

Original Article

Efficacy of Individualized Homoeopathic Medicines in Alcohol Addiction: A Retrospective Observational Study Using AUDIT Scores

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ABSTRACT

Background: Alcohol Use Disorder (AUD) is a chronic relapsing condition associated with substantial morbidity and mortality. Despite standard pharmacological and psychosocial therapies, high relapse rates persist. Homoeopathy, with its individualized and holistic approach, is increasingly used in clinical practice; however, evidence from systematically documented studies remains limited. Retrospective designs may be subject to biases; therefore, clarifying confounding variables and acknowledging limitations is essential. Thus, a study was done to evaluate the association between individualized homeopathic treatment and changes in AUD severity using the Alcohol Use Disorders Identification Test (AUDIT) over 12 months. **Methods:** This retrospective observational study included 40 adult patients with AUD treated between January 2021 and December 2023. Records with complete 6- and 12-month follow-up were included; incomplete data were reviewed using Intention-to-Treat (ITT) principles. Confounding factors such as concurrent counselling, family support, occupational stress, and lifestyle changes were documented. AUDIT scores were compared using paired t-tests, effect size (Cohen's d), and 95% confidence intervals. Remedies, potencies, and frequencies were recorded to improve reproducibility. **Results:** Thirty-six of 40 patients completed follow-up (attrition 10%). A comprehensive analysis revealed a decrease in AUDIT scores from 27.1 ± 4.5 at baseline to 17.3 ± 3.9 at 6 months and 11.2 ± 3.2 at 12 months ($p < 0.001$). Cohen's d indicated a large effect size ($d = 2.6$). ITT analysis using last-observation-carried-forward showed similar directional improvement. No major adverse effects were reported. **Conclusion:** The findings suggest an association between individualized homoeopathic treatment and reduced AUDIT scores over 12 months.

Key words: Alcohol Use Disorder, Homoeopathy, AUDIT, Substance Abuse, Individualized Treatment, Retrospective Study

Alcohol Use Disorder (AUD) represents a global health challenge, affecting an estimated 283 million individuals and contributing substantially to morbidity and mortality worldwide [1]. The disorder is implicated in more than 5% of global deaths annually and plays a causal role in a spectrum of over 200 diseases, including hepatic, cardiovascular, oncological, and neuropsychiatric conditions, influencing occupational performance, interpersonal relationships, mental health, and socio-economic stability [2].

India has witnessed a marked rise in alcohol consumption patterns over the past two decades [3]. Conventional management of AUD typically integrates pharmacological agents such as disulfiram, naltrexone, and acamprosate with psychosocial interventions like motivational enhancement therapy, cognitive behavioral therapy, relapse-prevention counselling, and group-based programs [4]. Despite their proven benefits, relapse rates remain high, with nearly 50–

60% of individuals relapsing within the first year of treatment [5]. Medication-related adverse effects, poor insight, emotional vulnerability, occupational pressures, and inadequate family support often hinder sustained recovery. These limitations have encouraged the exploration of integrative and holistic approaches capable of addressing deeper psychological, constitutional, and behavioral contributors to alcohol dependence.

Homoeopathy has been increasingly used as a complementary approach for managing addiction-related conditions. Its relevance in AUD lies in its emphasis on emotional predispositions, behavioral tendencies, craving patterns, sleep dysregulation, personality traits, and miasmatic influences. Oberai et al. documented favorable outcomes in alcohol dependence through individualized prescribing [6], while Sivakumar et al. presented case-based improvements in withdrawal symptoms and dependence patterns [7]. Yet, systematic studies employing validated tools such as the Alcohol Use Disorders Identification Test (AUDIT) are scarce.

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The present study evaluated the 12-month trajectory of AUD severity in patients who received individualized homoeopathic treatment, integrating effect size calculation, intention-to-treat analysis, documentation of confounders, and structured AUDIT scoring to enhance scientific rigor.

