

MADATYAYA: CASE-BASED DIAGNOSIS AND INTERVENTION**Dr. Shilpa Bhat^{1*}, Dr. Ravi Prasad Hegde², Dr. Smitha K.³**¹3rd Year, PG Scholar, ²HOD and Professor, ³Associate ProfessorDepartment. of *Manovijnana Evam Manasaroga* Alva's Ayurveda Medical College and Hospital, Moodubidire, Karnataka.***Corresponding Author: Dr. Shilpa Bhat**³rd Year, PG Scholar, Department. of *Manovijnana Evam Manasaroga* Alva's Ayurveda Medical College and Hospital, Moodubidire, Karnataka. DOI: <https://doi.org/10.5281/zenodo.19434929>**How to cite this Article:** Dr. Shilpa Bhat^{1*}, Dr. Ravi Prasad Hegde², Dr. Smitha K.³ (2026). *Madatyaya: Case-Based Diagnosis And Intervention*. World Journal of Pharmaceutical and Medical Research, 12(4), 387–393.
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ABSTRACT

Alcohol use disorder (AUD) is a chronic condition with impaired control over alcohol intake and high relapse rates. In India, it is underrecognized and underreported due to social stigma with socioeconomic factors influencing its prevalence. In *Ayurveda*, *Madatyaya* refers to excessive alcohol consumption where there is *dosha prakopa (Vata, Pitta and Kapha)* and impairment of *Agni, Sattva, Rasa Dhātu, and Ojas*, resulting in physical and mental disturbances. Here is a case of 47-year-old male, began alcohol use 16 years ago, gradually increasing to 2–3 quarters daily. Previous attempts to quit alcohol failed due to withdrawal symptoms. In the past two weeks, stress and low motivation led to intake of excess alcohol, with restlessness, anxiety, and loss of interest in routine activities. Here the patient sought voluntary medical intervention. The *Lakshana, Samprapti, and Chikitsa of Madatyaya* were analysed and correlated with *Panatyaya*. AUD was diagnosed according to DSM-5 criteria. The patient underwent structured *Shodhana*, added with *Shamana Aushada* which are *Yakrut Uttejaka, Medhya Rasayana, Vatanulomaka* and supportive *Sattvavajaya Chikitsa*. Insight and motivation were considered favourable prognostic factors. Ayurvedic management of *Madatyaya* encompasses both physiological and psychological domains. *Shodhana* therapies, particularly *Basti*, are employed to detoxify the body and restore *prakruta dosha avasta*, while *Shamana* medications alongside *Sattvavajaya* interventions address craving control, enhance psychological health, and promote sustainable behavioural modification.

KEYWORDS: Alcohol Use Disorder, *Madatyaya, Shodhana, Sattvavajaya Chikitsa*.**INTRODUCTION**

Humans have long consumed *Madya* within social and cultural contexts. When consumed appropriately, it acts beneficially as *Sudha*(nectar), but improper consumption results in it functioning as *Visha*(poison).^[1] Alcohol use disorder is described by changes in behavioural and physical symptoms. According to the World Health Organization, excessive alcohol consumption contributes to over 3 million deaths annually.^[2] India's total alcohol consumption has surged to over 663 million liters, marking an 11% increase since 2017.

Furthermore, data from the 2021 NFHS (National Family Health Survey-5) highlights that approximately 10% of all adults in India (aged 15 and above) are alcohol consumers. Among them, alcohol consumption among adult women (aged 15 and above) is modest at 1.3%, while it reaches 18.8% among adult men (also aged 15

and above), providing insights into recent consumption trends among the country's adult population.^[3]

Ayurveda links alcohol-related disorder to *Madatyaya*, which impacts *Manasika* and *Shareerika Doshas* and is thereby affecting a person's physical, psychological, social, economic, and occupational well-being. Incorrect or excessive alcohol intake can induce *Madatyaya* which is classified as a *Tridoshajavyadhi*. *Madatyaya* treatment in the classics comprises mostly of *Doshavasechana (~sodhana), Rasayana, and Satvavajaya Chikitsa*.

