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Ayurvedic management of Alcohol Use Disorder

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ABSTRACT

Substance use disorders are chronic relapsing disorders, leading to significant impairment in psychosocial functioning. Nicotine and alcohol are most widely consumed psychotropic drugs worldwide. The common use of both increases the risk of noncommunicable diseases to many folds. Conventional therapies have not been able to alter the outcome of these disorders significantly and frequent relapses continue to occur. Hence there is a need to look at complementary and alternate systems of medicine. *Ayurveda* remains one of the most ancient and yet living traditions practiced widely in India and has a sound philosophical and experiential basis. The planning of an effective adequate management of alcohol use disorder in *Ayurveda* with the aid of *Ahara*, *Vihara*, *Achara* and *Aushadhi* depends upon the strength of the disease (*Roga*) and the stamina of the patient (*Rogi*). Here is an attempt made to explain a case study of alcohol use disorder with holistic *Ayurvedic* management.

Key words: *Ayurveda, Madya, Alcohol use disorder, Shodhana, Raja Yapana Basti.*

INTRODUCTION

A drug is defined (by WHO) as any substance that, when taken into the living organism, may modify one or more of its functions. The words 'drug addiction' and 'drug addict' were dropped from scientific use due to their derogatory connotation. Instead 'drug abuse', 'drug dependence', 'harmful use', 'misuse', and 'psychoactive substance use disorders' are the terms used in the current nomenclature. A psychoactive drug is one that is capable of altering the mental functioning.^[1] Alcohol is one such psychoactive drug which is consumed all over the world, but the habit of

being dependent on alcohol for coping with any emotions, trauma, depression, or any reason is where the addiction part takes birth. When one is involved in alcohol use, it's not just health that is at stake; it also brings out numerous mental and social impacts, from weight gain to liver dysfunction to aggressive behaviour at home, loss of income, unemployment, and harm to an unborn baby. Understanding alcohol addiction and looking for accessible natural treatments are instrumental ways of lessening the impact of alcohol on a person. Alcohol addiction also known as Alcoholism or Alcohol abuse. In *Ayurveda*, Alcohol addiction is called as *Manasikam Visargah, Madyapash, Madyasakti*. (*Madya: Alcohol, Pash: Habit, Aasakti: Craving*).^[2]

A diagnosed case of alcohol use disorder was managed with an *Ayurveda* treatment protocol including *Snehapana, Virechana, Basti, Nasya* etc.

AIMS AND OBJECTIVES

A case study of *Ayurvedic* management of alcohol use disorder.

Basic Information of Patient

Name: XYZ

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Age: 35 years

Gender: Male

Occupation: Unemployed

Socio-economic status: Upper middle class

Chief complaints

Patient came with the complains of tremors in both the hands and disturbed sleep since past 3-4 months.

History of present illness

35 years old male patient who is an alcoholic since past 20 years complains of tremors in both the hands and disturbed sleep since past 3-4 months. He started consuming alcohol due to peer pressure in college. He has tried to quit alcohol in 2013 and was able to do it for 2 years but relapsed. He also has the habit of chewing tobacco since 20 years. The patient is seeking help to quit these habits so he came to our hospital for treatment.

History of past illness: Nothing significant.

Family history: All are said to be healthy, No history of alcoholism in the family.

Premorbid personality: Introverted, sedentary, despondent, self-centred, lack of acceptance of responsibility.

Marital status: Married

Mental Status Examination:

General appearance and behaviour:	<ul style="list-style-type: none"> Looks uncomfortable, evasiveness, adequate dressing, good hygiene and self-care.
Speech	<ul style="list-style-type: none"> Non-spontaneous, decreased volume, hesitant.
Mood and affect	<ul style="list-style-type: none"> Mood- Sad; Affect - Euthymic.
Thought	<ul style="list-style-type: none"> Non-goal-oriented.
Perception	<ul style="list-style-type: none"> No hallucinations.
Cognition	<ul style="list-style-type: none"> Consciousness – Intact

	<ul style="list-style-type: none"> Orientation – Oriented to time, place, person Attention – Slightly decreased Concentration – Slightly decreased Memory – Immediate-Intact, Recent-Intact, Remote-Intact Intelligence- Intact
Insight	<ul style="list-style-type: none"> Grade 6
Judgement	<ul style="list-style-type: none"> Partially impaired.

