



Case Study

## AYURVEDIC MANAGEMENT OF ANXIOLYTIC WITHDRAWAL DISORDER - A CASE REPORT

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### ABSTRACT

Anxiolytic drugs are a valuable tool in the management of mental disorders, but inappropriate use can cause serious harm. The continued use or misuse of drugs is also termed "substance use. Overuse causes intoxication and withdrawal symptoms. The 12-month prevalence of DSM-IV sedative, hypnotic, or anxiolytic use disorder decreases as a function of age and is greatest among 18 to 29 years old (0.5%) and lowest among individuals 65 years and older (0.04%). The prevalence of sedative, hypnotic, or anxiolytic withdrawal is unclear. A 54 year old male heavily using anxiolytic drug named Lopez MD 2 for 2 years presented in Government Ayurveda Research Institute for Mental health and hygiene with symptoms of seizure attack for the first time 2 days back: He got aggressive at that time with increased sound making and incontinence of urine and grinding of teeth. He had decreased sleep, self talk, anger, crying spells since 2 months. The signs and symptoms were correlated through *Dosha* assessment. The patient mainly presented with the signs and symptoms of *Pitha*, which include anger and reduced sleep, and *Kapha*, which includes mood liability and slurred speech. He was treated at IP level treatment with Ayurvedic internal medicines and 21 days *Panchakarma* treatment. The *Panchakarma* treatment includes *Sadyovirechana*, *Sirodhara*, *Snehapana*, and *Virechana*. There was significant improvement in his symptoms anger, crying spells, self talk with significant change in sleep quality index through Pittsburgh sleep quality index.

### INTRODUCTION

Drugs for mental disorders have been on the market for more than 50 years, but there is still a need for more knowledge about the use and impact of these drugs in real-life conditions. Appropriate use of anxiolytics or hypnotics may relieve or reduce severe problems, whereas inappropriate use may represent problems of personal or public health.<sup>[1]</sup>

Regular usage of any medicine frequently results in "drug tolerance." It requires a greater and higher dose to have the intended effect because the body becomes used to them.

Additionally, the medicine may become addictive, in which case stopping it abruptly will result in withdrawal symptoms

Anxiolytics are a class of medications aimed at treating patients with panic disorders, generalized anxiety, and specific phobia, post traumatic stress disorder.<sup>[2]</sup> A class of medications known as sedatives (hypnotics) is used in a variety of conditions, from treating insomnia to caring for people who are dependent on a mechanical ventilator. Both of these pharmaceutical classes have a wide range of diseases for which they are useful when taken as directed and with the assistance of qualified medical personnel. However, there is a chance that these drugs will be abused and misused, which could have unintended and even fatal consequences.

Benzodiazepines are hypnotics that are typically used for temporary or short-term insomnia. Prescriptions for these drugs should, wherever

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feasible, be kept to short courses of no more than two weeks, occasional or intermittent use, or a few days at a time. Additionally, benzodiazepines are sometimes used to treat acute psychoses as well as epilepsy (diazepam, clonazepam, and clobazam), anaesthesia (midazolam), various motor disorders, and others. High efficacy, quick start of action, and low toxicity are the main clinical benefits of benzodiazepines. Psychomotor impairment, particularly in the elderly, and possibly paradoxical excitation are negative effects. Tolerance, dependency, and withdrawal symptoms might develop into serious drawbacks with prolonged use. The majority of undesirable effects can be avoided by carefully choosing patients, restricting dosages to a minimum, and keeping courses brief (preferably no longer than 4 weeks). Long term prescription is occasionally required for certain patients.

The withdrawal symptoms include Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm), hand tremor, insomnia, nausea or vomiting, transient visual, tactile, or auditory hallucinations or illusions, psychomotor agitation, anxiety, grand mal seizure<sup>3</sup>. There are multiple treatment modalities available for patients with toxicity from anxiolytics and sedatives include detoxification, supportive psychotherapy.

Anxiolytic withdrawal in Ayurveda can be understood from the perspective of *Unmada*. *Unmada* all three *Dosas* may be involved, but the permutation may vary as per the causative factors. So, management should be aimed primarily at pacifying the most predominant *Dosa*. The signs and symptoms were correlated with the Ayurveda classical reference. The management of *Unmada* includes *Virechana*, *Snehapana*, *Kashayadhara* etc, along with internal medications.

### Clinical Presentation with History

A 54 old Muslim male hailing from Malappuram presented in the Government Ayurveda Research Institute for Mental Health and Hygiene, along with his wife with complaints of 2 days before admission he had seizure attack for the first time, he got aggressive at the time with increased sound making and incontinence of urine and grinding of teeth. He had decreased sleep, self talk, anger, crying spells since 2 months. Patient from his 20<sup>th</sup> year of age onwards started using beedi and then cigarette smoking. Initially it was 1/day and gradually increased up to 10/day patient started using Opium 25 years of age onwards. On starting it was one pinch at morning and one pinch at night, and he felt generalized health improvement and good feeling of body. 7 years back he had intermittent cough and breathing difficulty and he

consulted doctor and on advice he stopped smoking. He also tried to stop opium use because of its unavailability and he needed more money for buying it. 2 years back gradually he reduced the dose of opium and he showed sleeplessness and then he started to use Lopez MD tablet by consulting allopathic hospital.

