

AYURVEDIC MANAGEMENT OF MADATEYA (ALCOHOL WITHDRAWAL): A CASE SERIES

Dr. U. Anusha¹*, Dr. I. B. Kotturshetti² and Dr. Jagadish I. Hiremath³

¹PG Scholar, Panchkarma Department, Rajiv Gandhi Educational Societies Ayurvedic Medical College and Hospital. Ron.

²M.D.(Ayu), PHD. Professor& HOD PG Dept. of Panchakarma. Rajiv Gandhi Educational Societies Ayurvedic Medical College and Hospital. Ron.

3M.D.(Ayu) Professor. Rajiv Gandhi Educational Societies Ayurvedic Medical College and Hospital. Ron.

Article Received on: 11/12/2023 Article Revised on: 01/01/2024 Article Accepted on: 21/01/2024



*Corresponding Author Dr. U. Anusha PG Scholar, Panchkarma Department, Rajiv Gandhi Educational Societies Ayurvedic Medical College and Hospital. Ron.

ABSTRACT

One of the real social problems that is continually becoming worse is alcohol misuse. India, more so than any other Asian country without an industrial base, is experiencing the fastest growth. A man's life is effectively hopeless if he drinks alcohol; it degrades his welfare and has an impact on his family and society. Alcohol addiction, known in Ayurveda as Madatyaya, is one of the causes of lifestyle disorders and a factor in habit formation. Its global expansion has been alarming, and it is now a problem even in India. By taking the Madya in the right way and in the right amount (Samayoga), the diseases brought on by Madya in Mithya, Atiyoga, and Heenayoga can be treated. The classics of Ayurveda narrate this disease Madatyaya with its types, symptoms and treatment. In this article ayurvedic management of madateya case series total 5 patient were taken and treated, & observations were mentioned in this article.

KEYWORDS: Madatyaya; Alcohol; Madya; Ayurveda.

INTRODUCTION

Alcohol Use Disorder or Alcoholism is repeated alcohol related difficulties in at least 2 of 11 life areas that cluster together in the same 12-month period. The lifetime risk of an Alcohol Use Disorder in most of the countries is 10-15% for men and 5-8% for women because many drinkers occasionally imbibe to excess.^[1] Temporary alcohol-related problems are common in non- alcoholics, especially in the late teens to the late twenties, however, repeated problems in multiple life areas can indicate an Alcohol Use Disorder.^[2] Alcohol Use Disorder in Ayurveda can be understood in the perspective of madatyaya. The clinical presentation and dosha-dushya sammurchana should be analyzed and treatment is planned. Alcoholism is an irresistible urge to consume alcohol. People who suffer from alcoholism are well aware of the effects on their body, but they cannot resist the urge to consume alcohol.^[3] Alcohol causes a temporarily increase of metabolism in living, which causes inhibition of their capacity. Hence the body will demand the alcohol in the absence within cell. The patient who having tamas and rajas manas prakruti will easily habituate for alcohol than satvik manas prakriti and vice-versa. Thus continuous demand for alcohol in the absence causes Panapkrama (Alcohol Withdrawal Syndrome).^[4]

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CASE REPORTS

CASE-01: A 50 years old male patient presented on 26/07/2022 IPD at our ayurvedic panchakarma department with the H/O Alcohol addiction for 8 years with increased frequency of intake since 2 years, on withdrawal pt. complaints of Anxiety, restlessness, vomiting, anorexia, headache, and tremors for more than 5 months, for which he was admitted to the De-Addiction unit. Further, necessary investigations were done where the blood report showed elevated SGOT and SGPTlevels in LFT dated 26/07/2022 as SGOT- 73.3U/L and SGPT:55.5U/L.

CASE-02: A 36 years old male patient presented on26/07/22 at IPD at ayurvedic panchakarma department with a history of alcohol addiction since 17 years, with resistance to withdrawal since 7months and complaints of vomiting, nausea, headache, anxiety, agitation, weakness, body ache, insomnia in case of withdrawal of it. His LFT report showed elevated SGOT and SGPT levels as -30.4U/L and 18.4 U/L respectively.

