

## A SINGLE CASE REPORT OF AYURVEDA INTERVENTION IN GANJA ADDICTION

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**ABSTRACT**

**Introduction:** Marijuana addiction is a growing global issue affecting health, social, and economic well-being. This case report discusses the successful management of marijuana addiction using a holistic *Ayurvedic* approach, combining internal medications, external therapies, and counselling. **Main Clinical Findings:** A 30-year-old male with five years of marijuana addiction presented with moderate withdrawal symptoms, including restlessness, insomnia, anxiety, and headaches. His Cannabis Withdrawal Scale (CWS) score was 98 at admission. **Diagnosis:** The patient was diagnosed with marijuana addiction and withdrawal syndrome based on clinical evaluation and the CWS. **Intervention:** The treatment included internal medications like *Trilokyavijaya Vati* (tapered doses) and *Nasya* with *Anu Taila*. External therapies were *Shirodhara* with *Brahmi Taila*, *Sarvanga Abhyanga*, and *Svedana* with *Dashmoola Kwatha*. Counseling (*Satvavijaya Chikitsa*), *Yoga*, and meditation were also incorporated. **Outcome:** The patient showed significant improvement, with CWS scores dropping to 52 after two weeks and 8 after four weeks, indicating minimal withdrawal symptoms. He maintained abstinence and showed enhanced physical and mental health during follow-ups. **Conclusion:** This case illustrates the effectiveness of a holistic *Ayurvedic* approach for treating ganja addiction and withdrawal. Further research with larger samples is needed to confirm the broader applicability of this treatment.

**KEYWORD:** *Ayurveda* treatment, Ganja addiction, *Trilokyavijaya Vati*.**INTRODUCTION**

Cannabis and its derivatives are used by 147 million people globally (2.5% of the population).<sup>[1]</sup> In India, a 2018 survey found 31 million users (2.8% of the population), with 2.5 million (0.25%) showing signs of dependence.<sup>[2]</sup> Ganja, derived from the flowering tops of the female Cannabis plant<sup>[3]</sup>, is the most common cannabis product in India. It is typically smoked, baked into food, or brewed as tea<sup>[4]</sup>, and sometimes mixed with tobacco for smoking in pipes or hookahs.<sup>[5]</sup>

Ayurveda describes Ganja<sup>[6]</sup> under *Bhang*, classified as *Upavisha*<sup>[7]</sup>, recognizing its therapeutic and harmful effects. The patient, addicted for five years, showed withdrawal symptoms. With *Panchakarma* therapies and

oral medications, his condition improved significantly within four weeks.

**Patient information**

A 30-year-old man presented on July 25, 2024, with withdrawal symptoms. After a detailed evaluation, he was admitted to the de-addiction unit. He reported daily use of 10 grams of Ganja for five years, starting socially but gradually increasing frequency and quantity to maintain the euphoric effect.

**Clinical finding**

The patient's withdrawal symptoms were evaluated using the Cannabis Withdrawal Scale (CWS).<sup>[8]</sup> Based on the CWS assessment, the patient exhibited moderate withdrawal symptoms associated with Ganja (cannabis) addiction [Table 1]. Daily counselling sessions were

conducted, emphasizing de-addiction and rehabilitation. These sessions focused on educating the patient about the detrimental effects of cannabis use on both physical and mental health, financial stability and social relationships. To enhance the effectiveness of counselling, meditation and *Yoga* sessions were also incorporated.

#### Timeline and therapeutic intervention

The management of the patient's withdrawal symptoms was approached through a combination of internal external interventions. *Shirodhara* (continuous oil dripping on forehead) with medicated oil (*Brahmi Taila*) and *Tila Taila*. *Sarvanga Abhyanga* (synchronized full-body massage) using *Mahanarayan Taila* and *Svedana* (Sudation therapy) with *Dashmoola Kwatha* were done externally and for *Trilokyavijaya Vati* to alleviate withdrawal symptoms and support de-addiction along with *Anu Taila Nasya* (medication through nasal route)

were given internally. This integrative approach aimed to address both the physical and psychological aspects of *Ganja* withdrawal [table 3].

