

A REVIEW OF SELECTED CLINICAL STUDIES ON ALCOHOLISM IN AYURVEDA

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ABSTRACT

Alcoholism is one of the major problems being faced by developing countries like India. The prevalence of alcohol use was found to be 9.4% over the age of 10 in India.^[1] 5.9% of all deaths are believed to be due to alcoholism.^[2] In Classical text books of *Ayurveda*, *Acaryas* elaborately explained the properties, dose and uses of *Madya* (alcohol), the signs, symptoms and adverse effects of excessive intake of alcohol as well as the management of alcohol related disorders under the context of *Madaatyaya*.^[3] It is being effectively performed in clinical practice by many Ayurvedic practitioners. Quite a few clinical studies were conducted on *Madaatyaya related disorders* in selected institutions across the country. As our institution is a post graduate

institute for Ayurvedic psychiatry, this is an attempt to review the studies conducted, with their available conclusions so as to enhance the available options in the clinical practice of management of alcohol related disorders.

KEYWORDS: Alcohol withdrawal. Dependence, Madatyaya, Sodhana, Rasayana.

INTRODUCTION

Alcohol or ethanol is a psychoactive substance or drug which is an active ingredient in alcoholic beverages causing damage to mental, physical and social functioning, resulting from such excessive consumption.^[4] The terms related to the classification of alcoholism are: excessive consumption of alcohol, alcohol abuse and alcohol dependence.^[5] The prevalence of alcohol use was reported to be 9.4% over the age of 10 in India. 5.9% of all deaths are believed to be due to alcoholism or its related disorders.

The excess intake of any substance which causes intoxication to the body is discussed under the topic of *Madatyaya* in Ayurveda.^[6] According to *Acarya Sharngdhara*, any substance or drug which takes away *Budhi* or Intellect due to the enhancement of “*tamas*”, the dosha of manas, is *Madakari*.^[7] In our Classics, it opines that optimum intake of *Madya* is positive to the body as it enhances metabolism, but its unconditional intake acts such as *Visha*^[8] in the body as it affects the dhatus as well as *Ojus*.

Excessive intake of *Madya* without following the instructions in Ayurvedic science leads to the affections of the organs of the body, resulting in several clinical conditions such as liver diseases.^[9] When a person of *Rajasika* or *Thamasika* nature indulges in excessive consumption of alcohol, it reaches *Hridaya* and affects all the attributes of *Ojus* causing mental distortions and altered functions, this stage is called *Mada*^[10] which is quite reversible. Still the person goes on with the intake, it results in *madatyaya* which needs treatment, as per the involvement of the three doshas. Generally *Madaatyaya* is *Tridoshaja*, the treatment is done with managing the most predominant *dosha*, primarily addressing the other doshas in a insidious manner.^[11] As per the depth of the pathology, the protocol includes the *Snehapana* followed by *Shodhana* procedures such as *Vamana* or *Virechana*. As the next step, *Vasthi* as per the condition, selected *Nasya*, *Sirodhara* etc. followed by *Samana drugs including rasayanas* are administered.

AIMS AND OBJECTIVES

1. To study the trend and pattern of academic research works carried out in this institution.
2. To provide the guidelines for further research work in the area of *Madaatyayam*.
3. To make the Ayurvedic society aware of the results of the already completed trials.

MATERIALS AND METHODS

All the dissertation works completed in the area of *Madatyaya* were studied in detail and review was done, stressing on the intervention and the results attained during the various trials and summarized.

Summary of Clinical studies

Nagabhushanam (2005)^[12]

This study on *Madaatyaya* was a clinical study on the efficacy of *Kharjooradi Mantha* and *Ashtangalavana yukta Takra* in the management of *Madatyaya* w.s.r to Alcohol Withdrawal syndrome. 30 subjects were selected from the IPD as per the DSM-IV diagnostic criteria for

Alcohol withdrawal, divided into three equal groups as per the random number table. The intervention was done for 15 days with dosage as per the classical reference. *Ashtangalavana* 6gm with 500ml of *Takra* twice a day for the I group, *Kharjooradi Mantha* 100ml for the II group at 6 AM and 9 PM and a combination of these two drugs for the III group, twice daily, with 1 hour gap in between the medications. It was observed that the two drugs individually and in combination were significantly effective in alcohol withdrawal syndrome as per the Clinical institute Withdrawal assessment of Alcohol Scale revised (CIWA-Ar). On comparison between the groups, the combination of *Kharjooradi Mantha* and *Ashtangalavanayukta Takra* was more effective than the I and II groups of either *Kharjooradi Mantha* or *Ashtangalavanayukta Takra* alone.

Anand V (2006)^[15]

In this clinical study, the efficacy of *Sreekhandasava* 25 ml twice daily and *Jyotishmati Taila* 10 drops with milk in the management of *Madatyaya* w.s.r to Withdrawal state was evaluated and compared. 30 subjects were selected as per the DSM-IV diagnostic criteria for Alcohol withdrawal and treated, for the duration of 14 days. From the clinical study, it was observed that, in the symptoms such as anxiety and agitation, treatment group with *Jyotishmati Tailam* was found to be more effective. In symptoms such as sweating, tactile hallucination, auditory hallucination, visual hallucination, the control drug ie. *Sreekhandasavam* was more effective than treatment group. In symptoms like nausea, tremor and headache both the groups were found to be effective in an almost equivalent manner. The two drugs which were individually effective in alcohol withdrawal, but on comparison there was no statistical significance in the difference between the two groups.

