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Therapeutic response of homoeopathic medicines in management of nicotine dependence and withdrawal: A case series

Ralte Lalmuanpuia

Department of Psychiatry, Bakson Homoeopathic Medical College & Hospital, Greater Noida, India, raltempa25@gmail.com

Kathika Chattopadhyay

Department of Psychiatry, Bakson Homoeopathic Medical College & Hospital, Greater Noida, India, dr.kathika@gmail.com

Ashwini Nair

Department of Materia Medica, Bakson Homoeopathic Medical College & Hospital, Greater Noida, India, ashraj1974@gmail.com

Anuroopam Swami

Department of Organon of Medicine, Bakson Homoeopathic Medical College & Hospital, Greater Noida, India, anuroopam@gmail.com

Daisy Katarmal

Central Council for Research in Homoeopathy, New Delhi, India, docdaisy1@gmail.com

Author(s) ORCID Identifier:

<https://orcid.org/0000-0002-8305-3823>

<https://orcid.org/0000-0003-0411-9183>

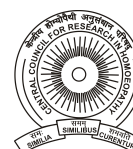
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Abstract

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Cases Summary: We report four cases of nicotine dependence managed solely with homoeopathic interventions for withdrawal symptoms. At baseline, two of the cases exhibited markedly severe behavioural rating of nicotine withdrawal symptoms, whereas the other two demonstrated moderate severity, as assessed by the Minnesota Nicotine Withdrawal Scale-Self-Report/Observer-rating. The individualised homoeopathic treatment resulted in positive outcomes with notable clinical improvement and no adverse effects. For the initial phase of withdrawal management, homoeopathic medicines *Ignatia amara*, *Lycopodium clavatum*, *Arsenicum album* and *Tabacum* were prescribed based on the symptoms of the patients. Treatment outcomes were evaluated using the Minnesota Nicotine Withdrawal Scale-Improvement Index Score. The causal attribution was assessed using Modified Naranjo Criteria for Homeopathy (MONARCH). To further validate the utility of homoeopathic treatment in such cases, well-designed and rigorous clinical trials are warranted.

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Therapeutic response of homoeopathic medicines in management of nicotine dependence and withdrawal: A case series

Ralte Lalmanpuia¹, Kathika Chattopadhyay^{1*} , Ashwini Nair², Anuroopam Swami³, Daisy Katarmal⁴ 

¹Department of Psychiatry, Bakson Homoeopathic Medical College and Hospital, Greater Noida, Uttar Pradesh, India, ²Department of Materia Medica, Bakson Homoeopathic Medical College and Hospital, Greater Noida, Uttar Pradesh, India, ³Department of Organon of Medicine, Bakson Homoeopathic Medical College and Hospital, Greater Noida, Uttar Pradesh, India, ⁴Central Council for Research in Homoeopathy, New Delhi, India

Abstract

Introduction: On discontinuing or decreasing nicotine use, nicotine-dependent individuals, often smokers, may experience withdrawal symptoms such as irritability, frustration, anxiety, depression, difficulty concentrating, restlessness and insomnia. These symptoms can significantly impact their quality of life, affecting physical health, psychological state, social relationships, personal beliefs and daily activities. The most commonly recommended conventional treatment for nicotine withdrawal is nicotine replacement therapy (NRT), which aims to reduce cravings and ease symptoms. However, NRT can be habit-forming and has been associated with a variety of adverse effects. **Cases Summary:** We report four cases of nicotine dependence managed solely with homoeopathic interventions for withdrawal symptoms. At baseline, two of the cases exhibited markedly severe behavioural rating of nicotine withdrawal symptoms, whereas the other two demonstrated moderate severity, as assessed by the Minnesota Nicotine Withdrawal Scale-Self-Report/Observer-rating. The individualised homoeopathic treatment resulted in positive outcomes with notable clinical improvement and no adverse effects. For the initial phase of withdrawal management, homoeopathic medicines *Ignatia amara*, *Lycopodium clavatum*, *Arsenicum album* and *Tabacum* were prescribed based on the symptoms of the patients. Treatment outcomes were evaluated using the Minnesota Nicotine Withdrawal Scale-Improvement Index Score. The causal attribution was assessed using Modified Naranjo Criteria for Homeopathy (MONARCH). To further validate the utility of homoeopathic treatment in such cases, well-designed and rigorous clinical trials are warranted.

Keywords: Homoeopathy, Minnesota nicotine withdrawal scale, Nicotine replacement therapy, Nicotine withdrawal symptoms

INTRODUCTION

The tobacco epidemic is one of the most important public health concerns the world has ever faced, causing the annual mortality of five million people worldwide, mostly in low and middle-income countries. It is estimated that by the year 2030, the mortality may reach up to eight million annually. By the end of this century, tobacco may have killed a billion people or more, unless urgent action is taken.^[1] In India, 42.4% of men, 14.2% of women and 28.6% (266.8 million) of all adults currently use some form of tobacco.^[2]

The addictive substance in tobacco is nicotine, due to which people develop the smoking habit.^[3] Nicotine, a toxic alkaloid, is found most commonly in tobacco and tobacco products, including cigarettes, cigars, chewing tobacco, pipe tobacco,

snuff and most e-cigarette liquids. Withdrawal is the body's reaction to not having nicotine. Hence, the effect that nicotine-dependent individuals experience after they discontinue or decrease nicotine use is termed nicotine withdrawal symptoms.^[4] On cessation of chronic use of nicotine-containing products, nicotine withdrawal symptoms manifest within 4–24 hours, peak approximately in 72 hours and taper off over the following 3–4 weeks. The severity of withdrawal symptoms is largely determined by how nicotine is consumed.^[5]

***Address for correspondence:** Kathika Chattopadhyay, Bakson Homoeopathic Medical, College and Hospital, Greater Noida, Uttar Pradesh, India. E-mail: dr.kathika@gmail.com

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According to DSM-IV^{TR}, the sudden reduction in nicotine use or abrupt cessation after the individual has been consuming tobacco daily for a minimum of several weeks shows four or more of the following nicotine withdrawal symptoms within 24 hours: Irritability/anger/frustration, anxiety, difficulty in concentration, restlessness, increased appetite, depressed mood and insomnia.^[6] Nicotine dependence is covered under 'substance-related disorders', Code 305.10 of DSM-IV^{TR}.

The conventional treatment of nicotine dependence and withdrawal symptoms is commonly smoking cessation therapy through first-line agents like nicotine replacement therapy (NRT), which is available as a transdermal patch, gum, nasal spray, inhaler and lozenge, Bupropion (an atypical antidepressant), etc.^[7] A systematic review and meta-analysis of randomised controlled trials and observational studies on NRT revealed several adverse effects, such as palpitation and chest pains.^[8] Other symptoms reported in this study include dizziness and headache, coughing, nausea, vomiting, indigestion, soreness of mouth and throat, risk of mouth ulcers from orally administered NRT, skin irritation, increased risk of anxiety, depression and insomnia associated with the nicotine patches. These findings highlight the potential risks associated with NRT, emphasising the need for careful consideration when using this treatment for nicotine withdrawal.

Therefore, there is a need for alternative treatment approaches like Homoeopathy. Although there is limited research evidence reporting the scope of use of Homoeopathy for nicotine dependence and withdrawal, some studies are found in the literature that pave the way for further systematic exploration. A study showed a positive role of homoeopathic and biochemic medicines in improving the cases of tobacco smoking and alcohol addiction.^[9] Another observational study showed a statistically significant reduction in the patients' tobacco dependence using the homoeopathic medicine *Plantago major*.^[10] A pilot study investigated the effectiveness and tolerability of homoeopathic Q-potencies of *Opium* and *Erythroxylum coca* in the integrative management of cocaine craving, and the results showed a significant advantage of Homoeopathy over placebo with a higher proportion of weeks without craving episodes.^[11]

Here, we report four cases, following HOM-CASE guidelines,^[12] that demonstrate the therapeutic response of individualised homoeopathic medicines in managing nicotine dependence and withdrawal symptoms. Homoeopathic treatment played a central role in the cases reported here, where the patients' response during the nicotine withdrawal phase was carefully observed. All the characteristic symptoms, both mental and physical, were considered in the selection of appropriate medicine in each case. This individualised approach helped in managing the symptoms, thereby leading to favourable outcomes. For the outcome assessment, the common manifestations of nicotine withdrawal were considered using validated scales.

