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Case Study

AN INTEGRATIVE MANAGEMENT PROTOCOL IN ALCOHOL WITHDRAWAL

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ABSTRACT

An estimated 50% of individuals who abruptly cease heavy alcohol consumption experience withdrawal symptoms. These symptoms typically manifest between two hours to four days after cessation of alcohol intake, ranging from mild discomfort to severe complications. **Clinical Findings:** The patient presented with symptoms characteristic of alcohol withdrawal, including headaches, nausea, tremors, anxiety, hallucinations, and risk of seizures. These manifestations significantly impacted the patient's quality of life, affecting their physical, mental, personal, social, and spiritual well-being. **Diagnosis:** The condition was diagnosed as *Sannipataja Madatyaya* according to Ayurvedic principles, which correlates with alcohol withdrawal syndrome as per DSM-5 criteria. Initial assessment using the CIWA-Ar scale showed a score of 15, indicating moderate withdrawal symptoms. **Intervention:** The treatment protocol consisted of *Kharujradi Mantha* administration alongside complementary therapies including yoga, meditation, and counselling. The intervention lasted 28 days in a rehabilitation centre, followed by a 45-day observation period. Outcome: The intervention demonstrated significant therapeutic benefits, with CIWA-Ar scale ratings decreasing from 15 to 4 during the treatment period. Complete remission was achieved by the 28th day, with improvements sustained through the 45-day non-interventional observation period and minimal side effects reported. **Conclusion:** The successful application of *Kharujradi Mantha,* combined with complementary therapies, offers a promising alternative for managing mild to moderate alcohol withdrawal symptoms. The minimal side effects and sustained improvement suggest that this approach warrants further investigation through controlled clinical studies to validate its effectiveness and establish standardized protocols.

INTRODUCTION

AWS (ICD F10.239) develops when alcohol-dependent individuals abruptly stop drinking. In India, 27.3% of adults have alcohol use disorder, with 30-40% of dependent patients developing withdrawal in tertiary care.[1] Common symptoms include autonomic hyperactivity, tremors, insomnia, nausea, anxiety, and potentially hallucinations, seizures (5%), and delirium tremens. Symptoms onset is 6-12 hours post-drinking, peaking at 48-72 hours.[2]

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In Ayurveda, AWS *(Sannipataja madatyaya)* presents with severe body pain, unconsciousness, cardiac pain, anorexia, constant thirst, fever with hot-cold characteristics, and severe pain in head, chest, bones, and joints, along with tremors, sweating, insomnia, and hallucinations.[3,5]

This case report demonstrates successful AWS treatment using Ayurvedic approach *(Kharujradi Mantha[11])* combined with yoga and meditation, showing improvement across physical, mental, and social domains.[4]

Patient Information

A 28-year-old male sought admission for alcohol withdrawal management, presenting with sleep disturbance, depression, worthlessness, poor concentration, impaired self-control, and death

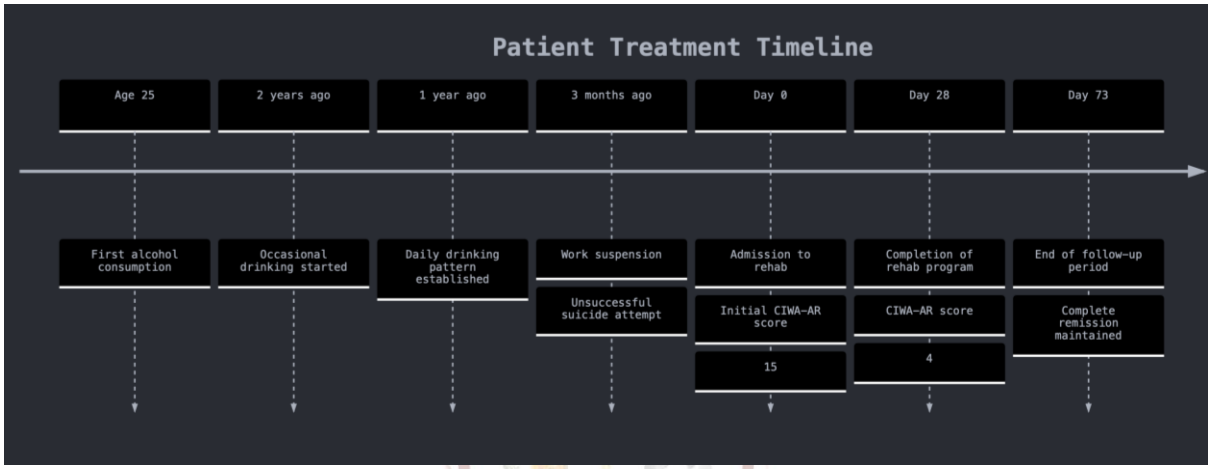
ideation. His three-year alcohol addiction had intensified recently, with family history positive for alcohol use disorder. Despite previous 18-month de-addiction treatment, he experienced relapse. He voluntarily entered Spandana IRCA, Harihara, Karnataka, for 28-day rehabilitation, where he was diagnosed with mild-moderate alcohol withdrawal per DSM-5 criteria and admitted for supervised withdrawal management.