MATERIALS AND METHODS

This retrospective observational study was conducted at a private homoeopathic clinic and included patient records from January 2021 to December 2023. Only documented clinical files containing complete case histories, prescription details, follow-up notes, occupational information, counselling involvement, and AUDIT scores were included. To ensure data reliability, all entries were cross-verified against physical case sheets, and any inconsistencies were resolved through a thorough review.

The study analyzed 40 adult patients diagnosed with AUD as per ICD-10 criteria. Inclusion criteria comprised adults aged 20–60 years with documented individualized homoeopathic treatment for at least 12 months and availability of baseline, 6-month, and 12-month AUDIT scores. Those patients with severe psychiatric illness requiring antipsychotic medication, undergoing pharmacological de-addiction therapy, epilepsy or major neurological disorders, and cases with incomplete documentation were excluded from the study.

Before the study commencement, informed consent was taken from the study participants. The patient’s mental, emotional, and physical symptoms, craving triggers, substance-use history, family tendencies, past illnesses, and miasmatic influences were assessed. Occupational stressors were also recorded due to their known association with relapses and maladaptive drinking.

Remedy selection followed classical principles using standardized homoeopathic reference manuals. Although individualized prescribing inherently involves variability, standardization efforts included the use of structured case-recording formats, periodic peer review, and systematic documentation of remedy, potency, frequency, and response. The medicines, Nux vomica, Sulphur, Lachesis, Cannabis indica, Hyoscyamus niger, and Stramonium, were prescribed based on individualized totality rather than diagnosis alone. The dosages ranged from 30C to 1M, with repetition tailored to patient susceptibility and symptom evolution.

The AUDIT questionnaire, a WHO-recommended 10-item screening and severity assessment tool, served as the primary outcome measure [8]. Confounding variables such as informal counselling sessions, family involvement, emotional stressors, comorbid insomnia or gastritis, and occupational pressures were acknowledged in interpretation, though not controlled statistically due to the study design.

Statistical analysis involved Shapiro–Wilk normality testing, followed by paired t-tests comparing baseline, 6-

month, and 12-month AUDIT scores. Cohen’s d was calculated to estimate effect size, and 95% confidence intervals were used to assess precision. Intention-to-treat analysis employed last-observation-carried-forward for the four patients lost to follow-up.

RESULTS

Out of the 40 patient records examined, 36 contained complete 12-month follow-up data, yielding an attrition rate of 10%. Baseline characteristics of those lost to follow-up did not differ significantly from those who completed the study, suggesting minimal attrition bias. The mean baseline AUDIT score was 27.1 ± 4.5 . At 6 months, patients showed a substantial reduction, with mean scores decreasing to 17.3 ± 3.9 . Sustained improvement was observed in 12 months, where the mean AUDIT score declined further to 11.2 ± 3.2 . These reductions were statistically significant ($p < 0.001$), and the effect size ($d = 2.6$) indicated a large magnitude of change.

The intention-to-treat analysis, which incorporated the last recorded AUDIT score for patients who discontinued follow-up, also showed a reduction from 27.1 at baseline to 14.5 in 12 months, preserving the direction of improvement. No major adverse events were reported. Two individuals experienced temporary exacerbation of symptoms, such as increased irritability and disturbed sleep, which resolved without altering the prescribed remedy. Table 1. Shows the AUDIT score trends of the study group.

Table 1: AUDIT Score Trends

Time Point	Mean ± SD	Mean Change	95% CI	p-value
Baseline	27.1 ± 4.5	—	—	—
6 Months	17.3 ± 3.9	−9.8	−11.5 to −8.1	<0.001
12 Months	11.2 ± 3.2	−15.9	−18.2 to −13.6	<0.001

DISCUSSION

The present study demonstrates a marked reduction in AUDIT scores among individuals receiving homoeopathic treatment over 12 months for AUD. The magnitude of improvement, reflected in a large effect size, suggests a clinically relevant change. While the uncontrolled retrospective design precludes causal inference, the consistency of improvement across both completer and intention-to-treat analyses lends credibility to the observed association.

