

A CASE STUDY ON AYURVEDIC MANAGEMENT OF ALCOHOL WITHDRAWAL SYMPTOMS

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ABSTRACT

Madya (Alcohol) *Karma*, *Guna*, uses and its detailed description is mentioned in Ayurveda. If alcohol is taken in a proper way and in the appropriate amount it acts as nectar but in a wrong way it causes many diseases. Improperly consuming excessive amounts of alcohol for a long time leads to a disease called *Madatyā* or *Panatyāya*. Alcohol use disorder (AUD) is a complex condition with significant impacts on physical, mental, and social health. This case study explores the Ayurvedic management of alcohol withdrawal syndrome (AWS). According to Ayurveda *vata* and *pitta doshas* are predominant in *madatyā roga* both *doshas* are responsible for disturbing metabolic activity and energy of the body. Treatment involved a comprehensive regimen including internal medications aimed at pacifying aggravated *doshas* and supporting the digestive and nervous systems. Therapeutic procedures were employed to enhance detoxification, reduce anxiety, and restore physiological balance. The patient was assessed using the CIWA-Ar scale, which showed significant improvement in AWS

symptoms with complete resolution of symptoms. This case underscores the effectiveness of Ayurvedic principles and therapies in the management of alcohol use disorder, offering a

holistic approach that integrates medical treatment with lifestyle modifications and psychological support.

KEYWORD: *Madya*, *Madatyaya*, Alcohol Withdrawal.

INTRODUCTION

Alcoholic beverages are referred as "*Madya*" in Ayurveda. Among the 12 *Ahara Vargas* in the *Charaka Samhita*,^[1] *Madya Varga* is categorized as having both beneficial and detrimental effects. Alcohol serves as *Amruta* when used in moderation, at the proper time, in the proper amount, and with a positive outlook.^[2] Furthermore, according to *Charaka*, the *guna* of *Madya* is the same as the *guna* of *Vish* (poison).^[4] *Madya* has a strong influence on health and can be harmful to a person's physical, mental, and spiritual well-being. Additionally, it has the potential to disturb the *doshas* equilibrium and harm the organs and systems of the body.

Alcoholic beverages were an integral part of our ethnic cultures, religious ceremonies, celebrations etc. it is a transparent, colorless, mobile and volatile liquid, having a characteristics spirituous odour and a burning taste.^[4-5]

Alcohol use disorder, traditionally referred as *Madatyaya*, is a widespread and intricate problem that affects people from different backgrounds. There are many different types of risk factors linked to alcohol use disorder including psychological, environmental, and genetic predispositions. It is essential to comprehend these risk variables in order to create prevention and intervention measures that are effective.

Alcohol withdrawal syndrome is a group of symptoms that occur when the addicted person reduces or stops consuming alcohol. Alcohol withdrawal syndrome usually manifests as mild anxiety, headaches, gastrointestinal pain, and insomnia after stopping alcohol.^[6] Severe forms of this illness, including alcohol withdrawal delirium, might develop later on and present serious diagnostic and therapeutic issues. Alcohol hallucinosis, which is characterized by auditory or visual hallucinations can develop from mild symptoms. Patients may experience withdrawal seizures as soon as a few hours after stopping alcohol. The identification of specific criteria outlined in diagnostic manuals such as the DSM-5 plays a pivotal role in determining the severity of the disorder and guiding treatment decisions.^[7] In addressing alcohol use disorder, a range of treatment options exists, including behavioral therapies,

pharmacological interventions, and support groups. Each of these approaches offers unique benefits and challenges, underscoring the importance of personalized treatment plans tailored to individual needs. By exploring the risk factors, diagnostic procedures, and treatment modalities associated with alcohol use disorder, this research aims to contribute to the broader understanding of this complex condition and facilitate the development of more effective interventions.

AIMS AND OBJECTIVES

To manage the AUD patient with the help of ayurvedic treatment.

