

# Bad habits

Homeopathic medicines may help, writes *Keith Souter*

**“The chains of habit are generally too small to be felt until they are too strong to be broken” – Samuel Johnson**

**D**r Samuel Johnson (1709 to 1784) is one of the towering figures of English literature. Grub Street journalist, poet, novelist, moralist and lexicographer, he published his greatest work, *A Dictionary of the English Language* in 1759. He has been described as “arguably the most distinguished man of letters in English history”.

Thanks to his biographer James Boswell, we have a wonderful picture of this larger than life figure. He was witty, gregarious, yet subject to depression and numerous injurious habits. He was also subject to many involuntary mannerisms and prone to fidget and make nervous noises. He himself was aware of them, but quite incapable of stopping them.

Boswell described his many tics and twitches:

*“While talking or even musing as he sat in his chair, he commonly held his head to one side towards his right shoulder, and shook it in a tremulous manner, and shook it in a tremulous manner, moving his body backwards and forwards, and rubbing his left knee in the same direction, with the palm of his hand. In the intervals of articulating he made various sounds with his mouth; sometimes giving a half whistle, sometimes making his tongue play backwards from the roof of his mouth, as if clucking like a hen, and sometimes protruding it against his upper gums in front, as if pronouncing quickly under his breath, ‘Too, too, too’. All this accompanied sometimes with a thoughtful look, but more frequently with a smile. Generally when he had concluded a period, in the course of a dispute, by which time he was a good deal exhausted by violence and vociferation, he used to blow out his breath like a whale.”*

Johnson was also said to “perform his gesticulations” upon entering a room or a building. A small girl once asked him why he made these strange noises and movements, to which he replied that they were just “a bad habit”.

Medical historians are now quite convinced that he was, in fact, a sufferer from Tourette’s syndrome. This was, of course, unknown in Johnson’s day. It is likely that he was much distressed by it, for he declared that he was of a most melancholic nature. And in “performing his gesticulations” before entering a room it is likely that he was trying to control these tics and “get them out of the way” before he had to see and talk to people.

The full name for this condition is Gilles de la Tourette’s syndrome, after the doctor who first described it in 1825. It is characterised by making movements and sounds that you cannot control. And it is often also accompanied by various emotions, such as anxiety, depression and by the development of obsessive compulsive behaviour and various habits.

Nowadays it is estimated that as many as one in 200 people can be affected. There are various orthodox medicines that can help, as can behavioural therapy and homeopathy.

## Habits

All habits are a form of learned behaviour. We talk about some being good, in that they serve some useful purpose. For example, brushing your teeth after a meal, putting on your safety belt as soon as you get in the car are both good habits to get into. On the other hand we talk about bad habits when they are aesthetically unpleasant, hazardous to health or liable to lead to other problems.

Many habits start off fairly simply and seem quite innocuous. Parents of a thumb-sucking baby may initially regard the habit as a friend, in that it stops the baby crying, acts as a comfort and may even allow them some extra sleep. When it persists into late childhood or even into the teens, it can be another matter. Trying to get the youngster to stop can cause all sorts of problems and tensions.

Habits can be a sort of coping mech-

anism. From the child who sucks his thumb for comfort, to the adult smoking his or her cigarette on the pavement outside the office, the habit helps to relieve tension. Removing that habit, that coping mechanism, very often causes a sudden surge of tension and an explosion in stress.

When a weak coping mechanism like a habit has been in operation for a long time it induces stress of its own. The term “breaking the habit” is often not as simple as it is intended to sound. Rather than breaking the anchoring link with the individual, there is a risk of breaking the individual and leaving them to face a whole host of emotions until the healing process is complete.

Many people advocate the “cold turkey” approach, whereby the individual is suddenly deprived of the object of their habit or their addiction. The result is an unpleasant physical and psychological reaction. Others favour a graded reduction in the habit in order to allow the body to reduce its physical craving, minimise the extent of the physical withdrawal reaction and maximise the confidence needed to finally lose the habit.

