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Case Report

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AYURVEDIC INTERVENTIONS FOR ALCOHOL USE DISORDER: INSIGHTS FROM A CASE SERIES

Kavyanjali[1], Sarang Subrahmanyan[2], Ruwan Priyantha Liyanage[3], Savitha H P*[4]

[1,2,3]Postgraduate Scholar, Department of Manovijnana Evum Manasaroga, SDM College of Ayurveda and Hospital, Hassan, Karnataka – 573201.

[4]Professor and Head, Department of Manovijnana Evum Manasaroga, SDM College of Ayurveda and Hospital, Hassan, Karnataka – 573201, India.

***Corresponding Author: Dr. Savitha H P**

Professor and Head, Department of Manovijnana Evum Manasaroga, SDM College of Ayurveda and Hospital, Hassan, Karnataka – 573201, India. **DOI:** https://doi.org/10.5281/zenodo.17809870

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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 om 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 haematologica parameters, after completion of *virechana* therapy. At follow up patients showed improvement in CAGE questionnaire also. **Conclusion:** This case series illustrate 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.[1] The estimated prevalence of AUD in India is around 12%.[2] According to *ayurveda*, *atyayata* (disorder) produced by *madya* (alcohol) is called as *madatyaya*.[3] *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).[4] 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 vi*rechana* therapy process involved a series of *Ayurvedic* treatments, starting with *udwartana* and *parisheka*, followed by *snehapana* with gradually increasing doses of *murchita ghrita*. 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*	**Patient No. 1** – *Arohana snehapana* with *murchita ghrita* in dose of 40ml, 80ml, 120ml, 200ml everyday respectively. **Patient No. 2**- *Arohana snehapana* with *murchita ghrita* in dose of 40ml, 80ml, 120ml, 200ml everyday respectively. **Patient No. 3**- *Arohana snehapana* with *murchita ghrita* in dose of 40ml, 80ml, 120ml, everyday respectively. **Patient No. 4**- *Arohana snehapana* with *murchita ghrita* in dose of 40ml, 80ml, 120ml, everyday respectively. **Patient No. 5**- *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	**Patient no. 1** -*Trivrit lehya* 60 gms and *draksha kashaya* 60ml – 08 *vegas*. **Patient no. 2**-*Trivrit lehya* 70 gms and *draksha kashaya* 100ml – 10 *vegas*. **Patient no. 3** -*Trivrit lehya* 60 gms and *draksha kashaya* 60ml – 15 *vegas*. **Patient no. 4** -*Trivrit lehya* 60 gms and *draksha kashaya* 60ml – 10 *vegas*. **Patient no. 5** -*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 *udvartana* and *dhanyamla parisheka*. *agni deepana* was attained with the administration of *panchakola phanta*. *udwarthana* (a dry powder massage) with *kolakulatthadi churna* has *kaphahara, medas pravilayana* and *amahara* properties.[5] *Dhanyamla* is a preparation made from cereals like rice (Oryza sativa) and barley (Hordeum vulgare).[6] 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.[7] *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 adviced in the *chikitsa sutra* of *madatyaya* as there is involvement of *bahudosha*. Since all the five patients were presented with *bahudoshavastha*, they were posted for s*hodhana 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 m*urchita ghrita* was administered for 3-6 days based on their *agnibala. murchita ghrita* which is a*madoshahara* enhanced the functioning of s*amana vayu* and u*dana vayu*, improving digestion and overall energy levels, both physically and mentally. It cleared blockages in the s*rotas* (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 t*amoguna*.[8] 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 v*ishrama 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.[9] 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.[10] 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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1. Post Graduate Departmet of Manovijnana Evum Manasoga, SDM College of Ayurveda and Hospital, Hassan, Karnaaka - 573201, India.
2. Participants of the case series.

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