

**AYURVEDIC INTERVENTIONS FOR ALCOHOL USE DISORDER: INSIGHTS FROM A  
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**ABSTRACT**

**Introduction:** This article explores the benefits of *Ayurveda* treatment in Alcohol Use Disorder (AUD) using haematological and subjective assessments like the CAGE questionnaire in a case series. **Clinical finding:** The study examines the effects of *virechana* therapy on Alcohol Use Disorder by analyzing changes in liver biomarkers and CAGE scores before and after treatment in five patients. **Diagnosis:** Diagnosis was done based on ICD 11 criteria and CAGE questionnaire for alcohol dependence. **Intervention:** *Virechana* therapy involved *udwartana*, *parisheka*, *snehapana*, *abhyanga*, and *samsarjana krama*, with personalized doses of *murchita Ghrita* and *trivrit Lehya*. Outcome: Improvement was observed in haematological parameters, after completion of *virechana* therapy. At follow up patients showed improvement in CAGE questionnaire also. **Conclusion:** This case series illustrates the potential of *virechana* therapy for alcohol de-addiction.

**KEYWORDS:** Madatyaya, Ayurveda, alcohol use disorder.**INTRODUCTION**

Alcohol Use Disorders (AUD) are a group of disorders which are developed as consequence of chronic alcohol use. According to American psychological association (APA) Alcohol Use Disorder (AUD) is a pattern of alcohol consumption that persists despite causing significant distress and adverse consequences, including neglect of essential personal, financial, social, and occupational responsibilities.<sup>[1]</sup> The estimated prevalence of AUD in India is around 12%.<sup>[2]</sup> According to *ayurveda*, *atyayata* (disorder) produced by *madya* (alcohol) is called as *madatyaya*.<sup>[3]</sup> *Madya* is known for its qualities of vitiating *shareerika doshas* as well as influences the derangement of *manasika doshas rajas* and *tamas*. Excessive indulgence of alcohol can lead to consequences like *moha* (delusion), *bhaya* (fear), *shoka* (grief), *krodha* (anger), and even *mrityu* (death). Conditions such as *mada* (intoxication) *unmada* (insanity), *murcha* (fainting), *apatantraka* (convulsions), and *apatanaka* (epilepsy).<sup>[4]</sup> Also, the properties of *madya* and *visha* (toxin) being same, there is need of complete evacuation to preserve better state of health. A treatment protocol from the classics of Ayurveda

comprising of *Virechana Karma* is administered in the management of AUD with better results in this case series.

**CASE REPORT**

Five cases of middle-aged men with the complaints of alcohol binge consumption associated with disturbed sleep, nausea, vomiting, tremors, excessive sweating, and headache approached to the Department of Manasaroga of Sri Dharmasthala Manjunatheshwara college of Ayurveda and Hospital Hassan, in the month of September and October of the year 2024. Among these five cases, one patient had diabetes, one had hypertension, and two had a significant family history of alcohol dependence in their fathers. The remaining three patients did not have any co-morbidity. However, all patients exhibited similar patterns of dependence and its associated consequence. Among diagnosed and treated 20 plus cases five cases who fulfilled the criteria of alcohol dependence according to ICD 11 were selected for this report of case series. All the patients presented with impaired control over alcohol use, which overshadowed their other aspects of life, including

maintenance of health, daily activities and responsibilities, such that alcohol use continues or escalates despite the occurrence of harm caused due to

consumption. Additionally, all the five patients were fit for *shodhana Karma*, specifically *virechana* therapy.

**Table 1: Information about history and co-morbidities.**

Patient	Patient no. 1	Patient no. 2	Patient no. 3	Patient no. 4	Patient no. 5
Age	49 Years	40 Years	34 Years	37 Years	30 Years
Nature of work	Military officer	Cab driver	Business man	Farmer	Business man
H/O alcohol consumption	Since 20 years	Since 07 years	Since 20 years	Since 20 years	Since 08 years
Binge drinking	Present since 15 days	Present since 10 days	Present since 10 days	Present since 20 days	Present since 15 days
Average quantity consumed per day	1-2 quarters	2-3 quarters	2-4 quarters	3-6 quarters	2-3 quarters
Commonly used alcohol	Whisky	Whisky	Whisky	Whisky	Whisky
Family history of alcohol consumption.	–	–	Alcohol dependency in his father	Alcohol dependency in his father.	–
Co morbidity	Hypertension	–	Diabetes	–	–

### Clinical findings

In Alcohol Use Disorder (AUD), clinical presentation is often influenced by complications resulting from impaired liver function which is presented as derangement in biomarkers such as serum bilirubin, SGOT (AST), SGPT (ALT), and triglycerides (Refer no.