1. Patient Data

A 47-year-old married male, car driver by occupation, from a lower middle-class rural background, presented with a history of regular alcohol consumption.

2. Chief complaints

- History of alcohol consumption for 16 years, with increased intake over the last 2 weeks following a family dispute.
- Severe tremors of the body, disturbed sleep, increased palpitations for 2 weeks.
- Last alcohol intake on the morning of 07/07/2025.
- Associated with restlessness, reduced appetite, loss of interest in work for 2 weeks.

3. History of present illness**INITIATION**

(16 Years Ago) Healthy individual

- No medical / psychiatric illness
- Alcohol started due to peer pressure
Occasional intake (~¼ quarter whisky/day)

PROGRESSION OF USE

- Gradual increase in quantity & frequency
- Intake increased to 2–3 quarters/day

DEVELOPMENT OF DEPENDENCE

- Tolerance developed
 - Alcohol dependence established
 - Failed attempts at abstinence

WITHDRAWAL DURING ABSTINENCE

- Tremors
- Disturbed sleep
- Anxiety
- Anhedonia Tolerance developed

RELAPSE-Withdrawal symptoms led to resumption of alcohol use

LAST 2 WEEKS – WORSENING

- Marked escalation (>3 quarters/day)
 - Early morning drinking continued throughout the day
- Triggered by:** Familial stressors and loss of work & motivation
- Associated symptoms: Restlessness, Increased anxiety, Reduced interest in routine activities.

Substance Use History

- Substance: Alcohol (whisky)
- Duration: 16 years
- Pattern: Progressive increase → dependent pattern

- Tolerance: Present
- Withdrawal symptoms: Present
- Craving: Implied

- Substance use disorders

Family History

- No significant family history of:
 - Psychiatric illness

Vyasana- Patient has a 16-year history of alcohol use. Quantity: 3 Quarter per day-540 ml, type- original choice type of whisky (40 % alcohol).

Alcohol (grams)= volume (ml)x (ABV) / 100 x 0.789
(ethanol density in gm/ml)540x 0.4x0.789 = 170.4g/day

4. Clinical Findings:4a. Dashavidha Pareeksha/Tenfold examination

प्रकृति : वात पित्त	प्रमाण : मध्यम
विकृति : वात, पित्त, कफ, मानसिक दोष: रजस्, तमस्	सात्म्य : सर्व रस सात्म्य
सारा : मध्यम	अहारा शक्ति अभ्यावरणा शक्ति: अवर जरणा शक्ति : अवर
सत्व: अवरा	व्यायाम शक्ति : अवर
संहनन: मध्यम	वय: मध्यम

4b. Systemic examination

Central Nervous System- Consciousness- Delirious
Cranial Nerves, Motor System, Sensory System: Intact
Cardiovascular System- S1, S2 heard, no murmurs

Respiratory system: NVBS heard, no added sound
P/A -soft, no organomegaly, Non- tender
Cerebellar-No ataxia, no tandem gait, no dysmetria, no dysdiadochokinesia.

Mental Status Examination

General appearance and behaviour:	<ul style="list-style-type: none"> ▪ Looks uncomfortable, restless, tremors, agitation ▪ Adequate dressing, good hygiene and selfcare. ▪ Attitude towards examiner: Co-operative
Speech:	slurred, decreased
Mood and affect:	<ul style="list-style-type: none"> • Mood: Sad (Anhedonia) • Affect: Euthymic
Thought:	delirium tremens
Perception:	Auditory hallucinations- absent
Cognition:	<ul style="list-style-type: none"> ▪ Consciousness: Delirious ▪ Orientation: oriented to time, place, person ▪ Attention: slightly decreased ▪ Concentration: slightly decreased ▪ Memory: <ul style="list-style-type: none"> ○ Immediate- Intact ○ Recent-Intact ○ Remote -Intact
Insight:	Grade 5
Judgement:	Partially impaired