Clinical Findings

Physical exam showed stable vitals (BP 110/70, pulse 76, respiratory rate 20, weight 86kg), present icterus, and normal respiratory, cardiovascular, and CNS function. Psychiatric assessment revealed dull affect, low voice, poor eye contact, passive gestures, crying spells, irritability, impulsiveness, persistent worry, feelings of worthlessness, death wishes, social withdrawal, sleep issues, headaches, and fatigue. Laboratory findings indicated hemoglobin 16.1g/dL, blood sugar 87mg/dL, bilirubin (total 1.10, direct 0.23, indirect 0.87mg/dL), total protein 6.78g/dL, liver enzymes (SGOT 45.17, SGPT 38.30, ALP 120 U/L), and creatinine 0.89 mg/dL.

Timeline

The timeline of the case is as depicted in the figure1.



Diagnostic Assessment

Patient presented with classic alcohol withdrawal symptoms (nausea, vomiting, sweating, agitation, insomnia, loss of appetite, and auditory disturbances) meeting DSM-5 criteria.[9] Differential diagnoses considered MDD, anxiety, and adjustment disorder with alcohol use. Mild to moderate alcohol withdrawal was confirmed through symptom timing and CIWA-AR assessment. Ayurvedically diagnosed as *Sannipataja Madatyaya*.[7] Treatment outcomes showed complete symptom resolution with CIWA-Ar scores improving from 15 to 0, and sustained recovery through 45-day follow-up.

Therapeutic Intervention

After explaining about the planned procedures and after having a consent, the patient was admitted into the rehab. The management plan included *Yuktyavyapasraya* (interventional) - *Kharujradi Mantha*[12,14] for 28 days During this period no other oral medicines were administered. [Table1]and *Sattvavajay* approaches like deep relaxation techniques in meditation session & *Sūrya Namaskara yoga* every morning and chanting of *Mahamrityunjaya Mantra* twice a daily for 28 days and along with weekly counseling sessions with an expert psychologist.

Table 1

S.no	Date	*Yuktyavyapasraya*	*Sattvavajaya*	*Daivavyapasraya*
1	From day of admission to discharge September 11, 2024 – October 8, 2024	Kharujradi Mantha 50ml twice a day, half an hour before breakfast and dinner.	Yoga – Sūrya Namaskara for half an hour everyday morning at 6:30AM As a part of meditation- deep relaxing techniques practiced. Counselling sessions of 30 minutes were conducted daily for the 28-days.	Chanting of *Mahamrityunjaya Mantra*[16,17] for 11 times, twice a daily at 7AM & 8PM.

Follow Up & Outcomes

Upon hospital discharge, the patient was directed to a rehab setting and advised to attend regular follow-up sessions. No oral medication was continued. Separate counseling sessions were conducted for the patient and mother. Patient progress was evaluated on four occasions: before medicine commencement [11/9/24], after 28-day hospital treatment [8/10/24], and during subsequent 45-day follow-ups. Each counseling session demonstrated progressive improvement, confirming sustained recovery and positive lifestyle changes. Findings indicated overall condition improvement and positive treatment response.

Table 2

CIWAR-Ar Scale[15]	Before treatment 0th day	After treatment 28th day
Nausea & vomiting	2	0
Tactile disturbances	1	1
Tremor	3	2
Auditory disturbances	1	0
Paroxysmal sweats	1	0
Visual disturbances	0	0
Anxiety	2	1
Headache, fullness in head	2	0
Agitation	1	1
Orientation & clouding of sensorium	1	0

Table 3

Sl No	1st Follow-Up 23rd October, 2024	2nd Follow-Up 7th November 2024	3rd Follow-Up 22nd November 2024
CIWA-Ar Score	5	3	2
Counselling comments	Mild improvements in their overall condition.	Significant improvements were observed as the patient reported feeling more relaxed with decreased worry, improved relationship with their mother, and better work performance and concentration.	Remarkable progress, reporting complete freedom from withdrawal symptoms, enhanced work performance and concentration, and an overall relaxed state of mind.
Alcohol cravings	Significant alcohol cravings.	Moderate alcohol cravings persisted.	Mild cravings for alcohol.

DISCUSSION

Kharujradi Mantha treats Alcohol Withdrawal Syndrome (AWS) through multiple pathways: its natural compounds stabilize blood sugar, reduce tremors, and provide anxiolytic effects via GABA and serotonin modulation.[12] The 50ml twice-daily dosing addresses nutritional and electrolyte needs.