Methods

All four cases were seen at the Muskan Foundation, a drug de-addiction and rehabilitation centre in Delhi, India. A postgraduate scholar in Homoeopathy from Bakson Homoeopathic Medical College and Hospital, Greater Noida, Uttar Pradesh, India, was posted at the centre. All the patients were adult males and had abstained from tobacco smoking for at least three days before initiating homoeopathic treatment. Based on DSM-IV^{TR} diagnostic criteria, these cases fulfilled the diagnosis of nicotine dependence and withdrawal.^[6] Each patient presented with single-substance nicotine dependence and had no other diagnosed psychiatric disorders. NRT was discontinued for at least three weeks before initiating homoeopathic treatment.

While some patients reported a history of multiple substance use, nicotine dependence remained the predominant and sustained issue in all cases. Following detailed case-taking and repertorisation, individualised homoeopathic medicines were prescribed in centesimal scale potency. Doses were tailored for each case, and medications were administered orally. All the medicines were procured from a GMP-certified pharmaceutical.

Patients were followed up at least once every three days, or more frequently if needed, for a minimum of three months. Withdrawal severity was monitored by the treating physician using the Minnesota Nicotine Withdrawal Scale-Observer Rating (MNWS-OR) at both baseline and follow-up visits.^[13] Severity scores were categorised as follows: marked (>12), moderate (8–12) and mild (<8). All patients had MNWS-OR scores greater than 8 at baseline, indicating moderate to severe withdrawal symptoms, as assessed by physician observation. In addition, patients recorded daily withdrawal symptoms using the Minnesota Nicotine Withdrawal Scale-Self-Report (MNWS-SR), which classified severity as marked (>24), moderate (12–24) and mild (<12).

Treatment outcomes were evaluated using the Minnesota Nicotine Withdrawal Scale-Improvement Index Score (MNWS-IIS), calculated by the difference in MNWS-SR scores between the first and last visits. Improvement was classified as marked (>15), moderate (8–15), mild (3–7) or no significant change (<3). The patients were advised to abstain from smoking during treatment, but as complete cessation was initially difficult, they were instructed to maintain at least a 4-hours gap between cigarettes as nicotine withdrawal symptoms typically begin within 4–24 hours of reduced intake.^[5] All the patients were trained in basic coping strategies to withstand the withdrawal reaction and advised regarding a regular balanced diet, exercise and sleep.

CASE 1

A 19-year-old male presented on 10th June 2019 with a complaint of sustained active cigarette (8–10/day) and *beedi* (5/day) smoking for five years, which had caused anxiety and headaches

for a month. His complaints felt worse usually in the mornings, along with an enhanced craving for smoking. The headache was localised in the temporal and occipital regions, with a sensation of heaviness for the last five days. The headache worsened after anger attacks, however, it used to subside after smoking or in a warm ambient environment. There were episodes of sudden mood change from a high level of elation to a very depressive demeanour, and this had been continuing alternately for the last four months. His complaints generally improved after smoking and from getting exposed to warm surroundings.

Past history

He had a history of head injury four years ago and was hospitalised for the same. He was allergic to dust.

Family history

His father had been smoking for almost 16 years.

Psychosocial history

The patient could not tolerate being controlled by anyone to perform any task and became angry in such situations, at trifle matters. However, smoking reduced his mental agitation. He had a history of taking marijuana for four years, between 2013 and 2016 but the frequency of intake had been reduced after loss of contact with his social circle due to relocation to another place, after his father's job transfer.

Clinical findings

Upon mental status examination, there was no specific finding except an anxious look, hasty speech and bodily restlessness due to psychomotor agitation. While detailing the ailments, his voice became excited and low-pitched alternately. His sleep was disturbed; he used to wake up suddenly from sleep, along with shivering and nervousness. In the morning and after meals, he felt a strong desire to smoke cigarettes.

His body mass index (BMI) was 20.5 kg/m²; temperature was 98°F; blood pressure (BP) was 116/80 mm of Hg, and pulse rate was 88/min; he had an ectomorphic built. His predominant mood was anxious. At the baseline, the MNWS-OR was 10, MNWS-SR was 41.

Therapeutic intervention

After detailed case taking and examination, the following symptoms were considered for the totality of symptoms after analysis and evaluation of the symptoms of the case as per Hahnemannian guidelines^[14] and were repertorised using the *Synthesis repertory* in the RADAR software^[15] [Figure 1]: Ailments from anger with anxiety, anger at trifles, changeable mood, headache in the temples and occipital region, and sleep disturbed due to anxiety.

The following remedies came up in repertorisation: *Aconitum napellus*: 5/10, *Nux vomica*: 5/8, *Arsenicum album*: 4/9, *Ignatia amara*: 3/8, etc. *Ignatia amara* 30C was selected based on the totality of symptoms, especially the most characteristic symptom of sudden mood changes along with other mental and emotional features such as anxiety, anger at trifles and relief from smoking and warmth. Although it appeared lower in the

repertorisation chart, its mental picture matched the patient more closely than the other higher-ranking remedies. *Aconite* was ruled out in view of the absence of acuteness, fears and other key indications. *Nux Vomica*, even though it covered the morning aggravations, headaches, sleep disturbances and use of stimulants, it was ruled because the headaches in this patient were not of gastric origin and the overall demeanour of the patient did not reflect *Nux vomica* personality. The patient was advised to take a dose orally, twice a day for three days in globules (four globules of size 30). The patient was also advised to abstain from smoking.

Follow-up and outcomes

Twelve consultations were done, including eleven follow-ups. *Ignatia amara* 30C was prescribed on 1st, 3rd, 6th, 7th, 9th, 10th and 12th visit [Table 1]. On the 4th visit, considering the totality of the acute symptoms, i.e., nausea with sour eructation; ineffectual urge to vomit, which was aggravated after eating and ameliorated from drinking warm fluids, *Nux vomica* 30C was prescribed [Figure 2]. No other medicine was prescribed in the rest of the visits. The onset of withdrawal symptoms was within 3–4 hours of cessation of smoking. MNWS-IIS (the score-difference of self-report at the first and last visit) was 21, which reflected marked improvement. There were mild withdrawal symptoms that remained at the last visit as per MNWS-OR and MNWS-SR scores. The patient was advised to abstain from smoking during treatment. However, as complete cessation was difficult initially, he was instructed to maintain a minimum 4-hours gap between cigarettes. The withdrawal symptoms typically began within 4–24 hours of reduced intake. This allowed us to observe the effects of the prescribed remedy more clearly during periods of reduced smoking. The patient had successfully abstained from smoking for the last three days prior to the 12th visit.

CASE 2

A 29-year-old male graduate working in the public sector visited on 25th June 2019 with a history of addiction to smoking cigarettes (10-15/day) for ten years. He complained of extreme restlessness for two weeks, which became worse usually at night, along with an increased craving for tobacco smoking. There were dark, brown patches on both hands (palmar and dorsal surfaces) for three months, with dryness, itching and burning sensation in the affected area. The itching sensation used to get aggravated at night. He had a burning sensation in the epigastric region for two weeks, which was worse usually in the morning and after taking a meal, and better after smoking. He suffered from extreme nervousness with anxiety and palpitation, which worsened usually in the morning and when craving for cigarettes, and was better after smoking.

Past history

Nothing significant was mentioned regarding past medical or family history.