In general I favour the latter approach, which seems the least distressing. Having said that, there are some people who can only handle things if they throw themselves in at the deep end and “get it over quickly”. Again, it all reflects the individuality of people and their different needs. And of course, this is at the very heart of homeopathy.

## Modifying behaviour

As I said at the beginning, a habit is a form of learned behaviour. As such, it is not likely to disappear suddenly just by taking a medicine, whether that is an orthodox drug or a homeopathic medicine. Some form of behavioural modification is going to be necessary.

I mentioned earlier that I favour a graded reduction of the habit. Thus, in trying to stop or curb some activity or



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another I usually advise a period of observation of how often the activity is done. This can be quite informative to the individual, because they may hardly be aware of the extent that the habit has taken over their life. For example, how many cigarettes are consumed, how often the nose is picked, the nails are nibbled, or how often the hair is twirled? A small notebook is useful to record whenever the person feels the urge to carry out whatever activity or movement is causing the concern. It is this urge at the start that is so important and, if the individual can get a handle on it, then you may have something to aim your treatment at.

With some habits, after the observation period comes an agreed, realistic reduction programme. With cigarettes, for example, you decide on a definite stop smoking day. Then, leading up to this day, you agree a schedule of reduction. Splitting the day into three hour sessions, for example, from waking up until going to bed. Then allocate a max-

imum number over each segment, but without being able to borrow from one segment or store up for later. And over the period of reduction up until the stopping day, schedule the reduction. This way you will reduce the physical dependence, so that by stopping day it will only be the psychological dependence that has to be dealt with.

It is a good idea to have habit substitutes. In the case of smoking I advise cutting carrots, celery sticks or liquorice roots to cigarette length and chewing them whenever the craving comes on.

### Changing habitat

I like this concept and stress it to people trying to break a habit. Rather than thinking of a habitat as the place that one lives one's life, think of it as the places that you indulge the habit.

Smokers have had their habitat severely restricted and many people will have given up just by virtue of having been forced out onto the street corner to indulge their habit.

With problems drinking or gambling, then avoiding the places where temptation lurks is obviously sensible. With other nuisance habits such as nail-biting, or nose-picking, changing habitat may not be so easy. But if the habit is something that the person does locked away in their room, then get out of the comfort zone and change the habitat in favour of the limelight where there are people and therefore less tendency to indulge.

Finally, taking up new interests may help. Do something outrageous. Choose something that you have never managed to get round to, or which may seem out of character. If you want to change habits, you are changing yourself, so these sorts of changes become symbolic of how you can make it happen.

### Habit reversal

This is a behavioural technique that was first devised in the 1970s by psychologists Nathan Azrin and Gregory Nunn to treat stammering, various tics and habit disorders, like skin picking and hair twirling.

The first thing is to develop habit awareness, which obviously comes during the period of observation that I mentioned before. Having focused on the unpleasant urge that sets the whole thing off, you can then try to replace it with another, less harmful or distressing habit. This is referred to as a competing response.

For example, with someone who picks their nose, as soon as the impulse is there, try clenching one fist and counting to five, thinking at the same time of suddenly releasing the urge on the count of five.

And, of course, you back this up with other techniques like meditation, progressive muscle relaxation and homeopathic treatment.

### What sort of medicine?

The thing about homeopathy is that its effectiveness depends upon taking the remedy that is right for you. Some homeopaths would suggest that taking the constitutional remedy is all that one needs to do. I would say that a constitutional remedy might be helpful, but only if some indication of the habit is identifiable as part of the overall remedy profile.

Generally, I find that with these habit problems, if you focus on the habit itself you can usually select a remedy that covers the habit and the way that the individual responds.

With regard to potency, I find that the 30c is the most useful here, because you are almost certainly going to repeat it. My own approach is to prescribe the 30c potency twice a day for three days and repeat at intervals of two weeks. During this time I will advise the foregoing behavioural modifications.

### Tics and twitches

Nervous mannerisms, facial tics, grunts and moans are all difficult to master. They can be part of the Tourette spectrum or be quite isolated. A tic may occur several times a minute, every minute of every waking hour. I would certainly always try to use habit reversal with a remedy to help to alleviate the urge.



