



Case Study

AYURVEDIC MANAGEMENT OF ALCOHOL USE DISORDER

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ABSTRACT

Alcohol Use Disorder (AUD) is a chronic condition characterized by inability to control alcohol consumption despite adverse consequences. It can affect one's physical health, mental health, relationships and finances. It is characterized by problematic and unhealthy patterns of alcohol consumption. AUD is one among the leading epidemiological health issues in India. Nationally about 13% of the population use alcohol. Twenty-one community-based studies conducted across various states in India, estimated the overall prevalence of Alcohol Use Disorders (AUDs) to be 12.5%. Ayurveda conceptualizes problematic use of alcohol as *Madatyaya*. This condition causes disturbances in the *Doshas* and impairs the *Dhatus*, resulting in imbalances of the mind, digestion, and overall system. Effective Ayurvedic treatment focuses on rebalancing the *Doshas* while facilitating detoxification and enhancing tissue regeneration for complete restoration. A 38-year-old male presented with complaints of increased use of alcohol for 6 years and anxious thoughts, tremors, insomnia, and alcohol cravings from 4 days. This affected the occupational life and cause interpersonal relationship issues in family. He was treated at the Government Ayurveda Research Institute for Mental Health and Hygiene using an Ayurvedic regimen based on *Tridoshaja Madatyaya* principles, with predominant *Pitta-Vata* aggravation. The protocol included *Sirolepa*, *Snehapana*, *Virechana*, *Vasthi* and *Nasya* to enhance physical and mental well-being. The effectiveness of the treatment was assessed using CIWA-AR, CAGE, and AUDIT scales before and after the intervention. The CIWA-Ar score significantly reduced from 27 to 3 after 30 days, demonstrating a substantial improvement in withdrawal symptoms. The patient showed enhanced emotional stability, reduced anxiety, improved sleep, and a better overall quality of life. The case study illustrates the Ayurvedic approach towards Alcohol use disorder, emphasizing the comprehensive approach to addressing this condition.


INTRODUCTION

Alcohol use disorder (AUD) is a significant public health concern characterized by an individual's inability to control alcohol consumption despite experiencing adverse consequences across social, occupational, and health domains^[1]. This disorder manifests through a range of symptoms, including intense cravings for alcohol, loss of control over drinking behavior, withdrawal symptoms when not consuming alcohol, and increased tolerance,

necessitating higher quantities of alcohol to achieve the desired effects. The impact of AUD is profound, leading to severe health complications such as liver disease,^[2] cardiovascular issues, and various mental health disorders, thereby affecting not only the individual but also their families and communities. A meta-analysis indicates that the overall prevalence of Alcohol Use Disorders (AUDs) is approximately 12.5%. Contemporary treatment for AUD includes medicines, counselling, and rehab programs, but relapse rates remain high. Ayurvedic interventions are increasingly being utilized in the contemporary management of *Madatyaya*.

AUD and *Madatyaya*

Alcohol Use Disorder (AUD) is characterized by a group of behavioural and physical symptoms, such as tolerance, withdrawal symptoms, and cravings for

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alcohol. In Ayurveda, the condition caused by excessive and improper alcohol consumption is known as *Madatyaya*. The condition can be considered as *Tridoshaja* because all the three *Doshas* are involved in *Madatyaya* pathogenesis. The *Dosha* that is most affected should be treated first. If all three are equally disturbed, then treatment should begin with *Kapha*, then *Pitta*, and finally *Vata*.

Sodhana and Samana therapy

Understanding the relationship between Alcohol Use Disorder (AUD) and *Madatyaya* is essential for formulating effective treatment strategies. In Ayurveda, *Śodhana* and *Śamana* therapies play a pivotal role in the management of various disorders, including *Madatyaya*. *Śodhana* helps eliminate accumulated toxins and impurities from the body and supports the restoration of *Dosha* balance, while *Śamana* aims to alleviate clinical manifestations and stabilize the mind-body system.

