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Case Study

EFFECTIVE AYURVEDIC MANAGEMENT OF *MADATYAYA* (ALCOHOL WITHDRAWAL SYMPTOMS)

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ABSTRACT

Abruptly reducing or quitting alcohol use is risky for heavy drinkers. Symptoms such as mild to moderate tremors, anxiety, irritation, confusion, delirium, tremors, and seizures are among the worst withdrawal symptoms. The cause of these symptoms lies in the changes that alcohol produces in brain activity, leading to an overabundance of neuronal activity when there is no more alcohol. Ayurveda offers a comprehensive approach that considers not only the body but also the mind. Acharya described Madya as having characteristics that are the opposite of *Ojas*. Our classics provide a broad explanation of the term "Madatyaya". This case study describes how to effectively manage the symptoms of alcohol withdrawal using Ayurvedic treatment methods. Clinical Finding: The patient suffered from tremors, nausea/vomiting, anxiety, agitation, headache, disorientation, insomnia, and sweating. Diagnosis: Clinical assessment was done by using the CIWA-Ar scale. Intervention: We initiated treatment with Shanshamana Aushadh (Avipattikar Churna, Ashwagandharishta, Kharjuradi manth, etc) and performed Shirodhara using Bhramhi tail and Til tail. Outcome: Patient showed complete improvement. SGOT, SGPT levels became normal. Conclusion: Ayurvedic treatment of alcohol withdrawal symptoms shows satisfactory clinical result in the patient.

INTRODUCTION

Alcohol known since Vedic period as *Madya* are used for worship purposes, medicinal preparations, and consumed as a relaxant. Almost every organ in the body is affected by alcohol. As a small molecule, alcohol can easily cross membrane barriers and reach different parts of the body very quickly. Alcohol acts as a sedative that interacts with several neurotransmitter systems important in the regulation of sleep. It can be associated with other symptoms such as mood swings, depression, headache etc. As 2024, in India the market for alcoholic beverages is expected to reach around 6.21 billion litres. According to the national family health survey-5, 19% of men aged 15 and over drink

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alcohol, compared to 1% of women in the same age group.

The complicated illness known as substance use disorder (SUD) is characterized by unchecked substance use despite negative effects. Alcohol, tobacco, or illegal drugs are among the substances that people with SUD are obsessive about using to the point where it interferes with their ability to go about their daily lives. Even when people know that consuming the substance will or is causing issues, they continue to use it. A "substance" is any psychoactive substance that carries the risk of causing social problems, health problems, or addiction. Certain medicines, such as hydrocodone or oxycodone (oxycontin, vicodin, and lortab), may be available only with a prescription from a doctor and used only for medicinal purposes. Other substances, such as alcohol and tobacco, may be outlawed. The pharmacological and behavioral effects of these drugs can be categorized into seven classes[1]. After an extended period of alcohol consumption, withdrawal symptoms typically arises when the person stops drinking or cuts back. From little tremors to delirium tremens, there are a variety of symptoms to consider. Six to twenty-four hours after the last drink, withdrawal often starts^[2]. The symptoms peak in 24 to 72 hours and then progressively go away in 7days^[3]. An alcohol withdrawal syndrome diagnosis can only be made if the patient exhibits two or more of the following symptoms: increased hand tremor, insomnia, nausea, vomiting, tactile, visual, or auditory hallucinations, psychomotor agitation, anxiety or seizures^[4].

Patient Information

A 34 years old male patient, a known case of alcohol addiction for the last 15 years was visited to NIA (De-addiction unit) on June 9, 2023, with alcohol withdrawal symptoms like tremors, nausea/vomiting, anxiety, agitation, headache, disorientation, insomnia, sweating. Before taking Ayurveda treatment he got allopathy treatment but no any relief was found. Then he visited to NIA hospital land admitted in IPD of deaddiction unit.

Personal History

Patient's diet habit was mixed. Bowel habit was irregular. Sleep quality and quantity both was bad. No

any surgical history and previous medication history of any other disease was found.

Clinical Finding

The patient had tremors in both hands. Other symptoms were like, restlessness, sweating, loss of appetite, nausea, anxiety, nervousness, headache, insomnia. Pulse rate was 68/min, and blood pressure was 140/100 mm Hg. Nadi (pulse) was Pittaja, Jihva (tongue) was Sama (coated). Aakriti was Madhyam. And bowel habit was irregular. Dasavidhapariksha revealed Vata-pittaj prakriti, and Sara, Samhanana, Pramana, Satva, Satmya were Madhyam. Jaranashakti was poor. Vyayama Shakti was Avar. Vaya was Madhyam.

