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Case Series

AYURVEDIC INTERVENTIONS FOR ALCOHOL USE DISORDER

Reshmi Krishnan[1]*, Jithesh M[2], Aparna PM[3]

*[1]MD Scholar, Manovigyana evam Manasaroga, [2]Professor and Head, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal, Kerala.

[3]Medical Officer GARIMH, Kottakkal, Kerala, India.

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ABSTRACT

Alcohol Use Disorder (AUD) is a chronic relapsing disorder characterized by compulsive alcohol consumption, loss of control and negative consequences on physical and mental health. AUD is a major global health concern and causes nearly 3 million deaths annually. In spite of the prevalence and severity, AUD remains undertreated due to the stigma, social barriers and lack of easily accessible treatment options. A comprehensive approach integrating medical, psychological and social interventions is needed to address the complex biopsychosocial factors of AUD. **Main clinical findings**: 4 patients admitted with the inability to control alcohol use, hand tremor, sleep disturbances, and irritability. **Diagnosis**: Mild to moderate AUD as per DSM-5 TR criteria. **Interventions**: A case series of four AUD patients undertook an individual treatment protocol including withdrawal management with initial *Sadyovirechana, Sirodhara, Thala* and internal medicines. For alcohol dependence, this was followed by *Snehapana* and *Sodhana* procedures such as *Vamana, Virechana, Vasti* and *Nasya* along with adjunct therapies of *Yoga*, family counselling and administration of *Rasayana*. Treatment protocols were finalized based on individual *doshic* assessments as well as clinical presentations. **Outcome and conclusion**: Outcome was evaluated using the CIWA-Ar, AUDIT and SADQ questionnaires. Symptomatic improvement was observed in all four cases post-treatment, accompanied by significant improvements in assessment scores. The results highlight the potential of an individualized Ayurvedic approach in managing AUD.

INTRODUCTION

Alcohol Use Disorder (AUD) is a chronically relapsing condition characterized by compulsive alcohol consumption, loss of control over intake and continued use despite adverse health, social and occupational consequences.[1] It's a complex condition characterized by dysregulation of multiple brain circuits involved in executive function, leading to excessive alcohol consumption despite negative health and social consequences. Ethanol's toxicity affects various neurotransmitter systems including serotonin, dopamine, GABA, glutamate, acetylcholine and opioid systems.

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This imbalance disrupts brain circuits responsible for reward, motivation, decision-making, affect and stress response, leading to compulsive alcohol use, impaired control and increased vulnerability to relapse even after periods of abstinence.[2,3,4]

A national survey from India in 2019 revealed that about 16 crore people (14.6%) between the ages of 10 and 75 currently consume alcohol and 5.2% show signs of alcohol dependence.[5] AUD is common in healthcare settings, affecting nearly 25% of patients and often appears alongside conditions including depression, anxiety and post-traumatic stress disorder. Globally, harmful alcohol use causes around 3 million deaths each year and contributes to 5.1% of the total burden of disease.[6]

Management: Clinically, AUD is characterized by a cluster of behavioural and physiological symptoms, including tolerance, withdrawal and intense cravings.[1] Management requires a multifaceted

approach, incorporating withdrawal management, symptomatic improvement, behavioural modification and relapse prevention. Pharmacological interventions commonly used in AUD include naltrexone, acamprosate, disulfiram and baclofen. While these medications can support abstinence and reduce cravings, they often show variable efficacy, limited tolerability and poor patient compliance, especially in long-term use.[7] Emerging technologies such as mobile health applications, telemedicine platforms, virtual reality exposure therapy and AI-driven behavioural monitoring tools are innovative therapeutic options by improving accessibility, personalization and continuity of care.[8] However, these technologies still lack long-term efficacy data and may not be widely accessible due to socioeconomic and infrastructural barriers. Relapse prevention remains a significant challenge in AUD management, necessitating an integrated approach.