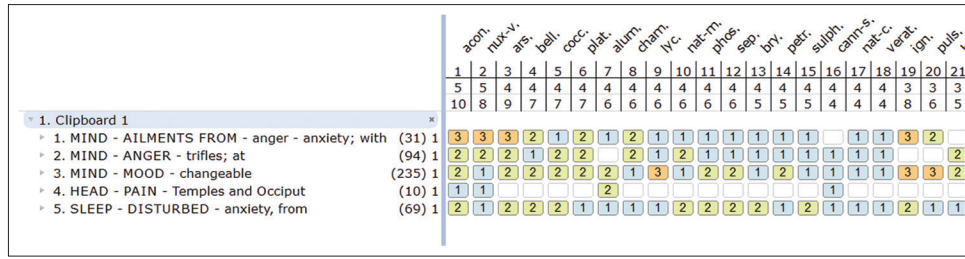


Figure 1: Case 1- Repertorisation at initial visit using the *Synthesis repertory* in the © RADAR software

Table 1: A brief summary of follow-up of Case 1			
Date	Indications	Prescription	Justification/Basis of prescription
10 June 2019 1 st consultation	Mental state and general symptoms repertorised	<i>Ignatia amara</i> 30C, BD×3 days	Totality of symptoms and repertorisation.
26 June 2019 4 th follow-up	Nausea with sour eructation since 3 days, ineffectual urge to vomit; < after eating, > from drinking warm fluids. Bodyache with twitching of the muscles of the whole body since 10 days. Mild dry cough, since 5 days; < night, after a meal, cold air or air conditioner, > warm room and warm drinks. Craving felt and expressed for Marijuana along with cigarettes but not taken in between.	<i>Nux vomica</i> 30C, BD×2 days	Acute totality
19 September 2019 10 th follow-up	Cravings for smoking: Mild Marijuana craving: Not reported by the patient. He had been able to abstain from smoking for the last 3 days.	<i>Ignatia amara</i> 30C, BD×3 days	Totality of symptoms
23 September 2019 11 th follow-up	No symptoms were reported. He had been able to abstain from smoking.	No medicine given	Improvement continued

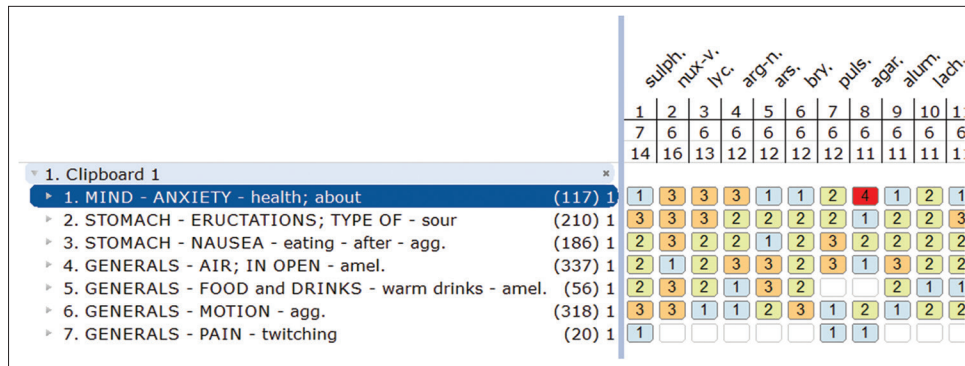


Figure 2: Case 1 - Re-repertorisation at third follow-up using the *Synthesis repertory* in the © RADAR software

Psychosocial history

He expressed his low mood when thinking of his ailments, at midnight when he woke up from sleep when staying with friends and family, and generally better after smoking and doing physical activities. He had a history of drinking alcohol occasionally for ten years, but no history of dependence could be elicited.

Clinical findings

Nothing specific could be found on the mental status examination, except bodily restlessness due to psychomotor agitation with an anxious look. He had profuse perspiration on his forehead, which increased in a closed room and was better

in the open air. He had a strong desire to smoke cigarettes and *beedis*, which was usually increased in the morning and after the intake of hot drinks.

The vital signs were as follows: Temperature: 98.6°F; BP: 126/90 mm of Hg; and pulse rate: 74/min. The patient’s build was endomorphic and his BMI was 29.0 kg/m². His mood was predominantly anxious. At the baseline, the MNWS-OR was 09 and the MNWS-SR was 27.

Therapeutic intervention

After detailed case-taking and examination, the following symptoms were considered for the totality of symptoms by the

analysis and evaluation as per Hahnemannian guidelines^[14] and were repertorised using the *Synthesis repertory* in the RADAR software^[15] [Figure 3]: Anxiety worse during the morning, restlessness at night, perspiration of head, pain in the stomach after eating, relieved by smoking, dry eruptions on hands, and itching on hands at night.

The following remedies came up in repertorisation: *Lycopodium clavatum*: 5/10, *Mercurius solubilis*: 5/9, *Rhus toxicodendron*: 5/8, *Kali bichromicum*: 5/7, *Cantharis*: 5/6, etc. *Lycopodium clavatum* 30C was selected based on the totality of symptoms, including anxiety worse in the morning, restlessness at night, burning in the epigastrium relieved by smoking, dry, itching eruptions on the hands worse at night, and craving for tobacco and alcohol. The patient’s mental state, craving patterns and physical modalities were in close alignment with the remedy profile. Although other remedies appeared in repertorisation, *Lycopodium* was chosen as it best matched the overall clinical picture. It was prescribed to be taken twice a day for seven days in globules (size 30).

In this case, the patient could extend the smoking abstinence gap up to 7–8 hours, though withdrawal symptoms appeared in between. As the intensity of symptoms increased, he was unable to abstain beyond 8 hours. Therefore, an 8-hours gap was advised based on his individual threshold, which also allowed more clear observation of the remedy’s effects during withdrawal.

Follow-up and outcomes

Seven follow-ups were recorded. *Lycopodium clavatum* 30C was prescribed on 1st, 2nd, 5th and 7th visit [Table 2]. *Lycopodium clavatum* 200C was prescribed on the 8th visit. Considering the new totality of the symptoms, i.e., sore throat, sour eructation and nausea with a burning sensation in the epigastric region aggravated after eating, flatulence after eating and ameliorated by drinking cold water; anxiety and worry about health which was aggravated in the morning and ameliorated in the open air and from fanning; and craving for alcohol, *Nux vomica* 200C was prescribed on the 4th visit [Figure 4]. The onset of withdrawal symptoms was within 2–3 hours of cessation of smoking. MNWS-IIS was 16, which denotes marked improvement.

On the last, i.e., eighth visit, mild withdrawal symptoms remained as per MNWS-OR and MNWS- SR scores and the patient was continuing cigarette/*beedi* smoking in a few puffs each time for 2 to 3 times a day.

CASE 3

A 27-year-old, self-employed, married, male patient who had a history of addiction to cigarette smoking (15–20/day) for seven years, visited the OPD on 6th September 2019 with a recent history of suicide attempts and self-inflicted injury due to disturbance in the family. He was extremely restless and anxious during the first visit, with a dry and sunken face.

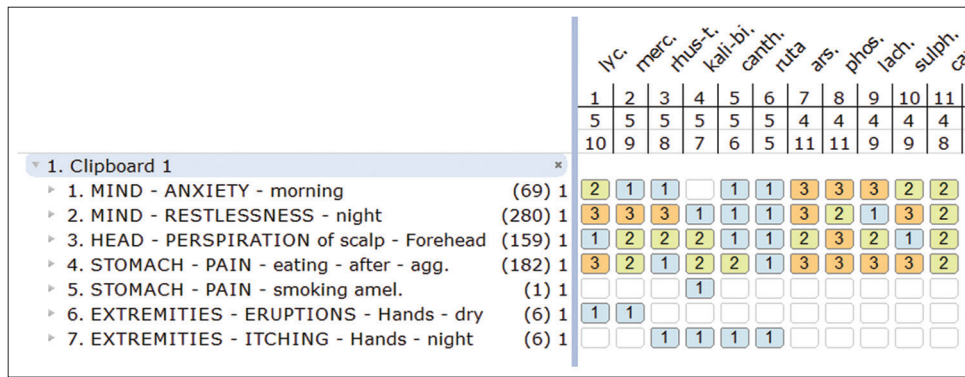


Figure 3: Case 2 - Repertorisation at initial visit using the *Synthesis repertory* in the © RADAR software