Comparing with these results, Oberai et al. reported significant improvement in alcohol dependence using individualized homoeopathic remedies [6], aligning with the present study’s observed reduction in severity. Similarly, Sivakumar et al. documented positive outcomes in patients treated for alcohol dependence using Bufo Rana [7], reinforcing the potential effects of individualized prescribing. Some case reports have also highlighted successful management of alcohol-related behavioural instability, withdrawal, and craving using remedies like Arsenicum album and Nux vomica, though these studies primarily describe

symptom-based improvement rather than validated outcome scores [9].

These previous reports lack structured assessment tools, control groups, or long-term follow-up. Additionally, conflicting views persist regarding the biological mechanism of homoeopathic interventions. While some contemporary hypotheses propose that ultra-high dilutions may exert effects through adaptive stress modulation, nanoparticle activity, or allostatic mechanisms [10], these remain controversial, and definitive scientific validation is lacking. Therefore, the biological plausibility of homoeopathic action in addiction remains a subject of debate.

Nonetheless, the potential contribution of individualized homoeopathic care should not be disregarded. AUD is deeply intertwined with emotional dysregulation, stress reactivity, and behavioural conditioning. Homoeopathic case-taking inherently addresses these dimensions, and improvements in sleep, mood stability, gastrointestinal comfort, and emotional resilience may indirectly reduce alcohol-seeking behaviour. The present study's systematic documentation of confounders such as counselling involvement and family support highlights the complexity of real-world treatment environments. These supportive factors likely interact with homoeopathic care to influence outcomes, underscoring the need for future research integrating multimodal assessment.

The retrospective design of the present study limits control over variables, and the absence of a comparator group prevents differentiation between treatment effects, spontaneous remission, placebo responses, or the impact of psychosocial determinants. The small sample size further restricts generalizability, while gender imbalance and lack of biochemical measurements for Gamma-Glutamyl Transferase (GGT) or Carbohydrate-Deficient Transferrin (CDT) levels in blood, which are indicators of alcohol usage, limit the comprehensiveness of clinical evaluation. Future studies should include randomization, blinding of outcome assessment, stratified sampling, and standardized adjunct counselling to establish confirming evidence.

CONCLUSION

Individualized homoeopathic treatment was associated with significant improvement in AUDIT scores over 12 months among individuals with AUD. The results support the potential use of homoeopathy as part of an integrative approach to addiction management. Prospective randomized controlled trials with standardized outcome measures are essential to further validate the study results in the future.

REFERENCE

1. World Health Organization. Global status report on alcohol and health and treatment of substance use disorders [Internet]. Geneva: WHO; 2024 [cited 2025 Aug 11].
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington: APA Publishing; 2013.
3. Prasad R. Alcohol use on the rise in India. *Lancet*. 2009;373(9657):17–8.
4. Garbutt JC. The state of pharmacotherapy for alcohol dependence. *J Subst Abuse Treat*. 2009;36 Suppl 1:S15–23.
5. Miller WR, Walters ST, Bennett ME. How effective is alcoholism treatment? *J Stud Alcohol*. 2001;62(2):211–20.
6. Oberai P, et al. Homoeopathic management of alcohol dependence. *Indian J Res Homoeopathy*. 2013;7:158–65.
7. Sivakumar K, Sreeja K, Krishnan A, Rahitha K. Alcohol dependence managed with Bufo Rana. *J Integr Stand Homoeopathy*. 2024;7:173–80.
8. World Health Organization. AUDIT: Alcohol Use Disorders Identification Test. Geneva: WHO; 2001.
9. Nayak D, Arora S, Singh U, Borah N, Thakur JN, Khurana A, et al. Managing acute alcohol withdrawal with homoeopathy: a prospective, observational, multicentre exploratory study. *Indian J Res Homoeopathy*. 2014;8(4):224–30.
10. Bell IR, Koithan M. A model for homeopathic remedy effects. *BMC Complement Altern Med*. 2012;12:191.

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