Case Report

Ayurvedic Management of Alcohol Withdrawal Syndrome – A Case Report

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Abstract
Alcohol withdrawal syndrome is the most serious complications associated with chronic alcoholism. Sudden deaths are not uncommon in an Alcohol withdrawal syndrome. 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. A 36-year-old male chronic and heavy alcohol drinker for 15 years abstained from alcohol for 3 days. Consequently, he started having palpitations, sweating and tremors with the complaints of nausea, vomiting, reduced appetite, disturbed sleep, headache, restlessness, fatigue, constipation as alcohol withdrawal symptoms. There were no psychotic symptoms, no suicidal ideas, and no obsessions or compulsions. He was treated on an outpatient level with combination of Ayurvedic internal medications and procedures for 60 days and is on follow up till date. The patient was treated with kharjuradi manth, ashvagandha churna, vidharigandha churna, muktashukti, drakashaasav, Brahmi vati, syrup shankhpushpi, taruni kusmakar churna & procedures like Shirodhara with Brahmi Him & nasya with jatamansi tail. The treatment approaches to improve the condition of a patient with improvement in sign and symptoms of alcohol dependence, alcohol withdrawal and to increase metabolism. The resulting assessment is done based on the Clinical Institute Withdrawal Assessment of Alcohol revised scale (CIWA-Ar score) and the Questionnaire. After the comprehensive Ayurvedic intervention, there was a complete remission of symptoms with normal hematological parameters. Hence presenting this case is evidence to demonstrate the effectiveness of Ayurvedic treatment in Alcohol Withdrawal Syndrome.

Keywords: Alcohol dependence, Padansikakrama, CIWA score

Introduction
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. Temporary alcohol-related problems are common in non-alcoholics, especially in the late teens to the late twenties, however, repeated problems in multiple life areas can indicate an Alcohol Use Disorder. Alcohol Use Disorder in Ayurveda can be understood in the perspective of madatyaya. The clinical presentation and dosha-dushya sammurchana should be analyzed and treatment is 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.

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 prakruti 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).

In madatyaya, all the three doshas could be involved, so management should be aimed primarily at pacifying the most predominant dosha. 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 need its...
management. Acharya Vagbhata explains the madatyaya treatment to be done up to 7 or 8 days to overcome the ill effects, which is quite correct in the case of Alcohol withdrawal syndrome\(^6\). It has been explained that the symptoms due to localization of madya in improper channels will be exhibiting only for 7 or 8 days and treatment is needed for those days. Mild to moderate symptoms on stoppage of consumption of alcohol subsides by 7 or 8 days, with treatment from our experience. Nausea and vomiting, tremor, paroxysmal sweats, anxiety, agitation, tactile–auditory-visual disturbances, headache and clouting of sensorium are the major symptoms of Alcohol withdrawal syndrome.\(^3\)

**Clinical Presentation**

This is a case of 36-year-old male a businessman. On 03 April 2019, he came at the de-addiction unit, NIA, Jaipur, he was treated here for 2 months on an outpatient level.

The Drug Dependence Treatment Unit, P.G. Department of Agad tantra, National Institute of Ayurveda was established in the 16 dec.2016 as the center for treatment of drugs and substance abuse disorders and was functional from the premises of National Institute of Ayurveda Jaipur Rajasthan. This unit has a full range of specialists & treatment facilities including O.P.D and I.P.D facilities with an expansion plan for the future. The unit has well qualified multi-disciplinary faculties, medical staff, and P.G. and Ph.D. research scholars, nursing staff, laboratory personnel, and administrative staff to render various modalities of care. Clinical care is provided through outpatient, inpatient settings. It deals with the treatment of disorders related to the use of all illicit substances i.e. Alcohol, Opioids, Cannabis, Tobacco, etc., internet gaming disorders along with and behavioral psychological disorders. The unit provides clinical care to about 200 new patients and about 300 old patients every year. Case reports, and articles on drug dependence treatment through Ayurveda have been published every year in various national and international journals. Thesis and research work on various types of addictions and its management through Ayurveda is carried out every year.