Management of AUD requires an interdisciplinary team effort in both inpatient and outpatient settings, yet practical challenges such as coordination difficulties among healthcare providers, resource limitations and patient adherence issues can limit the effectiveness of such collaboration. Inpatient collaboration among healthcare professionals enhances care quality and potentially improves outcomes in AUD.

Ayurveda, *Yoga* and psychological support hold promise in addressing this issue,[9] providing a comprehensive framework for sustainable recovery, though these complementary therapies require more rigorous clinical validation to confirm their efficacy and standardize protocols. In Āyurveda*,* disorders resulting from excessive and improper alcohol consumption described under *Madātyaya*, applicable to all Substance Use Disorder, which encompasses both the pathogenesis and therapeutic strategies. The condition is considered involving all three *Doṣas*- *Vāta*, *Pitta*, and *Kapha*- as inferred from clinical manifestations. Treatment is guided by the principles of *Madātyaya* and interventions are administered after clinically assessing the predominance of aggravated *Doṣa.*[10]

AUD typically progresses through three clinical stages: withdrawal, dependence, and cravings. Chronic conditions are often associated with imbalances of *Pitta* and *Vāta.*[11] Common symptoms of alcohol withdrawal include nausea, vomiting, tremors, excessive sweating, anxiety, agitation, sensory disturbances (tactile, auditory, visual), headache and clouding of consciousness. These symptoms are usually managed with *Dhāra*, *Nasya* and *Virecana* therapies. In the later stages, alcohol dependence is treated using *Pañcakarma*,[12] followed by yoga[13] and family counselling. Core interventions include *Snehapāna*, *Śodhana*, *Nasya* and *Vasti*, supported by structured yoga practices and psychosocial support through family counselling. *Nasya* may have a role in relapse prevention in AUD by exerting its action on *Shiras*- a vital *Marma* considered the seat of *Prana*, *Manas* and *Indriyas*- and is thought to modulate the limbic system and brain reward pathways involved in emotion, memory, and learning, thereby potentially supporting neurochemical balance, enhancing emotional regulation and cognitive function and reducing the likelihood of relapse.[10,14]

The case series presents the treatment outcomes of four patients with AUD who underwent a comprehensive Ayurvedic protocol. The protocol began with withdrawal management using *Sadyovirechana*, *Shirodhara*, *Thala* and internal medicines tailored to the individual's dominant *Dosha*. This was followed by detoxification therapies such as *Snehapana*, *Vamana*, *Virechana*, *Vasti* or *Nasya*, specifically chosen to address the underlying dependence. Additionally, therapeutic *yoga*, family counselling and *Rasayana* administration were employed to address the possible relapse. The personalized treatment approach, based on the assessment of *Doshas* and clinical presentation, demonstrated significant effect, as evaluated by CIWA-Ar, AUDIT, and SADQ questionnaires on 0th, 7th and 40th day of treatment.

Patient Information

Case -01

A 42-year-old male, a welder, came with the complaints of increased alcohol intake, hand tremor and disturbed sleep for the past year. At the age of 17, due to peer pressure, alcohol use began. Gradually, the frequency and amount of alcohol consumption increased, daily up to 750ml. This caused a severe impact on his personal and occupational life, which again worsened alcohol use.

In the past year, he was not able to stop despite wanting to quit. The patient started noticing bilateral hand tremor, which affected his work, and he had abdominal discomfort also. He took allopathic consultation, where liver function tests revealed elevated SGOT and SGPT levels, adding to his distress. So, for further management admitted here.

Case – 02

A 38-year-old male construction subcontractor was admitted with complaints of increased alcohol consumption over the past 8 years. Also having disturbed sleep, suicidal ideation, and anger outbursts for the past 6 months. Due to peer pressure, at the age of 17, alcohol use began. Initially, it was 2 pegs occasionally. Later increased with intake of 3–4 pegs/day for the last 20 years. In the past week, he drank around 6 liters of alcohol over 2 days before admission. Informants reported suicidal attempts

twice, violent behaviors, including self-harm and harming others, after alcohol intake. Experienced childhood trauma of the parental conflicts, father's suicide. For the past 1.5 years, his wife has been separated. Reported alcohol abstinence for 7 months about 6 years ago, but relapsed due to unresolved personal and relationship issues. Now complains of disturbed sleep, self-harm, aggression, and suicidal ideation.