Investigations

Before treatment	After treatment
SGOT - 47 IU/L	SGOT - 24 IU/L
SGPT - 42 IU/L	SGPT - 25 IU/L
Alkaline phosphatase - 252 IU/L	Alkaline phosphatase - 192 IU/L
Total bilirubin - 2.0mg/dL	Total bilirubin - 0.9mg/dL
Direct bilirubin - 0.5mg/dL	Direct bilirubin - 0.2mg/dL
Indirect bilirubin - 1.5mg/dL	Indirect bilirubin - 0.7mg/dL
USG Abdomen & Pelvis - Fatty changes in liver, Cystitis.	USG Abdomen & Pelvis - No obvious sonological abnormalities.

Treatment Protocol

1st Set:

- 1) Tab. *Arogyavardhini Rasa 2-2-2* (A/F)
- 2) *Kumaryasava* 15mL tid with 30mL water (A/F)
- 3) *Brahmi Vati 1-0-1* (A/F)
- 4) *Shiropichu* with *Brahmi Taila*
- 5) *Amalaki Takradhara*

All above medicines were given for 7 days.

2nd Set:

- *Snehanana* with *Indukantha Ghrita* for 6 days.
- *Sarvanga Abhyanga* with *Ksheerabala Taila* and *Bhashpa Sweda* for 4 days.

- *Virechana* with *Trivrut Leha* (50gm) and warm milk (100ml).
- *Samsarjana Karma* for 5 days.

On 6th Day*Raja Yapana Basti (Kala Basti)**Anuvasana Basti* with 60mL *Brahmi Taila*.**Procedures:**

- Deep relaxation and meditation
- *Anuloma-Viloma Pranayama*

Advised Discharge Medicine:

- 1) *Tab. Brahmi Vati* 1-0-1 (A/F) for 30 days
- 2) *Tab. Arogyavardhini Rasa* 1-0-1 (A/F) for 30 days
- 3) *Saraswatharishta* with gold 20mL BD with 40mL water (A/F) for 30 days

1st Follow-Up:

- 1) *Sarvanga Abhyanga* with *Ksheerabala Taila*
- 2) *Shashtika Shali Pinda Sweda*
- 3) *Nasya* with *KBT 101*, 16-16 drops each nostril
- 4) *Tab. Brahmi Vati* 1-0-1 (A/F)
- 5) *Tab. Arogyavardhini Vati* 1-0-1 (A/F)
- 6) *Saraswatharishta* with gold 20mL BD with 40mL water (A/F)
- 7) *Avipathikara Churna* 0-0-1tp with milk (B/F)

All above medicines were given for 10 days.

Advised Discharge Medicine

- 1) *Tab. Arogyavardhini Rasa* 1-0-1 (A/F) for 30 days
- 2) *Saraswatharishta* with gold 20mL BD with 40mL water (A/F) for 30 days
- 3) *Ashwagandha Rasayana* capsules 12-0-0 with warm milk (B/F) for 30 days

2nd Follow-Up:

- 1) *Sarvanga Kayaseka* with *Ksheerabalataila* for 7 days
- 2) *Matrabasti* with *Kalyanaka Ghrita* 60mL for 7 days

- 3) *Saraswatharishta* with gold 20mL BD with 40mL water (A/F) for 7 days

Advised Discharge Medicine

- 1) *Shivagutika* 1-0-1 with milk (B/F) for 3 months

3rd Follow-Up:

- 1) *Nityavirechana* with *Avipathikara Churna* 15gm with warm milk for 5 days
- 2) *Udvartana* with *Triphala Churna* for 5 days
- 3) *Bhashpa Sweda* for 5 days