Diagnostic Assessment

Patient's screening done by AUDIT (Alcohol use disorder identification test) score. Audit score was 24 which indicate that patient was alcohol dependent. Than clinical assessment of alcohol withdrawal was done by CIWA-Ar. This scale can measure 10 symptoms. Score of less than 8 to 10 indicate minimal to mild withdrawal, score of 8 to 15 indicate moderate withdrawal, and score of 15 or more indicate severe withdrawal.

Table 1: Clinical Assessment of Alcohol Withdrawal Syndrome Patients (as per CIWA-Ar)[5]

Clinical Features	ВТ
Nausea/Vomiting (0-7)	7
Tremors (0-7)	5
Anxiety (0-7)	5
Agitation (0-7)	4
Paroxysmal sweat (0-7)	5
Orientation & clouding of sensorial (0-4)	3
Tactile disturbances (0-7)	3
Auditory disturbances (0-7)	0
Visual disturbances (0-7)	0
Headache (0-7)	7

Table 2: Biochemical Investigations of the Patient

Investigation	Before treatment
Haemoglobin (g/dl)	15.7
Lipid profile	
Triglycerides (mg/dl)	126.0
Total Cholesterol (mg/dl)	157.6
HDL Cholesterol (mg/dl)	40.5
Liver function test	
Bilirubin total (mg/dl)	1.189
Bilirubin direct (mg/dl)	0.546
Bilirubin indirect (mg/dl)	0.64

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SGOT (AST) (u/l)	541.0
SGPT (ALT) (u/l)	324.1
Total protein (g/dl)	8.44
Albumin (g/dl)	5.48
Globulin (g/dl)	2.96
Renal function test	
Urea (mg/dl)	15.8
Serum creatinine (mg/dl)	0.96

Timeline and Therapeutic Intervention

Considering the observations and patient factors treatment was prescribed.

Table 3: Timeline of the case

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Day and Date	Purification Therapy/ Procedure	Drug Therapy (Sanshaman)	
First Day, 09-06-2023	1. Sarvang Abhyang Swedan 2. Shirodhara with Brahmi Tail+ Til Tail	1. Avipattikar Churn 3gm + Pittantak Churn 500mg+ Mukta Shukti Bhasm 500mg BD with water orally 2. Ashwagandharisht 20ml + Drakshasav 20ml + 40ml water BD orally 3. Kharjuradi Manth 50ml BD orally 4. Vish Tinduk Vati 500mg BD with lukewarm water orally 5. Aarogyavardhini vati 250mg BD with lukewarm water orally	
Eight Day, 16-06-2023	1.Sarvang Abhyang Swedan 2. Shirodhara with Brahmi Tail+ Til Tail 3.Yogasan- Nadi Shodhan Pranayam, Bhramari, Kapal Bhati	1. Avipattikar Churn 3gm+ Pittantak Churn 500mg+ Mukta Shukti Bhasm 500mg BD with water orally 2. Ashwagandharisht 20ml+ Drakshasav 20ml + 40ml water BD orally 3. Kharjuradi Manth 50ml BD orally 4. Vish Tinduk Vati 500mg BD with lukewarm water orally 5. Aarogyavardhini vati 250 mg BD with lukewarm water orally 6. Jatamansi Phant 40ml BD orally	
Fifteenth Day 23-06-2023	1.Sarvang Abhyang Swedan 2. Shirodhara with Brahmi Tail+Til Tail 3. Yogasan- Nadi Shodhan Pranayam, Bhramari, Kapal Bhati	1. Kharjuradi Manth 50ml BD orally 2. Syp. M Liv 15ml BD orally 3. Lavanbhaskar Churn 3gm BD with buttermilk orally 4. Kushmand Avaleh 5gm BD with milk orally	
Twenty Third Day 01-07-2023	Yogasan	1. Kharjuradi Manth 50ml BD orally 2. Syp. M Liv 15ml BD orally 3. Lavanbhaskar Churn 3gm BD with buttermilk orally 4. Kushmand Avaleh 5gm BD with milk orally 5. Mahanarayan Tail for local application	
Thirtieth Day 08-07-2023	Yogasan	 Kharjuradi Manth 50ml BD Orally Syp. M Liv 15ml BD Orally Lavanbhaskar Churn 3gm BD with buttermilk orally Kushmand Avaleh 5gm BD with milk orally Mahanarayan Tail for local application 	
Thirty Forth Day 12-07-2023	Patient was discharged		

