



Review Article

Ayurvedic Perspective on the Management of Alcohol De-Addiction and Withdrawal Syndrome: An Integrative Review


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ABSTRACT

Alcohol Use Disorder (AUD) is a chronic relapsing brain disorder characterized by compulsive alcohol consumption, loss of control over intake, and the emergence of withdrawal symptoms upon cessation. Alcohol addiction is a major public health concern worldwide and contributes significantly to morbidity, mortality, and socioeconomic burden. Modern medicine recognizes AUD through standardized diagnostic tools such as the Diagnostic and Statistical Manual-5 (DSM-5), Alcohol Use Disorders, Identification Test (AUDIT), and Clinical Institute Withdrawal Assessment for Alcohol-Revised (CIWA-Ar). *Ayurveda* describes conditions comparable to alcohol-related disorders under the broad concepts of *Madatyaya*, *Panatyaya*, *Paramada*, and *MadatyayaUpadrava*. Classical *Ayurvedic* management emphasizes *Nidana Parivarjana*, *Satvavajaya Chikitsa*, *Shodhana*, *Shamana*, *Rasayana* therapy, and lifestyle modifications. The present review explores the modern pathophysiology of alcohol addiction, assessment methods, *Ayurvedic* diagnostic principles, and integrative management strategies for alcohol de-addiction and withdrawal syndrome.

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INTRODUCTION

Alcohol consumption has been an integral part of human societies for centuries; however, excessive and prolonged use leads to significant physical, psychological, and social consequences. According to the World Health Organization, harmful alcohol use accounts for millions of deaths annually and is a major risk factor for liver disease, cardiovascular disorders, psychiatric illnesses, and accidents.^[1]

Alcohol addiction is characterized by intense craving, compulsive alcohol-seeking behavior, impaired control over drinking, and continued consumption despite harmful consequences.^[2] *Ayurveda* has described alcohol-induced disorders in detail under the heading of *Madatyaya*, which encompasses the pathological effects arising from improper use of alcoholic beverages (*Madya*).^[3]

A comprehensive *Ayurvedic* de-addiction approach integrates counseling, *Panchakarma* procedures, *Ayurvedic* pharmacotherapy, psychosocial interventions, and gradual withdrawal strategies to address substance dependence and facilitate long-term recovery.

Modern Pathophysiology of Alcohol Addiction

Alcohol exerts its psychoactive effects through modulation of multiple neurotransmitter systems.

A. Dopaminergic Reward Pathway

Ethanol stimulates dopamine release within the mesolimbic pathway, particularly the ventral tegmental area (VTA) and nucleus accumbens. Repeated exposure reinforces alcohol-seeking behavior and promotes dependence.^[4]

B. GABAergic System

Alcohol enhances inhibitory gamma-aminobutyric acid (GABA) neurotransmission, resulting in anxiolysis, sedation, and relaxation. Chronic alcohol exposure leads to adaptive downregulation of GABA receptors.^[5]

C. Glutamatergic System

Alcohol inhibits excitatory N-methyl-D-aspartate (NMDA) receptors. Long-term exposure causes compensatory receptor upregulation. Upon abrupt cessation, excessive glutamatergic activity contributes to withdrawal symptoms such as tremors, agitation, hallucinations, and seizures^[6]

D. Neuroadaptation and Dependence

Repeated alcohol intake causes neuroplastic changes in reward, motivation, learning, memory, and executive control circuits. These alterations result in craving, tolerance, withdrawal, and relapse tendencies^[7]

Alcohol Withdrawal Syndrome

Alcohol Withdrawal Syndrome (AWS) develops when alcohol consumption is reduced or discontinued after prolonged heavy use.

Common Symptoms

- Tremors
- Anxiety
- Sweating
- Insomnia
- Nausea and vomiting
- Irritability
- Hallucinations
- Seizures
- Delirium tremens

Withdrawal symptoms generally begin within 6–24 hours after cessation and may persist for several days.^[8]

Modern Diagnostic Criteria

DSM-5 Criteria for Alcohol Use Disorder^[9]

DSM-5 defines AUD based on 11 criteria including:

1. Drinking more than intended
2. Persistent desire to cut down
3. Excessive time spent obtaining alcohol
4. Craving
5. Failure to fulfill obligations
6. Social problems due to drinking
7. Giving up important activities
8. Hazardous use
9. Continued use despite harm
10. Tolerance
11. Withdrawal

Severity is classified as:

- Mild: 2–3 criteria
- Moderate: 4–5 criteria
- Severe: ≥ 6 criteria

AUDIT Score

The Alcohol Use Disorders Identification Test (AUDIT) is a ten-item screening tool developed by WHO.