To assess the efficacy of an ayurvedic regimen for alcohol de-addiction

CLINICAL PRESENTATION

A 65-year-old Indian Hindu male patient hailing from Bhopal, presented in Pt. Khushilal Sharma govt Ayurveda hospital- Nasha Mukti (De-Addiction) OPD, with the complaints of tremors of the hand, increased agitation and anxiety, nausea and vomiting, increased sweating, and improper sleep. The above symptoms worsen when he is not taking alcohol. At the age of 25, he started to consume alcohol due to peer group pressure. Initially, there was only occasional use, but later it developed into frequent use of alcohol. On increased worries, he amplified the amount of alcohol intake. Due to familial issues, the intake of alcohol getting gradually increased. He used to take alcohol regularly for last 5 years. By the time, he lost his job as a gardener and financial crisis got worsened more. He thought about to stop the alcohol, but he couldn't stop by himself. So he came to the opd and was admitted in the IPD of our institution for the alcohol de addiction. this patient was known to have hypertension and was on medication for hypertension

CLINICAL OBSERVATION

Patient presented with symptoms such as tremors of hand, increased agitation and anxiety, nausea and vomiting, increased sweating and decreased sleep. On examination the patient was found to be so anxious, the appetite was much reduced. Observed AUDIT score is 24. He was of medium body built, *Avara* in *Satwa*, *Avara* in *Rogi Bala* and of *Avara* in *Abhyavaharanashakti* and *Jaranashakti* (low food intake and digestive power). The case was diagnosed as AWS with the above-mentioned diagnostic criteria.^[8]

Assessment of Ayurvedic Parameters

Dosha -Vata + Pitta+ Kapha

Dooshya- Rasa, Rakta

Agni- Manda

Koshta- Madhyama

Prakruthi

- *Shareerika prakruti – Vata, Pitta*
- *Manasika prakruti - Rajas, Tamas*

TREATMENT REGIMEN

- Internal medicines
- Procedure
- Meditation & Asana

Table 1: Internal Medicines.

| S.No. | Drug | Dose | Time | Rationale |
|-------|--|---------|------|---|
| 1 | <i>Mukta shukti</i> | 250mg | BD | <i>VataPittahara,</i> |
| | <i>Vidarikand churna</i> | 2gm | | <i>Hridya, brahaniya,</i> <i>rasayana, Anticraving</i> <i>activity</i> |
| | <i>Kronchbeeja churna</i> | 3gm | | supporting mental health reduce the fatigue & tremors |
| 2 | Ayurvedic Liver tonic | 2 tsf | BD | <i>Yakrit prasadan</i> |
| 3 | <i>Arogyavardhini vati</i> | 2tablet | BD | <i>Amavishahara, Pachana,</i> <i>shrotosodhaka,</i> <i>balance tridosha</i> |
| 4 | <i>Shivakshar pachana</i> <i>churna</i> | 3gm | BD | <i>Ama pachana,</i> <i>Agnideepan</i> <i>Vata anulomaka</i> |

Table 2: Treatment procedures.

| S.No. | Procedure | Day | Rationale |
|-------|---|-----|---|
| 1 | <i>Sarvang Abhyanga (Vata shamak oil)</i> | 7 | <i>Vatapittasamana</i> |
| 2 | <i>Mradu Nadi sweda (Dashmool kwath)</i> | 7 | <i>Shrotoshodhak</i> <i>Vatahara</i> |
| 3 | <i>Shirodhara (Jatamansi kwath)</i> | 7 | Calmness of mind Enhances sleep, alleviating anxiety |

ASSESSMENT

Assessment of the effect of the therapy was done on the basis of changes observed at the clinical level. A numerical score was assigned for each of the signs and symptoms by using the Clinical Institute Withdrawal Assessment of Alcohol revised scale (CIWA-Ar scale).