Case - 03

A 32-year-old male was brought to hospital by his mother with complaints of severe alcohol consumption. Due to his father's alcohol addiction, his childhood was stressful. During a school trip, at the age of 17, he used alcohol for the first time. Later, its use increased.

By 2010, he was drinking regularly, spending weekends travelling with friends for alcohol consumption. His family interfered and sent him to Saudi Arabia, where he worked as a driver and abstained from alcohol for one year. After returning to India in 2013 and got married, he restarted drinking. It led to conflicts with his wife and the loss of job. Over the next six years, his alcohol use increased to 1–2 Liters daily. He tried to stop alcohol use, but due to sleep disturbances and restlessness, use relapsed. Now, he wants to stop alcohol use.

Case – 04

A 35-year-old male, who has completed his civil engineering degree and worked abroad as a supervisor and driver, presented with a history of chronic alcohol use. The patient started drinking at the age of 17 during his school years, initially out of curiosity and occasionally. Later used regularly. After an accident, a 2-year abstinence reported, but later resumed alcohol consumption, averaging 500ml/day.

In the last 9 days, he experienced increased stress and emotional turmoil after ending a relationship with his girlfriend, leading to significant decline in mental health. His alcohol consumption increased to 1 liter/day, with no food intake. During this period, he experienced heightened anxiety, bilateral hand tremors, numbness in the palms, vomiting, restlessness, agitation, mild headache, constipation and disturbed sleep. Over the past few days, he also developed tremors, particularly in hands and tongue. He sought consultation due to these symptoms, expressing desire to reduce alcohol intake.

Table 1: Clinical Findings- *Dasavidha Pareeksha*

	Case 1	**Case 2**	**Case 3**	**Case 4**
Dosha	*Pittavata*	*Tridosha*	*Kaphapitta*	*Tridosha*
Dushya	*Rasa*	*Rasa*	*Rasa*	*Rasa*
Bhoomi desa	*Sadharana*	*Sadharana*	*Sadharana*	*Sadharana*
Deha desa	*Sarvasareera Manas*	*Sarvasareera Manas*	*Sarvasareera Manas*	*Sarvasareera Manas*
Roga bala	*Madhyama*	*Pravara*	*Pravara*	*Madhyama*
Rogi bala	*Madhyama*	*Avara*	*Avara*	*Madhyama*
Kshanadi	*Sarath*	*Sarath*	*Sarath*	*Hemantha*
Vyaadhyavastha	*Purana*	*Purana*	*Purana*	*Purana*
Anala	*Madhyama*	*Vishama*	*Madhyama*	*Manda*
Prakruti	*Pitta vata*	*Vata pitta*	*Pitta vata*	*Pitta kapha*
Vaya	*Youvana*	*ana*	*Youvana*	*Youvana*
Satwa	*Madhyama*	*Avara*	*Avara*	*Avara*
Satmya	*Sarvarasa*	*Sarvarasa*	*Sarvarasa*	*Sarvarasa*
Abhyavaharanasakthi	*Madhyama*	*Madhyama*	*Madhyama*	*Avara*
Jaranasakthi	*Madhyama*	*Avara*	*Madhyama*	*Avara*