Each question is scored from 0 to 4.

1. How often do you have a drink containing alcohol?

- Never = 0
- Monthly or less = 1
- 2–4 times a month = 2
- 2–3 times a week = 3
- 4 or more times a week = 4

2. How many drinks containing alcohol do you have on a typical day when drinking?

- 1–2 = 0
- 3–4 = 1
- 5–6 = 2
- 7–9 = 3
- 10 or more = 4

3. How often do you have six or more drinks on one occasion?

- Never = 0

- Less than monthly = 1
 - Monthly = 2
 - Weekly = 3
 - Daily or almost daily = 4
4. How often during the last year have you found that you were not able to stop drinking once you had started?
- Never = 0
 - Less than monthly = 1
 - Monthly = 2
 - Weekly = 3
 - Daily/almost daily = 4
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
- Never = 0
 - Less than monthly = 1
 - Monthly = 2
 - Weekly = 3
 - Daily/almost daily = 4
6. How often during the last year have you needed a first drink in the morning to get yourself going after heavy drinking?
- Never = 0
 - Less than monthly = 1
 - Monthly = 2
 - Weekly = 3
 - Daily/almost daily = 4
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
- Never = 0
 - Less than monthly = 1
 - Monthly = 2
 - Weekly = 3
 - Daily/almost daily = 4
8. How often during the last year have you been unable to remember what happened the night before because of drinking?
- Never = 0
 - Less than monthly = 1
 - Monthly = 2
 - Weekly = 3
 - Daily/almost daily = 4
9. Have you or someone else been injured because of your drinking?
- No = 0
 - Yes, but not in the last year = 2
 - Yes, during the last year = 4
10. Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?
- No = 0
 - Yes, but not in the last year = 2
 - Yes, during the last year = 4

Interpretation

Score	Interpretation
0–7	Low Risk
8–15	Hazardous Drinking
16–19	Harmful Drinking
≥20	Possible Dependence

CIWA-Ar Assessment¹⁰

Clinical Institute Withdrawal Assessment for Alcohol-Revised (CIWA-Ar) evaluates withdrawal severity using ten parameters:

Components of CIWA–Ar Assessment

The scale has 10 parameters with a total possible score of 67.

S. No.	Parameter	Scoring Range
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1.	Nausea and Vomiting	0-7
2.	Tremor	0-7
3.	Paroxysmal Sweats	0-7
4.	Anxiety	0-7
5.	Agitation	0-7
6.	Tactile Disturbances	0-7
7.	Auditory Disturbances	0-7
8.	Visual Disturbances	0-7
9.	Headache or Fullness in Head	0-7
10.	Orientation and Clouding of Sensorium	0-4

Detailed CIWA–Ar Assessment

1. Nausea and Vomiting

Ask: “Do you feel sick to your stomach? Have you vomited?”

- 0 = No nausea or vomiting
- 1–3 = Mild nausea without vomiting
- 4–6 = Intermittent nausea with dry heaves
- 7 = Constant nausea, frequent vomiting

2. Tremor

Ask patient to extend arms and spread fingers.

- 0 = No tremor
- 1–3 = Mild tremor
- 4–6 = Moderate tremor
- 7 = Severe tremor even with arms not extended

3. Paroxysmal Sweats

Observe sweating.

- 0 = No sweat
- 1–3 = Barely perceptible sweating
- 4–6 = Beads of sweat obvious
- 7 = Drenching sweats

4. Anxiety

Ask: “Do you feel nervous?”

- 0 = No anxiety
- 1–3 = Mildly anxious
- 4–6 = Moderately anxious or guarded
- 7 = Acute panic states

5. Agitation

Observe activity level.

- 0 = Normal activity
- 1–3 = Somewhat restless
- 4–6 = Moderately fidgety
- 7 = Constant thrashing or severe agitation

6. Tactile Disturbances

Ask about itching, burning, numbness, or sensation of bugs crawling.

- 0 = None
- 1–3 = Mild sensations
- 4–6 = Moderate hallucinations
- 7 = Continuous severe hallucinations

7. Auditory Disturbances

Ask: “Are you hearing anything disturbing?”