CASE-03: A 39 year old male patient entered in the IPD at ayurvedic panchakarma department had a history of alcohol addiction for more than 4 years with increased frequency of intake for more than twice a day since 6months on withdrawal he complaints of loss of appetite,

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insomnia, agitation, headache, on blood investigation found raised SGOT and SGPT levels as 64.2U/L and 55.0U/L respectively.

CASE-04:A 33 year old male patient on 04-09-22 came in the IPD at ayurvedic panchakarma department he complaint of nausea, vomiting, indigestion, heaviness in abdomen, headache, anxiety, frequent sweating, insomnia, irritability, loss of appetite etc. on further asking, had a history of alcohol addiction since more than 10 years and with increased intake since more than 1 year with these complaints he was admitted and investigated and found raised SGOT and SGPT levels to 56.5U/L and 47.9U/L respectively.

CASE-05: A male patient of age 32 years with the history of more than 10 years of alcohol addiction presented in the IPD at ayurvedic panchakarma department. he complaint of insomnia, agitation, headache, nausea vomiting, indigestion with reduced appetite, agitation on withdrawal of the alcohol, he was further sent for investigation where the reports showed increased level of SGOT and SGPT to 43.4U/L and 36.7U/L.

OBSERVATIONS

Table 1: Effect on Haematological findings.

Parameters	arameters Case01		Case02		Case03		Case04		Case05	
Investigations	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.
LFT-SGOT(U/L)	73.3	30.4	84.3	28.5	64.2	33.7	56.5	33.9	43.4	27.1
LFT-SGPT(U/L)	55.5	18.4	42.2	37.8	55.0	35.8	47.9	30.9	36.7	15.9

Table-2: Assessment of result on the basis of CIWA-Ar scale.^[5]

Clinicalfeatures	CASE01		CASE02		CASE03		CASE04		CASE05	
	B.T.	A.T.								
Nausea/Vomiting (0-7)	3	0	3	0	3	0	4	0	3	0
Tremors(0-7)	5	3	3	1	2	0	3	0	2	0
Anxiety(0-7)	5	1	5	2	4	1	5	1	5	2
Agitation(0-7)	4	1	2	0	3	1	4	1	4	1
Paroxysmalsweat(0-7)	3	0	3	1	2	0	2	0	3	1
Orientation & Clouding ofsensorial(0-4)	2	0	1	0	0	0	2	0	1	0
Tactile disturbances(0-7)	2	0	1	0	1	0	2	1	2	1
Auditorydisturbances(0-7)	2	0	2	0	1	0	2	1	1	0
Visualdisturbances(0-7)	0	0	0	0	0	0	0	0	0	0

Treatment given

- Khjuradi manth-40 ml These drugs are used to treatment Insomnia, Restlessness, Fatigue, Weakness, Digestive problem for 10 days.
- Shirodhara with brahmi oil for 45 min daily in morning for 10 days
- 3) Sarvang Abhyanga for 10 days

DISCUSSION

Effect of Madya

Madya incorporates Tridosha, Rasa and Rakta as dushya and Rasavaha, Raktavaha, Sangyavaha Shrotas. Hridaya is the principle adhisthan because of which people experience the ill effects of Ojakshaya, Dhatukshaya, Sharirkampa, Pralapa, Bhrama, AgniVikar, Anidra etc.

a. Madyaavastha (Acute Intoxication)

Acute intoxication is usually a consequence of deliberate heavy drinking either small doses at short intervals, or a large dose at a time.

b. Prathama Avastha (Stage of excitement)

The individual goes overthrill, enthusiastic, appropriate appearance of the traits of food and drink, and the insight and inventiveness of music, tune, humor and stories. This