Alcohol withdrawal commonly presents with symptoms such as nausea, vomiting, tremors, anxiety, agitation, sweating, and headache. These initial withdrawal symptoms may be managed with procedures like *Virechana*, *Śirodhara*, and *Nasya*, followed by long-term dependence management through *Śehapāna*, appropriate *Śodhana* measures, and *Rasāyana Cikitsā*. Together *Sodhana* and *Samana* provide a comprehensive approach to treatment, addressing both the physical and mental aspects of health and wellness.

OBJECTIVE

The objective of the case was to manage the AUD using Ayurvedic treatment protocol and to assess the efficacy of Ayurvedic regimen for alcohol use disorder.

Clinical Findings

The clinical findings of *Dasavidha Pareeksha* can be summarized as follows

Table 1: Dasavidha Pariksha

<i>Dooshya</i>	<i>Dosa: Pitta Vata</i> <i>Dhatu: Rasa, rakta</i>	<i>Prakriti</i>	<i>Deha Prakriti: Kapha Pitta</i> <i>Manasa prakriti: Rajasa Thamasa</i>
<i>Desha</i>	<i>Bhoomi Desa: sadharana</i> <i>Deha Desa: Sarvasareera, Manas</i>	<i>Vaya</i>	<i>Madyama</i>
<i>Bala</i>	<i>Roga: Pravara</i> <i>Rogi: Madhyama</i>	<i>Satva</i>	<i>Avara</i>
<i>Kala</i>	<i>Kshanadi: Varsha</i> <i>Vyadyavastha: Purana</i>	<i>Satmya</i>	<i>Sarvarasa satmya</i>
<i>Anala</i>	<i>Sama</i>	<i>Ahara shakti</i>	<i>Abhyavaharana Sakti: Madhyama</i> <i>Jarana Sakti: Madhyama</i>

The mental status examination (MSE) of a patient is comprehensively tabled below by its key components

Clinical Presentation

A 38-year-old Muslim male from Malappuram presented to the Government Ayurveda Research Institute for Mental Health and Hygiene with complaints of progressively increased alcohol use, neglect of personal and professional responsibilities, anxiety, insomnia, tremors, and elevated body temperature persisting for the past 6 years. These symptoms notably intensified whenever he abstained from alcohol consumption.

He is the seventh child born to non-consanguineous parents and was raised in an environment characterized by strict parenting. His scholastic performance remained average throughout his education. During 8th to 10th grade, while attending *Daras*, he experienced sexual abuse perpetrated by older students, which he chose not to disclose to his family. At the age of 22, amid his postgraduate studies, he initiated alcohol use under peer pressure. Consumption began occasionally but gradually escalated in frequency. Escalating worries, financial difficulties, and familial conflicts further propelled the intensification of his alcohol intake.

For the past six years, he has maintained regular alcohol consumption, resulting in profound personal and professional repercussions, including the loss of his employment. Although he contemplated quitting alcohol on multiple occasions, he proved unable to do so independently, and no formal therapeutic interventions had been pursued previously. Subsequently, he approached the outpatient department (OPD) and was admitted to the inpatient department (IPD) at the Government Ayurveda Research Institute for Mental Health and Hygiene for comprehensive management.

Table 2: Mental Status Examination

General appearance and behaviour	Well groomed, moderately built, eye contact not maintained, tremor on both hands.
Speech	Coherent, relevant, with appropriate reaction time and normal volume.
Mood and affect	Mood - sad, affect - sad
Thought	Process- Continuous Content - Guilt on alcohol abuse, financial concerns, family issues
Perception	Intact
Cognition	Consciousness - Alert Orientation - Oriented to time place and person Attention - Intact Concentration - Intact
Insight	Grade 5
Judgement	Intact

The laboratory investigation results are summarized in the following table.

