

## ROLE OF PANCHKARMA IN THE MANAGEMENT OF ALCOHOL WITHDRAWAL SYMPTOMS- A CASE STUDY

<sup>1\*</sup>Dr. Aaditi Bhosale, <sup>2</sup>Dr. Kalpana Gholap

PG Scholar, Panchkarma Department, YMT Ayurvedic Medical College Hospital and Research Centre, Kharghar, Navi Mumbai-410210.

HOD, Panchkarma Department, YMT Ayurvedic Medical College Hospital and Research Centre, Kharghar, Navi Mumbai-410210.

Article Received on  
19 July 2025,

Revised on 08 August 2025,  
Accepted on 28 August 2025

DOI: 10.20959/wjpr202517-38168



**\*Corresponding Author**

**Dr. Aaditi Bhosale**

PG Scholar, Panchkarma  
Department, YMT  
Ayurvedic Medical College  
Hospital and Research  
Centre, Kharghar, Navi  
Mumbai-410210.

### ABSTRACT

Alcoholism refers to the condition in which the patient experiences a strong psychological desire and physical dependency to consume alcohol. Prolonged and excessive use of alcohol leads to physical and mental dependence. People who suffer from alcoholism are well aware of the effects on their body, but they cannot resist the urge to consume. Thus, continuous demand for alcohol in the absence causes *Panapkruma*<sup>[1]</sup> (Alcohol withdrawal). Alcohol Withdrawal Syndrome is the most serious complication. 1 in seven Indians in the age group 10-75 years consume alcohol. Deaths due to alcohol withdrawal is not uncommon. A 42 years old male alcoholic patient, developed classical symptoms of alcohol withdrawal including disturbed mental status and sleep, anxiety, tremors, reduced appetite. He was treated on indoor basis with combination of *Shaman* medicines and *Panchakarma* treatment including *Shirodhara* and *Tikta Ksheer Basti*. The resulting assessment was done using Clinical Institute Withdrawal Assessment

of Alcohol- Revised Scale (CIWA-Ar Score). The treatment approach was to improve the condition of the patient with improvement in the signs and symptoms of alcohol withdrawal and to increase the metabolism. After this Panchakarma intervention there was significant reduction in the symptoms of withdrawal.

**KEYWORDS:** Alcoholism, Alcohol Withdrawal, Shirodhara, Panapkruma, CIWA Score.

## INTRODUCTION

Addiction is defined as a persistent, uncontrollable psychological or physiological dependence on a substance or behavior. It is a long-term brain condition that results in obsessive drug use despite negative effects. Any type of drug addiction that is abruptly stopped can result in a psychosomatic condition. Alcohol causes dependency by raising the levels of dopamine in the brain. The higher dopamine levels gratify the drinking experience by improving the release of feel-good hormones. Over the time, excessive alcohol consumption can significantly alter dopamine levels and other brain chemicals. This can make the body crave more alcohol to enjoy the same level of pleasure and gratification. This results in a state of dependency and the patient suffers from severe withdrawal symptoms when they try to avoid alcohol intake either due to family pressure, self-motivation, physical illness or difficulty in procuring alcohol.

It seems that alcoholism has not only been the problem of recent era, although it is on the rise recently due to westernization. Effects of alcoholism along with the treatment has been explained by various acharyas in various texts under the title of *Madatyaya*. *Mad* means harsh and *atyayaa* means *atikraman*. According to the classics, *madya* (alcohol) is a substance that produces *mada* (Excitement). When consumed with proper rules in adequate quantity, time and procedure, it gives happiness, strength, reduces fear, imparts confidence and acts as *amruta* for the body. But when the same is consumed without following these rules it results in *madatyaya*. It causes the person to lose his senses. Patients with *Tamas* and *Rajas Manas Prakruti* are more readily accustomed to alcohol than those with *Satvik Manas prakruti*, resulting in a constant need for alcohol known as *Panapkrama*.<sup>[1]</sup>

In *madatyaya*, all the 3 *doshas* could be involved, so management should be aimed primarily at pacifying the most predominant *dosha*. If all the *doshas* are aggravated equally the *kapha* should be pacified first followed by *pitta* and *vata* respectively.<sup>[2]</sup> The chronic conditions are usually of *pitta* and *vata*. *Acharya vagbhata* explains the *madatyaya* treatment to be done upto 7 or 8 days to overcome the ill effects which is quite correct in the case of alcohol withdrawal syndrome.<sup>[3]</sup> Nausea, vomiting, tremors, paroxysmal sweats, anxiety, agitation, tactile, auditory, visual disturbances headache and clouding of sensorium are major symptoms of alcohol withdrawal syndrome.<sup>[4]</sup>

Even though contemporary medicine has developed various management protocols but the desired effects of these are far from reality. Hence, it is the need of the hour to find better solutions to combat the addiction by various ayurvedic principles mentioned by the acharyas in the texts.