**Drug History**- Patient was taking alcohol for 15 years, starting in small doses but he gradually increased the dose. He tried to get rid of it but he fails to do so.

**Clinical Feature**- As he started to withdraw alcohol he gradually suffered from Anxiety, Restlessness, vomiting, anorexia, headache, and tremors.

The patient was presented with reduced appetite, nausea and disturbed sleep, headache, Restlessness, nausea, vomiting and tremors, fatigue, and constipation. Assessment of the effect of the therapy was done based on change observed at the clinical level. A numerical score was assigned for each sign by using the CIWA-Ar scale.

**Physical examination**

On examinations B.P. was 110/60 mmHg, pulse was 68/min, pupils were normal, the chest was clear, the abdomen was soft and non-tender, bowel constipated.

According to Ayurveda mada is\(^7\)

- **Dosha** - Vata + Pitta+ Kapha
- **Dooshya** - Rasa, Rakta
- **Agni**  - Manda
- **Koshta**  - Madhyama
- **Prakruthi** - Sharirika prakruti – Vata, Pitta
  - Manasika prakruti - Rajas, Tamas

Main aim of management was to balance doshas and also give symptomatic relief.

According to Ayurveda following regimes are given-

1. **Brahmi vati** – 2 tab BD for 60 days.
2. Combination of **kharjuradimanth**– 20 ml, amalaki churna 3g BD, 10 min after meal for 60 days. This combination is given for indigestion and tarpan.
3. **Pratimarsh Nasya with jatamansi** tail 2-2 drops per nostril and **shankhpushpi syrup** for 60 days. It treats insomnia associated with a.w.s.
4. **Ashvagandha churna-2gm, vidharigandha churna - 2gm, muktashukti-500mg as balya**
5. Taruni kusmakar churna 3gm at bedtime. It prevents constipation.

6. Shirodhara with Brahmi him for 21 Day on a regular interval of 7 days, relived restlessness and insomnia.

7. Drakashasav 15ml twice a day for 16 days as an appetite enhancer, liver protector and to replace alcohol to control withdrawal.

8. The patient was also monitored and treated by psychological counseling.

All these drugs are continuous through the complete treatment

Counseling/Psychosocial/Psych education- Patient and his attendants were assessed, received counseling/psychosocial interventions as per clinical needs. Individual counseling often focuses on reducing or stopping substance use. Patients counseling was done by showing the side-effects of drug intake in the form of videos/images through the laptop.

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 milk, peya, and khichdi as pathya in food.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT 1st day</th>
<th>During treatment 15th day</th>
<th>At 30th day</th>
<th>At 45 day</th>
<th>At 60th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/vomiting</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tremors</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Paroxysmal sweats</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Agitation</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tactile disturbance</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Auditory disturbance</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Visual disturbance</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Headaches &amp; fullness</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Orientation and clouding of sensorium</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>14</strong></td>
<td><strong>5</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

**Observations and Results**

Patient has showed remarkable improvement in dependency. He showed control over desire of alcohol and also has minimal withdrawal symptoms, improved appetite, better sleep and improved liver functions. Table 3 shows blood investigation reports before and after treatment.

Follow up: Patient is on follow up. A brief investigation about maintaining the medicines and other related problems has been inquired and assured that the patient is maintaining well. Suggestions had been provided to the family member to continue the follow up.
**Discussion**

Ayurveda has a unique understanding of human physiology and pathology, diagnosis and treatment. The de-addiction unit, NIA Jaipur has given the services by using a prepared protocol based on ayurveda and ayurvedic principle. Alcohol causes vitiation of *doshas* and *srotosanga* (blockage of circulatory channels). The condition is *tridoshaja*, involving all the three *doshas* in pathogenesis. The condition was managed with the principles of management of *madatyaya*. On sudden abstinence of alcohol, *agni* which maintains the equilibrium of the body gets altered, leading to the formation of *ama*. The *ama* causes *srodhorodha* and resulting deficit in *bala*. The *anulomana* property of *vata* gets deranged and affects the functions of the body as well as mind. These processes occur straight away and manifest as symptoms of AWS.