Date	Clinical presentation	Prescription	Justification/Basis of prescription
25 June 2019 1 st Consultation	Patient’s symptoms repertorised	<i>Lycopodium clavatum</i> 30C, BD×7 days	Totality of symptoms and repertorisation
16 July 2019 4 th Follow-up	Sore throat, sour eructation, and nausea with a burning sensation in the epigastric region since 2 days. <after eating, flatulence after eating, >after intake of any cold drink. Anxiety and worry about health, < morning; > open air, from fanning. Smoking 5 cigarettes/day and had a craving for alcohol.	<i>Nux vomica</i> 200C, BD×3 days	Acute totality
12 August 2019 8 th Follow-up	Craving for smoking: Mild Smoking 2 times a day, 2–3 puffs each time. Craving for alcohol: nil since a month.	<i>Lycopodium clavatum</i> 200C/Stat dose	Totality of symptoms

		phos.	nux-v.	puls.	sep.	sulph.	arg-n.	ars.	calc.	lach.	calc-s.	nat
		1	2	3	4	5	6	7	8	9	10	11
		6	6	6	6	6	5	5	5	5	5	5
		15	14	13	11	10	12	11	10	10	9	9
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▶ 1. MIND - ANXIETY - health; about	(117) 1	2	3	2	1	1	3	1	2	2	1	1
▶ 2. MOUTH - TASTE - sour	(190) 1	3	3	2	2	2	3	2	3	2	2	3
▶ 3. STOMACH - ERUCTATIONS; TYPE OF - sour	(210) 1	3	3	2	2	3	2	2	3	2	2	3
▶ 4. STOMACH - PAIN - cold - drinks - amel.	(10) 1	3		2			1				2	
▶ 5. STOMACH - PAIN - Epigastrium - burning	(50) 1	2	3		3	1		3	1	2		1
▶ 6. GENERALS - AIR; IN OPEN - amel.	(337) 1	2	1	3	2	2	3	3	1	2	2	1
▶ 7. GENERALS - FOOD and DRINKS - stimulants - desire	(45) 1		1	2	1	1						

Figure 4: Case 2 - Re-repertorisation at third follow-up using the *Synthesis repertory* in the © RADAR software

This anxious feelings were proportional to the craving for cigarettes, and he felt better after smoking. The desire for cigarette smoking was uncontrollable in the morning and after every meal.

He also had severe itching in the groins with a burning sensation for the last two weeks. This complaint worsened when sweating, wearing tight clothing and was better by warmth, and after scratching the affected area. He experienced multiple episodes of dizziness over the last three days, which became worse whenever he got up from bed, from motion, in the morning and felt better after smoking and in the open air. There was palpitation for three weeks, which became worse usually at night when lying on the back and better after smoking. He also had sleep disturbance during this period.

Past history

Nothing specific was mentioned regarding past history.

Family history

His father had been diagnosed with hypertension and had been on medication for the past four years. He was also an occasional smoker since the patient’s childhood. His paternal grandfather passed away due to respiratory complications. Nothing was specific about the medical history at his maternal side.

Psychosocial history

The patient reported recent family disturbances that led to a history of suicide attempts and self-inflicted injuries. He had a history of exposure to heroin (intravenous injection and snorting/chasing) two years before presentation but had managed to quit with the help and support of rehabilitation treatment within one year.

Clinical findings

Upon mental status examination, anxious look, slight tremor in fingers, with moderate fidgety were observed. Otherwise, psychomotor activity was normal. The series of his thoughts could not be expressed properly during conversation, and the content of thoughts reflected helplessness and hopelessness, with slow perception, poor orientation and poor remote memory. His BMI was 25 kg/m²; temperature was 98.6°F; BP was 100/70 mm of Hg, and his pulse rate was 82 beats/min. The patient’s built was mesomorphic. His mood was low, along with anxiety. At the baseline, the MNWS-OR was

14 and MNWS-SR was 21. Upon inspection, there were dry, scaly and silvery-white patches of 2–3 cm diameter, on both sides of groins.

Therapeutic intervention

After detailed case-taking and examination, the symptoms were analysed and evaluated as per Hahnemannian guidelines.^[14] The following symptoms were considered for the totality of symptoms of the case and were repertorised using the *Synthesis repertory* in the RADAR software^[15] [Figure 5]: Ailments from anger, forgetfulness, suicidal disposition, vertigo in the morning, worse on rising, itching in the genital area and palpitations at night, worse on lying on the back.

The following remedies came up in repertorisation: *Lachesis mutus*: 7/12, *Aurum metallicum*: 6/15, *Pulsatilla nigricans*: 6/13, *Arsenicum album*: 6/12, *Calcarea carbonica*: 6/12, *Lycopodium clavatum*: 6/12, etc. *Arsenicum album* 200C was prescribed, based on the suicidal disposition, extreme anxiety, restlessness, vertigo and palpitations, that closely matched the remedy’s profile; twice a day for three days in globules (size 30).

The patient was advised to abstain from smoking, but in case of severe urge to smoke at least ten hourly gaps should be maintained between every smoking for the next two days and from the third day onwards, the duration of abstinence between two consecutive smoking might be increased. Advice had been given to increase fluid and nutritious food intake as well.

Follow up and Outcomes

Nine follow-ups were recorded. *Arsenicum album* 200C was prescribed on the first and second visits [Table 3]. On the eighth visit, considering the new totality of the symptoms, i.e., headache with throbbing sensation which was aggravated by noise, light and ameliorated by motion, slow walking; nausea and vertigo, in the morning which was aggravated when rising; violent palpitation which was aggravated at night, lying on back, changing posture and restlessness with craving for cigarettes; *Tabacum* 200C [Figure 6] was prescribed twice a day for five days in globules (size 30) and single dose of *Tabacum* 200C was repeated on the tenth visit. No medicine was prescribed for the rest of the visits. The onset of withdrawal symptoms was within 1–2 hours of cessation of smoking. The MNWS-IIS was 17, which implied a marked improvement. At

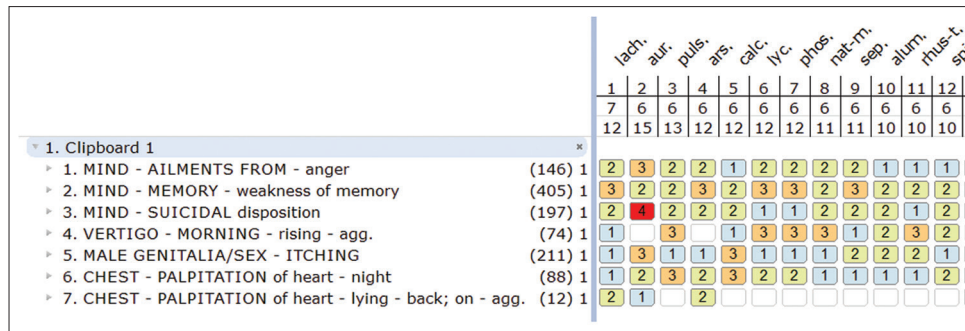


Figure 5: Case 3 - Repertorisation at initial visit using the Synthesis repertory in the © RADAR software

Table 3: A brief summary of follow-up of Case 3

Date	Clinical presentation	Prescription	Justification/Basis of prescription
06 September 2019 1 st Consultation	Patient’s symptoms repertorised	<i>Arsenicum album</i> 200C, BD×3 days	Totality of symptoms and repertorisation
25 October 2019 8 th Follow-up	Headache with throbbing sensation since 5 days; < noise, light, > motion, slow walking. Nausea and vertigo, in the morning since 3 days<when rising. Violent palpitation since 10 days; < night, lying on back, changing posture. Restlessness, and craving for cigarettes had increased markedly (3–4 cigarettes a day, but not exposed to any other addictive substance) Itching in groins much improved, skin appeared healthy with no scales.	<i>Tabacum</i> 200C, BD×5 days	Acute totality
15 November 2019 10 th Follow-up	Restlessness and craving for cigarettes reduced. Craving for other substances was also noted less as informed by the patient.	<i>Tabacum</i> 200C/Stat dose	Totality of symptoms