## **MATERIALS AND METHODS**

### **CLINICAL PRESENTATION**

A case of 42 years old male businessman who came to Panchakarma OPD in Dr. G. D. Pol Foundations Yerala Ayurvedic Medical College, Kharghar, Navi Mumbai on 22<sup>nd</sup> October 2023 for self-willing de-addiction. He was treated here in indoor patient level from 23<sup>rd</sup> October for a period of 8 days.

Registration of the patient was done at the registration counter and consultation was provided to the patient in OPD.

### **ASSESSMENT**

The patient was clinically assessed through thorough history taking and physical and systemic examination. The Clinical Institute Withdrawal Assessment of Alcohol- Revised Scale (CIWA-Ar Score) was used to assess the severity of withdrawal symptoms.

### **DIAGNOSIS**

Individual characteristics, habits, sleep patterns, body type were identified followed by understanding of *tridosha* conditions in the body. Examination of tongue, nails, eye, pulse and Blood pressure monitoring was done.

### **DRUG HISTORY**

Patient was consuming alcohol since the last 10 years. He started initially by taking small doses occasionally which he then gradually increased to large quantity daily consumption. He initially started with Beer during occasional parties, however due to work stress the quantity was increased and he switched to hard drinks like Whiskey and Rum. His recent alcohol consumption included 90- 120ml of alcohol on daily basis.

Last alcohol Consumption- 18<sup>th</sup> October 2023

### **CLINICAL FEATURES**

As the patient willing stopped alcohol consumption after 10 years by self-motivation, he

started developing symptoms of withdrawal and was presented with disturbed sleep, headache, tremors, reduced appetite, nausea, anxiety, lethargy and disturbed mental status. Assessment of the effect of the therapy was done based on changes observed at the clinical level.

### PHYSICAL EXAMINATION

On examination BP- 110/70 mm Hg P- 78/min

sPO<sub>2</sub>- 97% on RA

T- afebrile

### SYSTEMIC EXAMINATION

RS- chest clear CVS- NAD

CNS- Conscious, Oriented

Attention and concentration impaired

P/A- soft and non-tender with palpable Liver (2 Finger) Pupils- normal

Bowels- clear and passed

### ACCORDING TO AYURVEDA<sup>[5]</sup>

*Dosha- Vata + Pitta + Kapha Doshya- Rasa, Rakta*

*Agni- Manda Koshtha- Madhyama*

*Prakruti- Sharirik- Vata, Pitta*

*Manasik- Rajas and Tamas Srotas- Manovaha, Rasadi Sarva srotas Mula sthana- Hridaya*

Main aim of the management was to balance dosha and also give symptomatic relief.

### MANAGEMENT PROTOCOL

In *shaman chikitsa* various *deepan* and *pachan* medicines like *Trikatu churna* was used to increase the *agni* and digesting toxic waste (*aam*). *Ashwagandha vati* was used.<sup>[6]</sup> Main treatment in *Panchkarma* included *Sarvang Abhyang* with *Bala Taila*, *Shirodhara*<sup>[7]</sup> with *Tila*.

*Taila*, *Matra basti* with *Panchatikta Ghrita* followed by *Tikta Ksheer Basti*. *Padanshik Krama* (gradual withdrawal) was used to avoid the harmful effect due to sudden withdrawal of *Satmya* Substance.

## I. Treatment protocol

MEDICINE	DOSE	ANUPAN	DAYS	DOSHAGHNATA	REMARK
<b>Trikatu</b>	3gm	Luke warm	8 days	Reduces vata	Deepan, pachan
<b>churna</b>	Twice a day	water		and balances	
	(after			kapha	
	meals)				
<b>Ashwagandha</b>	2 Thrice a	milk	30days	Balances kapha	Balya
<b>Vati</b>	day			and vata dosha	Nidrajanan
<b>Drakashasav</b>	20ml Thrice	With warm	15 days	Pacifies vata	Appetite
	a day	water		and pitta dosha	enhancer
					Liver protector,
					Replace alcohol
					to control
					withdrawal
<b>Brahmi Vati</b>	2 tabs twice	milk	15 days	Balances vata	Drugs for
	a day			and pitta	anxiety, insomnia
<b>Liv 52</b>	2 tabs twice	Luke warm	30days	Balances vata	Hepatoprotective
	a day	water		and pitta	
<b>Sarvang</b>	8 days	-	8 days	Vataghna	Reduce tremors
<b>abhyanga</b>	LA				and lethargy
<b>with Bala</b>					
<b>Taila</b>					
<b>Shirodhara</b>	7 days	-	7 days	Balances vata	Calms the mind,
<b>with Tila Taila</b>				and pitta dosha	Produces sound
					sleep
<b>Matra basti</b>	1 <sup>st</sup> day and	-	2 days	Balances vata	Reduces anxiety
<b>with</b>	last day			and pitta dosha	Balya and
<b>panchatikta</b>					reduces tremors
<b>Ghrita</b>					and lethargy
<b>Tikta ksheer</b>	2 <sup>nd</sup> day to	-	6 days	Balances vata	Balya
<b>basti</b>	7 <sup>th</sup> day			and pitta dosha	Increases Ojas

