divide properly and large immature and non-functional cells (i.e., megaloblasts) accumulate in the bone marrow as well as in the bloodstream. This impaired hematopoiesis affects mainly RBC's, but also WBC's and platelets. The resulting deficiency in RBC's, WBC's, and platelets (i.e., pancytopenia) has numerous adverse consequences for the patient, including weakness and pallor from anemia, infections resulting from reduced neutrophil numbers, and bleeding as a result of the lack of platelets. Megaloblasts occur frequently in the bone marrow of alcoholics; they are particularly common among alcoholics with symptoms of anemia, affecting up to one-third of these patients. These alcoholics generallyalso have reduced folic acid levels in their RBC's. The most common causeof this deficiency is a diet poor in folic acid, a frequent complication inalcoholics, who often have poor nutritional habits. In addition, alcoholingestion itself may accelerate the development of folic acid deficiency by altering the absorption of folic acid from food."

Clinical features-

Acute intoxication-

Emotional and behavioural disturbance

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Reproductive – hypogonadism, infertility,fatal alcohol syndrome
Psychiatric and cerebral – alcoholic hallucinosis, alcoholic 'blackouts', Wernicke's encephalopathy,Korsakoff's syndromeInvestigations-
No specific lab investigation and imaging technique to confirm diagnosis

THE ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Item 5-Point Scale (Least to Most)
1. How often do you have a drink containing alcohol?
Never (0) to 4+ per week
2. How many drinks containing alcohol do you have on a typical day?
1 or 2 (0) to 10+
3. How often do you have six or more drinks on one occasion?
Never (0) to daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?
Never (0) to daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
Never (0) to daily or almost daily
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?
Never (0) to daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
Never (0) to daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never (0) to daily or almost daily (4)
9. Have you or someone else been injured as a result of your drinking? No (0) to yes, during the last year
10. Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you should cut down? No (0) to yes, during the last year

a Total score > 8 indicates harmful alcohol use and possible alcohol dependence.
Source: Adapted from DF Reinert, GP Allen: Alcoholism: Clinical & Experimental Research 26:272, 2002, and from MA Schuckit, Drug and Alcohol Abuse: Clinical Guide to Diagnosis & Treatment, 6th ed, New York: Springer, 2006[2]
-DSM 5 criteria
-psychological evaluation
- some physical examination
-some pathological investigations to access the organ damage
These combine use for confirm diagnosis.

Homeopathic remedies

Veratrum album - It remove bad effects of excessive use of alcohol and tobacco.

Asarumeuropaeum - Whenever, unconquerable longing for alcohol is present It is indicated.

Calcareaarsenicosa - Suited to complaints of drunkards, after abstaining from alcohol; when craving for alcohol is still present (Asarumeuropaeum, Sulphuricumacidum).

Coca - longing for accustomed stimulants especially alcoholic liquors and tobacco.

Lachesis mutus - Especially suited to drunkards with congestive headaches and haemorrhoids or prone to develop erysipelas or apoplexy. They have craving for alcohol and are talkative before and during drinking. These people are ill-natured, vindictive, jealous, envious. They can be inclined to violent crimes like to kill others but not himself.

Ledumpalustre - Useful in constitutions abused by alcohol (Colchicum autumnale).

Mezereum - it is indicated for bad effects of mercury or alcohol.

Sulphuricum acidum - It is the remedy for chronic alcoholism. There is craving for alcohol with internal trembling in drunkards, when there is sensation of trembling all over, without real trembling. Patient crave brand but develop ailments from brandy-drinking. They cannot tolerate even the slightest amount of food or drink especially water, unless mixed with whisky. Patient appears to be pale, shrivelled and cold. Dr Hering suggests "sulphuric acid, one part, with three parts of alcohol, 10 to 15 drops, three times daily for three or four weeks, has been

successfully used to subdue the craving for liquor"

CASE REPORT

Registration no.:- 48
Date: - 21/03/2022
Name: - Mr.VPG
Age: - 38yrs
Sex: - M
Occupation: - worker

CHIEF COMPLAINTS:

Fever, delirium,aggravation by alcohol
Sensitive to touch.
Palpitation,headache,haemorrhoids.
Throat is very painful to liquids.