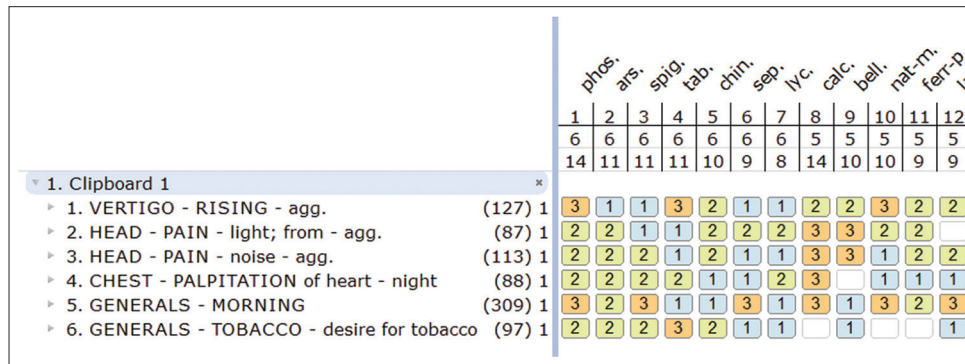


Figure 6: Case 3 - Re-repertorisation at seventh follow-up using the Synthesis repertory in the © RADAR software

the last visit, mild withdrawal symptoms severity remained as per MNWS-OR and MNWS-SR scores. At the last visit, the patient was improved subjectively, as well as based on the outcome assessment scale. He had abstained from smoking for the last six days since the last follow-up visit.

CASE 4

A 27-year-old male, a private sector employee, visited on 5th October 2019 with the complaint of dependence on cigarette and *beedi* smoking for seven years (8–10 cigarettes and 5 *beedis*/day). He reported extreme worry, nervousness, uneasiness and apprehension for the last three weeks. His

anxiety worsened in the morning, at night, and when staying alone, but improved after smoking. He experienced nausea from the odour of his sweat during physical exercises and yoga. His perspiration increased with movement and in warm rooms, but felt better in the open air and after smoking. He also reported mental restlessness with irritability, commonly worse at midnight, along with disturbed sleep, which enhanced his craving for smoking. He felt a sensation of tightness in the chest, which made him nervous, but he was relieved in the open air. A sudden cramping pain was felt in the lower back region (lumbosacral area), which became worse when lying on the back (supine position) and felt better with walking and pressing the affected part. He experienced multiple episodes

of dizziness, usually in the morning upon rising from bed after waking up, which worsened with motion and improved in the open air and after smoking. In general, there was a craving for smoking in the morning, after every meal and reduced during and after physical exercise.

Past history

He had a history of a left ear infection and took conventional treatment when he was six years old.

Family history

His mother was diabetic and took conventional treatment. His father was an alcoholic for more than seven years. His paternal grandfather was a chronic smoker and had died due to respiratory troubles.

Psychosocial history

Complaints were associated with worry and anxiety about his health, future and family, which felt better after smoking.

Clinical findings

There were disorganised thoughts, slow perception, poor memory and submissive behaviour observed during the mental status examination. The patient was cooperative in nature. His tone and volume of speech were low, with observed low mood.

His BMI was 22.4 kg/m², temperature was 97°F, BP was 110/70 mm of Hg and pulse rate was 88 beats/min. The patient was monomorphic. His appearance was anxious. At the baseline, the MNWS-OR was 12, and the MNWS-SR was 18.

Therapeutic intervention

After detailed case taking, general and systemic examination and analysis and evaluation of the case following Hahnemannian guidelines^[14] the totality of symptoms of the case was formulated and repertorised using the *Synthesis repertory* in the RADAR software^[15] [Figure 7]: Anxiety about health, nausea with perspiration, worse on movement, backache worse on lying, sleep disturbed due to anxiety, open-air ameliorates and motion aggravates.

The following remedies came up in repertorisation: *Nux vomica*: 7/13, *Pulsatilla nigricans*: 7/11, *Tabacum*: 7/9, *Arsenicum album*: 6/14, etc. *Tabacum* 200C was prescribed twice a day for five days in globules (size 30), based on the totality of symptoms: marked craving for tobacco, relief of anxiety and nausea after smoking, dizziness worse on rising and motion but better in open air and characteristic chest tightness—all strongly corresponding to the remedy's known sphere of action.

The patient was advised to abstain from smoking, but in case of severe urge to smoke a maximum of 2 cigarettes/*beedis* may be smoked for the next two days and from the third day onwards duration of abstinence between two consecutive smoking might be increased.

Follow up and Outcomes

Eleven follow-up visits had been recorded. *Tabacum* 200C was prescribed on 1st, 2nd, 9th, 10th and 12th visit [Table 4].

Considering the symptoms' totality, i.e., irritability with hypersensitivity to noise; heaviness in head and eyes with burning hot flushes on the face; constipated with ineffectual urging for stool; nausea in the morning and after meals; heaviness in abdomen, aggravated after a meal, increased sexual desire and easily excited, *Nux vomica* 30C [Figure 8] was prescribed thrice a day for three days in globules (size 30) on the sixth visit and seventh visit. Those symptoms began emerging gradually over the course of follow-ups. By the fifth visit, these symptoms were becoming more noticeable, but not yet fully established. A placebo was prescribed at that point to observe the natural progression of the case. By the sixth visit, the symptom totality had become clearer and more consistent and significant improvement was observed after the seventh visit. No medicine was prescribed for the rest of the visits. The onset of withdrawal symptoms was within 1–2 hours of cessation of smoking. The MNWS-IIS was 16, which denotes marked improvement.

In the last visit, mild withdrawal symptoms remained as per MNWS-OR and MNWS-SR scores. At the last visit, the patient had improved adequately by his subjective feelings as well as based on the outcome assessment scale. He abstained from smoking as observed in the last follow-up visit.

RESULTS

Ignatia amara, *Lycopodium clavatum*, *Arsenicum album* and *Tabacum* were prescribed in the four cases respectively on the first consultation. During treatment, other indicated medicines were prescribed for the new acute complaints. The changes in MNWS scores among all the cases are as follows: in Case 1, at the first visit, MNWS-SR was 41 and MNWS-OR was 10 which reduced to 20 and 07, respectively, and the MNWS-IIS was 21; reflecting marked improvement. In case 2, at the first visit, MNWS-SR was 27 and MNWS-OR was 09 which reduced to 11 and 03, respectively, and the MNWS-IIS was 16, reflecting marked improvement. In case 3, MNWS-SR reduced from 21 to 4, and MNWS-OR from 14 to 04 and the MNWS-IIS was 17, showing marked improvement. In case 4, MNWS-SR reduced from 18 to 2, and MNWS-OR from 12 to 0 and the MNWS-IIS was 16; again showing a clinically meaningful reduction [Table 5].