- 0 = Not present
- 1–3 = Mild sensitivity
- 4–6 = Moderate hallucinations
- 7 = Continuous hallucinations

8. Visual Disturbances

Ask: “Does the light appear too bright? Are you seeing anything unusual?”

- 0 = None
- 1–3 = Mild sensitivity
- 4–6 = Moderate visual hallucinations
- 7 = Continuous hallucinations

9. Headache or Fullness in Head

Ask about headache severity.

- 0 = No headache
- 1–3 = Mild headache
- 4–6 = Moderate headache
- 7 = Extremely severe headache

10. Orientation and Clouding of Sensorium

- 0 = Fully oriented
- 1 = Uncertain about date
- 2 = Disoriented for date by >2 days
- 3 = Disoriented for place/person
- 4 = Completely disoriented

Interpretation of Total Score

Total Score	Severity
0–9	Minimal or absent withdrawal
10–19	Mild to moderate withdrawal
≥20	Severe withdrawal risk

Clinical Significance

- Helps monitor progression of alcohol withdrawal
- Guides benzodiazepine therapy
- Reduces risk of:
 - Delirium tremens
 - Withdrawal seizures
 - Autonomic instability

Ayurvedic Concept of Alcohol Addiction

- A detailed description of *Madatyaya* is found in the 24th chapter of *Charaka Samhita Chikitsa Sthana*, where it is discussed immediately after the topic of *Visha* (poison), indicating similarities between the effects of alcohol intoxication and poisoning. *Charaka* elaborates on various aspects of *Madya*, including its properties (*Guna*), stages of intoxication, patterns of alcohol dependence, clinical manifestations, and therapeutic management.
- In *Sushruta Samhita Uttara Tantra (Chapter 47)*, *Acharya Sushruta* presents an extensive account of *Madatyaya*, primarily in relation to *Panatyaya*.
- Similarly, *Ashtanga Sangraha* discusses *Madatyaya Chikitsa* within the *Chikitsa Sthana*, outlining the principles of management and describing the treatment of conditions such as *Mada* and *Murcha*.
- In *Ashtanga Hridaya*, the subject of *Madatyaya* is addressed in the sixth chapter of *Nidana Sthana*, while the management of *Mada* (inebriation), *Murcha* (syncope), and *Sanyasa* (loss of consciousness) is explained in the seventh chapter of *Chikitsa Sthana*. The etiology, pathogenesis, and treatment of *Dwamsaka* and *Vikshaya* are also detailed.
- *Kashyapa Samhita* discusses the effects of *Madya* in pregnant women and newborns along with their therapeutic approaches.
- In *Madhava Nidana*, *Madatyaya* is described after the chapter on *Krimi Nidana*.
- *Bhavaprakasha* explains *Madatyaya* in the *Madhyama Khanda* following the discussion of conditions such as *Murcha*, *Bhrama*, and *Nidra*.

Effect of Madya

According to *Ayurvedic* principles, *Madya* primarily affects the *Tridosha*, along with *Rasa* and *Rakta Dhatu*, and influences channels such as *Rasavaha*, *Raktavaha*, *Sangyavaha*, and *Hridaya-related Srotas*. Owing to its distinct properties, excessive or improper consumption of alcohol can lead to manifestations resembling *Ojokshaya* (depletion of vital essence), *Dhatukshaya* (tissue depletion), *Sharirakampa* (tremors), *Pralapa* (irrelevant speech), *Bhrama* (giddiness), and *Agnivaikrita* (digestive impairment). Acute intoxication may occur either due to frequent intake of small quantities at short intervals or ingestion of a large quantity at one time.

Prathama Avastha, is characterized by feelings of excitement, enthusiasm, enhanced self-confidence, increased appreciation of sensory experiences, and heightened interest in music, conversation, food, and entertainment. Individuals may experience a temporary sense of well-being, relaxation, and mental exhilaration. This phase is generally associated with pleasurable sensations and subjective feelings of happiness and enjoyment.^[1]

Madhyama Avastha (Intermediate Stage of Intoxication):

During this stage, cognitive and behavioral functions become noticeably impaired. The individual experiences disturbances in memory, often recalling information inconsistently and forgetting it shortly thereafter. Speech becomes

unclear, incoherent, and difficult to comprehend. Thought processes lose coherence, leading to irrelevant or contradictory conversations. Additionally, physical coordination and judgment are adversely affected, resulting in inappropriate behavior related to posture, movement, drinking habits, eating patterns, and communication. This stage reflects a significant decline in mental clarity and neuromuscular control due to the progressive effects of alcohol intoxication. [12]