**SATVAVAJAYA CHIKITSA**

*Satvavajaya* is bringing the mind under control. The patient was helped to regulate his thought process, replace negative ideas, channel his presumptions properly and was given proper advices. Various activities like *Asanas*, *Pranayamas*, meditation, *kriyas*, and deep relaxation techniques were taught to patient with an association of Yoga unit of Dr. G. D. Pol Foundations Yerala ayurved Medical Hospital.

**DIETARY MODIFICATIONS**

The patient was advised to eat *Pathya Ahar* (healthy food) according to his constitution, working condition, and geographical location. *Mudaga Yush*, *Kharjuradi Manth*, *Kshira* (Milk), *Rajgiraladdu*, *Laja*, and others are among them.

## LIFESTYLE CHANGES

Along with diet and medications, lifestyle is also a part of body nourishment plan. Few of the lifestyle changes required for de-addiction are: atleast 30 minutes of regular exercise daily, diverting attention from addiction, practise deep breathing at the time of craving. Daily practice of *yogasanas* including *Pranayama* (Proper breathing) like deep abdominal breathing, *Adhomukha swanasana*, *Viprita Dandasana*, *Supta Virasana*, *Supta Badhakonasana* and *Viprita Karni* help to balance the vitiated doshas and realign the system. Yogic relaxation practices are useful in reducing mental tension and anxiety. Due to over stimulation of the body through drugs and alcohol, often there are problems with nervous energy and insomnia. Simple technique like *Savasana* (Corpse pose) with auto suggestion relaxation (tensing, then relaxing, each part of the body progressively from toes to head) can be taught and practised for 10 to 15 minutes daily to calm and stabilize the body and mind.

## II. Baseline Haematological Investigations

INVESTIGATION	BEFORE TREATMENT	AFTER TREATMENT
<b>CBC</b>		
HB	13.3 gm%	14.2 gm%
RBC	4.25	4.55
WBC	8490/cu mm	9100/cu mm
ESR	19	12
<b>LFT</b>		
TOTAL BILIRUBIN	0.94 mg/dl	0.65 mg/dl
DIRECT BILIRUBIN	0.28 mg/dl	0.26 mg/dl
INDIRECT BILIRUBIN	0.66 mg/dl	0.58 mg/dl
SGOT	123.8 U/L	58.8 U/L
SGPT	61.8 U/L	45.8 U/L
ALKALINE PHOSPHATASE	101.8	96.8

## PHOSPHATASE

### ASSESSMENT

Assessment of the effect of the therapy was done based on changes observed at the clinical level. The Clinical Institute Withdrawal Assessment of Alcohol- Revised Scale (CIWA-Ar Score) was used to assess the severity of withdrawal symptoms.

## III. Clinical Institute withdrawal Assessment of Alcohol revise scale (CIWA-AR scale)<sup>[8]</sup>

Symptoms	0	2	4	7
<b>Tremors</b>	None	Not visible but felt at fingertips	Moderate with arms extended	Severe at rest
<b>Nausea/vomiting</b>	None	Mild	Intermittent dry heaves	Constant vomiting

<b>Paroxysmal sweats</b>	None	Barely moist	Beads	Drenching sweats
<b>Anxiety</b>	None	Mild	Moderate	Severe panic delirium
<b>Agitation</b>	None	Somewhat	Fidgety	Panic sound, thrashing
<b>Tactile disturbances</b>	None	Mild itching, pins and needles, burning, numbness	Moderate	Constant
<b>Auditory disturbances</b>	None	Mild	Moderate	Constant
<b>Visual disturbances</b>	None	Mild	Moderate	Continuous
<b>Headache and fullness in head</b>	None	Mild	Moderate	Continuous
<b>Orientation and clouding of sensorium</b>	Fully oriented	Cannot do addition and /or is uncertain about day/date	Disoriented by more than 2 days	Disoriented to place and/ or person

#### IV. CIWA-AR SCORE

<b>SYMPTOMS</b>	<b>1st DAY</b>	<b>AFTER 8 DAYS</b>	<b>AFTER 15 DAYS</b>
TREMORS	3	1	1
NAUSEA/ VOMITING	4	0	0
PAROXYSMAL SWEATS	3	1	0
ANXIETY	6	3	2
AGITATION	1	0	0
TACTILE DISTURBANCE	0	0	0
AUDITORY DISTURBANCE	0	0	0
VISUAL DISTURBANCE	0	0	0
HEADACHE AND FULLNESS	6	1	0
ORIENTATION AND CLOUDING OF SENSORIUM	1	0	0
<b>TOTAL</b>	<b>24</b>	<b>6</b>	<b>2</b>

#### CIWA Score Interpretation

0 to 9 points-very mild withdrawal;



16 to 20 points -Moderate withdrawal;  
21 to 67 points-Severe withdrawal.