The case treated *Sannipataja Madatyaya* (CIWA-Ar 15) using *Kharujradi Mantha* alongside *Sattvavajaya* therapy, yoga, meditation, and counseling during 28-day inpatient and 45-day outpatient care. Treatment success benefited from patient and family engagement.

This integrative approach combined conventional rehabilitation with complementary practices for holistic treatment.[10] While limited by single-case design and follow-up duration, it showed promise as an alternative to long-term benzodiazepine use.[6]

CONCLUSION

The Ayurvedic protocol effectively managed *Sannipataja Madatya* by balancing *Doṣas* and enhancing *Manobala* through cognitive restructuring of *Cintya, Vicarya, Uhya, Dheya, Sankalpa*, and *Buddhi*.[13] This led to improvements in *Bhakti, Sheela, Ceṣṭa,* and *Acara*, promoting overall *Saririka* and *Manasika* wellbeing.[18]

Future research needs include randomized controlled trials, larger sample sizes, extended follow-up periods, and investigation of neurotransmitter modulation mechanisms in Ayurvedic treatments. The

case demonstrated success through integrative treatment combining *Kharujrdi Mantha*, yoga, meditation, and counseling, with CIWA-Ar scores improving from 15 to 0, supporting holistic approaches to alcohol withdrawal management.

Declaration of Patient Consent

Authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting the case along with the images 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.

Patient Perspective

Patient felt he rejuvenated and opined good, sustained improvement of patient. His mental state bonding with the family members, remarkable co-operation at the workplace and socialization improved considerably. patient's mother opines that patient had to the regimen like meditation, yoga etc. without many reminders and pressures.

REFERENCES

1. World Health Organization. Global status report on alcohol and health 2023. Geneva: WHO; 2023. p. 45-67.
2. Singh S, Balhara YPS. Alcohol use disorders in India: Epidemiology, challenges and treatment barriers. J Substance Abuse Treat. 2024; 89: 123-34.
3. Kumar K, Sharma R, Gupta M, et al. Prevalence of alcohol withdrawal syndrome in tertiary care hospitals: A multi-centre study. Indian J Psychiatry. 2023; 65: 78-85.
4. Ambekar A, Agrawal A. Gender differences in alcohol use disorders: Indian perspective. Asian J Psychiatry. 2024; 45: 234-41.
5. Johnson RA, Smith BT. Comorbid mental health conditions in alcohol withdrawal: A systematic review. J Clin Psychiatry. 2023; 84: 167-79.
6. Kosten TR, O'Connor PG. Management of drug and alcohol withdrawal. N Engl J Med. 2023; 378: 1252-61.
7. Tewari PV, editor. Kashyapa Samhita: Text with English translation and commentary. Varanasi: Chaukhambha Visvabharati; 2016. p. 125-6.
8. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed., text revision. Washington, DC: APA; 2022.
9. Patil VS, Desai MK, Shah KR, et al. Understanding Madatyaya through Ayurvedic principles: A contemporary analysis. Int J Ayurveda Res. 2024; 15: 89-97.
10. Kumar R, Shah N. Clinical applications of Kharjuradi Mantha in substance use disorders. J Ayurveda Integr Med. 2023; 14: 156-64.
11. Mishra U, Sharma A, Saroj P. A critical review on Kharjuradi Mantha: An Ayurvedic polyherbal formulation for alcoholism (acute and chronic alcohol addiction and withdrawal). Int J Ayu Pharm Chem. 2020; 12.
12. Javeed A, Chate V. A clinical study to evaluate the role of Kharjooradi Mantha in the enhancement of Ojo Guna in Madatyayi subjects. J Ayurveda Integr Med Sci. 2018; 3:5.
13. Nishan S, Wickramasinghe R, et al. A review on pharmacodynamics property of the ingredients of Kharjuradi Mantha and uses of Kharjuradi Mantha for Madathya (alcoholism) in Ayurveda [Internet]. Research Gate; 2021. Available from: https://www.researchgate.net.
14. Sullivan JT, Sykora K, Schneiderman J, et al. Assessment of alcohol withdrawal: The revised clinical institute withdrawal assessment for alcohol scale (CIWA-Ar). Br J Addict. 1989; 84: 1353-7.
15. Bhogal RS. Maha Mrityunjaya mantra practice can be applied for mental disease. Yoga Mimansa. 2002; 34(1): 1-12.
16. Raghuwanshi N, Keswani J, Sharma H, Tewani GR, Nair PMK. Mantra yoga as a probable measure in improving sleep and reaction time among commercial drivers: An exploratory pilot study. J Ayurveda Integr Med. [In press].
17. Kushawaha HCS, editor. Charaka Samhita, 2nd part (Chikitsasthana, Chapter 24). 1st ed. Varanasi: Chaukhambha Orientalia; 2009. p. 639-40.

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