For reducing the amount of opium he gradually increased the amount of anxiolytic tablet in day time and used up to 5-7 tablets per day without consulting any doctor. His speech become slurred, impairment in cognition and mood liability, irrelevant talk, and crying spells were seen and he was taken up treatment from Government Ayurveda Research Institute for Mental Health and Hygiene and got symptomatic relief. He completely stopped the use of sleeping pills few days before admission. Two days before admission he had seizure attack for the first time, he got aggressive at that time with increased sound making and incontinence of urine and grinding of teeth.

### Family History

The patient was the first child of non-consanguineous parents (father having 3 wives) his father was very rude in nature and the patient was afraid of his father (sometimes when the father was at home he stayed out home with his friends). The relationship between the patient and family members were satisfactory.

### Clinical Findings

#### General Physical Examination

Pulse- 68/min, Heart rate- 68/min, BP- 160/90 mmHg, RR- 14/min, Weight- 67 Kg

#### Mental Status Examination

The patient was moderately built and adequately groomed, and his teeth are damaged due to substance use. He was comfortable with the interview and was cooperative. Eye contact was maintained, and rapport was established with ease. Psychomotor activity and speech were normal. The mood was found to be euthymic subjectively, and objectively, it was happy. The effect was congruent with mood. The thoughts appeared to be continuous, there were no delusions, and he had a guilty feeling. Currently, he does not have any hallucinations. He was conscious and well-oriented to the time, place, and person. His recent memory was intact, but his immediate and remote memories were slightly impaired. Attention, concentration, and abstract thinking were normal, and there was no impairment in intelligence, judgement, reading, or writing. The insight was graded as 6 as he was aware of being ill and the physical problems, and he was ready to apply this knowledge to future situations.

**Lab Investigations**

Hb – 13.2gm%, ESR – 18 mm/hr, RBS – 100 mg/dl, S.Cholesterol- 170mg/dL, Urine Routine Examination- Normal  
**Ayurveda Clinical Examination**

**Table 1: Dasavidha Pareeksha**

<b>Dosha</b>	<b>Kapha pitha</b>	<b>Analam</b>	<b>Madhyama</b>
<i>Dhatu</i>	<i>Rasa</i>	<i>Dosha prakrithi</i> <i>Manasa prakrithi</i>	<i>Vatha kapha</i> <i>Tamo raja</i>
<i>Bhoomi desam</i> <i>Deha desam</i>	<i>Sadharanam</i> <i>Sarva sareeram, manas</i>	<i>Vaya</i>	<i>Madhyama</i>
<i>Rogabalam</i>	<i>Madhyama</i>	<i>Satwa</i>	<i>Madhyama</i>
<i>Rogibalam</i>	<i>Madhyama</i>	<i>Satmya</i>	<i>Sarvarasa satmya</i>
<i>Kalam: Kshanadi</i> <i>Vyadhyavastha</i>	<i>Hemanta</i> <i>Purana</i>	<i>Abhyavaharana sakthi</i> <i>Jarana sakthi</i>	<i>Madhyama</i> <i>Madhyama</i>

**Table -2 Ashtavibhrama Assessment**

<b>Vibrama</b>	<b>Present/ Absent</b>	<b>Features</b>
<i>Manas</i>	Present	Impairment in thought and control over the <i>Indriyas</i> .
<i>Bhudhi</i>	Present	Craving towards drugs and substance
<i>Samnjajana</i>	Absent	-
<i>Smrithi</i>	Present	Memory issues present
<i>Bhakthi</i>	Present	Desire for food reduced
<i>Sila</i>	Present	Increased anger, reduced sleep
<i>Ceshta</i>	Absent	-
<i>Achara</i>	Absent	-

**Diagnostic Focus and Assessment**

The symptoms of the patient coincide with the diagnostic criteria of anxiolytic withdrawal disorder as per the diagnostic criteria mentioned in DSM 5. He had a cessation of (or reduction in) sedative, hypnotic, or anxiolytic use that had been prolonged. Hand tremor, insomnia, vomiting, psychomotor agitation, and grand mal seizures develop within several hours to a few days after the cessation of (or reduction in) anxiolytic use and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.<sup>[3]</sup> Seizures and autonomic instability in the setting of a history of prolonged exposure to sedative, hypnotic, or anxiolytic medications suggest a high likelihood of sedative, hypnotic, or anxiolytic withdrawal.<sup>[3]</sup>

The sleep assessments were done using the Pittsburgh Sleep Quality Index on first day and 21<sup>st</sup> day.