Antima Avastha (Final Stage of Intoxication/Narcosis):

The final stage of alcohol intoxication is characterized by profound deterioration of mental, emotional, and physical functioning. At this stage, the individual experiences marked impairment of consciousness, judgment, and perception, often appearing withdrawn, unresponsive, and disconnected from the surrounding environment. The ability to distinguish between appropriate and inappropriate actions becomes severely compromised, resulting in irrational behavior and poor decision-making. Emotional instability, social isolation, and loss of self-control are common features. The affected person may engage in actions that attract criticism, rejection, and social disapproval. Persistent neglect of personal well-being and continued indulgence in alcohol can further lead to physical suffering, psychological distress, and various complications affecting overall health and quality of life. [13]

In *Ayurveda*, the chronic consequences of alcohol use are described under the conditions *Madatyaya*, *Mada*, and *Atyaya*. *Mada* refers to the state of intoxication associated with feelings of exhilaration and altered perception, whereas *Atyaya* denotes excessive or uncontrolled consumption of alcohol. Persistent overuse of *Madya* produces harmful effects that resemble toxic manifestations in the body. The severity and nature of these effects vary according to an individual's *Prakriti* (constitutional type) and the predominance of specific *Doshas*, which influence susceptibility to alcohol-related disorders and their clinical presentation. [14]

Ayurvedic Pathogenesis (Samprapti) of Alcohol Dependence and Withdrawal Syndrome

Alcohol dependence (*Madya Asakti*) can be understood in *Ayurveda* as a chronic disorder resulting from prolonged and excessive consumption of *Madya*, leading to derangement of both *Sharirika* and *Manasika Doshas*. Continuous intake of alcohol adversely affects *Agni*, *Dhatu*s, *Ojas*, and *Manovaha Srotas*, ultimately producing physical dependence and withdrawal manifestations upon cessation.

1. Nidana (Etiological Factors)

- Excessive and prolonged consumption of alcohol (*Ati-Madyapana*)
- Psychological stress, anxiety, depression, and emotional disturbances
- Irregular dietary habits and poor nutrition
- Inadequate sleep and unhealthy lifestyle
- Genetic and psychosocial predisposition

2. Agnimandya (Impairment of Digestive and Metabolic Fire)

Initially, alcohol may stimulate *Agni*, but chronic intake gradually weakens *Jatharagni* and *Dhatvagni*. Impaired metabolism leads to incomplete digestion and assimilation of nutrients.

Clinical Correlates:

- Loss of appetite (*Aruchi*)
- Indigestion (*Ajirna*)
- Malnutrition
- Hepatic dysfunction

3. Formation of Ama

Due to persistent *Agnimandya*, improperly metabolized food and metabolic toxins accumulate in the body as *Ama*. *Ama* obstructs various *Srotas* and initiates pathological changes in tissues and organs.

Clinical Correlates:

- Fatigue
- Body ache
- Mental cloudiness
- Coated tongue
- Digestive disturbances

4. Tridosha Dushti with Predominant Vata-Pitta Aggravation

Alcohol possesses *Ushna*, *Tikshna*, *Sukshma*, and *Ashukari* properties. Excessive consumption initially aggravates *Pitta* and subsequently vitiates *Vata* due to depletion of *Dhatu*s and *Ojas*.

Pitta Aggravation

- Irritability
- Anger
- Excessive sweating
- Gastritis
- Hepatic inflammation

Vata Aggravation

- Tremors (*Kampa*)
- Anxiety (*Chinta*)
- Insomnia (*Anidra*)
- Restlessness
- Convulsions during severe withdrawal

Kapha becomes relatively depleted because of the drying effect of alcohol.

5. DhatukshayaandOjakshaya

Long-term alcohol consumption impairs nourishment of successive *Dhatus*, resulting in progressive depletion of *Rasa*, *Rakta*, *Mamsa*, *Majja*, and ultimately *Ojas*.

Clinical Correlates:

- Weakness
- Weight loss
- Reduced immunity
- Poor cognitive functions
- Emotional instability

6. Vitiation of Manasika Doshas

Alcohol significantly disturbs the equilibrium of *Manasika Doshas*.