DISCUSSION

The patients reported here were residing at the rehabilitation centre under the complete supervision of the professionals round the clock. Most of these patients had a history of more severe substance dependence also, and in such cases, with the discretion of the treatment team, they were provided with a designated time, space, and carefully monitored, and limited supply of cigarettes/bidis during nicotine withdrawal phase, under supervision, since abrupt stoppage is not recommended in such cases. The security arrangements of the centre ensured that there was no other way that they could have access to any psychoactive substance during their stay. They were not on

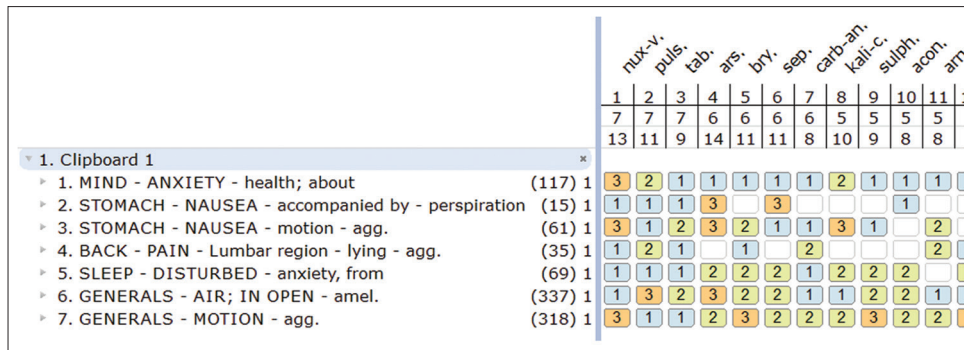


Figure 7: Case 4 - Repertorisation at initial visit using the *Synthesis repertory* in the © RADAR software

Table 4: A brief summary of follow-up of Case 4

Date	Clinical presentation	Prescription	Justification/Basis of prescription
05 October 2019 1 st Consultation	Patient's symptoms repertorised	<i>Tabacum</i> 200C, BD×5 days	Totality of symptoms and repertorisation
07 November 2019 5 th Follow-up	Irritability with hypersensitivity to noise. Heaviness in head and eyes with burning hot flushes on the face. Constipated with ineffectual urging for stool since a few days. Nausea in the morning and after meals. Heaviness in abdomen, <after a meal. Sexual desire increased, excited easily.	<i>Nux vomica</i> 200C, TDS×3 days the medicine in same dose was repeated in the next visit i.e., in 6 th Follow-up visiton 11 November 2019).	Acute totality
13 December 2019 11 th Follow-up	There was no craving for cigarettes or <i>beedi</i> .	<i>Tabacum</i> 200C/stat dose.	Totality of symptoms

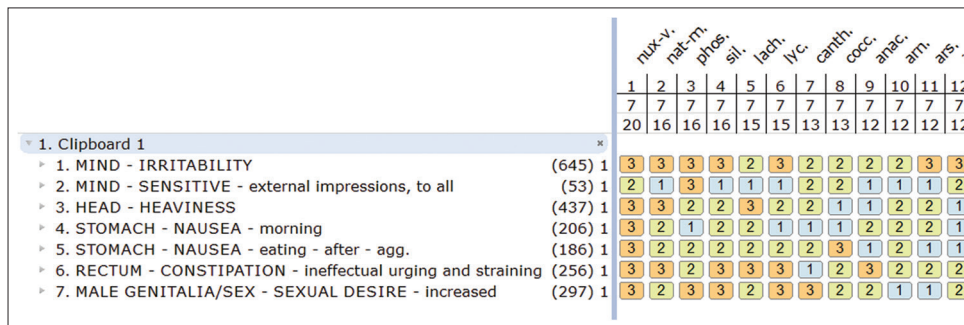


Figure 8: Case 4 - Re-repertorisation at fifth follow-up using the *Synthesis repertory* in the © RADAR software

NRT or any other treatment while taking Homoeopathy. Also, they were not under any regular psychological counseling sessions during the course of homoeopathic treatment, other than general advice about coping strategies to manage the symptoms of withdrawal whenever they felt the need to smoke, or try to increase the gaps between subsequent intakes. These coping strategies supplement the treatment in such cases and are not enough to bring about clinical improvement when used solely, due to the addictive nature of substances. The patients, and in some cases, their attendants also reported that while they tried to reduce nicotine intake, the troublesome symptoms prevented that, even the coping strategies did not help; while on starting Homoeopathy, they were better able to manage the symptoms and cravings. In this case series, two patients presented with marked severity of withdrawal symptoms, while

the other two had moderate severity at baseline. This variation in severity allowed for the assessment of treatment efficacy across different levels of nicotine withdrawal intensity. As per the diagnostic criteria, the common symptoms of withdrawal that were present in all the cases were: Increased craving for tobacco and sweets, dizziness, vertigo, gastric complaints (with burning sensation), sore throat, nausea and headache. All the cases showed marked improvement with homoeopathic treatment along with the advised diet and regimen. In Case 1, *Ignatia amara* resulted in the maximum score reduction as reflected in the MNWS-IIS score (21). *Tabacum* was prescribed in two cases: in Case 4 as the first prescription, and in Case 3 during the follow-up based on the indications and resulted in marked improvement in both cases. *Nux vomica* was prescribed for three cases during the follow-up as the indicated medicine.

Table 5: Changes in the cases in MNWS-SR, MNWS-OR and MNWS-IIS scores pre-post treatment

Scale	Domains	Baseline (B)/Post Treatment (PT)	Case 1 scores	Case 2 scores	Case 3 scores	Case 4 scores	
MNWS-SR status	Angry, irritable, frustrated	B	3	2	3	3	
		PT	2	1	0	0	
	Anxious, nervous	B	4	2	3	3	
		PT	1	1	0	0	
	Depressed mood, sad	B	3	1	3	1	
		PT	0	1	0	0	
	Difficulty concentrating	B	4	2	3	2	
		PT	2	1	1	0	
	Increased appetite, hungry, weight gain	B	1	0	0	2	
		PT	4	3	2	2	
	Insomnia, sleep problem awakening at night	B	1	2	1	3	
		PT	0	0	0	0	
	Restlessness	B	2	3	2	1	
		PT	2	1	0	0	
	Craving to smoke	B	4	3	3	3	
		PT	2	1	1	0	
	Constipation	B	0	0	0	0	
		PT	0	0	0	0	
	Coughing	B	2	0	0	0	
		PT	0	0	0	0	
	Decreased pleasure from events	B	3	3	0	0	
		PT	2	0	0	0	
	Dizziness	B	4	1	2	0	
		PT	0	0	0	0	
	Drowsy	B	4	2	1	0	
		PT	2	0	0	0	
	Impatient	B	2	3	0	0	
PT		3	2	0	0		
Impulsive	B	4	3	0	0		
	PT	0	0	0	0		
Total Score	B	41	27	21	18		
	PT	20	11	4	2		
MNWS-OR status	Angry/Irritable/Frustrated	B	3	1	4	3	
		PT	2	0	1	0	
	Anxious/Tense	B	3	3	3	4	
		PT	2	1	1	0	
	Depressed	B	2	2	4	3	
		PT	1	1	1	0	
	Restlessness/Impatient	B	2	3	3	2	
		PT	2	1	1	0	
	Total score	B	10	9	14	12	
		PT	7	3	4	0	
	MNWS-IIS	(MNWS-SR Baseline) - (MNWS-SR Post treatment)		21 (Marked improvement)	16 (Marked improvement)	17 (Marked improvement)	16 (Marked improvement)

MNWS-SR: Minnesota Nicotine Withdrawal Scale–Self-Report, MNWS-OR: Minnesota Nicotine Withdrawal Scale–Observer Rating, MNWS-IIS: Minnesota Nicotine Withdrawal Scale–Improvement Index Score

A previous study evaluating the effectiveness of a homoeopathic complex medicine (*Caladium seguinum* 30C, *Nux vomica* 30C, *Staphysagria delphinium* 30C) in treating nicotine withdrawal syndrome reported a statistically significant reduction in cigarette consumption.^[16] In addition, a notable proportion of patients indicated that it helped them quit or reduce smoking.