Advised Discharge Medicine:

- 1) *Tab. Mentat* 1-0-1 (A/F) for 15 days
- 2) *Tab Chitrakadi Vati* 1-0-1 (A/F) for 15 days

DISCUSSION

According to *Ayurveda*, the properties of alcohol are opposite to *Ojas* and comparable to poison. The only difference is, that alcohol is less powerful than poison, so it doesn't kill the person immediately. Alcohol infiltrates deeply into the tissues (*Dhatus*). It is dry and causes drying and harshness; it spreads throughout the body and is hot in potency. Alcohol loosens bone joints, dries *Ojas*, and causes mental disorders.

Procedures**1. *Virechana*:**

Drugs capable of inducing *Virechana*, possesses *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi* properties. The *Ushna* property may help in increasing the quantum of *Agni*. It can cause *Vishyandana* of the *Dosha* in the *Koshta* from where they can be readily expelled out. Due to *Tikshna* property, drug is able to disintegrate the *Sanghata* of *Dosha*. Due to *Vyavayi* property such a medicine is able to spread in the whole body prior to its digestion. By virtue of its *Vikasi* property the drug is able to compel the *Doshas* to come out of *Dhatus*. *Virechana* drug possessing the above properties reaches the *Hridaya* by virtue of its *Virya* and then following the *Dhamani* it pervades the whole body through *Sthula* and *Sukshma Srotas* causing *Hridaya Shuddhi*.^[3]

2. Raja Yapana Basti

Yapana Bastis are important sets of *Basti* mentioned in *Charaka Samhita Siddhi Sthana*. The *Basti* which sustain, support and maintain life and promotes longevity is called as *Yapana Basti*. As the name suggests *Raja Yapana Basti* is superior amongst all the *Bastis*. It performs dual function of both *Anuvasana* and *Niruha*; hence these *Bastis* are *Srotoshodhaka* and *Brimhana* at a time. It is the best *Rasayana Basti* and it is also indicated in *Unmada* etc. *Manasaroga*.

3. Nasya

According to *Charaka Samhita*, drug administered through nose enters the *Uttamanga* and eliminates the morbid *Doshas* residing there. According to *Acharya Vagbhata*, drug administered through nose reaches *Sringataka Marma* of *Shiras*, which is a *Sira Marma* and formed by the *Siras* of *Nasa*, *Netra*, *Kantha* and *Shrotra*. Thus, we can say that drug administered through *Nasya* may enter *Siras* above and purifies them. The adjacent nerve called terminal nerves which run along the olfactory system are connected with limbic system of the brain including hypothalamus. This limbic system is connected with the behavioural aspect of human being. Thus, certain drugs administered through the nose may have an impact on immediate psychological functions by acting on the limbic system through olfactory nerves. This treatment opens mental channels, and restores focus, concentration and awareness. With long-term use it can also enhance memory.^[4]

4. Takradhara

Takradhara with *Jatamansi* (*Nardostachys jatamansi*), aids in *Raktagatavata*, *Anidra*, *Avasada*, *Vatapittaja* disorder, *Ojakshaya* and *Smriti Nasha*.^[5]

5. Udvartana

Udvartana is a *Bahirparimarjana Chikitsa*, which is performed in *Pratilomagati* as *Bahya Rookshana Karma* causes liquefaction of *Kapha* and *Meda*, promotes the metabolism.^[6]

Mode of Action of Drugs

1. Saraswatharishta

Saraswatharishtan is one of the best *Rasayana* drug. It is good for people of all age groups; it improves

immunity and strength. *Saraswatharishta* has shown proven effects in the treatment and management of neurological illnesses and disorders. An *in vitro* study on *Saraswatharishta* effect showed that it enhanced the memory of mice treated with Scopolamine (Prabhu et al., 2020), while performing better than Piracetam, a commercial drug for neuro-protection. In another study, when Albino mice were pre-treated with *Saraswatharishta* for two weeks, they gained protection against the memory and learning impairment effects of Diazepam (Rajopadhye & Sahasrabudhe, 2020). The above-mentioned examples of experimental research on *Saraswatharishta*'s effect in mice showed that it imparts neuroprotective properties.