Raja Predominance

- Craving and compulsive alcohol-seeking behavior
- Aggression
- Impulsivity
- Emotional instability

Tama Predominance

- Poor judgment
- Depression
- Cognitive impairment
- Social withdrawal

7. ManovahaSrotodushti

Persistent exposure of the mind to alcohol results in dysfunction of *ManovahaSrotas*. Disturbance of higher mental faculties such as *Dhi* (intellect), *Dhriti* (self-control), and *Smriti* (memory) leads to *Prajyaparadha*, perpetuating addictive behavior.

Clinical Correlates:

- Loss of control over drinking
- Impaired decision-making
- Craving
- Memory disturbances
- Relapse tendency

8. Manifestation ofWithdrawal Syndrome

When alcohol intake is suddenly stopped, the body, already adapted to its chronic presence, experiences acute aggravation of *Vata* along with *Pitta* involvement.

This produces:

- *Kampa* (tremors)
- *Anidra* (insomnia)
- *Chinta* (anxiety)
- *Udvega* (restlessness)
- *Atisweda*(excessive sweating)
- *Hridspandana Vriddhi* (tachycardia)
- *Bhrama*(giddiness)
- *Unmada*-like manifestations (hallucinations, delirium)

Samprapti Ghataka

Component	Involvement
<i>Dosha</i>	<i>Vata-Pitta Pradhana Tridosha Dushti</i>
<i>Dushya</i>	<i>Rasa, Rakta, Mamsa, Majja, Ojas</i>
<i>Agni</i>	<i>Jatharagni and DhatvagniMandya</i>

<i>Ama</i>	Present
<i>Srotas</i>	<i>Manovaha, Rasavaha, Raktavaha, Annavaha, MajjavahaSrotas</i>
<i>Srotodushti</i>	<i>Sanga, Vimargagamana, Atipravritti</i>
<i>Udbhava Sthana</i>	<i>Amashaya and Hridaya</i>
<i>Adhithana</i>	<i>Manas, Majja, Yakrit</i>
<i>Roga Marga</i>	<i>Madhyama Roga Marga</i>
<i>Vyakta Sthana</i>	<i>Manas, Nervous System, Liver and Gastrointestinal System</i>

Samprapti

Ati-Madyapana (Chronic Alcohol Consumption)

↓

Agnimandya

↓

Ama Formation

↓

Tridosha Dushti (*Vata-Pitta* Predominance)

↓

Dhatukshaya and *Ojakshaya*

↓

Rajas-Tamas Vriddhi

↓

ManovahaSrotodushti & *Prajnaparadha*

↓

Alcohol Dependence (*Madya Asakti*)

↓

Sudden Abstinence from Alcohol

↓

Acute *Vata-Pitta Prakopa*

↓

Alcohol Withdrawal Syndrome (*Kampa, Anidra, Chinta, Sweda, Bhrama, Unmada*-like Features)

Continuous alcohol intake impairs *Satva* and promotes psychological dependence.

Ayurvedic Diagnosis of Alcohol Dependence

Ayurvedic diagnosis includes:

A. Trividha Pariksha

1. Darshana Pariksha (Inspection)

Observation of the patient for physical and behavioral signs.

Examples in Alcohol Dependence:

- Facial puffiness and redness
- Tremors of hands and tongue
- Yellowish discoloration of sclera (jaundice)
- Poor personal hygiene and malnourished appearance
- Excessive sweating during withdrawal
- Agitation, restlessness, anxiety
- Unsteady gait and impaired coordination
- Sleep-deprived appearance with dark circles

2. Sparshana Pariksha (Palpation and Touch)

Assessment through touch and physical examination.

Examples in Alcohol Dependence:

- Increased body temperature during withdrawal
- Cold and clammy extremities due to autonomic overactivity
- Hepatomegaly with tenderness in chronic alcoholic liver disease
- Fine tremors felt in fingers and hands
- Tachycardia and elevated pulse rate
- Excessive perspiration

3. Prashna Pariksha (History Taking)

Detailed interrogation regarding substance use and associated symptoms.

Examples in Alcohol Dependence:

- Duration and quantity of alcohol intake
- Type of alcoholic beverage consumed

- Craving for alcohol
- Loss of control over drinking
- Withdrawal symptoms on abstinence
- Previous attempts to quit alcohol
- Family history of addiction
- Social, occupational, and marital problems
- Assessment using AUDIT and CIWA-Ar scores

B. Ashtavidha Pariksha

1. Nadi (Pulse)

- Pitta-Vata predominant pulse.
- Increased pulse rate (tachycardia) during withdrawal.