Table 3: Laboratory Investigation Findings on 10/07/2024

Investigation	Values	Investigation	Values
Hb	15.7 gm%	T. Protein	7.2 gm%
Tc	76000cells/m	Albumin	3.9 gm%
ESR	12mm/hr	SGOT	81 U/L
RBS	149 mg%	SGPT	54 U/L
S.Cholesterol	211 mg %	ALP	247 U/L
T. Bilirubin	1.1 mg%	B. Urea	18mg%
D. Bilirubin	0.3 gm%	Uric acid	7.3 gm%

Diagnostic Criteria

The patient has symptoms as *Vidbheda, Pratatah thrushna, Aruchi, Shira-parswasthi ruk, Kampa, Thrushna, Trikagraha, Swedo Athimatram, Chita vibhrama, Chardi, Pralapa* among the *Samanya madathyaya lakshanas*. The symptoms such as *Jagara* and *Kampa* comes under *Vatika madathyaya, Sweda, Thrut, Raktanetrata* as *Paithika Madathyaya lakshana*, and *Chardi* and *Hrullasa* as *Kaphaja madathyaya lakshana*.

After the *Dosha* assessment the case was diagnosed as *Tridoshaja madathyaya* with predominance of *Pitta* and *Vata*.

As per DSM 5, Alcohol use disorder (F 10.20 Severe) and Alcohol withdrawal (F10.230.) was the diagnosis.

Approach of treatment

As per Ayurveda all case of *Madathyaya* is considered as *Tridoshaja*. Therefore the management should initially target the predominant *Dosha* affected. In this case, the predominant *Doshas* are *Pitha* and *Vata*. So the approach for this case focuses on *Pitta vata samana*. Hence *Virechana vasthi* and *Nasya* were selected as panchakarma procedures and internal medicines were also administered according to this.

Table 4: Internal Medicines

Medicines	dose	Rationale
<i>Swetha sankhapushpi + Sarpagandha + Gokshura churna (1:1:1)</i>	1gm BD	Nootropic, anxiolytic [3]
<i>Swetha sankhapushpi + Yashti + Aswagandha churna (1:1:1)</i>	6gm BD	Neuroprotective ^[4] anxiolytic, anti-depressant ^[5]
<i>Mahathiktakam ghrita</i>	5ml at night	<i>Pittasamana</i>
<i>Drakshadi kashaya</i>	90 ml BD	<i>Dahaprasamana vata pitta hara Madathyaya samana</i>

Table 5: Procedures

Procedures	Medicines and dose	Duration	Remarks
<i>Virechana</i>	<i>Avipatti Churna</i> 25 gm	1 day	5 <i>Vegas</i> obtained
<i>Sirolepa</i>	<i>Musta, Amalaki</i>	7 days	Sleep improved
<i>Rukshana</i>	<i>Gandharva hastadi Kashaya</i> 90 ml BD <i>Shaddharana</i> tablet 2-0-2 <i>Abhayarishta</i> 30 ml BD	2 days	<i>Vatanuloma</i> observed Appetite improved
<i>Snehapana</i>	<i>Dhathryadi ghrita+ Mahathiktaka Ghrita</i> (30ml to 250 ml)	7 days	Tremor considerably reduced
<i>Abhyanga+ Ushmasweda</i>	<i>Dhanwanthara Taila</i>	3 days	Appetite improved
<i>Virechana</i>	<i>Avipatti Churna</i> 30gm	1 day	5 <i>Vegas</i> , burning sensation in body reduced
<i>Yoga vasthi</i>	<i>Anuvasana vasthi</i> with <i>Pippalyadi anuvasana taila</i> 60 ml 5 days <i>Kashaya vasthi -Erاندamooladi</i> <i>Kashaya vasthi</i> 3 days	8 days	Overall improvement noted
<i>Nasya</i>	<i>Kalyanaka ghrita</i> 1ml	7 days	Anxiety reduced

RESULTS

The assessment was done by using the Clinical institute withdrawal assessment for alcohol scale revised (CIWA-AR), CAGE questionnaire and Alcohol use disorders identification test (AUDIT). The initial CIWA – AR was 27 with a corresponding CAGE score of 3 and AUDIT score of 26. The CIWA- AR score decreased to 15 after 7 days and further decreased to 3 after 30 days.

