

A PROBE IN DEVELOPING URGE FOR DRUG AVERSION IN OPIOID ADDICTS BY USING HOMOEOPATHIC OPIUM ALKALOIDS PREPARATION—A Hypothesis

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Introduction

Opium alkaloids and synthetics are being abused by self-chosed regular use leading towards addiction and dependency. *The Diagnostic and Statistical Manual of Mental Disorders* much used by international psychiatrist group indicates certain diagnostic criteria for opioid abuse, viz., (i) inability to reduce or stop use, (ii) intoxication throughout the day, (iii) use of the substance nearly every day or at least a week, and (iv) overdose intoxication ends in marked impairment in respiration and consciousness along with social and occupational inefficiencies.

It has been observed that opioid substances are selected for abuse by those persons whose physiological constitutions are highly sensitive to the 'drugs of choice' or are tolerant. Obviously, the more he continues to abuse the more his systemic tolerance increases. As a result, in the fairly good run, he increases quantity and frequency of abusing to enjoy euphoria or a desired mood at the cost of every other thing in reality.

Neurophysiological research literature proposes that synthetic opioid substances (like morphine, heroin) disturb homeostasis, numb the free nerve-endings, and depress the normal tone of both central and autonomous nervous systems affecting the vital functions. The said intervention of normal systemic functions take place through diffuse thalamocortical projection system in brain, and in-and-around hypothalamus (involving hypophysis). Both morphine and

heroin are deacetylated and metabolised in human system in alike manner, while the latter with greater potency and easier passage through blood-brain barrier.

Since last two decades all countries in the world have taken serious steps to stop illegal trafficking of heroin and to develop mass awareness in avoiding heroin abuse because of its dragonic embrace. Mere enactment and legal vigilance seem to be insufficient until strong public aversion is developed against the drug and unless medical science can suggest a remedy to efface the urge from those who have developed addiction through abuse.

Problems For Giving-up Heroin Habit

- (i) Though opioid dependence does not require antecedent abuse and is synonymous with "physical dependence", yet Calcutta study revealed that almost all heroin addicts had antecedent abuse and cross-tolerant system.
- (ii) Great majority of them had not only switched on to this new habit (for certain advantages) not more than two years with a few vain attempt to give up the habit (because of high cost and problems to get supply).
- (iii) Quite a good percentage are happy with small dose at a time (twice a week) because high dose or frequency (thrice a week) causes systemic upset (distressful).
- (iv) In case of non-availability and in order to control 'withdrawal effect' any other kind of opioid substance is helpful.
- (v) Under controlled condition and conditioned abstinence, one can go on without heroin but the moment he meets his old pals and visits old dens

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or inhales the smoke (in free life) he starts developing an intense urge and finally starts taking the drug.

- (vi) After Abram Wikler's reflex, the first few doses of the drug, accompanied by the development of dependency, the incipient symptoms of the abstinence syndrome generate a homeostatic need for the drug. The patient is aware of tension or discomfort, then seeks and obtains relief in the continued use of opioids.
- (vii) It may be assumed here also that the endogenous endorphins (opioid substances produced inside the body by pituitary gland and hypothalamus), through a feedback, may generate a homeostatic need for the drug and compels the person to resort to the drug.
- (viii) In advanced countries "Methadone maintenance is held to be the only realistic mass-treatment modality for the hundreds of thousands of heroin addicts" (Kaplan & Sadlock, 1986). But the use of same needle by the victim, the same question of methadone dependency remains open. Nobody can guess yet its bad effect.
- (ix) Findings with administration of various opioid antagonists substances have revealed several contra-indications which made their usefulness questionable. Moreover, self-administration of antagonists is commonly discontinued.

Current Need for Saving a Heroin Addict

A few of these addicts give-up habits spontaneously, because some develop preference for a change, because at the initial stage abstinence is possible till further homeostatic need is generated, and because "once an addict achieves a stable remission, the remission may be indefinitely maintained" the hope to save the growing addict populations is not ruled out.

And the said hope can be fulfilled if an autogenic antagonist substance be developed in the addict's own body which nurtures a spontaneous aversion towards the drug—just as a susceptible person avoids taking allergic food or drink with great care and effort.

There lies a good scope for Homoeopathic remedies to fulfil that need by proving its supremacy over other medicines now in vogue.

Scientific Rationale in Favour of Homoeopathic Remedies

Homoeopathic medical science believes that the fundamental cure, to the extent possible, is effected by the body itself. It also pays equal attention to both physical and mental symptoms—the distress of man as

a whole. It depends always on proven remedies whose efficacy have been verified several times on man (not on animals). It has substantiated that if a drug could be dynamised then it would become a remedy for the symptoms it might have generated in its pure form. Further, it has proved that potentization reduces the adverse effects of a drug and brings out its inherent healing powers in direct proportion to its dilution; and what was insoluble in crude form becomes soluble in both water and alcohol. It has proved that alcohol for medicinal purpose can be used constructively as the Ayurved specialists in ancient India proved that potentised venom and dangerous drugs (like datura, opium etc.) could be used as effective antidote to save human life. In homoeopathic approach, maladies which have a common name may require different remedies when the symptoms are different.

Here, no two drugs are alike in nature. So, ultimately for an individual addict the possibility to get a single remedy remains open. A 'ragged philosopher with cannabis addiction' may be treated and cured by Sulphur miraculously—no wonder in it. Similarly, after studying the physical and mental peculiarities of any individual addict, and also his trouble in "withdrawal symptoms", he may be treated with homoeopathic antidotes for detoxification first. Then he may be processed through counselling under expert psychologist for developing cognitive maturity and skill for protecting self and learning to struggle in favour of a hopeful life. Simultaneously, he may be treated with potentised opioid substance with which he had addiction for a good span, by sequential administration, till his body becomes a carrier of auto-antagonists and expresses strong aversion towards the drug—in lieu of resorting to the drug of his past choice. A cured man is expected to move freely with ability to take self-care and self-confidence to resist urge for abuse. Legal steps may be a remedy to drug traffickers but in no way can be a remedy to sickness through drug abuse. There cannot be any mass-treatment procedure for the patients of abuse, it must follow individualised treatment plan. Here lies the scope of Homoeopathic treatment approach to prove its supremacy to serve a great cause for national health.

A research project proposed is under consideration to verify the above hypothesis to reconcile the victims of drug addiction by homoeopathic remedies.

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