(The maximum score is 67; Mild alcohol withdrawal is defined with a score less than or equal to 15, moderate with scores of 16 to 20, and severe with any score greater than 20.)

When the patient was admitted, his overall score was 24, indicating that he was suffering from serious alcohol withdrawal, according to CIWA-Ar. After treatment of 8 days the score goes to 6 and on follow up after 15 days score was 2. That shows significant improvement in alcohol withdrawal symptoms. All signs and symptoms disappeared after proper treatment of patient and there was improvement in sleep and appetite, anxiety, visual disturbance, and tremors.

### OUTCOME OF THE TREATMENT

On assessing the condition of the patient after 8 days of treatment, by using the CIWA-Ar scale, it was observed that all the symptoms got reduced significantly after 8 days of the treatment. After 8 days, tremors and headache, subsided, sleep was normalised and visual disturbance symptoms also improved in patient, generalized fatigue was reduced. There was an overall improvement in functional capacity of the patient.

### FOLLOW-UP

The patient was being followed up on. A brief investigation into the patient's medication regimen and other related issues was conducted, and the patient was found to be in good health. During care and follow-ups, the patient was advised to avoid spicy, oily, and salty foods and to consume milk, *peya*, and khichdi as *pathya* in food.

### DISCUSSION

Alcohol consumption, at present, is ubiquitous and has been consistently increasing throughout the world. Globally, harmful use of alcohol causes approximately 3.3 million deaths every year. Regular alcohol consumption causes the body to be dependent on it and sudden abstinence leads to a variety of symptoms in alcoholics. This same alcoholism and its withdrawal symptoms have been described by the acharyas along with its management.

Sudden abstinence of alcohol causes alteration in the *agni* that maintains the equilibrium of the body. This altered *agni* causes formation of *aam* dosha which when left untreated causes *srotorodha*. This *srotorodha* affects the *vata anulonama* property and manifests as



symptoms of alcohol withdrawal such as tremors, lethargy, anxiety, insomnia and reduced appetite.

In the current study, a combination of shaman medicines and panchakarma treatments were used. *Trikatu churna*, due to its *deepan* and *pachan* properties leads to *aam pachan* and thereby reduces the symptoms due to *aam* like reduced appetite, nausea and vomiting and cancels the *srotorodha*. This in turn helps *vata* to regain its original *gati*. *Ashwagandha vati* acts as *balya* and also acts on anxiety, depression, and cognitive impairment due to antioxidant and dopaminergic action. *Brahmi Vati* acts similarly and causes sound sleep and calms the mind. *Drakshasava* plays an important role to relieve from withdrawal. Liv 52 tablet acts as a hepatoprotective, laxative effect on body. *Shirodhara* plays the most important role in reduction of the symptoms of AWS by having a calming effect on the body thereby reducing stress, anxiety, insomnia and helps in visual and mental disturbances. *Matra Basti* using *Panchatikta Ghrita* has *balya* effect by reducing *vata* and *pitta doshas*. *Tikta ksheer Basti* using *tikta Dravya* also helps in reducing *vata* and *pitta*. There is vitiation of *ojas* in the body of an alcoholic. Milk having similar properties as *ojas* is been used here to improve *Ojas*. This protocol is very effective on AWS and there is a significant improvement in the condition of patient.

## CONCLUSION

The outcome of ayurvedic treatment on AWS patient has been extremely positive. This outcome is measured using modern parameters and scales such as the CIWA-Ar scale, which indicates that with adequate treatment, Counselling, Meditation and Yogic practices the patient's physical and psychological symptoms improve. There a detailed mention of alcoholism and symptoms of alcohol withdrawal in the ancient ayurvedic texts. The treatment protocol includes balancing the *tridoshas* (*Vata, Pitta, Kapha*) and the *trigunas* (*Satva, Rajas, Tamas*) to provide symptomatic improvement in the patient. As *agni* is vitiated causing *aam* generation primary treatment has to be *aam pachan*. This stops *srotorodh* in the body and *vata* continues with its original route thereby reducing symptoms of *vata dosha* like tremors, lethargy, insomnia etc. *Shirodhara* plays a vital role in management of anxiety, insomnia and stress. *Sarvang abhyanga* along with *Matra basti* and psychological counselling with dietary modifications help to rehabilitate the patient.

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