Table 2: Mental Status Examination

	Case 1	**Case 2**	**Case 3**	**Case 4**
General appearance and behaviour				
General appearance	Well built	Moderately built	Well built	Lean
Attitude towards examiner	Co-operative, eye contact	Co-operative, eye contact maintained	Co-operative, eye contact	Staring

	maintained		maintained	
Comprehension	Intact	Intact	Intact	Intact
Gait and posture	Normal	Normal	Normal	Normal
Motor activity	Impaired	Impaired	Normal	Impaired
Social manner	Appropriate	Appropriate	Appropriate	Appropriate
Rapport	Established with ease	Established with difficulty	Established	Established
Speech				
Rate and quantity	Normal	Reduced	Normal	Normal
Volume and tone	Normal	Normal	Normal	Normal
Flow and rhythm	Normal	Normal	Normal	Normal
Relevance and coherence	Relevant, incoherent	Relevant and coherent	Relevant and coherent	Relevant and coherent
Mood	Sad	Sad	Happy	Sad
Affect	Sad	Sad, anxious	Euthymic	Sad; anxious
Thought				
Form and process	Continuous, goal oriented	Continuous, goal oriented	Continuous, goal oriented	Continuous, goal oriented
Content	No delusions	Delusion of reference	Ideas of reference	Ruminating thoughts related to relationship, anxious thought
Perception	No hallucinations	Visual and auditory hallucinations	No hallucinations	No hallucinations
Cognition				
Consciousness	Conscious	Conscious	Conscious	Conscious
Orientation: time, place & person	Intact	Intact	Intact	Intact
Attention and concentration	Impaired	Intact	Slightly impaired	Impaired
Memory				
Immediate	Intact	Intact	Intact	Intact
Recent	Intact	Intact	Intact	Intact
Remote	Intact	Intact	Intact	Intact
Intelligence	Intact	Intact	Intact	Intact
Abstract thinking	Intact	Intact	Intact	Intact
Reading and writing	Difficult due to hand tremor	Intact	Intact	Difficult due to hand tremor
Visuospatial ability	Intact	Intact	Intact	Intact
Insight	Grade 5	Grade 5	Grade 5	Grade 5
Judgment	Intact	Intact	Intact	Intact
Impulsivity	Present	Present	Absent	Present

Diagnosis

According to DSM-5-TR, all the four cases were diagnosed with "Alcohol Use Disorder". Based on the *Lakshanas* of *Madathyaya* mentioned in classics, Case 1 was diagnosed as *Pittaja Madathyaya* with *Vata* association**,** case 2 as *Tridoshaja madathyaya* with *Pitta* dominance, case 3 as *Kaphaja madathyaya* with *Pitta* association and case 4 as *Tridoshaja madathyaya* with *Pitta* dominance

Table 3: *Dosha* Assessment and Diagnosis

	Case 01	**Case 02**	**Case 03**	**Case 04**
Lakshana	*Kampa* *Śhirashūla* *Alpanidrata* *Krodha* *Chardi* *Arōchaka*	*Kampa* *Shirashoola* *Atichinthana* *Pralapa* *Akroshana* *Ahbidravana santharjana* *Krodha* *Chardi*	*Kampa* *Alpanidrata* *Krodha* *Arōchaka* *Praseka* *Tantra*	*Kampa* *Nidranasa* *Atichinthana* *Srama* *Bhrama* *Harita varna* of *netra* *Krodha* *Chardi* *Arōchaka*
Diagnosis	*Pittaja Madathyaya* with *Vata* association	*Tridoshaja madathyaya* with *Pitta* dominance	*Kaphaja madathyaya* with *Pitta* association	*Tridoshaja madathyaya* with *Pitta* dominance

Therapeutic Interventions

Following diagnostic evaluation, a comprehensive individualised treatment plan was initiated, encompassing withdrawal management, dependence management, rehabilitation, yoga and family counseling. Withdrawal management started with *Sadyo Virechana*, followed by *Shirodhara*, *Thala* and internal medications tailored to the patient's *Dosha* and *Prakrithi*. *Snehapana*, *Vamana, Virechana, Vasti,* and *Nasya* were administered to address dependence and cravings. Additionally, yoga therapy, consisting of *Sookshma Vyayama, Surya Namaskara*, and *Pranayama*, commenced on second day of treatment, so as to promote physical and mental well-being.