2. Mutra (Urine)

- Dark yellow urine due to dehydration.
- Reduced urine output in severe withdrawal.
- Frequent urination due to alcohol-induced diuresis.

3. Mala (Stool)

- Irregular bowel habits.
- Loose stools or diarrhea during withdrawal.
- Constipation due to poor diet and dehydration.

4. Jihva (Tongue)

- Coated tongue indicating Ama.
- Dry tongue due to dehydration.
- Tremulous tongue in severe withdrawal.

5. Shabda (Speech)

- Slurred speech during intoxication.
- Irritable or incoherent speech during withdrawal.
- Reduced concentration and delayed responses.

6. Sparsha (Skin and Temperature)

- Warm skin due to Pitta aggravation.
- Excessive sweating during withdrawal.
- Cold extremities in severe autonomic dysfunction.

7. Drik (Eyes)

- Redness of conjunctiva.
- Yellow sclera in alcoholic liver disease.
- Nystagmus or impaired ocular movements in chronic alcoholism.

8. Akrti (Body Build)

- Emaciation and muscle wasting.
- Nutritional deficiencies.
- Distended abdomen due to hepatomegaly or ascites in advanced disease.

C. Dashavidha Pariksha

1. Prakriti (Constitution)

Example: Vata-Pitta Prakriti individuals may be more susceptible to anxiety, impulsive behavior, and addictive tendencies.

2. Vikriti (Current Morbid State)

Example: Vata-Pitta aggravation with Manovaha Srotodushti presenting as tremors, insomnia, anxiety, irritability, and craving.

3. Sara (Excellence of Dhatus)

Example: Poor Rasa, Mamsa, and Ojas Sara due to chronic alcohol abuse causing weakness and low immunity.

4. Samhanana (Body Compactness)

Example: Reduced muscle bulk and poor body integrity due to malnutrition.

5. Pramana (Anthropometry)

Example: Low BMI, weight loss, reduced mid-arm circumference.

6. Satmya (Adaptability)

Example: Dependence on alcohol to maintain normal functioning indicates altered Satmya.

7. Satva (Mental Strength)

Example: Avara or Madhyama Satva manifested by poor coping skills, anxiety, depression, and inability to resist craving.

8. Ahara Shakti (Digestive Capacity)

Example: Mandagni, anorexia, nausea, indigestion, and reduced appetite.

9. Vyayama Shakti (Exercise Capacity)

Example: Easy fatigability, weakness, and reduced endurance.

10. Vaya (Age)

C.Shodhanprocedures (Purification methods)			
S.N.	Name of procedure	Medicines	Indications
1.	Vaman	Madanphal, Yastimadhuphant, Sandhavlavan etc	Kaphaghan (VyadhipratayanikChikitsa), helps in increasing appetite.
2.	Virechan (Anuloman)	Avipattikar Churna, Tarunikusumakar Churna, Kutaki ,Nishoth etc.	Pittaghan, for relieving constipation,
3.	Nasya	AnuTail, ShadbinduTailam JyotismatiTailam etc.	Help to reduce stress, Improve mental health.
4.	Basti- It is advised to patient as per patient requirements.	Yogabasti/kal basti) Niruhanbasti -DashmoolKwath Anuvasan Basti- Dashmool Taila, Sahacharadi Taila etc	Vataghana, relieves Constipation, distension of abdomen etc.

Example: Most commonly seen in young and middle-aged adults (20–50 years), though severity increases with prolonged duration of alcohol consumption.

Ayurvedic Management Protocol of Alcohol De-Addiction¹⁵

A. Nidana Parivarjana

Complete avoidance of alcohol and triggers is the primary step in treatment.

B. Padanshika Krama (Gradual Tapering)

Padanshika Krama, wherein addictive substances are reduced gradually rather than stopped abruptly. This minimizes withdrawal manifestations and facilitates smoother detoxification.

