



AYURVEDIC MANAGEMENT OF ALCOHOL WITHDRAWAL SYNDROME – A CASE REPORT

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ABSTRACT

Alcohol abuse is not only having impact on individual and families, but creates a lasting social burden on the community and even national level. When a chronic alcoholic tries to reduce or completely impede the alcohol intake, then a cluster of symptoms manifests which is called as alcohol withdrawal syndrome (AWS). The symptoms include nausea, vomiting, sweating, headache, auditory, visual and tactile hallucinations, delirium tremens etc. There is need of management from the primary stage itself. The chronic use of alcohol leads to a metabolic error termed as 'Ama' condition and *Agnimandya* with in the *Koshtha* and eventually leads to obstruction of *srotas*. In severe stages of Alcohol withdrawal syndrome, delirium tremens occurs, which is characterized with agitation, confusion, disorientation, visual and auditory hallucinations in addition to autonomic hyperactivity. *Madya* also results in depletion of *Ojas* due to the opposite qualities in it, against the properties of *Ojas* and decreased food intake resulting in *Vata* and *Kapha* aggravation. So initial treatment designed should be aimed of *Vata Kaphahara* and *Srotoshodhana*. Along with the same, Ayurvedic drugs and *Panchakarma* procedures can be selected to deal the AWS. Here we are discussing the case of a 38-year-old male patient presented with AWS and treated in our hospital with *Panchakarma* procedures and selected Ayurvedic drugs with the selected protocol.

KEYWORDS: Alcohol Withdrawal Syndrome; *Agnimandya*; *Ojakshaya*; *Panchakarma*; CIWA-Ar Scale.

INTRODUCTION

Alcoholic beverages were an integral part of our ethnic cultures, religious ceremonies, celebrations etc. It is a transparent, colourless, mobile and volatile liquid, having a characteristics spirituous odour and a burning taste.^[1-5]

It has got tonic and poisonous effects depends on the amount of intake. On moderate use of alcohol, it causes a feeling of livelier, easier and relaxed.^[6] Alcohol Use Disorder or Alcoholism is repeated alcohol-related difficulties in at least 2 of 11 life areas that cluster together in the same 12-month period. The lifetime risk of an Alcohol Use Disorder in most of the countries is 10-15% for men and 5-8% for women because many drinkers occasionally imbibe to excess.^[7] Alcohol Use Disorder in Ayurveda can be understood in the perspective of *madatyaya*. The clinical presentation and *dosha-dushya sammurchana* should be analysed and treatment are planned. Alcoholism is an irresistible urge to consume alcohol. People who suffer from alcoholism are well aware of the effects on their body, but they cannot resist the urge to consume alcohol.^[8]

In DSM V, alcohol abuse and alcohol dependence integrated into single entity, i.e., Alcohol Use Disorders.^[9] The etiological factors of alcohol

dependency are epigenetic, psychological, social, biological and environmental factors, along with genetic susceptibility, is paving increased susceptibility, to all sorts of alcoholism.^[10] The basic cause of alcoholism is resulting from the maladaptive coping response due to lowered self-esteem, so as to face high risk situation.^[11] Alcohol causes a temporarily increase of metabolism in living, which causes inhibition of their capacity. Hence the body will demand the alcohol in the absence within cell. The patient who having *tamas* and *rajas manas prakriti* will easily habituate for alcohol than *satvik manas prakriti* and vice-versa. Thus, continuous demand for alcohol in the absence causes *Panapkrama* (Alcohol Withdrawal Syndrome).^[12]

In *Madatyaya*, all the three doshas may be involved, but the permutation may vary as per the causative factors.^[13] So, management should be aimed primarily at pacifying the most predominant *dosha*. The *ama* stage, if identified, should be managed initially and get rid of. If all the *doshas* are aggravated equally then, *Kapha* should be pacified first, followed by *Pitta* and *Vata* respectively. The chronic conditions are usually of *Pitta* and *Vata* aggravation and needs its management.^[14] Even the judicious use of preparation of medicated *madya*. eg.

Sreekhandasava, is also mentioned in certain stages. *Acharya Vagbhata* explains the *madatyaya* treatment to be performed up to 7 or 8 days so as to overcome the ill effects, which is quite correct in the case of AWS.^[15]

Alcohol withdrawal syndrome (AWS) occurs when a heavy drinker suddenly stops or significantly reduces their alcohol intake.^[16] AWS consists of symptoms and signs arising in alcohol-dependent individuals, typically within 24 - 48 hours of consumption of their last drink.

Criteria	Symptoms
Criteria A	Cessation of (or reduction in) alcohol use that has been heavy and prolonged.
Criteria B	Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) alcohol use described in Criterion A
	1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm). 2. Increased hand tremor. 3. Insomnia. 4. Nausea or vomiting. 5. Transient visual, tactile, or auditory hallucinations or illusions. 6. Psychomotor agitation. 7. Anxiety. 8. Generalized tonic-clonic seizures.
Criteria C	The signs or symptoms in criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
Criteria D	The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.
	<u>Specify if:</u> With perceptual disturbances: This specifier applies in the rare instance when hallucinations (usually visual or tactile) occur with intact reality testing, or auditory, visual, or tactile illusions occur in the absence of a delirium. ^[17]

CLINICAL PRESENTATION

A 38 yr. old Indian Hindu male hailing from Tacchwan village, Akhnoor, Jammu, presented in *Kayachikitsa* OPD with the complaints of pain in lower extremities and generalized weakness. Patient started the intake of alcohol occasionally, but later it developed into frequent use of alcohol. On increased worries, he amplified the amount of alcohol intake. Daily intake of alcohol was there, since last 1-2 years. Patient reported that he abruptly stopped drinking alcohol and has been experiencing pain in lower extremities and generalized

weakness since he stopped drinking. He denies any other significant medical history or recent illnesses.