The study also showed significant improvements in six out of nine questions of the Tolerance Dependence Questionnaire among those receiving the homoeopathic treatment, further supporting its potential in managing nicotine dependence. A comparative follow-up study conducted in Kerala on 279 patients investigated the efficacy of homoeopathic and

Table 6: Modified Naranjo Criteria for Homeopathy (MONARCH) Scores

Modified Naranjo algorithm	Yes	No	Not sure	Case 1	Case 2	Case 3	Case 4
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2	+2	+2	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0	+1	+1	+1	+1
3. Was there a homeopathic aggravation of symptoms?	+1	0	0	0	0	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1	0	0	+1	+1	+1	+1
5. Did overall well-being improve? (used Eq-5D-5L)	+1	0	0	+1	+1	+1	+1
6 (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0	0	0	0
6 (B) <i>Direction of cure</i> : did at least one of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1	0	0	0	0	0	0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	+1	+1	+1	+1
8. Are there alternative causes (i.e., other than the medicine) that –with a high probability– could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0	+1	+1	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2	0	0	+2	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0	0	0	0
Total				+9	+9	+9	+8

biochemic medicines in eliminating tobacco addiction. Notably, *Staphysagria* was administered to 84 individuals, *Calcarea phosphorica* to 72, *Nux vomica* to 47, *Natrum muriaticum* to 20 and *Lachesis* to 13, resulting in a 62.18% improvement rate in two weeks.^[9]

In the homoeopathic literature, nicotine withdrawal reaction refers to an avoidable noxious influence, or as a false or pseudo-chronic disease, which people bring upon themselves, known as maintaining cause (§77).^[14] Increased irritability is also observable in healthy bodies even from a moderate or experimental dose of nicotine (§113).^[14] Dr. Cyrus Maxwell Boger mentioned *Tabacum* as a good medicine for treating palpitations (trembling palpitation) with vertigo due to tobacco abuse, which gets worse in the morning on opening the eyes, and for throbbing headache;^[17] which was observed in this study in the seventh follow-up visit of Cases 3 and 4, during the course of the treatment. Dr William Boericke mentioned that *Caladium seguinum* is a competent medicine to modify the craving for tobacco where there is headache; worse after smoking. He also recommended *Ignatia amara* for congestive headache after anger, which get worse after smoking.^[18] According to Dr Henry Clay Allen, *Ignatia amara* cannot bear tobacco smoking or being exposed to tobacco smoke, which causes or aggravates headache.^[19] In Case 1 reported here, *Ignatia amara* helped to reduce severe headaches with withdrawal symptoms. Further, *Lycopodium clavatum* and *Arsenicum album* are indicated for the ailments from the bad effects of tobacco smoking and chewing.^[19] Case 2 was treated

by *Lycopodium clavatum* and Case 3 with *Arsenicum album* as well. As per Allen’s Keynotes, *Nux Vomica* is also a useful medicine for the bad effects of coffee, tobacco and alcoholic stimulants. With cigarette smoking, there are associated gastric complaints such as constant nausea after eating in the morning, and feeling as if better by vomiting;^[19] this situation was observed in cases 1, 2 and 4 during the course of treatment. Dr H.C. Allen also said that potentised *Tabacum* (200C or 1000C) is able to relieve terrible craving for smoking in discontinuing/withdrawal phase^[19] and the medicine was prescribed and shown its usefulness in two patients (Cases 3 and 4) in this study.

The old addictions and history of infrequent exposure to other substances became more pronounced during nicotine withdrawal, like craving for marijuana in Case 1, for alcohol in Case 2 and heroin in Case 3, but disappeared completely after a few follow-ups. This increased sensitivity to past addictive behaviours may have contributed to the intensity of withdrawal symptoms, highlighting the complex interplay between nicotine dependence and other substance use histories during the cessation process. For the diagnostic complexity in cases involving multiple substance use, we used several strategies to differentiate the effects of individual substances. We evaluated the temporal relationship between substance use and the onset or resolution of symptoms. When symptoms emerged in close proximity to nicotine cessation and aligned with the known time course of nicotine withdrawal, they were more likely attributable to nicotine. Further, we applied the

DSM criteria in the context of nicotine use, even when other substances were present. This helped to ensure the accuracy of attribution to nicotine despite the presence of co-occurring substance use.

The causal attribution was ascertained in these cases through the Modified Naranjo Criteria for Homeopathy (MONARCH).^[20] The MONARCH inventory scores were 9, 9, 9 and 8, respectively, for the four patients, suggesting a likely causal attribution between the prescribed homoeopathic medicines and the outcome [Table 6]. Hence, the Nicotine withdrawal phase along with Nicotine dependence has been managed by indicated homoeopathic medicines in these cases. The caregivers who were initially apprehensive about homoeopathic treatment for managing the withdrawals were subsequently satisfied with the treatment outcomes.

From this case series, it is observed that Homoeopathy plays a positive role in treating the clinical manifestations of nicotine dependence and withdrawal. In addition, it shows a potential in alleviating substance dependence, with particular emphasis on nicotine. However, future studies with rigorous study designs should be taken up with a longer follow-up for establishing the efficacy of homoeopathic treatment for such cases. Furthermore, conducting research in a dedicated nicotine withdrawal management setting provides more controlled conditions and helps strengthen the evidence supporting the efficacy of homoeopathic treatments in nicotine dependence management.

CONCLUSION

In these cases, the perceptible signs and symptoms of the internal imbalance from the nicotine withdrawal reaction constitute the symptom totality, which has been managed successfully with Homoeopathy. These findings suggest that homoeopathic treatment could offer a viable alternative or complement to conventional approaches in managing nicotine withdrawal and dependence. To validate these results, further studies with a larger sample size, longer study duration and a well-developed study design are recommended.

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Declaration of patient consent

Written consent was taken from the patients for using their anonymised clinical data for research publication.

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Conflicts of interest

None declared.

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Réponse thérapeutique des médicaments homéopathiques dans la prise en charge de la dépendance et du sevrage nicotinique : une série de cas

Introduction: À l'arrêt ou à la diminution de leur consommation de nicotine, les personnes dépendantes à la nicotine, souvent des fumeurs, peuvent ressentir des symptômes de sevrage tels qu'irritabilité, frustration, anxiété, dépression, difficultés de concentration, agitation et insomnie. Ces symptômes peuvent avoir un impact significatif sur leur qualité de vie, affectant leur santé physique, leur état psychologique, leurs relations sociales, leurs croyances personnelles et leurs activités quotidiennes. Le traitement conventionnel le plus couramment recommandé pour le sevrage nicotinique est le traitement de substitution nicotinique (TSN), qui vise à réduire les envies et à soulager les symptômes. Cependant, le TSN peut créer une dépendance et a été associé à divers effets indésirables.

Résumé des cas: Nous rapportons quatre cas de dépendance à la nicotine traités uniquement par des interventions homéopathiques pour les symptômes de sevrage. À l'inclusion, deux des cas présentaient des symptômes de sevrage nicotinique d'intensité marquée, tandis que les deux autres présentaient une intensité modérée, évaluée par l'échelle de sevrage nicotinique du Minnesota (auto-évaluation/évaluation par l'observateur). Le traitement homéopathique individualisé a donné des résultats positifs, avec une amélioration clinique notable et l'absence d'effets indésirables. Pour la phase initiale de gestion du sevrage, les médicaments homéopathiques *Ignatia amara*, *Lycopodium clavatum*, *Arsenicum album* et *Tabacum* ont été prescrits en fonction des symptômes des patients. Les résultats du traitement ont été évalués à l'aide de l'échelle de sevrage nicotinique du Minnesota (Minnesota Nicotine Withdrawal Scale-Improvement Index Score). L'attribution causale a été évaluée selon les critères de Naranjo modifiés pour l'homéopathie (MONARCH). Afin de valider davantage l'utilité du traitement homéopathique dans de tels cas, des essais cliniques rigoureux et bien conçus sont nécessaires.

Therapeutisches Ansprechen homöopathischer Arzneimittel bei Nikotinabhängigkeit und -entzug: Eine Fallserie

Einleitung: Bei Beendigung oder Reduzierung des Nikotinkonsums können bei nikotinabhängigen Personen, häufig Rauchern, Entzugserscheinungen wie Reizbarkeit, Frustration, Angstzuständen, Depressionen, Konzentrationsschwierigkeiten, Unruhe und Schlaflosigkeit auftreten. Diese Symptome können die Lebensqualität erheblich beeinträchtigen und sich auf die körperliche Gesundheit, den psychischen Zustand, soziale Beziehungen, persönliche Überzeugungen und Alltagsaktivitäten auswirken. Die am häufigsten empfohlene konventionelle Behandlung bei Nikotinentzug ist die Nikotinersatztherapie (NRT), die das Verlangen nach Nikotin reduzieren und die Symptome lindern soll. NRT kann jedoch gewohnheitsbildend sein und wird mit einer Vielzahl von Nebenwirkungen in Verbindung gebracht.