D. VariousUpkarma's

1.	Shiro Dhara A. Tail Dhara B. Takra Dhara	ChandanbalalakshadiTail, DashmoolKwath, Brahmi Kwatha, Milk etc.	Vataghana, Anxiety & Insomnia
2.	Shiropichu	Brahmi oil etc.	Vataghana, Anxiety & Insomnia
3.	Padaabhyang	DashmoolTailam, Bala Tailam.	Vataghana, Anxiety & Insomnia
4.	Abhyang(Local and Whole body)	Bala tail	Vataghana, Anxiety & Insomnia

A. Shamana Chikitsa (Pacification Treatment/Management)

Sr. No	Drugs	Dose	Anupana	Indication
1.	Drakshasava/Draksharishta, Ashwagandharishta, Saaraswatarishta	20 ml BD	With equal amount of water after meal	Anorexia, Rochan, Deepan, Balya, Shramhar, Chitoavsadakahar (Antidepressant) property, Medhya (Brain tonic), Insomnia, Stress reducing, Alcohol use Disorders (Madataya).

2.	<i>Vidarikandchurna</i> 3 gm <i>Aswagandhachurna</i> 2 gm	5 gm BD	Milk	Anti-craving
3.	<i>Mukta Pishti</i>	125 mg BD		<i>Pitashamak</i>
4.	<i>Dooshivishari Agada</i>	4 gm BD	Honey	Anti-toxic effect
5.	Syrup <i>Shankhapuspi Brahmi Yukta</i>	20 ml Hs		Anxiety & Insomnia
6.	Syrup M Liv	10 ml BD		Hepatoprotective
7.	<i>LavanbhaskarChurna</i>	3 gm Bd	<i>Takra</i>	Indigestion, decreased appetite
8.	<i>Mahasudarshanghan Vati</i>	250 mg BD	Luke warm water	Hepatoprotective
9.	<i>Amarsundari Vati</i>	250 mg BD	Luke warm Water	Memory enhancer, relaxant.
10.	<i>Narayan Churna</i>	3-5 gm BD	Warm water	Constipation, Bloating, Indigestion, <i>Gara Vishanashak</i>
11.	<i>Ashtang Lavan</i>	3-5 gm BD	Warm water	Indigestion, <i>Kaphaj Madataya</i>
12.	<i>SarpgandhaChurna</i>	1 gm BD	Honey	High blood pressure, Insomnia
13.	<i>Smurtisagar Ras</i>	250mg BD	Ghee	Memory enhancer

B. Rasayana Therapy

Following detoxification, *Rasayana* therapy enhances cognitive function, immunity, and tissue nourishment. Commonly recommended formulations include:

- *Brahma Rasayana*
- *Chyavanaprasha*
- *KushmandAvaleha*
- *Narasimha Rasayana*
- *Medhya Rasayana* drugs

C. Satvavajaya Chikitsa

Satvavajaya is a psychotherapeutic approach aimed at restoring mental control and resilience.

Key components include:

- Counseling
- Motivation enhancement
- Behavioral modification
- Meditation
- Yoga
- *Pranayama*
- Relaxation techniques

Role of Yoga and Lifestyle in the Management of Alcohol De-addiction (*Madatyaya Nivaraṇa*)

In *Ayurveda*, alcohol addiction (*Madya Vyasan / Madatyaya*) can be managed through *Satvavajaya Chikitsa* (psychotherapy), *Pathya-Apathya*, *Yoga*, meditation, and lifestyle correction. These measures help reduce cravings, improve mental control, detoxify the body, and restore balance of *Vata*, *Pitta*, and *Kapha*.

1. Role of Asana (Yoga Postures)-Yoga helps reduce anxiety, stress, irritability, and withdrawal symptoms associated with alcohol de-addiction. It improves mental stability and strengthens willpower.

<i>Asana</i>	Role in Alcohol De-addiction	Example
<i>Vajrasana</i>	Improves digestion and calms the mind	Sitting after meals to reduce craving-related indigestion
<i>Balasana</i>	Relieves stress and anxiety	Useful during withdrawal stress

Bhujangasana	Improves chest expansion and energy	Reduces lethargy in recovering patients
Shavasana	Promotes relaxation and reduces restlessness	Helpful for insomnia and irritability
Tadasana	Improves focus and balance	Enhances self-control

Example:

A person experiencing anxiety during alcohol withdrawal may practice *Balasana* and *Shavasana* for 15–20 minutes daily to reduce restlessness.

2. Role of *Praṇayama* (Breathing Techniques)-*Praṇayama* improves oxygenation, controls emotions, reduces cravings, and stabilizes the nervous system.

<i>Praṇayama</i>	Benefit	Example
<i>Anulom Vilom</i>	Balances mind and nervous system	Practicing 10 minutes twice daily reduces anxiety
<i>Bhramari</i>	Reduces stress, anger, irritability	Helpful during cravings
<i>Nadi Shodhana</i>	Mental detoxification and calmness	Useful for emotional instability
Deep Breathing	Reduces withdrawal stress	During craving episodes

Example: When craving for alcohol appears, practicing *Bhramari* for 5–10 minutes can calm the mind and reduce impulsive behaviour.