Photo: iStockphoto.com/Alex Potemkin

Aconite is a superb medicine to try if this problem has come on following a shock. Argentum nitricum is invaluable if the tic is worsened at times of stress, so that as some dreaded event approaches, the tic worsens. Zincum metallicum seems to work well in slow, ponderous, melancholic people, especially if they repeat things that are said to them.

### Hair twirling

This condition is known as trichotillomania. People get the impulse to twirl and pull out hair, often resulting in hair loss. They can do it on the head, on eyebrows or, if embarrassed but unable to stop, they secretly do it to normally covered body hair.

Jimmy was a nervy seven year-old who was brought along to see me. He was forever on the move, forever in conflict with his younger brother and seemed addicted to twirling and pulling out his eyebrow hair and the hair from an area on the back of his head. He was on the move as soon as he came into my

consulting room. He had an extremely fast and effective response to *Tarentula hispanica* over three months.

*Belladonna* and *Cuprum metallicum* are two other highly effective medicines.

### Nose-picking

I find that *Arum triphyllum* is almost a specific for this problem and can bring great relief to youngsters, and their parents, since this is an unpleasant habit for other people to witness.

Gus was a youngster with a very short temper who used to bore his fingers into his nostrils, even making them bleed. *Cina* cured his habit.

### Thumb-sucking

*Baryta carbonica* is the first medicine that I think of here. It is useful in slight, nervous children who struggle to advance. On the other hand *Pulsatilla* helps those children who always want to be outside and who can get in a real strop with people. I have also found that *Phosphorus* works well when the urge is described as being like having a hot, itchy thumb, which is eased by sucking.

### Nail-biting

Biting your fingernails to the quick is a common cartoon image. Yet it is not funny to be afflicted with this problem. I usually combine habit reversal technique with simple taping over of the nails that are least bitten. Usually these are the little and ring fingernails. For the observation period I permit the individual to nibble at the others. Each evening the taped nails are looked at and compared, then immediately re-taped. After two weeks the nails should look quite normal and it will induce a desire to achieve this on all of them. We then use a remedy.

Alison had been a nail-biter all of her life. Secure in a good, well-paid job, the habit was an embarrassment to her. I have to admit that she and I almost gave up, for my initial choices made no difference. Then we focused on the urge to bite and why she did it. It seemed that it was due to intense irritation around the nailbed, which only biting would help. This led to a prescription of

*Ammonium bromatum*. This eased the itch quite amazingly, and the above technique helped to clear up the problem.

*Argentum nitricum* and *Lycopodium* are two other medicines that I find are often indicated. People needing these tend to suffer from anticipatory anxiety, when any stress-relieving habit may be intensified. Those who need *Argentum nitricum* tend to crave cold sweet drinks, while *Lycopodium* likes warm sweet drinks.

### The big three

Alcohol, tobacco and drug dependence are all huge problems and I have touched upon smoking already. All three of these need behavioural treatment, but the following remedies have all performed well in treating people with these problems.

*Caladium* is a keynote remedy for tobacco addiction, especially in men who have noticed that they have become impotent or have erectile problems. These problems are probably due to the toxicity of nicotine.

*Capsicum* is a good remedy for people who crave drugs, tobacco or alcohol and who tend towards being overweight, of a peppery temperament, and who easily feel homesick.

Finally, *Nux vomica* is never far from one's mind for fiery, irritable types who are always in a hurry and who are impatient with everyone. "Give me the remedy now," they almost demand.

Obviously it is a good idea to seek professional help when tackling these.

### A last word

I started with Dr Samuel Johnson so I will finish with him. Although medical historians have attempted to analyse his health and his psyche and retrospectively diagnosed Tourette's syndrome and obsessive-compulsive disorder, it has to be mentioned that his gargantuan work, his great dictionary, would probably never have come to fruition if he had not been driven by his "habits". Was he content with his lot? Let us look at his own definition of his chosen profession:

*Lexicographer* — A writer of dictionaries, a harmless drudge.



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