**Management**

The following internal medicines were administered

- 1) *Swetha sankhpushpi*<sup>[5]</sup>, *Yashti*<sup>[6]</sup>, *Aswagandha churna*<sup>[7]</sup> -2gm, B D
- 2) *Tikthaka ghritham*<sup>[8]</sup> – 10ml at bedtime
- 3) *Somalatha churnam*<sup>[9]</sup> - 5gm at bedtime
- 4) *Kharjuradi mantha*<sup>[10]</sup> – 90ml at morning

**Treatment Procedures**

<b>Treatment</b>	<b>Days</b>	<b>Medicine</b>	<b>Rationale</b>	<b>Remarks</b>
<i>Virechana</i>	1	<i>Avipathychoornna</i> <sup>[11]</sup> 30gm	<i>Srothosuddhi</i> , <i>Indriyasuddhi</i> , <i>Pithasamana</i>	Irritability reduced
<i>Sirodhara</i>	7	<i>Usheera</i>	<i>Pitha samana</i> and <i>Srothosodhana</i>	Sleep improved

<i>Rookshana</i>	3	1. <i>Gandharvahastadi kashayam</i> -90ml bd 2. <i>Mustharishtam</i> 30ml bd 3. <i>Shaddaranam</i> tab 1-0-1	<i>Srothosodhana, Rookshana, Agni deepana</i>	<i>Agni</i> improved
<i>Snehapana</i>	7	<i>Tikthaka gritha</i>	<i>Smrithi medakara, Pithakaphasamana, Agni deepana</i>	Thoughts normalised, <i>Indriyagraha</i>
<i>Abhyanga ushmasweda</i>	2	<i>Dhanwantaram taila</i> <sup>[12]</sup>	<i>Vathakapha hara, Srothosodhana, Koshtagathi of Dosh</i>	<i>Anulomana</i>
<i>Virechana</i>	1	<i>Avipathy choorna</i>	<i>Pithahara, Anulomana, Indriyasudhi</i>	Mind calm

## RESULTS

Pittsburgh Sleep Quality Index

Before treatment- 13

After treatment- 5

## DISCUSSION

Mental disorders are caused predominantly by the imbalance of the attributes of the mind, i.e., *Sattva*, *Rajas*, and *Tamas*. There may be an increase in *Rajas* or *Tamas* and a deterioration or masking of *Sattva* attributes. The patient mainly presented with the signs and symptoms of *Pitha*, which include anger and reduced sleep, and *Kapha*, which includes mood liability and slurred speech. Initially, the medicine *Kharjuradi mantha*<sup>[10]</sup> was given for instant energy and to alleviate *Pitha dosha*. *Somalatha churna*<sup>[9]</sup> was given for correcting sleep and eliminating the effects of poisonous substances. *Swetha sankapushpi*<sup>[5]</sup>, *Yashti*<sup>[6]</sup>, and *Aswagandha*<sup>[7]</sup> *churna* alleviate the *Pitha dosha* and calm the mind.

The treatment procedure started with *Virechana* using *Avipathy Churna*<sup>[11]</sup> to relieve the withdrawal symptoms. Followed by *Usheera kashaya dhara* for 7 days, in the procedure of *Sirodhara*, prolonged and continuous pressure due to the trickling of medicated liquid over the forehead causes tranquility of mind and reduces stress by modulating nerve stimulation. *Sirodhara* probably normalizes the two important neurotransmitters serotonin and norepinephrine, which regulate a wide variety of neuropsychological processes along with sleep.<sup>[4]</sup> Improvement in sleep was noticed after *Sirodhara*. It is a purifying and rejuvenating therapy that eliminates toxins and mental exhaustion as well as relieves stress and any ill effects on the central nervous system. For *Ama pachana* and for *Anulomana* of *Vata*. *Rookshana*, was done with *Gandharvahastadi kashaya*, *Shaddharanam* tablet, and *Mutharishtam* for 3 days.

*Shodananga snehapana* done with *Thikthaka ghrita* effective in alleviating *Pithakapha doshas*. The *Snehapana* was administered for 7 days. From the next

day, *Abhyanga* and *Ushma sweda* were done with *Dhanwantharam taila* for 2 days in order to bring about the liquefaction of *Doshas*. On a consecutive day, *Virechana* was administered with *Avipathy choorna*. Properly administered *Virechana* brings about *Srothosuddhi* and *Indriya visuddhi* and also increases the *Agni*<sup>[4]</sup>.

## CONCLUSION

Overuse or misuse of medications also causes intoxication and withdrawal problems. The withdrawal symptoms can be related to imbalance of *Dosha*, and using the Ayurvedic protocol, the balancing of the *Sareerika* and *Manasika doshas* is mainly focused. Through the *Panchakarma* protocol and internal medications, maintain the normalcy of *Dosha*. The rehabilitation techniques such as yoga and meditation also continued. The scope of Ayurvedic protocols for better management and improving quality of life is more to be considered for future research.

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