4c. Investigations

Before treatment 7/7/2025	After treatment 6/8/2025
Complete blood count: RBC count – 4.1 millions/cu.mm Hb-14.0 gm/dl Platelet Count – 97,000 thousands/cu.mm	Complete blood count: RBC count – 4.2 millions/cu.mm Hb-14.0 gm/dl Platelet Count – 1.6 lakhs/cu.mm
LFT SGOT-210 mg/dl SGPT-65 mg/dl Serum albumin- 3.4 g/dl	LFT SGOT-36 mg/dl SGPT-16mg/dl Serum albumin- 3.3 g/dl
Serum electrolyte: Serum sodium- 132 mmol/L	Serum electrolyte: Serum sodium- 132 mmol/L

Serum chloride – 97 mmol/L

Serum chloride – 97 mmol/L

5.Diagnostic Criteria

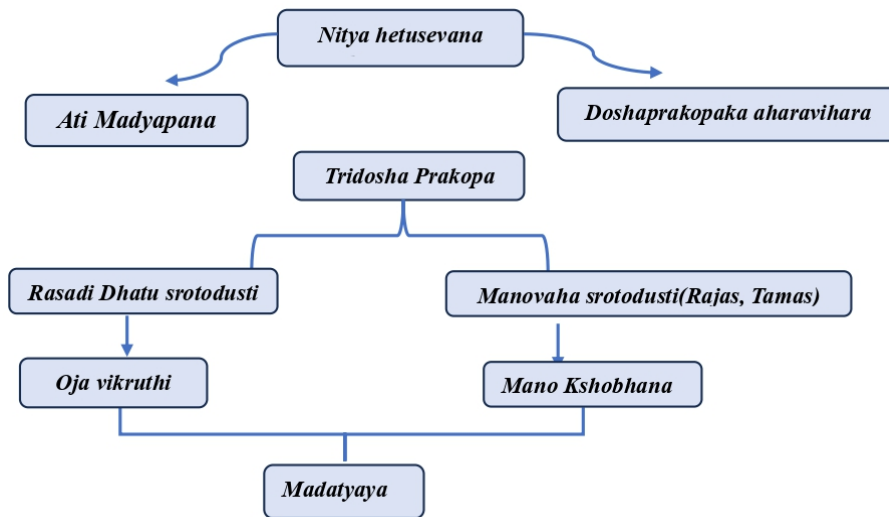
DSM V criteria^[4]

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period.

- Alcohol is often taken in larger amounts or over a longer period than was intended.
- There are a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- Craving, or a strong desire or urge to use alcohol.
- Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home.
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
- Tolerance - A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
- Withdrawal - Increased hand tremor, Insomnia, Anxiety these causing clinically significant distress or impairment in social, occupational, or other important areas of functioning
- ❖ The Alcohol Use Disorders Identification Test (AUDIT) was used to assess alcohol use severity. The participant scored 28 at baseline, which is categorized as **probable alcohol dependence** according to WHO AUDIT scoring guidelines.

5a. Samprapthi



5b. Samprapthi gataka

दोष	• रजस्, तमस् - वात, पित्त, कफ
दृश्य	• मनस्, रसादि धातु
आम	• जठराग्नि मान्दय जन्य
अग्नि	• जठराग्नि
स्रोतस्	• मनोवह, रसादि स्रोतस्
स्रोतोदृष्टि	• सङ्ग, विमार्गगमन
उद्भव स्थान	• आमाशय
संचार स्थान	• मनस्, सर्व शरीर
व्यक्त स्थान	• मनस्
अधिष्ठान	• मनस्, सर्व शरीर
रोगमार्ग	• मध्यम

6. Therapeutic intervention

Panchakarma Intervention

1. *Shiropichu* with *Himasagara Taila* from 7/7/2025 for 7 days.
2. *Sarvanga Abhyanga* with *Ksheerabala Taila* from 14/7/2025 for 8 days.
3. *Mridu Bashpa Sweda* from 14/7/2025 or 8 days.
4. *Shirodhara* -coconut oil 2lt + 200ml *Brahmi oil* from 14/7/2025 for 8 days.
5. *Kala Basti – Niruha Basti With Mustadi Yapana Basti & Matra Basti with Ksheerabala Taila* (60ml) from 14/7/2025 for 8 days.