3. Role of *Dhyana* (Meditation)-Meditation improves self-awareness, concentration, emotional control, and reduces dependency behavior.

Type of <i>Dhyana</i>	Role	Example
Mindfulness Meditation	Increases awareness of cravings	Patient observes urges without acting on them
Mantra Meditation	Mental calmness	Chanting “Om” daily
Guided Meditation	Reduces anxiety and depression	Listening to relaxation audio

Example: A recovering alcoholic may perform 15–20 minutes of mindfulness meditation every morning to control urges and prevent relapse.

4. Role of *Pathya Ahara* (Wholesome Diet)- A nutritious and *Satvic* diet helps detoxify the body, improve liver function, restore mental balance, and reduce alcohol craving.

<i>Pathya Ahara</i>	Benefit	Example
Fresh fruits	Improve nutrition and detoxification	Apple, pomegranate, banana
Green vegetables	Restore vitamins and minerals	Spinach, bottle gourd
Milk and ghee (if suitable)	Nourish body and mind	Warm milk at night
Whole grains	Maintain energy	Wheat, rice, millets
Herbal drinks	Reduce craving	Lemon water, coconut water

Example: A person recovering from alcoholism may take fresh fruit juice and light khichdi instead of spicy processed food.

5. Role of *Pathya Vihara* (Healthy Lifestyle)-Healthy habits reduce relapse and improve mental discipline.

<i>Pathya Vihara</i>	Role	Example
Regular sleep	Restores nervous system	Sleeping before 10 PM
Exercise/walking	Improves mood	30-minute morning walk
Positive company	Avoids relapse	Spending time with supportive family
Counseling & support	Emotional healing	Group therapy

Example: Daily morning walk + *yoga* + fixed sleep routine helps maintain abstinence.

6. *Apathya Ahara* (Unwholesome Diet)-These foods may increase cravings, irritability, or disturb mental balance.

<i>Apathya Ahara</i>	Harmful Effect
Excess spicy food	Increases irritability and craving
Junk/processed food	Poor nutrition
Excess tea/coffee	Anxiety and sleep disturbance
Sugary beverages	Mood fluctuations

Example: Avoiding fried spicy snacks with caffeinated drinks helps prevent craving triggers.

7. *Apathya Vihara* (Unhealthy Lifestyle)- Unhealthy behaviors may trigger relapse.

<i>Apathya Vihara</i>	Harmful Effect	Example
Staying with drinking friends	Increases temptation	Attending alcohol parties
Sleep deprivation	Anxiety and relapse risk	Late-night habits

Stressful environment	Trigger for drinking	Family conflicts
Sedentary life	Depression and low motivation	Staying isolated

Example: A recovering patient should avoid social gatherings where alcohol is served.

DISCUSSION

Alcohol addiction is a multidimensional disorder involving neurobiological, psychological, social, and behavioral factors. Modern management focuses on detoxification, pharmacotherapy, counseling, and relapse prevention. *Ayurveda* offers a holistic framework that addresses not only physical dependence but also disturbances in mental and spiritual well-being. The concepts of *Agnimandya*, *Ama*, *Ojakshaya*, and *ManovahaSrotodushti* provide a unique perspective for understanding alcohol dependence. Integrative approaches combining CIWA-Ar and AUDIT assessments with *Ayurvedic* diagnostic principles may improve individualized treatment planning. The NIA de-addiction model demonstrates the feasibility of incorporating *Panchakarma*, *Satvavajaya*, *Rasayana* therapy, and gradual tapering methods into comprehensive de-addiction programs.

CONCLUSION

Alcohol dependence is a chronic relapsing disorder requiring long-term multidisciplinary management. *Ayurveda* provides a comprehensive approach through *Nidana Parivarjana*, *Padanshika Krama*, *Panchakarma*, *Shamana*, *Rasayana*, *Satvavajaya Chikitsa*, and lifestyle interventions. Integration of modern assessment tools such as AUDIT and CIWA-Ar with *Ayurvedic* diagnostic principles can facilitate personalized and effective management of alcohol withdrawal and de-addiction. Future clinical studies are required to validate and standardize *Ayurvedic* interventions in alcohol use disorders.

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