2). CAGE questionnaire is applied which has a series of 4 questions which help to identify potential alcohol addiction. All the five patients underwent blood tests and were evaluated using the CAGE questionnaire (Refer in Table no. 3) upon their arrival. Blood tests were repeated after *virechana* therapy.

**Table 2: Haematological test results - Before treatment.**

Direct bilirubin	1.3 mg/dl	0.8mg/dl	1.0 mg/dl	0.5 mg/dl	0.7 mg/dl
Indirect bilirubin	0.7 mg/dl	0.7 mg/dl	0.9mg/dl	0.8mg/dl	0.7mg/dl
SGOT	58.3 U/L	52.5 U/L	88.2 U/L	54.1 U/L	62.3U/L
SGPT	52.6 U/L	55.5 U/L	86.4U/L	67.5U/L	83.6U/L
Triglycerides	384.5mg/dl	254mg/dl	192.4 mg/dl	228 mg/dl	253.2mg/dl

**Table 3: CAGE questionnaire - Before treatment.**

Questions	Patient No. 1	Patient No. 2	Patient No. 3	Patient No. 4	Patient No. 5
Have you ever tried to cut down on your drinking	Present	Present	Present	Present	Absent
Have you ever become annoyed by criticisms of your drinking	Present	Present	Present	Present	Present
Have you ever felt guilty about your drinking	Present	Absent	Present	Present	Present
Have you ever had an eye opener drink?	Present	Absent	Absent	Present	Present

### Diagnostic assessment

The diagnosis of the cases was based on ICD-11 criteria, and the subjective CAGE questionnaire.

### Therapeutic intervention

The *virechana* therapy process involved a series of *Ayurvedic* treatments, starting with *udwartana* and *parisheka*, followed by *snehapana* with gradually increasing doses of *murchita ghrta*. After *abhyanga* and rest, patients underwent detoxification with *trivrit lehya* and *draksha kashaya*, promoting liver health and recovery. ((Refer table no. 4).

**Table 4: Therapeutic intervention.**

	Treatments given
Poorva karma	Sarvanga udwartana for 45 minutes followed by sarvanga parisheka with and dhanyamla for 15 minutes. Panchakola phanta 50ml twice a day before food is given
Arohana snehapana with murchita ghrita	<b>Patient No. 1</b> – Arohana snehapana with murchita ghrita in dose of 40ml, 80ml, 120ml, 200ml everyday respectively. <b>Patient No. 2</b> – Arohana snehapana with murchita ghrita in dose of 40ml, 80ml, 120ml, 200ml everyday respectively. <b>Patient No. 3</b> – Arohana snehapana with murchita ghrita in dose of 40ml, 80ml, 120ml, everyday respectively. <b>Patient No. 4</b> – Arohana snehapana with murchita ghrita in dose of 40ml, 80ml, 120ml, everyday respectively. <b>Patient No. 5</b> – Arohana snehapana with murchita ghrita in dose of 40ml, 80ml, 120ml, 160ml, 200ml, 230ml everyday respectively.
Vishrama kala (3 Days)	Sarvanga abhyanga with murchita taila for 45 minutes Followed by parisheka with dhanyamla for 15 minutes.
Virechana	<b>Patient no. 1</b> -Trivrit lehya 60 gms and draksha kashaya 60ml – 08 vegas. <b>Patient no. 2</b> -Trivrit lehya 70 gms and draksha kashaya 100ml – 10 vegas. <b>Patient no. 3</b> -Trivrit lehya 60 gms and draksha kashaya 60ml – 15 vegas. <b>Patient no. 4</b> -Trivrit lehya 60 gms and draksha kashaya 60ml – 10 vegas. <b>Patient no. 5</b> -Trivrit lehya 60 gms and draksha kashaya 60ml – 06 vegas.
Samsarjana krama	Peya, vilepi, akrita yusha, krita yusha are given according to virechana shuddhi.