Table 4: Internal Medications

Case 01	**Case 02**	**Case 03**	**Case 04**
Sarpagandha + Gokshura + Sweta Sankhupushpi churna (1:1:1) 3 gm BD with water	*Sarpagandha + Gokshura + Sweta Sankhupushpi churna* (1:1:1) 3 gm BD with water	*Sarpagandha + Gokshura + Sweta Sankhupushpi churna* (1:1:1) 3 gm BD with water	*Sarpagandha + Gokshura + Sweta Sankhupushpi churna* (1:1:1) 3gm BD with water
Sweta sankhapushpi (2gm) + Yashti churna (1gm) 3 gm bd with water	*Sweta sankhapushpi + Aswagandha+ Yashti churna* (1:1:1) 3gm BD with water	*Sweta sankhapushpi + Aswagandha+ Yashti churna* (1:1:1) 3gm BD with water	*Sweta sankhapushpi + Aswagandha+ Yashti churna* 3gm BD (1:1:1) with water
Ajamodarka 20ml + 20ml warm water Bd after food	*Somalatha churna* 5gm, HS	*Ajamodarka* 20ml + 20ml warm water Bd after food	*Ajamodarka* 20ml + 20ml warm water Bd after food
Kharjuradi mantha 100ml morning	*Manasamitra vataka* 0-0-2 A/F	*Manasamitra vataka* 1-0-2 A/F	*Manasamitra vataka* 2-0-2 A/F
Dhatryadi ghrita 5gm; HS	*Dhatryadi ghrita* 5gm; HS	*Aswagandharishta + Abhayarishta* (30ml) bd; A/F	*Drakshadi kashaya* 15ml + 45ml warm water Bd for 7 days
			Patola katurohinyadhi kashaya 15ml + 45ml warm water 11 more days

(Internal medications were discontinued prior to the administration of *Snehapāna*)

Table 5: Procedures Done

Procedure	Case 01	Case 02	Case 03	Case 04
Virechana	*Avipathi churna* (25gm) with lukewarm water	*Avipathi churna* (30gm) with lukewarm water	……	*Avipathi churna* (25gm) with lukewarm water
Sirodhara (morning 45minutes)	*Kashayadhara* with *Gokshura, Useera* and *Purana Dhatri Kashaya* for 5 days	*Useera Kashayadhara* – 7 days	*Useera Kashayadhara* – 7 days	*Kashayadhara* with *Gokshura, Useera* and *purana Dhatri Kashaya* for 7 days followed by *Useerakashaya dhara* – 10 days.
Tala (evening -1 hr duration)	…….	*Ksheerabala taila 7 Avarti* and *Kacuradi churna* (7 days)	……	*Ksheerabala taila 7 Avarti* and *Kacuradi churna* (daily)
Siropichu (1 hr)	…….	……	*Aarukaladi taila* (7 days)	……
Dhoopana (evening-20minutes)	…….	*Haridradi dhoopana (7days)*	……	…….
Rookshana	*Gandharvahastadi Kwatha* (15ml + 45ml warm water*; bd)* and *Shaddharana tab* - 2-0-2	*Gandharvahastadi Kwatha (*15ml + 45ml warm water*; bd)* and *Shaddharana tab* - 2-0-2	*Gandharvahastadi Kwatha (*15ml + 45ml warm water*; bd)* and *Shaddharana tab* - 2-0-2	……
*Snehapana (Gritha) (*30ml-300ml; 7 days)	*Dhatryadi ghrita*	*Kalyanaka gritha and pachagavya gritha*	*Mahatikthaka gritha*	……
Abhyanga + Sweda for 2 days (20 minutes)	*Dhanwanthara taila*	*Dhanwanthara taila*	*Dhanwanthara taila*	……
Virechana (1 day)	*Avipathi churna* (25 gm) with lukewarm water	*Avipathi churna* (30 gm) with lukewarm water	…….	……
Vamana (1 day)	……	……	*Madanapippali* (6gm) *+ Vacha* (2gm) *+ Yashti curna* (6gm) 1 day	……
Observation for 1 day				
Yogavasti	*Erndamooladi kashayavasti (Tailam– Dhanwanthara taila madhayama paka* - 120ml) and *Anuvasnavasti* with	……	……	……