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outcomes in strong rest and post-waking sensations. Subsequently, this phase of inebriation is conductive to joy.^[6]

c. Madhyama Avastha (Stage of in-coordination)The individual frequently recalls things and regularly fails to remember them, his voice becomes unintelligible and confounded, and he talks sense and babble simultaneously. His development, pose, drinking, eating and talking all are improper.^[7]

d. Antima Avastha (Stage of narcosis)

Subsequent to intersection of second stage and in the start of the third stage, people become dormant like a messed up tree with his psyche tormented with inebriating morbidities and obviousness. However alive, he looks like dead individual. He becomes unequipped for perceiving satisfying things and companions. He was deprived of all joy for which he had taken liquor. He loses every sense of qualification of legitimate, cheerful and helpful things from some unacceptable, hopeless hurtful ones separately; along these lines, no shrewd individual will at any point prefer to put himself in such a phase of inebriation. He is denounced and reproached by all people and disdained by them. As the normal

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result of this extravagance, he experiences agonies and infections constantly. $\ensuremath{^{[8]}}$

e. Chronic Intoxication

Habitual drunkards are either psychotic or neurotic and usually take alcohol as a mean to escape from the stress and strains of life. They have been taking alcohol for a long and continued period.

f. Madatyaya

Madatyaya comprises of two words Mada and Atyay. Mada implies Harsh (Sense of wellbeing) Atyay implies Atikrama (excess). The excess intake of Madya cause poisonous impacts. Poisonous impacts depend upon the prakruti and dosh of the person.^[9,10] In Sharangadhara Samhita while characterizing the term Madakari, Madhya is included in the drugs having Tamoguna predominently causes insanity are known as Madakari (intoxicants).^[11]

Types of Madatyaya

Madatyaya is Tridoshaja vyadhi. Its types named on Dosha which is dominating in presenting the symptoms. Charak explains types of Madatyaya as Vataja, Pittaja and Kaphaja and considers the disease as Tridoshaja.

g. Vataja Madatyaya

Nidana: If a person is excessively emaciated because of Krodha, Shoka, Bhaya, Vyavaya, Chankramana, Sahasa, while eating Ruksha type of food, less quantity of food or limited quantity of food, drinks Madya at night which is excessively fermented, then this leads to the impairment of his Nidra and Vataja type of Madatyaya instantaneously develops.^[12]

h. Pittaja Madatyaya

Nidana: If a person, indulging in food that is Amla, Ushna and Teekshna, having wrathful disposition and having likeing for excessive exposure to the fire and sun, drinks excess quantity of Madya that is Teekshna, Ushna and Amla, then he suffers from the Pittaja type of Madatyaya.^[13]

Kaphaja Madatyaya

Nidana: If a person who is habituated to Madhura, Snigdha and Guru Ahara, who does not perform Vyayam, who takes Diwaswapn and who indulges in Sukhaseenata, excessively drinks Madya which is not an old one or which is prepared of Guda, and Paishtika, then he immediately develops Kaphaja Madatyaya.^[14]

The clinical benefits observed with shirodhara in anxiety, neurosis, hypertension and stress due to chronic degenerative disease. We are also getting great result of Shirodhara with Brahmi him withdrawal induced insomnia.

Sarwanga Abhyanga mainly acts against Ruksha Guna caused by Vata by application of Dashmool Tail and Swedana with Dashmool Kwath mainly act against

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Sheeta Guna by reducing Stambha and Gauravta. Dashmool has Vatashamak and Vedanasthapan property.^[15]

CONCLUSION

During the care of Madatyaya (alcoholism/alcohol withdrawal syndrome), the patients' results are quite positive. As the course of treatment progressed, the overall score and values of the CIWA-Ar and the insomnia screening questionnaire improved. Triguna (satta, raja, and tama) and tridosa (vata, pitta, and kapha) were balanced using ayurvedic medications, counselling, a healthy diet, and meditation. The goal of the treatment plan was to both alleviate symptoms and enhance general health. There were no drugs used in the treatment that could lead to secondary addiction, making it safe and efficient. As we can infer from the explanation above, this treatment is quite promising and sheds new insight on the subject of treating alcoholism.

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