**Outcome**

Outcome of the treatment showed improvement in hematological parameters as follows. (Refer table no. 5).

**Table no. 5: Haematological test results - After treatment.**

Patient	Patient No. 1	Patient No. 2	Patient No. 3	Patient No. 4	Patient No. 5
Direct bilirubin	0.3 mg/dl	0.2mg/dl	0.3 mg/dl	0.2 mg/dl	0.3mg/dl
Indirect bilirubin	0.2 mg/dl	0.4 mg/dl	0.5mg/dl	0.4mg/dl	0.2mg/dl
SGOT	42.3 U/L	32 U/L	52.2 U/L	32.1 U/L	32 U/L
SGPT	25.6 U/L	32.5 U/L	28.4U/L	35.5U/L	28.4U/L
Triglycerides	220.5mg/dl	150mg/dl	140.4 mg/dl	160 mg/dl	121.2mg/dl

**Follow up**

Follow up was recommended every 15 days for 3 months. Patients no.1 and 2 followed the schedule as advised (every 15 days for 3 months), patient no. 3

Attended follow-up once a month, patient no. 4 attended follow-up once after two months and patient no. 5 did not attend any follow up visits. The patients showed improvement in CAGE questionnaire (Refer table no. 6).

**Table 6: CAGE questionnaire on follow up.**

Questions	Patient no. 1	Patient no. 2	Patient no. 3	Patient no. 4	Patient no. 5
Have you ever tried to cut down on your drinking	Present	Present	Present	Present	–
Have you ever become annoyed by criticisms of your drinking	Absent	Absent	Absent	Absent	–
Have you ever felt guilty about your drinking	Present	Absent	Present	Present	–
Have you ever had an eye opener drink?	Absent	Absent	Absent	Absent	–

**DISCUSSION**

Since all the patients presented with *ama lakshana* in the initial stage, they were treated with *pachana* through *udwartana* and *dhanyamla parisheka*. *agni deepana* was attained with the administration of *panchakola phanta*. *udwarthana* (a dry powder massage) with *kolakulathadi churna* has *kaphahara*, *medas pravilayana* and *amahara* properties.<sup>[5]</sup> *Dhanyamla* is a preparation made from cereals like rice (*Oryza sativa*) and barley (*Hordeum*

vulgare).<sup>[6]</sup> The *amla Rasa* (sour taste) of *dhanyamla* enhances *agni* (digestive power), promoting digestion and appetite. It is considered *laghu* (light) and *snigdha* (unctuous). *laghu* and *teekshna guna* of *dhanyamla* support digestive function and *ushna Veerya* helps balance excess *vata* and *kapha doshas* which supported better blood circulation and helped flush out toxins from the system.<sup>[7]</sup> *Sarvanga parisheka* (therapeutic pouring

of medicated liquids) upon body functions as both *ama pachaka* and *vata hara*.

*Madatyaya* is a *tridoshaja vyadhi* with the involvement of *manasika doshas*: *rajas* and *tamas*. *madya* has qualities exactly opposite to that of *ojas* thus possessing *visha guna*. As both *madya* and *visha gunas* are responsible for *tridoshakopa* in *sharira*.