CLINICAL OBSERVATIONS

On examination, patient was found to be anxious, appetite was normal but sleep was disturbed. He was of medium body built, *avara* in *satwa*, *avara* in *rogi bala* and of *madhyama* in *abhyavaharanashakti* and *Jaranashakti* (low food intake and digestive power). The case was diagnosed as AWS with the above-mentioned diagnostic criteria.^[18] According to *Ayurveda*, *Mada* is.^[19]

<i>Dosha</i>	<i>Vata + Pitta + kapha</i>
<i>Dooshya</i>	<i>Rasa, Rakta</i>
<i>Agni</i>	<i>Manda</i>
<i>Koshtha</i>	<i>Madhyama</i>
<i>Prakruti</i>	<i>Shareerika prakriti – Vata, pitta</i>
	<i>Mansika prakriti – Rajas, Tamas</i>

MANAGEMENT PROTOCOL

According to *Ayurveda*, following regimens were given.

1. *Sarvanga Taila dhara* with *Ksheerbala Taila* for 21 days on a regular interval of 7 days.
2. *Taila Dhara (Shirodhara)* for 28 days.
3. *Nasya Karma* with *Jyotishmati taila (Pratimarsha Nasya)*
4. *Ashwagandha Churna* – 1tsf with milk x BD A/f
5. Tab. *Bhahmi Vati* – 2-tab x BD A/f
6. Cap. *Ksheerbala 101* – 1-tab x BD A/f
7. Tab. *Arogyavardhini* – 2-tab x TDS A/f
8. Nadi *Kashaya* – 20ml with water x BD A/f

All these drugs are continuous through the complete treatment for 45 days with follow up after 7 days.

ASSESSMENT

Assessment of effect of therapy was done on the basis of change observed at the clinical level. During the treatment and follow-ups, the patient was completely on cessation of alcohol and was advised to avoid spicy, oily, salty food and advised to take *dugdha*, *peya* and *khichdi* as *pathya* in food.

Numerical score was assigned to signs and symptoms by using Clinical Institute Withdrawal Assessment of Alcohol revised scale (CIWA-Ar scale)^[20]

Table: Clinical Institute Withdrawal Assessment of Alcohol revised scale (CIWA-Ar scale).

Symptoms	BT 1 st day	During Treatment 15 th day	At 30 th Day	At 45 th Day	Follow Up 7 th Day
Lower extremities pain	7	5	1	0	0
Generalized Weakness	6	3	1	0	0
Anxiety	4	3	2	1	0
Headache	5	4	2	1	1
Agitation	3	2	0	0	0
Total	25	17	6	2	1

RESULT

On assessing the condition of patient by using CIWA-Ar scale, it was observed that all the symptoms got significantly reduced after 30 days of treatment. After 45 days, the sleep was normal, food intake became adequate, generalized fatigue was reduced. There was an overall improvement in the functional capacity of patient.

DISCUSSION

Ayurveda has a unique understanding of human physiology and pathology, diagnosis and treatment. The condition was approached and managed with the principles of management of *madatyaya* as already explained. The initial approach was *Amapachana*, *Agnideepana* and *Srotorosodhana*, which is ideal in *madatyaya*. On sudden abstinence of alcohol, *agni* which maintain the equilibrium of body gets altered, leading to formation of *ama*. The *ama* causes *srodhorodha* and resulting deficit in *bala*. *Hridaya* which is the *chetana stana* and *sthana* of functions of the mind also gets affected. The *anulomana* property of *Vata* gets deranged and affects the functions of body as well as mind. These processes occur straight away and manifest as symptoms of AWS.

In current case study, *Taila Dhara* with *Ksheerbala Taila* provided *bala* (strength) to patient, *Ashwagandha* and *Cap. Ksheerbala* worked on the *dourbalyata*. *Nadi kashaya* helped in reducing stress and anxiety and regaining muscle strength. *Arogyvardhini vati* helped in improving liver function and in neutralizing the property and effect of *madya* on liver.

CONCLUSION

Alcohol Withdrawal Syndrome and other disorders of alcohol abuse have been mentioned with details in the ancient texts of Ayurveda. Here a multidisciplinary approach including detoxification, management of associative conditions and rehabilitation are too adopted here. The focus of treatment is to balance *tridosha* (*vata*, *pitta* & *kapha*) as well as *triguna* (*satta*, *raja* & *tama*) through which to provide symptomatic relief to the patient.

Ayurvedic management includes detoxification of the body and to maintain proper metabolism. In severe cases, *shodhana chikitsa* followed by *rasayana* is the best option. However, there is a need for further researches in

this regard to enhance the available Ayurvedic management.

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