	Dhatryadi ghrita (75ml)			
Nasya	*Ksheerabala taila 101 Avarti* (1 ml-3ml) for 7 days	……	*Dhatryadi ghrita* (1ml- 3ml) for 3 days	……

Follow-up and Outcome

The four cases exhibited moderate to severe alcohol dependence, as assessed using AUDIT and SADQ questionnaires. The Clinical Institute Withdrawal Assessment for Alcohol–Revised (CIWA-Ar) scale further confirmed the presence of withdrawal symptoms. Diagnosis of AUD was established in accordance with DSM-5 criteria, characterized by problematic pattern of alcohol use leading to clinically significant impairment or distress, with at least two of the 11 symptoms occurring within 12-month period.

Follow-up assessments were conducted twice after initial evaluation, focusing on improvements in classical signs and symptoms of *Madatyaya*. The AUDIT questionnaire assessed dependence, while SADQ questionnaire evaluated severity. CIWA-Ar scale later assessed for treatment efficacy. Post-treatment evaluations showed significant reductions in CIWA-Ar scores, indicating effective intervention outcomes.

Table 6: Clinical Features on Assessment in the Four Cases

Case 1		**Case 2**		**Case 3**		**Case 4**	
AUDIT (Self Report version)							
22 **Strong Alcohol dependence**		32 **Strong Alcohol dependence**		20 **Strong Alcohol dependence**		32 **Strong Alcohol dependence**	
		SADQ – Questionnaire					
35 Severe Alcohol Dependence		40 Severe Alcohol Dependence		30 Moderate Alcohol Dependence		42 Severe Alcohol Dependence	
		CIWA – Ar Scale					
BT	AT	BT	AT	BT	AT	BT	AT
28	3	42	7	23	4	40	6

Table 7: Outcome

Case 1	**Case 2**	**Case 3**	**Case 4**
After Withdrawal Management			
Sleep improved *Kampa* reduced Headache resolved Appetite improved	Sleep improved, *Kampa* reduced, appetite improved, headache and nausea resolved	Sleep improved *Kampa* reduced Appetite improved	Sleep improved *Kampa* reduced
After *Shodhana*			
Cravings, *Krodha* reduced	Sleep quality improved Cravings and *Krodha* reduced	Sleep quality improved, cravings, *Tantra* and *Krodha* reduced	Sleep became sound Appetite improved Affect- euthymic, cravings and anger reduced.
Following the intervention, alcohol craving was absent in all cases and associated symptoms subsided.			

DISCUSSION

In Ayurvedic classics, the concept of *Madatyaya* encompasses the consequences of excessive alcohol or other substance use and its management. The treatment protocol is being structured to address the aggravated *Doshas* sequentially, initiating with the pacification of *Kapha*, followed by *Pitta* and finally *Vata*,[12] in accordance with classical principles. AUD clinically manifests in three stages: withdrawal, dependence and cravings. *Madatyaya* treatment spans 7-8 days to alleviate alcohol withdrawal symptoms. Symptomatic management of withdrawal involves detoxification and minimizing withdrawal effects. An initial *Sadyovirechana* procedure, followed by *Shirodhara* and *Thala*, can effectively address withdrawal symptoms.[15] As *Avipathi Choorna* is a mild purgative and safe, it was effectively used in the initial phase of withdrawal management, considering *Bala* of the patient.