Table 4: Procedure and Drug Therapy and Duration

S.No	Procedure and Drug Therapy	Duration
1	Sarvang Abhyang Swedan	20 days
2	Shirodhara with Brahmi Tail + Til Tail	20 days
3	Yogasan	20 days
4	Avipattikar Churn + Pittantak Churn + Mukta Shukti Bhasm	15 days
5	Ashwagandharisht + Drakshasav	15 days
6	Kharjuradi Manth	30 days
7	Vish Tinduk Vati	15 days
8	Aarogyavardhini vati	15 days
9	Jatamansi Phant	8 days
10	Syp. M Liv	16 days
11	Lavanbhaskar Churn	16 days
12	Kushmand Avaleh	16 days
13	Mahanarayan Tail	8 days

RESULT

Table 5: Changes in scores of CIWA-Ar Scale

Clinical features	BT	AT
Nausea/Vomiting (0-7)	7	0
Tremors (0-7)	5	0
Anxiety (0-7)	5	0
Agitation (0-7)	4	0
Paroxysmal sweat (0-7)	5	1
Orientation & clouding of sensorial (0-4)	3	1
Tactile disturbances (0-7)	3	0
Auditory disturbances(0-7)	0	0
Visual disturbances(0-7)	0	0
Headache (0-7)	7	0

Table 6: Changes in Biochemical Investigations

Investigation	Before Treatment	After Treatment
Haemoglobin (g/dl)	15.7	14.6
Lipid profile		
Triglycerides (mg/dl)	126.0	75.6
Total Cholesterol (mg/dl)	157.6	246.9
HDL Cholesterol (mg/dl)	40.5	132.1
Liver function test		
Bilirubin total (mg/dl)	1.189	0.319
Bilirubin direct (mg/dl)	0.546	.142
Bilirubin indirect (mg/dl)	0.64	0.18
SGOT(AST) (u/l)	541.0	15.8
SGPT(ALT) (u/l)	324.1	13.4
Total protein (g/dl)	8.44	6.78

Albumin (g/dl)	5.48	4.43
Globulin (g/dl)	2.96	2.35
Renal function test		
Urea (mg/dl)	15.8	12.7
Serum creatinine (mg/dl)	0.96	0.88

Follow-Up and Outcome

The patient was visited on 7th, 14th days after discharge from the IPD for further assessment. Patient showed complete improvement. SGOT, SGPT levels became normal. During treatment, the patients had never reported any adverse effects of medication.

DISCUSSION

Indigestion is referred to as Agnimandya in Ayurveda. Pitta dosha imbalance is the cause of this. When food is ingested and not completely metabolized by Mandagni (weak digestive fire), condition of Ama (toxic residues in the body from incomplete digestion) is emerged. Put simply, indigestion is the result of part of the food's digestive process being interrupted. Deepan (appetizer) and Pachan (digestive) qualities of Avipattikara *Churna's* helped to improve indigestion.[6] Ashwagandharishta, is an Ayurvedic classical formulation. It contains Ashwagandha as the main ingredient which shows positive results in managing stress or anxiety and headache due to its anti-stress properties^[7]. *Drakshasav* given for complaints like weakness, loss of appetite^[8]. *Kharjuradi manth* helps to improve alcohol induced liver damage and detoxifies its ill effects and said to be Vatapittashamaka. Khajurs are rich in nutrition and loaded with fiber, protein; comes potassium, magnesium, and minerals. They are high in antioxidants and help the body fight against diseases[9]. Vishtinduk Vati is prepared from purified Vishtinduk (Strichnus Nux-vomica). It is one of the most potent medicines for neuronal disorders. It's an excellent medicine to cure nervine pain[10]. Arogyavardhini vati is a multi-herb supplement that has been used to treat fatty liver. Syrup m.liv also given for treatment of liver dysfunction[11]. Jatamansi phant given for anxiety, insomnia[12]. *Lavan Bhaskar Churna* detoxifies the body by eliminating toxins (Ama) and stimulates the secretion of gastric juice. It is useful in liver and spleen disorders[13]. Kushmanda Rasayana has Balya (strength provider) and Rasayana properties which helped to reduce the symptoms of fatigue. It also fulfils the requirement of important proteins, calcium, vitamin B, and vitamin C which help in gaining overall strength^[14]. Yogasan and Pranayam reduce alcohol craving, decrease stress and improve sleep quality. The clinical benefits observed With Shirodhara in anxiety, neurosis, hypertension and stress due to chronic degenerative disease. We also got great results from

Shirodhara with Brahmi Tail and Tiltail in alcohol withdrawal-induced insomnia.

CONCLUSION

Ayurvedic treatment of alcohol withdrawal symptoms shows satisfactory clinical results in the patients. Thus, this case study infers that Ayurveda formulations can be used to support the treatment of alcohol withdrawal symptoms when a good diet and lifestyle are practiced. No adverse effects of the prescribed drug were reported in this case.

DECLARATION OF PATIENT CONSENT

Authors certify that they have obtained patient consent form, where patient has given his consent for reporting the case along with the image and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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