2. Ashwagandha

Root and leaf extracts of *Ashwagandha* exhibited noteworthy anti-stress and anti-anxiety activity in animal studies and human studies. It may alleviate these conditions predominantly through modulation of the hypothalamic-pituitary-adrenal and sympathetic-adrenal-medullary axes, as well as through GABAergic and Serotonergic pathways. *Ashwagandha* is a real potent regenerative tonic (*Rasayana* of *Ayurveda*), due to its multiple pharmacological actions like anti-stress, neuroprotective, antitumor, anti-arthritis, analgesic and anti-inflammatory etc. It is useful for different types of diseases like Parkinson, dementia, memory loss, stress induced diseases, malignancy and others.^[7]

3. Brahmi Vati

Brahmi Vati balances *Vata* and *Pitta Doshas*. According to *Ayurveda Sarasangraha*, *Brahmi Vati* is useful for the treatment of the mental fatigue, weak memory, tremors, depression, psychotic condition and insomnia.

4. Arogyavrdhini Rasa

Arogyavardhini Rasa is one of the widely practicing *Ayurvedic* herbo-mineral formulations in liver disorders. It is *Yakrit Prasadana* and it is helpful in *Pachana* of *Amavisha* and corrects the formation of vitiated *Dosha*. It has been used for the management of diverse types of *Jwara*, *Kushtha*, *Medoroga* and other *Yakrit Vikara*.^[8]

CONCLUSION

According to *Ayurveda* the focus of treatment in alcohol use disorder is to balance *Shareerika Dosh*a as well as *Manasika Dosh*a. Hence treatment adapted in this case are *Shodhana Chikitsa* and *Shamanoushadha* which are *Medhya* and *Yakrit Prasadana*. The outcome of the *Ayurvedic* therapy which included detoxification, proper medication, meditation and counselling is much encouraging.

Patient Perspective

Patient is sober now. He has good inter-personal relationship with family, has started new business.

REFERENCES

1. Ahuja N. A Short Textbook of Psychiatry, Other Psychotic Disorders: Chapter 4. Jaypee Brothers Medical Publishers (P) Ltd; 2011:33.
2. Ayushakti. The key to alcohol addiction recovery can be Ayurveda. Available from: <https://www.ayushakti.com/symptoms-and-illness/type/the-key-to-alcohol-addiction-recovery-can-be-ayurveda>
3. Lohith BA. A Textbook on Panchakarma, Virechana Karma: Chapter 5. Chaukhambha Orientalia, A House of Oriental, Antiquarian and Ayurvedic Books; Varanasi; 2016:259.

4. Lohith BA. A Textbook on Panchakarma, Nasya: Chapter 7. Chaukhambha Orientalia, A House of Oriental, Antiquarian and Ayurvedic Books; Varanasi; 2016:375-379.
5. Vagbhat. Astangahrudaya Samhita, Sutrasthana (Gandushadi) verse-22/23. Ayurveda Rasayana Sanskrit commentary by Hemadri. In: Harishastriparadkar, editor. Varanasi: Krishnadas Academy; 2000:301.
6. Patil VC. Principles and Practice of Panchakarma, Chapter 8 Snehana Karma. Edition-Reprint. Chaukhambha Sanskrit Sansthan; New Delhi; 2017:142-43.
7. Singh V, Bhalla M, de Jager P, Gilca M. An overview of ashwagandha: a Rasayana (rejuvenator) of Ayurveda. Afr J Tradit Complement Altern Med. 2011;8(5 Suppl):208-13. doi: 10.4314/ajtcam.v8i5S.9. PMID: 22754076; PMCID: PMC3252722.
8. Singh V, Singh S. Case of Alcoholic Liver Disease treated with classical Ayurveda medicines - A Case Report. J Ayu Int Med Sci. 2022;7(11):250-254.

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