DISCUSSION

All cases of *Madatyaya* are *Tridoshaja*, i.e., they involve all three *Doshas*^[6] *Vata*, *Pitta*, and *Kapha*. Therefore, the treatment should initially target the predominant *Dosha* which is affected. In the treatment of *Madatyaya*, the therapeutic approach begins with addressing the site of *Kapha*, followed by *Pitta* and then *Vata*. In Ayurveda, Alcohol Use Disorder is managed through *Samana* (palliative therapy), *Sodhana* (detoxification), *Rasayana* (rejuvenation), and *Satvavajaya* (mind control therapy). Treatment addresses active withdrawal symptoms, reduces cravings, and manages emerging dependence to prevent escalation and relapse.

Initially *Virechana* with *Avipathy Choorna* was done for *Koshta sodhana*^[7]. After *Virechana* internal medicines were started. Then *Sirolepa* with *Purana dhatri* and *Musta* was given by which the patient got improvement in sleep. *Sirolepa* is found very effective in management of psychological disorders^[8] such as anxiety, mania and sleep disorders. *Takra* has *Ushna Virya* but combination of *Musta, Amalaki* with *Takra* gives a calming effect on head and given for initially addressing of *pitta*. After 7 days of treatment *Ciwa- AR* score reduced to 15.

Then *Gandharva hastadi kashaya, Shaddharana* tablet and *Abhayarishta* was given which helps for *Vatanuloma* and to prepare *Koshta* for *Snehapana*. *Snehapana* was done with *Dhathryadi Ghrita* and *Mahathiktaka Ghrita* with 1:1 ratio for 7 days. *Dhathryadi ghrita* is used for *Pithaja vikaras, Mada, Murcha* and *Madathyaya*. Alcohol withdrawal syndrome results in symptoms such as irritability, aggression, abnormalities in body posture and motor skills, increased sensitivity to sensory input, and alterations in various enzyme levels. *Dhatryadi ghrita* help to reduce alcohol cravings associated with this syndrome^[9]. *Mahatiktaka Gritha* is commonly used for addressing psychological issues^[11]. It is *Thikta rasa pradahana* and having action on *Yakrit*.^[12]

Abhyanga and *Ushmasweda* was performed with *Dhanwanthara Taila* for 2 days followed by *Virechana* with *Avipatti Ćurna*. *Virecana*, a key *Sodhana* therapy that eliminates *Doṣās* through the anal route. It is considered as the most effective treatment for conditions caused by an imbalance of *Pitta*. The drug used in this case was *Avipatti Ćurna*, which is the preferred choice for *Virecana* in patients with *Paittika* diseases. In this case, *Virechana* with *Avipatti Ćurna* significantly reduced *Pitha Dosha*, leading to symptom relief and *Mana prasada*.

In *Yogavasthi, Kashaya vasthi* was done with *Erاندamooladi Kashaya*, which is *Mana-prasaadakara* and *Sneha vasthi* done with *Pippalyadi anuvasana taila*. *Vasthi* followed by *Marsha nasya* with *Kalyanaka Ghrita* 1ml for 7 days. *Bruhmana nasya Karma*, with *Kalyanaka Ghrita*, helps pacify *Vata* and offers benefits as a *Medhya* (intellect-enhancing), *Balya* (strength-

giving), and *Smriti Karaka* (memory-enhancing) treatment. The *Nasya Karma* strengthens all the senses^[14] (*Indriyas*) and promotes a sense of lightness (*Laghuta*) in the body. After 30 days of treatment the Ciwa-AR score reduced to 3.

The integrated Ayurvedic treatment protocol resulted in significant clinical improvement across all presenting symptoms. The patient demonstrated normalization of sleep pattern, improved appetite, marked reduction in tremor severity, substantial alleviation of burning sensations, and significant attenuation of anxiety symptoms.