Niranjan S (2007)^[16]

In this study the effect of *Pippali (Piper longum)* as *Ksheerapaaka* or medicated milk on Alcohol Dependence was evaluated. 20 subjects were selected as per DSM-IV diagnostic criteria. These subjects were administered with *Pippali Ksheerapaaka* 100ml twice daily at 10 AM and 9 PM, for a period of one month. The trial drug was found to be very effective and showed highly significant results in reducing the symptoms by paired t test ($p < 0.001$). There was marked improvement in symptoms of alcohol dependence like subjective need, inability to control use, salience of drink-related activities, time involved in drink-related activities, tolerance, persistence in use despite evident harm, withdrawal symptoms, drinking to avoid withdrawal symptoms. It was found that the trial drug was more effective during the

treatment period than the follow up period. The medicine showed immediate effect on administration, in alcohol dependence.

Vinod K (2012)^[17]

Many of the patients need an inpatient treatment for an effective management using selected protocols. The main objective of this study was to assess the efficacy of an *Ayurveda* treatment package in Alcohol Dependence. 20 subjects with Alcohol Dependence as per DSM-IV diagnostic criteria were selected, and randomized into two groups. The study group subjects received an intervention with *Ayurveda* treatment package for 15 days which includes *Deepana, Pachana, Snehapana with dhatryadi gritha, Abhyanga* and *Virechana with Avipathy choorna*. Control group subjects were given *Pippali Ksheerapaaka* 100ml bid after food for period of one month as done in the previous study. It was observed that, after the treatment as well as the follow up, in both circumstances, the trial group was found to be more effective and showed highly significant results in reducing the symptoms. ($p < 0.001$) after the intervention as well as the follow up.

Muhammed Shafeek M (2014)^[18]

The main objective of this study was to compare the effect of Marsa Nasya ie. high dose nasya in Alcohol Withdrawal Syndrome with the ongoing modern conservative management. 20 participants in each group who were diagnosed as Alcohol withdrawal syndrome as per DSM-IV diagnostic criteria received the Marsa nasya with *Ksheerabala Taila dose 1ml to 3 ml* and the other 20 participants were managed with the modern conservative management as per modern psychiatrist, from Suraksha de-addiction centre, Calicut. The duration was upto 7days. It was observed that in the symptoms such as nausea and vomiting, tremor, paroxysmal sweating, anxiety, agitation, auditory hallucination, headache etc. both the trial and control group found to be effective and statistically significant. The control group showed more significance on comparison with unpaired t test.

DISCUSSION

Among the five selected clinical studies conducted on alcoholism, three were on alcohol withdrawal syndrome and two on Alcohol dependence. Kharjooradi mantha and Ashtanga lavanayukta taktra are generally used in the management of madatyaya. Kharjooradi mantha is brimhana and rectifies the nutritional deficiency in the alcoholics. Ashtanga lavana yukta taktra corrects the agni and improves the patency of srotuses which may enhance the action of

further drugs in use. Here the combination of *Kharjooradi Mantha* and *Ashtangalavanayukta takra* is found to be more effective compared to the individual use.

Similarly Sreekandasavam is very good for withdrawal symptoms and also the therapeutic use of madya is mentioned for madatyaya on a conditional basis in the initial stages. It is also Pittahara and also hepatoprotective in nature. Pippali is the ultimate drug mentioned for the disorders due to Raktadushti and also affecting the organs of Raktavaha srotus such as liver and spleen and is a potent rasayana as well. Pippali ksheerapaka is a very effective medicine for Alcohol dependence, is safe, palatable as well as cost effective and maintained the efficacy through follow up period as well.

In many cases, the subject requires an inpatient treatment, which starts with rookshana, snehapana, sweda, Vamana or Virechana followed by samana drugs which are all selected as per the status of the involved doshas. The samana drugs which are administered after the sodhana shows enhanced efficacy. In the study explained above, the group in which samana drug was administered after sodhana responded in a better manner which is an indicative of the same.

The initial days in the management of a patient with Alcohol withdrawal syndrome is really challenging for the Ayurvedic practitioner as the subject have insomnia, hallucinations, severe anxiety etc. In such a condition, Marsa nasya with drugs such as Ksheerabala is providing promising results which can be even compared with the allopathic counterpart as evidenced by one of the studies. There were significant results in both the groups, the allopathic group being better. Still the condition was managed by only nasya without any internal drugs in the study group which points to the efficacy.

CONCLUSION

Alcohol and its related disorders are discussed with much seriousness in the ancient texts of Ayurveda. As it is a very relevant problem nowadays in the society, the area has to be explored so as to enhance the options of the currently available treatment. Many such conditions can be successfully addressed by the treatment modalities available in the Ayurvedic literature when administered after the strict assessment of the status of doshas. Those who requires Sodhana therapies, must be performed as such for better results. The ongoing researches have to be definitely published for further planning in this area. Along with the same, the techniques such as yoga, various counseling techniques and other

rehabilitation methods have to be incorporated for enhancement of results. It is quite sure that Ayurveda can definitely contribute a lot in the area of Alcohol related health problems in the recent future.

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