

AYURVEDIC MANAGEMENT OF *MADATYAYA*: A CASE STUDYPiyush Gupta\*<sup>1</sup>, Julee Mathur<sup>2</sup> and Anita Sharma<sup>3</sup>

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**ABSTRACT**

Chronic alcoholism is a condition where one is habitual to have alcohol despite of having physical, mental and social problem. In an *ayurvedic* setting, difficult task to deal with *Madatyaya* (alcoholism/alcohol withdrawal syndrome) is made easy by great drugs described in *ayurvedic* text. The patient was given *ayurvedic* treatment with *avipattikar churna*, *pittantak churna*, *mukta-shukti bhasma*, *Ashvagandha churna*, *vidari-kanda churna*, *Brahmi vati*, Syp. *Shankhapushpi*, Syp. M-liv, *Vish-tinduk vati*, *Ajmodadi churna*, *Lavanbhashkar churna* and *shirodhara* with *brahmi him*. This treatment approach to improve condition of patient with improvement in sign and symptoms of alcoholism.

**KEYWORDS:** *Madatyaya*, Chronic alcoholism, Alcohol withdrawal syndrome, *Ayurvedic* setting, *Ayurvedic* regime.

**INTRODUCTION**

Taking alcohol from long period, one may develop alcoholism and reduction of it caused alcohol withdrawal syndrome. Both the condition cause remarkable damage in human health and lives. In *ayurvedic* text alcoholism and its withdrawal are describe under the heading of *MADATYAYA* and makes *Ayurveda* very much capable to treat these condition. The chronic hazards of alcoholism is lack of personal hygiene, loss of appetite, chronic gastroenteritis, wasting, peripheral neuropathies, impotence, sterility, fatty changes in liver and heart,

cirrhosis, tremors, insomnia, red eyes and intermittent infections. There is loss of memory, impaired power of judgment and dementia.<sup>[1]</sup>

### CASE STUDY

This is a case of 45 year old male. He was consuming alcohol since 20 years. He was healthy before 2 years. He was very much depended upon alcohol for his routine activity. When he did not takes alcohol he suffers from insomnia, anxiety, vomiting and discomfort. Before 3 month he consulted to a physician and he was diagnosed as patient of chronic alcoholism. He had taken medicine but did not get much of relief. After treatment of 15 days desire to take alcohol increased in multiple folds. Within 2 hr, if he not takes alcohol he starts feeling uneasiness, anxiety, nausea and vomiting.

On 17<sup>th</sup> July 2017 he came at De-addiction unit, NIA, jaipur. He was admitted here for 24 days. The patient was presented with symptoms of insomnia, anxiety, uneasiness, nausea, vomiting, tactile hallucination, tremors in digital part of hands, decreased appetite, indigestion, burning sensation in epigastric and chest region ad heaviness in stomach.

**As per ayurvedic analysis of the disease had increase of all doshas.**<sup>[2]</sup>

*Dosha- Tridosha (Kapha→ Pitha→ Vata respectively).*

*Dushya- Rasa, Rakta, sanghya (intelligence/memory).*

*Srotasa- Rasavahi, Raktavahi and sanghyavahi.*

*Type of Srotadushti- sang (obstruction).*

*Agni- Teekshnaagni.*

*Adhithana- Hradaya sthana (Chetna sthana).*

**According to ayurveda following regime were given**

1. Combination of *Apvipattikar churana*- 2 gm, *Pittantak churana*- 500mg and *Mukta sukti*- 500mg, BD, 10 min before meal for 15 days. This combination is given for burning sensation in epigestic region and cheast region.
2. Combination of *Ashvagandha churna*- 2 gm and *Vidarikanda churna*- 2 gm, BD, *annupaan*- milk, drugs are continuous through complete treatment and follow-up. These regime are mainly used for anti-craving agent and also used in anxiety.
3. *Brahmi vati* 2 tab. BD, *annupaan*-milk, Sy. *Shankhapushpi* 3 tsf BD and *Shirodhara* with *brahmi him* for 45 min daily in morning. All these drugs are continuous through complete treatment. These drugs for anxiety, tactile hallucination and specially in insomnia because in

ayurvedic setting, insomnia is a great task to deal with. Where drugs containing *Bhanga* or *Ahiphena* to treat insomnia are as “giving a new addiction to treat addiction”.

4. Syp. M-Liv, 3 tsf BD is continuous through complete treatment and follow-up. Drug used as hepato-protective regime.

5. *Vish-tinduk vati* 2 tab BD for 10 days. This drug is used to decrease *vata dosha* and to treat tremors in digital part of hands.