The patient was discharged on a continuation of the same oral medications administered during inpatient management, with no subsequent follow-up documentation available for long-term outcome assessment

These collective improvements brought about enhanced overall health status and functional well-being, demonstrating the effectiveness of the therapeutic intervention in addressing the symptomatologic profile and achieving comprehensive clinical improvement.

CONCLUSION

Ayurveda's holistic understanding of *Madathyaya* through *Doshic* imbalance offers a distinct therapeutic perspective. *Panchakarma* procedures including *Snehapana*, *Virechana*, *Vasthi*, and *Nasya* effectively detoxified, balanced *Doshas*, and rejuvenated the nervous system, resulting in significant symptom reduction and improved quality of life. This case establishes Ayurvedic management's efficacy in restoring physiological and psychological equilibrium without adverse effects. However randomized controlled trials with larger sample sizes are warranted to establish standardized treatment protocols and integrate Ayurvedic interventions into evidence-based alcohol use disorder management strategies

REFERENCES

1. Sangamesh M, Hegde R, Dsouza V. A case study on the management of alcohol dependence through Ayurveda. *Journal of Ayurveda and Integrated Medical Sciences*. 2024 Jul 24; 9(5): 284-90.

2. Buchanan R, Sinclair JM. Alcohol use disorder and the liver. *Addiction*. 2021 May; 116(5): 1270-8.
3. Malik J, Karan M, Vasisht K. Nootropic, anxiolytic and CNS-depressant studies on different plant sources of shankhpushpi. *Pharmaceutical biology*. 2011 Dec 1; 49(12): 1234-42.
4. Zahiruddin S, Basist P, Parveen A, Parveen R, Khan W, Ahmad S. Ashwagandha in brain disorders: A review of recent developments. *Journal of ethnopharmacology*. 2020 Jul 15; 257: 112876.
5. Akhooon BA, Pandey S, Tiwari S, Pandey R. Withanolide A offers neuroprotection, ameliorates stress resistance and prolongs the life expectancy of *Caenorhabditis elegans*. *Experimental gerontology*. 2016 Jun 1; 78: 47-56
6. Bhosikar SN, Patil AB. Concept of Madatyaya-Ayurveda View Towards Alcoholic Intoxication.
7. Divin V, Suneeshmon MS. A Case Report on Alcohol Withdrawal Syndrome. *International Journal of Ayurveda and Pharma Research*. 2024 Apr 4: 102-6
8. Kumar S, Murtuza, Choudhary S, Madikonda PK. Standardizing Shirolepa: bridging classical knowledge and clinical application. *AYUSHDHARA*. 2025; 12(3): 262-267.
9. Pal RS, Mishra A. Curative Effects of Dhatryadi ghrita Bioactive Extracts on Ethanol Withdrawal Syndrome in Wistar Rats. *Current Bioactive Compounds*. 2021 Jan 1; 17(1): 76-84.
10. Agnivesha, Charaka Samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Yadavaji Trikamaji Acharya. Chikitsasthana, Ch.7, Ver.144-150. 2nd edition. Varanasi: Chaukhambha Surbharati Prakashan; 2020.p.457
11. Mangalasseri P, Roy S, Surendran E, Jayadevan CV, Kumar AM, Chandran S. A cross-sectional study on the role of stress in hyperglycemia and the effect of Mahatiktaka Kashaya (an Ayurvedic formulation) in its management. *AYU (An International Quarterly Journal of Research in Ayurveda)*. 2019 Apr 1; 40(2): 114-9.
12. Sangamesh M, Hegde R, Dsouza V. A case study on the management of alcohol dependence through Ayurveda. *Journal of Ayurveda and Integrated Medical Sciences*. 2024 Jul 24; 9(5): 284-90.
13. Bhardwaj A. Nasya Karma and its type-A Review. *Journal of Ayurveda and Integrated Medical Sciences*. 2019 Apr 30; 4(02): 109-12.
14. Charaka Samhita. Sutrasthana, Chapter 5, Verses 18-20. In: Sharma PV, editor. Charaka Samhita. Varanasi: Chaukhambha Orientalia; 2010. p. 118-119.

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