Also, abrupt cessation of alcohol intake leads to disruption in functions of *Pachakagni* and *Dhatvagni*, resulting in accumulation of *Ama*. *Ama* serves as a primary pathological factor, causing *Shrotorodha* (obstruction of bodily channels) and subsequent *Bala Kshaya* (loss of strength and vitality). Chronic conditions typically stem from *Pitta* and *Vata* imbalances, necessitating treatment. Prolonged alcohol use also impairs the *Hṛidaya*, the vital seat of *Chetana, Buddhi, Indriyas,* and *Ojas.* When *Hṛidaya* becomes deranged, it leads to systemic disorganization of *Rasa, Rakta* and other *Dhatus*, along with disturbances in cognitive function and immune capacity. As a result, the body's overall physiological stability is compromised. Furthermore, the *Anulomana* function of *Vata* becomes disturbed, contributing significantly to both physical and psychological dysfunctions.[16] In this context, *Amapachana, Agnideepana,* and *Vatanulomana* are considered critical therapeutic interventions in management of *Madatyaya*. *F*ormulations such as, *Ajamodadi Arka,* are commonly employed for effective relief of withdrawal symptoms. Additionally, *Kharjuradi Mantha* was administered to correct the nutritional imbalances frequently observed in AUD.

For managing dependence and intoxication, an individualised, comprehensive Ayurvedic approach was employed. *Shodhana* therapy, tailored to the individual's *Dosha* imbalance, was followed by *Shamana oushadha* to provide optimal relief. Before initiating *Shodhana*, *Shodhananga Snehapana* was administered using a suitable *Ghrita*, selected according to the clinical presentation. *Shodhana* procedures such as *Vamana,*[11] *Virechana*, *Vasti* and *Nasya* were selectively applied based on the *Dosha avastha*.

For all patients, *Sadyovirechana* with *Avipatti Choorna* was given for alcohol withdrawal management. Later, *Shirodhara* with individualized *Kashaya* formulations was given in the morning and *Thala* application in the evening foe the next week, which effectively alleviated withdrawal symptoms. Significant clinical improvement was observed during this time period. After that, *Deepana* and *Rookshana* were administered, followed by a 7-day *Snehapana* until the appearance of *Samyak Snigdhata*. *Shodhana* therapy - either *Vamana* or *Virechana*- was later given. *Vasti* and *Nasya* treatments were provided as needed. Following *Shodhana*, a marked reduction in dependence and cravings was observe, with sustained improvement during follow-up evaluations. Throughout the interventions, patients remained stable and cooperative.

Case 01

Patient was diagnosed with *Pittaja Madathyaya with Vata* association. He had headache, disturbed sleep, bilateral hand tremor, agitation and abdominal discomfort as withdrawal symptoms. *Sadyovirechana* was administered to address the vitiated *Pitta and Vata Doshas*, thereby managing withdrawal features. *Kashayadhara* helped to improve sleep quality and headache also cured. *Churna* of *Sarpagandha, Gokshura and Sankhupushpi* works at the cognitive level. The combination of *Kharjuradi Mantha* and *Ajamodadi arka* effectively reduced abdominal discomfort, tremors and addressed other withdrawal symptoms. Since the patient exhibited Pitta-dominant characteristics, *Datriyadi Ghrita,*[12] was initially given and later reused for *Snehapana* before *Shodhana.* This approach has already shown favourable clinical outcomes in addressing withdrawal symptoms and reducing cravings[19] *Virechana*, done with *Avipatti Churna*, resulted in reduced cravings and anger issues.

Case 02

The patient had a chronic history of alcohol addiction and reported consuming a large quantity of alcohol before admission. He had impulsivity, delusions and hallucinations. *Sadyovirechana* using *Avipathi Choorna* was given to address these symptoms, resulting in a reduction of impulsivity. To reduce the *Prakupitha pitta lakshanas, Usira Dhara* was done and in the evening, *Thala* with *Ksheerabala taila*[7] and *Kacuradi churna* was done. *Dhoopana* was employed to enhance cognitive function. *Somalatha Churna* and *Manasamitravataka* were effective in improving sleep quality and addressing psychotic symptoms. Furthermore, the *Churna* combination, given along with *Datriyadi Ghrita* as a *Samana Sneha*, played a crucial role in managing the withdrawal stage. For *Shodhananga snehapanana, Panchagavya Ghrita*, which targets the aggravated *Kapha* level, and *Kalyanaka Ghrita*, a *Vatapittahara yoga* that operates at the cognitive level and effectively reduced

depressive symptoms were selected. Delusional and hallucinatory behaviors showed gradual reduction following *Snehapana*. *Virechana* facilitated effective detoxification and led to a significant reduction in anger and cravings. Depressed mood resolved, impulsivity decreased, and quality of sleep improved.