6. Combination of *Ajmodadi churna*- 3gm and *Lavanbhaskar churna*- 3gm BD with *takra annupaan*. These drugs are used to treat indigestion and decreased appetite.

7. Patient would be given psychological counseling, normal healthy diet and meditation along with medicines.

## DISCUSSION

An alcohol addicted pt. is suffering from physical and mental illness, at the same time he is suffering from many social and economical problems. So the treatment of an alcohol addicted patient is not only based on medication but also depends on good counseling and support of family members.

In de-addiction center, NIA patient is provided by *ayurvedic* medicine, counseling, group therapy, healthy diet and meditation. The improvement in sign and symptoms could be assist on the basis of CIWA-Ar (Clinical institute withdrawal assessment for alcohol- revised version) score.

**Table. 1: CIWA-Ar: Clinical institute withdrawal assessment for alcohol – Score Sheet.**<sup>[3]</sup>

| S. No. | Symptoms & there rating acc. to aggravation   | Day 0 | Day 6 | Day 12 | Day 24 | Follow up |
|--------|---|-------|-------|--------|--------|-----------|
| 1.     | <b>Nausea/ Vomiting</b><br>(0-none/ 2-mild/ 4-intermittent dry heaves/ 7-constant vomiting)                       | 4     | 2     | 0      | 0      | 0         |
| 2.     | <b>Tremors</b><br>(0-none/ 1-not visible but felt at fingertips/ 4-moderate with arms extended/ 7-severe at rest) | 7     | 4     | 1      | 0      | 0         |
| 3.     | <b>Sweating</b><br>( 0-none/ 1-barely moist/ 4-beads/ 7-Drenching sweats)   | 1     | 0     | 0      | 0      | 0         |
| 4.     | Anxiety (0-none/ 1-Mild/ 4-Moderate/ 7-Severe,Panic,Delirium)   | 7     | 4     | 1      | 0      | 0         |
| 5.     | <b>Agitation</b><br>(0-none/ 1-Somewhat/ 4-Fidgety/ 7- Panic around, Thrashing)                                   | 0     | 0     | 0      | 0      | 0         |

|     |  |    |    |   |   |   |
|-----|--|----|----|---|---|---|
| 6.  | <b>Tactile disturbances</b><br>(0-none/ 1-Mild Itching, Pins & Needles, Burning, Numbness/ 4-Moderate/ 5- Severe/ 7-Constant)  | 5  | 1  | 0 | 0 | 0 |
| 7.  | <b>Auditory hallucinations</b><br>(0-none/ 1-Mild/ 4-Moderate Frightening/ 6-Severe/ 7-Constant)   | 0  | 0  | 0 | 0 | 0 |
| 8.  | Visual disturbance(0-none/ 1-Mild/ 4-Moderate/ 6- Severe/ 7-Constant)  | 0  | 0  | 0 | 0 | 0 |
| 9.  | <b>Headache/ Fullness</b><br>(0-none/ 1-Mild/ 4-Moderate/ 6- Severe/ 7-Continuous)   | 4  | 1  | 0 | 0 | 0 |
| 10. | <b>Orientation</b><br>(0-Fully orientation/ 1-cannot do addition and/or is uncertain about day/date/ 2-disoriented by less than 2 days/ 3-disoriented by more than 2 days/ 4-disoriented to place and/or person) | 0  | 0  | 0 | 0 | 0 |
|     | <b>Total score-</b>  | 28 | 12 | 2 | 0 | 0 |

(The maximum score is 67; Mild alcohol withdrawal is defined with a score less than or equal to 15, moderate with scores of 16 to 20, and severe with any score greater than 20.).

According to CIWA-Ar, when patient was admitted the total score was 28 so that he was suffering from severe alcohol withdrawal. After treatment of 1 week the score goes to 12 and when patient leaves and in follow up score was 0. That shows significant improvement in alcohol withdrawal's symptoms. In an *ayurvedic* setting insomnia as symptoms cannot be neglected, as in CIWA-Ar.