*Shodhana* is advised in the *chikitsa sutra* of *madatyaya* as there is involvement of *bahudosh*. Since all the five patients were presented with *bahudoshavastha*, they were posted for *shodhana chikitsa*. Here *virechana* therapy was opted for all the patients considering *rogi bala*, *satwa bala* and co-morbidities. As part of *virechana chikitsa*, *arohana snehapana* with *murchita ghrita* was administered for 3-6 days based on their *agnibala*. *murchita ghrita* which is *amadoshahara* enhanced the functioning of *samana vayu* and *udana vayu*, improving digestion and overall energy levels, both physically and mentally. It cleared blockages in the *srotas* (body's channels) caused by imbalances in *Pitta* and prepared the digestive system for proper detoxification, on mental level, it helped calm the mind, improve mental clarity, and strengthen emotional resilience by addressing *tamoguna*.<sup>[8]</sup> The blood-brain barrier's molecular composition is lipophilic which facilitates the easy absorption of lipids and lipid-soluble medications. Thus, medications administered in the form of ghee readily cross this barrier. *Abhyanga* and *parisheka* which was conducted during *vishrama kala* for 3 days helped in bringing *doshas* from *shakha* to *koshta* for detoxification. During massage, osmotic pressure facilitates the movement of internal fluids in the skin, creating mechanical hydro-static pressure in the extracellular space. This pressure expels fluid from peripheral vessels, causing splanchnic pooling. The massage helps direct fluid into tissues and viscera, diluting accumulated toxins. Once the peripheral vessels refill, the toxins are reintroduced into general circulation and eventually expelled through elimination processes. *abhyanga* primarily affects the *twacha* (skin), which houses both *vata* and *lasika*, promoting lymphatic drainage. Lymph contains high levels of the amino acid tryptophan, and following massage, tryptophan levels in the blood rise, boosting serotonin production at motor end plates.<sup>[9]</sup> The combination of *trivrit lehyam* and *drakshadi kashayam* which was administered to induce *virechana* attributed with *sukha virechaka* properties. *Virechana* has the ability to cleanse the gastrointestinal tract, thereby increasing the amount of neuropeptides, thus improving numerous functions of the brain.<sup>[10]</sup> Most of the patients underwent *madhyama shuddhi* and *peyadi samsarjana* was advised accordingly. This helps stimulate digestive power, allowing the remaining *doshas* (impurities) and undigested food in the intestines to be properly processed and eliminated.

The treatment given showed a positive impact on reducing alcohol craving associated symptoms such as

disturbance in sleep, nausea, vomiting, tremors, excessive sweating, and headache, positive changes are noticed in blood parameters at the end of treatments and changes in the CAGE criteria is noticed on follow up.

## CONCLUSION

This case series highlights the potential effectiveness of *Ayurveda* interventions in the management of alcohol use disorder. The therapy demonstrated improvements in haematological parameters and subjective outcomes as assessed by the CAGE questionnaire. Reduction in alcohol related symptoms such as disturbed sleep, nausea, vomiting and tremors was observed by the patients. These findings suggest that *Ayurveda* therapies with its detoxifying and *dosha* balancing effects could serve as promising approach in AUD.

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2. Participants of the case series.

## REFERENCES

1. APA Dictionary of Psychology [Internet]. Available from: <https://dictionary.apa.org/alcohol-use-disorder>
2. Joseph J, Varghese A, Vijay VR, Grover S, Sharma S, Dhandapani M, et al. The prevalence of alcohol use disorders using alcohol use disorders identification test (AUDIT) in the Indian setting: - a systematic review and meta-analysis. Journal of Ethnicity in Substance Abuse [Internet], 2022 Apr 11; 23(1): 2–20.
3. Astanga Sangraha Induvykyasahita, by Acharya V.J. Thakkar, published by Central council for Research in Ayurveda and Siddha, New Delhi, publication 1991, Indu on Nidana Sthana 6/1.
4. Acharya YT Ed, Charaka Samhita of Agnivesha, Chakrapanidatta's Ayurveda Deepika, 5<sup>th</sup> ed *chikitsasthana* 24/54-56, *chaukamba Sanskrit Sansthan*, Varanasi, 2001; page no. 585.
5. Shastri HS, editor, 2014, *Ashtanga Hridaya* of Vagbhata, *Sutrasthana*; *Dinacharya Adhyaya*: Chapter2, Verse14. Varanasi: *Chaukamba Orientalia*, 2014.
6. Srikantha Murthi, K.R., *Sushruta Samhita* English translation. Vol 1. *Sutra Sthana*. Chapter 45: 224. Varanasi. *Chaukhamba Orientalia*, 2000; p. 366.
7. Ranasinghe, R. L. D. S., Ediriweera, E. R. H. S. S., Murdoch University, & University of Colombo. (2015). A pharmacological appraisal of *Dhanyamla*. *International Ayurvedic Medical Journal*.
8. S DD, Shetty SK, P SH, N SP. *Ayurveda management of Generalized Anxiety Disorder*. *RGUHS Journal of AYUSH Sciences* [Internet], 2018;
9. Dike RG, Patil SR, Dr. J. J. Magdum *Ayurved Medical College. ROLE OF ABHYANGA IN JARA – a REVIEW*. *Ayurlog: National Journal of Research in Ayurved Science*, 2018; 6.

10. Mangal G, Sharma OP, Sharma RS.  
Pharmacokinetics of Vamana and Virechana Karma.  
J Ayurveda, 2010; 4: 67-78.