#### Follow up and outcome

The patient's withdrawal symptoms were assessed using the Cannabis Withdrawal Scale (CWS) at admission and weekly for four weeks. Initially, symptoms were moderate (CWS score: 98), improving to mild (52) after two weeks and negligible (8) by week four [Table 2]. No adverse effects occurred. Upon discharge, poly-herbal *Churna* was prescribed for a month as *Rasayanic Chikitsa* to boost immunity and strength. The patient showed significant physical and mental improvement, with reduced withdrawal effects. Both he and his family were satisfied. He remained under observation for 30 days and on telephonic follow-up for another 30 days, maintaining abstinence and recovery.

**Table 1: Cannabis withdrawal scale.**

		Not at all   moderately   extremely											Negative impact on daily activity
1	The only things i could think about was smoking some cannabis	0	1	2	3	4	5	6	7	8	9	10	
2	I had a headache	0	1	2	3	4	5	6	7	8	9	10	
3	I had no appetite	0	1	2	3	4	5	6	7	8	9	10	
4	I felt nauseous	0	1	2	3	4	5	6	7	8	9	10	
5	I felt nervous	0	1	2	3	4	5	6	7	8	9	10	
6	I had some angry outbursts	0	1	2	3	4	5	6	7	8	9	10	
7	I had mood swings	0	1	2	3	4	5	6	7	8	9	10	
8	I felt depressed	0	1	2	3	4	5	6	7	8	9	10	
9	I was easily irritated	0	1	2	3	4	5	6	7	8	9	10	
10	I had been imagining being stoned	0	1	2	3	4	5	6	7	8	9	10	
11	I felt restless	0	1	2	3	4	5	6	7	8	9	10	
12	I woke up early	0	1	2	3	4	5	6	7	8	9	10	
13	I had a stomach ache	0	1	2	3	4	5	6	7	8	9	10	
14	I had nightmares and / or strange dream	0	1	2	3	4	5	6	7	8	9	10	
15	Life seemed like an uphill struggle	0	1	2	3	4	5	6	7	8	9	10	
16	I woke up sweating at night	0	1	2	3	4	5	6	7	8	9	10	
17	I had trouble getting to sleep at night	0	1	2	3	4	5	6	7	8	9	10	
18	I felt physically tense	0	1	2	3	4	5	6	7	8	9	10	
19	I had hot flashes	0	1	2	3	4	5	6	7	8	9	10	
	Total												

**Table 2: Cannabis withdrawal scale before and after treatment.**

Sr. no.	Cannabis withdrawal symptoms	Negative impact on daily activity at time of admission	Negative impact on daily activity after 2 weeks	Negative impact on daily activity after 4 weeks
1	The only things i could think about was smoking some cannabis	7	4	0
2	I had a headache	7	5	1
3	I had no appetite	4	2	0
4	I felt nauseous	5	2	0
5	I felt nervous	7	3	1
6	I had some angry outbursts	6	4	0
7	I had mood swings	5	3	1
8	I felt depressed	6	3	0
9	I was easily irritated	7	4	1

10	I had been imagining being stoned	4	2	0
11	I felt restless	5	3	0
12	I woke up early	3	2	0
13	I had a stomach ache	3	1	0
14	I had nightmares and / or strange dream	2	1	1
15	Life seemed like an uphill struggle	4	1	0
16	I woke up sweating at night	5	2	1
17	I had trouble getting to sleep at night	7	3	0
18	I felt physically tense	6	4	2
19	I had hot flashes	5	2	1
	Total	98	51	8

**Table 3: Therapeutic intervention.**

Procedure	Duration
<b>Sarwanga Abhaynga</b>	Early morning daily for 1st - 7th day on the whole body with <i>Mahanarayana Taila</i>
<b>SarwangaSwedana</b>	Early morning daily for 1st - 7th day on the whole body with <i>Dashmoola</i> steam
<b>Shirodhara</b>	Early morning daily for 1st - 14th day on the whole body with <i>Brahmi Taila</i> (1 lit.) and <i>Tila Taila</i> (250 ml)
<b>Nasya</b>	<i>Pratimarsh Nasya</i> - 2 Bindu of <i>Anu Taila</i> in morning and evening for 1st-14th day
<b>Internal medication</b>	
<b>Trilokyavijya Vati</b>	In Tapering dose
<b>Polyharbal capsule*</b>	500 mg for one month after treatment

\*Containing *Ashwaganga*, *Gokshura*, *Vidharigandha* and *Shatavari*

**Table 4: Padanshik Karma of Trilokyavijya Vati.**

Time	Morning	Evening	Night
<b>1st Week</b>	2	2	2
<b>2nd Week</b>	2	1	2
<b>3rd Week</b>	1	1	1
<b>4th Week</b>	0	0	1

## DISCUSSION

Addiction is a chronic, relapsing brain disorder characterized by compulsive drug-seeking and use, despite the harmful consequences.<sup>[9]</sup> Ganjause and addiction represent a significant global issue, and it is crucial for families and general practitioners to understand the psychosomatic challenges posed by *Ganja* dependence.