Fallübersicht: Wir berichten über vier Fälle von Nikotinabhängigkeit, die ausschließlich mit homöopathischen Interventionen gegen Entzugserscheinungen behandelt wurden. Zu Beginn wiesen zwei der Fälle eine ausgesprochen schwere Nikotinentzugssymptome auf, während die anderen beiden eine mäßige Schwere aufwiesen (Bewertung mithilfe der Minnesota Nicotine Withdrawal Scale – Selbstbericht/Beobachterbewertung). Die individualisierte homöopathische Behandlung führte zu positiven Ergebnissen mit deutlicher klinischer Verbesserung und ohne Nebenwirkungen. Für die erste Phase des Entzugsmanagements wurden die homöopathischen Arzneimittel *Ignatia amara*, *Lycopodium clavatum*, *Arsenicum album* und *Tabacum* je nach den Symptomen der Patienten verschrieben. Die Behandlungsergebnisse wurden mithilfe des Minnesota Nicotine Withdrawal Scale – Improvement Index Score bewertet. Die Ursachenzuordnung wurde anhand der modifizierten Naranjo-Kriterien für Homöopathie (MONARCH) bewertet. Um den Nutzen der homöopathischen Behandlung in solchen Fällen weiter zu bestätigen, sind gut konzipierte, strenge klinische Studien erforderlich.

निकोटीन निर्भरता और निवृत्ति लक्षणों के प्रबंधन में होम्योपैथिक दवाओं की चिकित्सीय प्रतिक्रिया: एक केस सीरीज़

परिचय: निकोटीन का उपयोग बंद करने या कम करने पर, निकोटीन पर निर्भर व्यक्ति, अक्सर धूम्रपान करने वाले, चिड़चिड़ापन, हताशा, चिंता, अवसाद, ध्यान केंद्रित करने में कठिनाई, बेचैनी और अनिद्रा जैसे के निवृत्ति लक्षणों का अनुभव कर सकते हैं। ये लक्षण उनके जीवन की गुणवत्ता, शारीरिक स्वास्थ्य, मनोवैज्ञानिक स्थिति, सामाजिक संबंधों, व्यक्तिगत विश्वासों और दैनिक गतिविधियों को महत्वपूर्ण रूप से प्रभावित कर सकते हैं। निकोटीन निवृत्ति के लिए सबसे आमतौर पर अनुशंसित पारंपरिक उपचार निकोटीन प्रतिस्थापन चिकित्सा (एनआरटी) है, जिसका उद्देश्य लालसा को कम करना और लक्षणों को कम करना है। हालांकि, एनआरटी आदत प्रवृत्ति रखता है और कई तरह के प्रतिकूल प्रभावों से जुड़ा हुआ है।

केस सारांश: हम ऐसे चार केस प्रस्तुत करते हैं, जिनमें निकोटीन निर्भरता और निवृत्ति के लक्षणों का प्रबंधन पूर्णतः होम्योपैथिक उपचार से किया गया। आधार रेखा पर, दो मामलों में निकोटीन निकासी के लक्षणों की स्पष्ट रूप से गंभीर व्यवहारिक रेटिंग प्रदर्शित हुई, जबकि अन्य दो में मध्यम गंभीरता का प्रदर्शन हुआ, जैसा कि मिनेसोटा निकोटीन निकासी स्केल - सेल्फ - रिपोर्ट / ऑब्ज़र्वर - रेटिंग द्वारा मूल्यांकन किया गया। व्यक्तिगत होम्योपैथिक उपचार के परिणामस्वरूप उल्लेखनीय नैदानिक सुधार और कोई प्रतिकूल प्रभाव नहीं हुआ। निवृत्ति प्रबंधन के प्रारंभिक चरण के लिए, रोगियों के लक्षणों के आधार पर होम्योपैथिक दवाएं *इगनीशिया अमारा*, *लाइकोपोडियम क्लैवाटम*, *आर्सेनिकम एल्बम* और *टैबाकम* निर्धारित की गईं। मिनेसोटा निकोटीन निकासी स्केल- सुधार सूचकांक स्कोर का उपयोग करके उपचार के परिणामों का मूल्यांकन किया गया। होम्योपैथी के लिए संशोधित नारंजो मानदंड (MONARCH) का उपयोग करके कारण आरोपण का मूल्यांकन किया गया। ऐसी स्थितियों में होम्योपैथिक उपचार की प्रभावकारिता को और पुष्ट करने हेतु सुव्यवस्थित एवं कठोर नैदानिक परीक्षण की आवश्यकता है।

Respuesta terapéutica de los medicamentos homeopáticos en el manejo de la dependencia y abstinencia a la nicotina: Una serie de casos

Introducción: Al suspender o disminuir el consumo de nicotina, las personas con dependencia a la nicotina, a menudo fumadores, pueden experimentar síntomas de abstinencia como irritabilidad, frustración, ansiedad, depresión, dificultad para concentrarse, inquietud e insomnio. Estos síntomas pueden afectar significativamente su calidad de vida, afectando la salud física, el estado psicológico, las relaciones sociales, las creencias personales y las actividades cotidianas. El tratamiento convencional más comúnmente recomendado para la abstinencia a la nicotina es la terapia de reemplazo de nicotina (TRN), cuyo objetivo es reducir las ansias y aliviar los síntomas. Sin embargo, la TRN puede crear hábito y se ha asociado con diversos efectos adversos.

Resumen de casos: Se presentan cuatro casos de dependencia a la nicotina tratados únicamente con intervenciones homeopáticas para los síntomas de abstinencia. Al inicio, dos de los casos exhibieron una calificación conductual marcadamente severa de los síntomas de abstinencia de nicotina, mientras que los otros dos demostraron una severidad moderada, según lo evaluado por la Escala de Abstinencia de Nicotina de Minnesota - Auto - Informe / Observador - calificación. El tratamiento homeopático individualizado resultó en resultados positivos con una mejoría clínica notable y sin efectos adversos. Para la fase inicial del manejo de la abstinencia, se prescribieron los medicamentos homeopáticos *Ignatia amara*, *Lycopodium clavatum*, *Arsenicum album* y *Tabacum* según los síntomas de los pacientes. Los resultados del tratamiento se evaluaron utilizando la Puntuación del Índice de Mejoría de la Escala de Abstinencia de Nicotina de Minnesota. La atribución causal se evaluó utilizando los Criterios de Naranjo Modificados para la Homeopatía (MONARCH). Para validar aún más la utilidad del tratamiento homeopático en tales casos, se justifican ensayos clínicos rigurosos y bien diseñados.

顺势疗法药物在尼古丁依赖和戒断治疗中的疗效：病例系列

引言: 尼古丁依赖者（通常是吸烟者）在停止或减少尼古丁使用后，可能会出现戒断症状，例如烦躁、沮丧、焦虑、抑郁、注意力不集中、烦躁不安和失眠。这些症状会严重影响他们的生活质量，影响身体健康、心理状态、社会关系、个人信仰和日常活动。最常用的尼古丁戒断常规治疗方法是尼古丁替代疗法 (NRT)，旨在减少烟瘾并缓解症状。然而，NRT 可能会形成成瘾，并伴有多种不良反应。

病例摘要: 我们报告了四例仅通过顺势疗法干预治疗戒断症状的尼古丁依赖病例。在基线时，其中两例表现出非常严重的尼古丁戒断症状行为评级，而另外两例则表现出中度严重程度，通过明尼苏达尼古丁戒断量表 - 自我报告/观察者评级进行评估。个性化顺势疗法治疗产生了积极的结果，显著的临床改善且没有不良反应。在戒断管理的初始阶段，根据患者的症状开了顺势疗法药物 *Ignatia amara*, *Lycopodium clavatum*, *Arsenicum album* 和 *Tabacum*。使用明尼苏达尼古丁戒断量表-改善指数评分来评估治疗结果。使用改良的顺势疗法纳尔霍标准 (MONARCH) 来评估因果归因。为了进一步验证顺势疗法在这些病例中的效用，有必要进行精心设计、严格的临床试验。