HISTORY OF CHIEF COMPLAINTS-

First there is only pain in rt knee now started in left knee

ASSOCIATED COMPLAINTS:-

Chronic Headache

TREATMENT HISTORY:-

On NSAID allopathic medicine

PAST HISTORY: -

History of repeated haeadche

FAMILY HISTORY: -

Brother: having DM since 5 yrs

PATIENT AS PERSON (PHYSICAL GENERALS):-

Appetite: Good
Thirst: Adequate
Desire: Sweet things
Aversion: Pungent, salty
Perspiration: Scanty
Urine: Regular
Stool: Constipated sometimes
Sleep : Sometimes disturbed
Dreams: Not specific due to complaint
Thermal State: Chilly

LIFE SPACE: -

Jealous and suspicious with mania and insanity
Overjoyed sometimes melancholic.
Irritable
Will and emotion – mild
Memory weak

GENERAL EXAMINATION:

General Appearance: obese slightly
Built: obese
Pulse: 78 RR: 16
BP: 120/80
Temperature: Afebrile
Pallor: Absent
Oedema: Absent
Eyes: Sunken
Nails: Clean
Teeth: normal
Tongue: Clean and Moist
Throat: Clear
Lymph Nodes: Not palpable
Systemic Examination: -
Respiratory System: AEBE Clear
C.V. S.: S1S2 Heard
G.I.T.: P/A tender
C. N. S.: All reflexes normal
G.U.T.: NAD
INSPECTION – normal in appearance
PALPATION: no abnormality
LOCAL RISE OF TEMPERATURE - normal

ANALYSIS AND EVALUATION OF SYMPTOMS:-

Grade 1 symptoms:-
Irritable
Will and emotion – mild
Memory weak
Grade 2 symptoms:-
Desire for sweet things
Aversion to pungent, salty
Offensive perspiration
Constipation sometimes
Sometimes sleep disturbed due to complaint
Thermally chilly pt Grade 3 symptoms:-
Weight gain
Hairfall
Chronic headache
Dry and itchy skin
Both knee joint pain
Totality of symptoms:
Weight gain
Hairfall
Chronic headache
Both knee joint pain
Dry and itchy skin
Desire for sweet things
Aversion to pungent, salty
Offensive perspiration
Constipation sometimes
Sometimes sleep disturbed due to complaint
Thermally chilly pt Irritable
Will and emotion – mild
Memory weak

Provisional diagnosis: central obesity

INVESTIGATIONS: Sr. TSH – 14m IU/L

Final diagnosis of disease: obesity due to

hypothyroidism

Prescription:-

Lachesis Mutus 200 – SD – Weekly SL 30 – BD – daily for 7 days

REFERENCES

1. Davidson's principles and practice of medicine, 23rd edition2018, elseviar ltd
2. Harrison's manual of medicine, 18th edition, 2013, the macgraw hill company page 1336
3. SatamSonali D. et al / International Journal of Biomedical Research 2019; 10(03): e5034. A Cross Sectional Study on Patients' Perceptions towards Allopathy and Alternative Therapies for Alcohol Use Disorder
4. Action needed to reduce health impact of harmful alcohol use,10 August 2011, News release,Geneva WHO
5. K. Witkiewitz 1, R. Z. Litten 2, L. Leggio;Advances in the science and treatment of alcohol use disorder 2019
6. C.P. Sharma, Deeksha, Arun Kumar; Alcohol use disorder: an emerging lifestyle disorder; The Homoeopathic Heritage November 2020
7. Alcohol. World Health Organization. [cited 2018 Jul 12].
8. Available from: http://www.who.int/news-room/fact-sheets/detail/alcohol
9. World Health Organization, Regional Office for South-East Asia. Public health problems caused by harmful use of alcohol: gaining less or losing more?. New Delhi: World Health Organization, Regional Office for South- East Asia; 2006