In current case study, Combination of *kharjuradimanth* was given to patient which acts as *tarpan agni deepana* and also for indigestion* ruchikar* (pleasure to eat), *triptikar* (Disgust),*tarpaka* (Refreshing), *balya* (Tonic) and *ojya-vardhak* nature of *Kharjura* (Phoenix Dactylifera) has helped to revised organic damages from *Madya* and Sour property of other ingredient of *Kharjuradi Mantha*(*Draksha (Vitis vinifera), Vrukshamla (Garcinia Indica) Tintidik (Rhus parviflora), Dadim (Punica Granatum), Amalaki (Emblica officinalis)* help to neutralized the property of *Madya*.

*Ashvagandha churna*, *vidharigandha churna*, *muktashukti* act as *balya* and hence were helpful for general debility. *Taruni kusmakar churna* has *virechaka* property which helps in detoxification of liver and whole body. *Amalki churna* acted by their, *Amapachana*,

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**Table 4: Showing Blood investigation reports before and after treatment.**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Date 03/04/2019 (B.T.)</th>
<th>Date 01/06/2019 (A.T.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hb  (gm/dl)</td>
<td>12</td>
<td>13.6</td>
</tr>
<tr>
<td>TLC (per cubic mm)</td>
<td>7800</td>
<td>7500</td>
</tr>
<tr>
<td>DLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophils</td>
<td>53</td>
<td>56</td>
</tr>
<tr>
<td>Lymphocyte</td>
<td>30</td>
<td>23</td>
</tr>
<tr>
<td>Monocytes</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Eosinophils</td>
<td>07</td>
<td>02</td>
</tr>
<tr>
<td>Basophiles</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>ESR- (by Westergren method) mm 1st hr.</td>
<td>45</td>
<td>30</td>
</tr>
<tr>
<td>RBC (million per cubic mm)</td>
<td>3.24</td>
<td>3.43</td>
</tr>
<tr>
<td>Platelets count-(per cubic mm)</td>
<td>2.34</td>
<td>2.52</td>
</tr>
<tr>
<td>Liver Function Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.Bilirubin total-(mg/dl)</td>
<td>1.0</td>
<td>0.6</td>
</tr>
<tr>
<td>S. Bilirubin direct-(mg/dl)</td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>SGOT (U/L)</td>
<td>79.8</td>
<td>51.7</td>
</tr>
<tr>
<td>SGPT(U/L)</td>
<td>25</td>
<td>20.7</td>
</tr>
<tr>
<td>Alkaline phosphate</td>
<td>225</td>
<td>204</td>
</tr>
</tbody>
</table>

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Lekhana, Rasayana, and Pitta virechana properties\textsuperscript{13}. Nasya with Jatamasi tail\textsuperscript{14} and shirodhara\textsuperscript{15} with brahmi kwath helped in calming mind and to produce sound sleep due to its medhya property. Drakasha\textsuperscript{cov} plays an important role to relieve from withdrawal as well as previous damages. As we know that Madya for Madataya is the main Chikitsa Sutra mentioned in Ayurveda, play an important role in Alcohol Withdrawal, as sudden withdrawal may cause serious complication. Madya which is used should be made up of particular medicinal herbs and given in tapering doses.\textsuperscript{16}

Such a protocol seems safe as well as effective in the management of Alcohol withdrawal syndrome.

Conclusion

The outcome of the ayurvedic therapy given to the patient is much encouraging. Result of therapy is shown on modern parameters and scale i.e. CIWA-Ar scale, wherewith proper medication, meditation and counseling patient shows improvement in physical as well as psychological symptoms. Alcohol Withdrawal Syndrome and other disorders of alcohol abuse have been mentioned with details in the ancient texts of Ayurveda. 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, sodhana 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.

References


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