Internal Medications

1. *Arogyavardhini Rasa* 1-1-1 A/F
 2. *Saraswatharista* 3tsp-3tsp-3tsp A/F
 3. *Avipattikara Churna* 0-0-1 tsp B/F
- } from

Outcome

Following *Shodhana Chikitsa* with *Basti Karma* and subsequent *Shamana Oushadhi* administration, Patient had.

- Improvement in *Nidra, Ahara, Ruchi, and Manas Sthairya*.
- Reduced craving.
- Better physical health.
- Improved social functioning.
- Tremors and restlessness reduced markedly.
- A sense of calmness and clarity of mind.
- Prevention of relapse.

On follow-up after 15 days, Interest towards work was observed, with stable physical and mental status and sustained motivation towards *Madyatyaga* (abstinence from alcohol).

On discharge medications were given for 15 days.

1. *Arogyavardhini Rasa* 1-1-1
2. *Manasmitravati* 2-0-2 A/F

DISCUSSION

Madatyaya is a chronic relapsing disorder affecting **Sharira, Mana and Samaja (social functioning)**. Hence, symptomatic treatment is insufficient to achieve long-term recovery. It is caused by the vitiation of *Tridosha*, along with disturbance of *Manas (Rajas and Tamas)*, *Agni* and *Ojas*. *Acharya Charaka* explains that *Madya* affects *Hrudaya, Indriya, Mana* and *Ojas*, leading to both physical and psychological derangements.^[5] Therefore, treatment should not be limited to drug therapy alone but must include *Aushadha, Ahara, Vihara* and *Satvavajaya Chikitsa*.

- ❖ *Aushadha - Deepana–Pachana, Medhya Rasayana, Vatanulomana, Yakruhuttejaka dravyas.*
- ❖ *Ahara - Pathya Ahara, Avoid Madya.*
- ❖ *Satvavajaya chikitsa - Jnana, Vijnana and Dhairya Chikitsa.*

Hence treatment adapted in this case are *Shodhana Chikitsa* and *Shamanoushadha* which are *Medhya, Vatanulomaka* and *Yakrit Uttejaka*. Initial management depends on identifying the predominant *Dosha* and applying appropriate therapies.^[6] Here *Vata dosha* was predominant hence *Snehana* and *Basti chikitsa* was adopted. According to *chikitsa sutra*, for *Vata* predominant- *Basti* is the line of treatment.

Medicines were used to correct *Dosha imbalance, Agnimandya* and *Manasika Vikara*, while diet and lifestyle were modified to enhance *Sattva, Bala* and *Ojas*. Here due to *Madya* intake there will be *Dhatukshaya* hence to improve *Dhatu*s and *Ojus*, *Rasayana chikitsa* is adopted.

Medhya Rasayana - Due to chronic alcohol intake there is *Ojas Kshaya, Majja Dhatu Dusti*, and disturbance of *Manovahasrotas*. *Medhya Rasayana* helps in *Dhatu Poshana*, enhances *Ojas*, and stabilizes *Manas*. This contributes to improved mental clarity, reduction in symptoms like anxiety, confusion, and irritability, and restoration of normal behavioural patterns. These therapies not only rejuvenate the body but also support neuropsychological recovery, promoting resilience against further substance abuse,^[7] by promoting *Satva guna* and improving self-control mechanisms. *Rasayana* therapy plays a vital role during the post-detoxification stage to rejuvenate bodily tissues and enhance overall vitality. Recent research study has shown that *Medhya* drugs have sedative and tranquilizing affect.^[8]