*Trilokyavijaya Vati*<sup>[10]</sup> is composed of two key ingredients: *Vijya* (*Cannabis sativa* Linn.) and *Vasnlochana* (*Bambusa arundinacea* Willd.). This formulation is beneficial for treating conditions such as delirium, pain, loss of appetite, nervousness, depression, insomnia, and other mental health disorders, all of which are common withdrawal symptoms. Due to the presence of *Vijya* (cannabis) and the therapeutic properties of its constituents, *Trilokyavijaya Vati* was chosen in the present case in tapered dose method (*Padanshik Karma*) [Table 4] which began to be used for 750 mg in divided doses after meals during the first week. This dosage was gradually reduced to 625 mg in the second week, 375 mg in the third week, and 125 mg in the fourth week, with the drug being discontinued after four weeks of treatment. *Nasya* karma was used as regular method by using *Anu Taila* as *Pratimarsha Nasya* (low-dose nasal medication) with significant improvement and pt.

reported of peaceful sleep<sup>[11]</sup> observed during the treatment [Table 3] procedures like *Sarwanga Abhyanga* (whole-body massage) and *Svedana* (sudation) are primarily used in treating conditions related to *Vataroga* (diseases caused by Vata imbalance) and *Angmarda* (body aches), making them effective in reducing the discomfort associated with marijuana withdrawal.<sup>[12]</sup> The characteristics of *Abhaynga* are *Kshramahara* (fatigue-relieving), *Nidrakara* (sleep-inducing), and *Vatanashaka* (Vata-reducing) which also help to address the withdrawal symptoms such as headache, sweating, restlessness anxiety and insomnia.<sup>[13]</sup> *Shirodhara*, performed with *Brahmi Taila* and *Tila Taila*, carried out for 45 minutes daily from the first to the fourteenth day, showed significantly reduced symptoms such as insomnia, depression, and agitation due to the *Snigdha Guna* (unctuousness property) of oil and *UshnaGuna* (hotness property) of *Brahmi Taila* help in pacifying *Ruksha* (dryness) and *UshnaGuna* of Vata.<sup>[14]</sup>

Counseling through *Satvavijaya Chikitsa* (mind control therapy) was crucial in supporting the patient's recovery from addiction. Acharya Charaka highlights controlling the mind through *Mano Nigraha*, restraining it from harmful thoughts. This holistic approach, including *Ashtanga Yoga* and mind-regulating practices, addressed the psychological aspects of addiction. The integrated

treatment led to significant physical and mental improvement, demonstrating the effectiveness of Ayurvedic therapies in managing marijuana withdrawal and addiction.

### CONCLUSION

The *Ayurvedic* management of Ganja addiction, using internal medications, external therapies, and *Satvavjaya Chikitsa*, effectively addressed withdrawal symptoms and supported sustained recovery in this case. The patient showed complete symptom resolution within four weeks. However, further studies with larger samples are needed to validate the broader effectiveness of this approach.

### Deceleration of patients consents

The authors confirm patient consent for case reporting, including images and clinical information, with efforts to conceal identity, though anonymity cannot be fully guaranteed.

### Author's contribution

**R V:** Principal investigator and manuscript writer. **A S:** Developed study concept, provided guidance, and critically reviewed the manuscript. **S Y:** Supervised the study and evaluated the manuscript's intellectual content. **A.N:** Assisted in data collection and manuscript writing. All authors contributed to revising and finalizing the manuscript and approved its accuracy and integrity.

### Data availability statement

All collected data, including measurement records, are securely stored either physically or electronically as needed. The data is stored without personal identifiers and is accessible through the corresponding author under suitable conditions.

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Nil.

### Conflicts of interest

These are no conflicts of interest

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