Case 03

The patient was diagnosed with *Kaphaja madathyaya with Pitta* association, and presented with symptoms including *Tantra, Krodha, Arochaka* and prominent sleep issues. He showed significant improvement in sleep quality following treatment with *Usheera Kashayadhara* and *Siropichu* using *Arukaladi Taila* and his anger issues also notably reduced. Additionally, *Aswagandharishta* demonstrated remarkable efficacy in managing associated sleep-related issues. *Ajamodarka* was administered to enhance *Agni* and aid in alcohol withdrawal management, as supported by clinical evidence. *Mahatikthaka Gritha*, was selected for *Snehapana* since the *Anubandha dosha* was *Pitta*. *Vamana* was the preferred *Shodhana* procedure as it effectively addresses both *Utklishta kapha* and *Pitta* and the *Ama* in *Amashaya.* Following *Vamana,* significant improvement in lethargy, along with a notable reduction in alcohol cravings was observed. *Nasya* which was administered helped in enhancing the cognitive functioning and in turn reduced the cravings.

Case 04

This case was diagnosed as *Tridoshaja madathyaya* with *Pitta* dominance *Lakshana* and patient was very lean and had altered liver function. Additional symptoms included severely impaired *Agni*, full-body tremors, anger issues and insomnia, with sleep duration limited to approximately one hour. To address the patient's severely altered liver metabolism and withdrawal, *Virechana* with *Avipathi* was administered initially. *Shirodhara* was employed to alleviate withdrawal symptoms, particularly to improve sleep quality. However, due to elevated liver function parameters, the administration of *Arishta* and *Ghrita* preparations was not ideal. Initially, *Kashaya dhara* of *Gokshura, Useera* and *Purana Dhatri* were administered along with *Thala* and had mild improvement. The treatment was extended to 14 days, with *Useerakashaya* to address *Pitta*. *Sweta sankhapushpi, Aswagandha, Yashti churna* and *Manasamitravataka* were given for increased anxious thought and sleep disturbances. Additionally, *Drakshadi Kwatha,* was prescribed, as it directly benefits *Rasavahasrotas,* enhances *Ojas*, and is specifically indicated for *Kamala* and *Madatyaya.* Later, *Patolakaturohinyadi Kashaya* was given to improve liver metabolism. Following treatment, the patient exhibited significant improvements, including enhanced quality of sleep, reduced tremors, resolution of anger issues and decreased cravings.

CONCLUSION

Ayurvedic principles of *Madātyaya* provide a comprehensive and individualized framework for managing AUD, addressing withdrawal, dependence and relapse prevention. Tailored interventions, including *Pañcakarma* procedures alongside *Śamana* medicines selected based on *Doṣhic* constitution, have demonstrated therapeutic effectiveness. Objective evaluation using standardized assessment tools, notably CIWA-AR, substantiates the clinical utility of these Ayurvedic approaches. It was also compliant as well as safe.

However, notable limitations were encountered, including challenges in administering lipid-based and fermented preparations like *Ghṛta* and *Arishta* to patients with hepatic impairment, which constrained the achievement of complete therapeutic outcomes within the prescribed treatment duration. Future research should focus on large-scale, well-designed clinical trials that assess integrated Ayurvedic protocols combined with yoga, psychological, and behavioural interventions. Developing such evidence-based, multidisciplinary approaches is essential for promoting holistic and effective management strategies for AUD.

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***Address for correspondence**
Dr. Reshmi Krishnan
MD Scholar,
Manovigyana evam Manasaroga,
Department of Kayachikitsa,
VPSV Ayurveda College, Kottakkal.
Email: resmimidu@gmail.com

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