Arogyavardhini rasa was administered as it is *yakrut uttejaka. Yakruhuttejaka* -*Yakruth* can be affected by several causative factors, among which *Madya* is significant. Because of its 10 qualities-*Amla, Usna, Laghu, Tikshna, Sukshma, Vyavayi, Ruksha, Vikasi, And Vishada*. It aggravates *pitta* and acts as an important etiological factor in vitiating *Rakta*. Due to its *guna, Panchabhoutika* composition and structural resemblance to *Rakta Dhatu, Madya* has a strong influence on it. Through the *Ashraya–Ashrayee* relationship, *Madya* aggravates *Pitta*, thereby disturbing both *Rakta* and *Pitta*.^[9] Excessive alcohol intake is one of the leading causes of chronic liver disorders.^[10] Since *Yakruth* is the *Moolasthan* of *Raktadhatu* and also the site of *Ranjaka Pitta*, these vitiations directly impair liver function. Hence to improve liver function and as a preventive measure leading to chronic liver disorders *Arogyavardhini Rasa* was prescribed which is *Pittarechaka*.^[11]

Vatanulomaka- As excessive alcohol consumption commonly aggravates *Vata Dosha* due to its *Ruksha, Laghu* and *Tikshna* properties. Vitiating *Vata* leads to symptoms such as tremors, restlessness, constipation,

abdominal distension and impaired digestion. *Vatanulomaka* drugs help in restoring the normal downward movement of Vata, improving *Agni*, relieving gastrointestinal disturbances and preventing complications like delirium and neuromuscular disorders.^[12]

Satvavajaya Chikitsa^[13] measures such as reassurance, motivation and counselling helped in controlling craving and preventing relapse. It works by enhancing the patient's awareness about the harmful consequences of alcohol consumption through *Jnana* and *Vijnana*, thereby helping develop insight into addiction and motivating behavioral change. Dhairyra or reassurance is another vital component of *Sattvavajaya*, particularly during withdrawal phases when patients experience anxiety, irritability, and psychological distress. Emotional support improves treatment compliance and helps maintain abstinence. Similarly, *Smriti* plays a therapeutic role by reinforcing past negative experiences associated with alcohol abuse and reminding the individual about social responsibilities and benefits of sobriety.

Shiropichu - In *Shiropichu* therapy, prolonged and continuous absorption of the medicated oil may cause tranquility of mind and induce natural relaxation; these effects are mediated by the brain wave coherence, Alpha waves, and a down regulation of the sympathetic outflow.^[14] Due to *Tikshana*, *Vyavayi* & *Sukshma* property of *Taila*, it enters easily into *Manovaha srotas* modifying vitiation of *Mana Dosha*, which has beneficial effects on the body. *Taila* is considered as the drug of choice in *Vata Vikaras*. *Himasagara taila* is good for *Vata* disorders which is mentioned in *Bhaishajya Ratnavali*.

Sarvanga Abhyanga a prime *Bahya Snehana* therapy, is indicated for *Vata Shamana* and *Dhatu Poshana*^[15]. *Ksheerabala Taila*, prepared with *Bala* (*Sida cordifolia*), *Ksheera*, and *Tila Taila*, exhibits *Balya*, *Brimhana*, and *Vatahara* properties.^[16] The *Snigdha* and *Mridu guna* of the *Taila* counteracts the *Ruksha* and *Tikshna* effects produced by chronic alcohol exposure, thereby restoring tissue integrity and physiological homeostasis.

CONCLUSION

This case highlights the potential role of Ayurvedic management in the effective treatment of alcohol withdrawal syndrome. The integrated approach focusing on balancing *Tridosha* and *Triguna*, along with detoxification through appropriate *Shamana* medications and *Panchakarma* procedures, resulted in significant symptomatic relief and improvement in biochemical parameters such as SGOT and SGPT. The assessment using standardized tools like the Alcohol Use Disorder Identification Test further supports the positive therapeutic outcome. The treatment was well tolerated with AUDI test score reduced to 10 suggesting a shift from dependence to **hazardous alcohol use**, indicating significant clinical improvement with no observed adverse effects. Nevertheless, larger clinical studies and

evidence-based research are required to validate these findings and to strengthen the scope of Ayurvedic interventions in the management of alcohol dependence and withdrawal.

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