Table 3: Clinical Institute Withdrawal Assessment of Alcohol revised scale (CIWA-Ar scale).

| S.no. | Symptoms | 1 st day | 7 th day | 15 th day |
|-------|---------------------------------------|---------------------|---------------------|----------------------|
| 1 | Nausea/Vomiting | 1 | 0 | 0 |
| 2 | Tremors | 4 | 1 | 0 |
| 3 | Paroxysmal Sweats | 4 | 2 | 0 |
| 4 | Anxiety | 3 | 0 | 0 |
| 5 | Agitation | 2 | 0 | 0 |
| 6 | Tactile disturbances | 3 | 1 | 0 |
| 7 | Auditory Disturbances | 2 | 0 | 0 |
| 8 | Visual disturbances | 3 | 0 | 0 |
| 9 | Headache and fullness in head | 2 | 0 | 0 |
| 10 | Orientation and clouding of sensorium | 1 | 0 | 0 |
| | Total | 25 | 4 | 0 |

Outcome of the Treatment

Using the CIWA-Ar scale to evaluate the patient's state after 7days &15 days of treatment, it was found that every symptom had greatly decreased after 7 days of treatment. After 15 days overall fatigue subsided, sleep returned to normal, and hunger increased to sufficient food intake. With the therapy, almost all of the symptoms disappeared. The patient's ability to function was improved overall. He greatly benefited from our care and discharged. Afterward patient is on rehabilitation care.

DISCUSSION

The condition was approached and controlled according to the *madatyaya* management principles. *Amapachana*, *Agnideepana*, *vatanuloman* and maintaining *Sharirik & Manshika doshas* was the first strategy, and it worked well in *madatyaya*. Abruptly stopping alcohol consumption disturbs the *pachakagni* and *dhatvagni*, which causes *Ama* to form. The *Ama* is the source of *shrotoavrodha* and the *bala kshaya* that follows. *Hridaya* is also impacted due to long use of alcohol, which is the *chetana sthana*, and also the *sthana* of *buddhi*, *indriya*, *oja*. There fore when the *hridaya* gets distorted due to chronic alcohol consumption, the *rasa-rakta* etc. *dhatu*s, *buddhi*, *indriya*, and *ojas* all become disorganized, and all body physiology

get disturbed. *Vata's anulomana* characteristic becomes distorted and influences both physical and mental functioning.

Arogyavardhini is one of the widely practiced Ayurvedic herbo-mineral formulations in liver disorders. It is *Yakrit Prasadana* and it is helpful in *Pachana* of *Amavisha* and corrects the formation of vitiated *Dosha*. It has been used for the management of diverse types of *Jwara*, *Kushtha*, *Medoroga* and other *Yakrit Vikara*.^[9] *Shivakshar pachana choorna* maintains *agni* and prevent formation of *Ama* and also it calms down the *vata* and hence is a good *vata anulomak*. Whereas *mukta shukti* calm down the excessive *pitta dosh* and helps in reducing paroxysmal sweating, nausea and vomiting. *kronchbeeja churna* promotes secretion of dopamine^[10] which help in reducing tremors. It is also a *vata shamak* which helps in reducing hallucination (tactile, visual, auditory). *Vidarikand* is good in immunomodulating^[11], antioxidant^[12], cardiogenic, rejuvenation and anti-inflammatory effect. It also help in reducing alcohol cravings. All helps to manage aggravated *Vata* and *Pitta doshas*. *Shirodhara* with *Jatamansi* (*Nardostachys jatamansi*) *kwath*, aids in *Anidra*, *Avasada*, *Vatapittaja* disorder, *Ojakshaya* and *Smriti Nasha*.^[13] as *jatamansi* is an excellent *medhya rasayan*. *Abhyanga* and *mridu nadi swedan* helps in *srotoshodhan* and balances aggravated *doshas*. Simple meditation and asana given to patient for mental strength and physical strength. It enhances personal and spiritual growth, also reduces stress and promote relaxation. It helps to overcoming negative minds and cultivating constructive thoughts.

CONCLUSION

Ayurveda states that the goal of treating alcohol use disorder is to achieve a balance between *Shareerika* and *Manasika doshas*. Therefore, the therapies used in this instance are *Yakrit Prasadana*, *Vatanuloman*, *Agnidipan*, *Balya*, *Medhya Oshadha* and *Panchakarma*. The results of the Ayurvedic treatment, which included counselling, detoxification, appropriate medication, and meditation, are very positive. Further research and clinical trials will validate these findings and expand treatment options for AUD in Ayurvedic practice.

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