**Table. 2: Insomnia Screening Questionnaire.**<sup>[4]</sup>

| S. No. | Questionnaire   | Before treatment | After treatment | Followup |
|--------|---|------------------|-----------------|----------|
| 1.     | <b>Do you have trouble falling asleep?</b> (1- Never/ 2- Rarely/ 3- Occasionally/ 4- Most nights/days/ 5- Always)                         | 4                | 1               | 1        |
| 2.     | <b>Do you have trouble staying asleep?</b> (1- Never/ 2- Rarely/ 3- Occasionally/ 4- Most nights/days/ 5- Always)                         | 4                | 1               | 1        |
| 3.     | <b>Do you wake up un-refreshed?</b> (1- Never/ 2- Rarely/ 3- Occasionally/ 4- Most nights/days/ 5- Always)                                | 5                | 2               | 1        |
| 4.     | <b>Do you take anything to help you sleep?</b> (1- Never/ 2- Rarely/ 3- Occasionally/ 4- Most nights/days/ 5- Always)                     | 5                | 2               | 1        |
| 5.     | <b>Do you use alcohol to help you sleep?</b> (1- Never/ 2- Rarely/ 3- Occasionally/ 4- Most nights/days/ 5- Always)                       | 5                | 1               | 1        |
| 6.     | <b>Do you have any medical condition that disrupts your sleep?</b> (1- Never/ 2- Rarely/ 3- Occasionally/ 4- Most nights/days/ 5- Always) | 5                | 1               | 1        |

(Patients who answer 3, 4 or 5 on any question likely suffer from insomnia. If they answer 3, 4 or 5 to two or more items and have significant daytime impairment the insomnia requires

further evaluation and management. If there is no evidence of a primary sleep disorder and/or no identifiable secondary cause of insomnia, this is conditioned insomnia).

When pt. was admitted, most of answer of insomnia screening questionnaire was in 4-5 but after treatment answer become 1-2 and in follow-up it goes to 1. That shows significant improvement in alcohol withdrawal related insomnia.

**Table. 3: Pathological Assessment in Alcohol Addicted Patients.**

| S. No. | Examinations         | Before treatment | After treatment | Follow-up |
|--------|----------------------|------------------|-----------------|-----------|
| 1.     | Serum Bilirubin (D)  | 0.7              | 0.6             | 0.4       |
| 2.     | Serum Bilirubin (I)  | 0.2              | 0.2             | 0.7       |
| 3.     | SGOT                 | 47.0             | 37.0            | 29.0      |
| 4.     | SGPT                 | 40.0             | 41.0            | 29.0      |
| 5.     | Alkaline phosphatase | 191.0            | 179.0           | 179.0     |
| 6.     | Haemoglobin          | 13.3             | 13.2            | 13.4      |

The clinical benefits observed with *shirodhara* in anxiety, neurosis, hypertension and stress due to chronic degenerative disease.<sup>[5]</sup> A clinical study of *shirodhara* with *Brahmi* oil for 45 min on each participant for 5 consecutive days. Insomnia severity index (ISI) was used in this study to evaluate the severity of insomnia as well as to determine the response to *shirodhara* therapy. The conclusion of this study is *shirodhara* with *Brahmi* oil may be beneficial for moderate to severe insomnia.<sup>[6]</sup> We are also getting great result of *Shirodhara* with *Brahmi* in withdrawal induced insomnia.

As *ayurveda sarasangraha* states, *Brahmi vati* is useful for the treatment of the Mental fatigue, weak memory, depression, psychotic condition and insomnia.<sup>[7]</sup>

*Shankhpushpi* syrup is helpful in health condition like learning problems, forgetfulness, lack of concentration, mental fatigue, ADHD (attention deficit hyperactive disorder), delay brain milestones in children, insomnia, stress, anxiety and depression. *Shankhpushpi* syrup is also used as an adjuvant and supportive therapy in diseases such as mental retardation, epilepsy, hypertension and dementia.<sup>[8]</sup>

Syrup M-Liv cures all type of liver dysfunctions, anorexia, diuretic, laxative, jaundice, good tonic for weakness after illness and relieves gastric troubles.<sup>[9]</sup>

*Asvagandha churna* is used for *vajikaran*, *balya*, *branghan* and *apasmaradi* disease.<sup>[10]</sup>

## CONCLUSION

The patient shows highly encouraging result during management of *Madatyaya* (alcoholism/ alcohol withdrawal syndrome).the total score and values of CIWA-Ar and insomnia screening questionnaire were improve as treatment progress. Ayurvedic drugs, counseling, healthy diet and meditation were used to balance tridosha (vata, pitta and kapha) as well as triguna (satta, raja and tama). the treatment protocol was to give symptomatic improvement as well as to improve overall general condition. Treatment was safe and effective, did not involve any drug that may cause secondary addiction. As we conclude from the above discussion that, this treatment is much of promising and a new light in the field of alcohol addiction treatment.

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