

Homeopathy in crack-cocaine craving: randomized, placebo controlled, double-blind study (COCACRACK study)

Homeopatia na fissura por cocaína-*crack*: estudo randomizado, duplo-cego e placebo controlado (Estudo COCACRACK)

UBIRATAN CARDINALLI ADLER¹, ILMA BARRETO GARCIA SARAIVA², MARIA FLORA DE ALMEIDA³, MARTA JEZIEFSKI⁴, AMARILYS DE TOLEDO CESAR⁵, EDSON ZANGIACOMI MARTINEZ⁶, JOSÉ CARLOS FERNANDES GALDURÓZ⁷

¹ Centro de Atenção Psicossocial (CAPS II), São Carlos, SP.

² Centro de Atendimento à Pessoa Deficiente (CAPD), Guarulhos, SP.

³ Centro de Referência de Álcool, Tabaco e Outras Drogas (CRATOD), São Paulo, SP.

⁴ Centro Brasileiro de Informações sobre Drogas (CEBRID), São Paulo, SP.

⁵ Farmácia Homeopática HN-Cristiano, São Paulo, SP.

⁶ Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo (FMRP/USP), Ribeirão Preto, SP.

⁷ Universidade Federal de São Paulo (Unifesp), São Paulo, SP.

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Dear Editor

Current therapeutical options for cocaine craving are still limited, favoring the seek for solutions in Complementary and Alternative Medicine (CAM). Homeopathy is a CAM modality recognized as a medical specialty in Brazil. Homeopathic medicines are produced through sequentially agitated dilutions in decimal (D), centesimal (C) or fifty-millesimal (Quinquagintamillesimal, Q or LM) potencies¹. The efficacy or effectiveness of homeopathic remedies for cocaine dependency has not yet been investigated. We conducted an exploratory randomized, placebo controlled, double-blind 4-week clinical trial aiming at assessing the efficacy and tolerability of the homeopathic medicines *Opium* and *Erythroxyllum coca* in the complementary treatment of cocaine craving. The study was carried out in São Paulo, in the so called “cracolândia” area, at the Centro de Referência de Álcool, Tabaco e Outras Drogas (CRATOD), with the approval of the Ethics Committee of Universidade Federal de São Paulo (Unifesp). Trial Registration: RBR-67zvt5 (Brazilian Clinical Trials Registry). **Patients:** Between January and November 2012, 42 patients with a diagnosis of cocaine dependency according to DSM-IV TR criteria were included. The study was interrupted due to low adherence. The majority of participants were unemployed (88%), living in shelters or on the streets of São Paulo downtown area. **Interventions:** In the

homeopathy group patients were treated at CRATOD with conventional treatment and *Opium* 2 LM, 1 daily sucrose globule melted on the tongue, during the first two weeks, and *Erythroxyllum coca* 2 LM, same dosage, in the following two weeks. **Comparison:** In the placebo group patients received conventional treatment and 1 sucrose globule a day for the four weeks. During the period of the study, conventional treatment at CRATOD included therapeutic and income generation workshops; motivational groups; group and individual psychotherapies; medical treatment of substance dependency and of clinical/psychiatric comorbidities. **Results:** Out of the 42 included patients, only 23 (54.8%) returned at least once and were considered for statistical analysis. Twelve patients (52%) were randomized to group 1 (homeopathy) and 11 (48%) to group 2 (placebo). No significant between-group differences were found regarding efficacy (Minnesota Cocaine Craving Scale²) or side effects (Scandinavian Society of Psychopharmacology Side Effect Rating Scale³). Within the homeopathy group, analysis suggests a reduction in the frequency of longer craving episodes and an increased sensation that the medicine contributed to the reduction of craving (final results compared to baseline – Table 1). Larger samples of patients with higher adherence are necessary to evaluate these differences, not observed in the placebo group.

Table 1. Percentage of patients reporting craving episodes > 20 minutes and the sensation that the medicine has contributed to the reduction of craving

% reporting craving episodes > 20 minutes					
Groups	Week 0	Week 1	Week 2	Week 3	Week 4
Homeopathy – mean (95% CI)	79.8 (64.3; 92.9)	16.3 (3.4; 33.0)*	35.1 (16.3; 59.3)*	37.2 (11.4; 65.6)*	35.6 (12.0; 58.7)*
Placebo – mean (95% CI)	53.6 (37.6; 70.3)	31.0 (16.1; 48.9)	61.0 (34.6; 84.5)	35.4 (14.7; 57.1)	41.1 (22.1; 61.2)
Ratio (95% CI)	1.5 (1.1; 2.2)*	0.5 (0.1; 1.4)	0.6 (0.2; 1.2)	1.2 (0.2; 2.9)	0.9 (0.2; 1.9)
% reporting the sensation that the medicine has contributed to the reduction of craving					
Homeopathy – mean (95% CI)	-	24.5 (5.0; 51.9)	65.9 (66.6; 89.2)*	91.7 (64.0; 99.9)*	67.4 (33.3; 93.0)*
Placebo – mean (95% CI)	-	55.0 (2.7; 81.2)	68.9 (34.5; 93.3)	72.3 (41.0; 94.1)	74.3 (45.0; 95.0)
Ratio (95% CI)	-	0.4 (0.1; 1.2)	1.0 (0.5; 2.0)	1.3 (0.8; 2.3)	0.9 (0.4; 1.7)

* Statistically different from basal week.

References

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