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"THERAPEUTIC EFFECTIVENESS OF HERBAL REGIMEN AS A WITHDRAWAL MANAGEMENT PROTOCOL IN CHRONIC ALCOHOLISM: A CARE COMPLIANT CASE STUDY WITH BIOCHEMICAL AND PHYSICAL PARAMETERS RESTORATION"

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ABSTRACT:

Alcohol Use Disorder (AUD) is a chronic psychiatric disorder where one drinks uncontrollably despite the evidence of harm. This is often attributed to changes in brain reward circuits that cause dependence and withdrawal, and liver damage from toxic metabolites and oxidative stress. This is what Ayurveda referred to as Madatyaya, where you consume Madya, and over time, it inhibits Ojas. It irritates the Tridosha (especially Vata and Pitta), weakens Agni, produces Ama, and blocks Srotas, producing sensations of thirst, burning from the mouth to the throat, restlessness, and insomnia.

This CARE case report describes a 35-year-old man with long-term AUD who exhibited marked addiction and withdrawal symptoms (anxiety, tremor, and insomnia, along with nausea and fatigue) and laboratory evidence of liver inflammation. An Ayurvedic evaluation indicated pittaja madatyaya, Vata predominance. Treatment followed classical Shamana precepts (Ashtanga Lavana Churna to excite the gut and prevent appetite craving; a compound of herbo-mineral churna designed to reduce inflammation and the nerve endings), Maharasnadi Kwath as an anti-Vata remedy and Vata cure; Kharjuradi Manth to ease pain and encourage digestion, a nourishing, detoxifying beverage. Recommended diet: sweet, cooling, light, avoid pungent, sour, and fermented food.

Throughout three follow-up visits over 2 months, the magnitude of dependence decreased markedly, withdrawal symptoms were less severe, and liver function tests returned to normal ranges without any reported treatment complications. In the case described, that of a judicious Ayurvedic protocol, gently balancing, promising not to be side-effect-based for the management of AUD, and providing maintenance of well-being.

KEY WORDS:- Chronic Alcoholism, Alcohol Withdrawal, Madatyaya, Herbo-mineral churna

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INTRODUCTION

With manual labour taking a heavy toll on people in Pune, whose lives are dominated by the sounds of people calling, Alcohol Use Disorder (AUD) represents a quiet enemy of society. According to DSM-5, these behaviours can lead to impairment and alcohol consumption disorder — a condition estimated to be responsible for 2.5 million deaths globally annually, disproportionately affecting males in high-stress occupations (World Health Organization). Chronic ethanol exposure is physiologically damaging since it disrupts the reward circuit of the brain, downregulating GABA receptors and upregulating glutamate, giving rise to tolerance and dependence—withdrawal from alcohol, tremors, anxiety, lack of sleep, and autonomic hyperactivity. Alcohol dehydrogenase and cytochrome P450 are responsible for the liver's involvement in alcohol metabolism, leading to acetaldehyde and other reactive oxygen species, which result in oxidative stress, the development of fatty liver, inflammation, and increased enzymes such as SGOT and SGPT.

Ayurveda provides a timeless outlook as it associates AUD with *Madatyaya(1)*, which in *Charaka Samhita (Chikitsa Sthana* 24) refers to the improper consumption of *Madya* that triggers *Pitta(2)* (at first) and *Rajas Guna* in the body creating temporary euphoria but eventually depletes *Ojas* (vital essence)(3), aggravates *Tridosha* (specifically *Vata* and *Pitta*), weakens *Jatharagni*, and triggers *Ama* (toxins), a process known as *Srotorodha* (channel obstruction). Symptoms such as *Trishna* (thirst), Daha (burning), *Anidra* (insomnia)(4), and liver dysfunction show modern-day symptoms. Traditional treatments, such as benzodiazepines for withdrawal, have risks of dependency; however, *Ayurveda* advocates holistic alternatives via *Shodhana* (detoxification), *Shamana* (pacification), and *Pathya* (dietary regimen) to achieve balance(5).

This case details the progress of a 35-year-old laborer from the confines of AUD to his renewed vigor. It combines the WHO's Alcohol Use Disorders Identification Test (AUDIT) to track behavior and serial Liver Function Tests (LFTs) for biochemical assessment and thus, adds to the evidence base for integrative de-addiction protocols in resource-limited contexts. (6)

METHODS

1.1 Patient Information

A 35-year-old male manual laborer from Pune, Maharashtra, had a 10-year history of daily

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alcohol consumption (300-500 ml country liquor) to overcome physical fatigue and peer influence. No hereditary disorder in the family; lifestyle features were irregular meals and tobacco chewing. He had a BMI of 19.2 kg/m²—indicating only mild malnutrition.

1.2 Clinical Findings

Chief complaints: long-standing fatigue, body ache, restlessness, insomnia, anxiety, nausea, tremors, mild jaundice. On physical exam, malnourishment, a tender, enlarged liver, yellow-colored eyes, mild tremors, and irritability. The patient's vital signs were stable, but his demeanor carried the heavy weight of his habit.

Table 1.: Timeline of Events

Event	Date	Key Details
AUD Onset	~2015	Daily alcohol initiation due to work stress.
Presentation	September 11, 2025	Symptoms assessed; AUDIT 28; baseline LFT (SGOT 125 U/L, SGPT 185.4 U/L).
Treatment Start	September 12, 2025	Ayurvedic regimen initiated.
Follow-up 1	October 23, 2025	Moderate relief; AUDIT 18; LFT improved (SGOT 95.2 U/L, SGPT 120.4 U/L).
Follow-up 2	November 14, 2025	Substantial progress; AUDIT 10; LFT near-normal (SGOT 35.2 U/L, SGPT 45.1 U/L).
Follow-up 3	December 15, 2025	Sustained recovery; AUDIT 5; minimal symptoms.

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1. **DISEASE ASSESSMENT**

Modern diagnostics included the WHO AUDIT questionnaire (score 0-40; ≥20 indicates dependence), with a baseline total of 28 (severe), reflecting frequent binges and control loss. Symptom intensity was scaled (0-10, adapted from CIWA-Ar): anxiety 8, tremors 7, insomnia 9, nausea 6, fatigue 8. Serial LFTs showed initial elevation consistent with alcoholic hepatitis: SGOT (AST) 125 U/L, SGPT (ALT) 185.4 U/L, Total Bilirubin 2.12 mg/dL.(7)(8)(9)

Ayurvedic Samprapti of the condition:

Excessive and improper consumption of *Madya* initially excites *Pitta* and *Rajas Guna*,

producing a fleeting sense of euphoria and stimulation. Over time, continued intake severely depletes Ojas (vital essence), vitiates Tridosha (with predominant aggravation of Vata and Pitta), weakens Jatharagni (digestive fire), generates toxic Ama, and obstructs Rasavaha and Raktavaha Srotas. This sequential derangement culminates in the full clinical picture of Madatyaya: intense thirst (Trishna), burning sensation (Daha), restlessness, insomnia, tremors, fatigue, and hepatic dysfunction.

Dosha: Tridosha, Raja, Tama

Dushya: Manas, Saptha Dhatu

Srotasa: Rasavahi, Raktavahi, and Sangyavahi.

Type of Srotodushti: Sangha (obstruction), vimargagamana

Agni: Teekshnaagni.

Adhisthana: Hridaya sthana (Chetna-sthana).

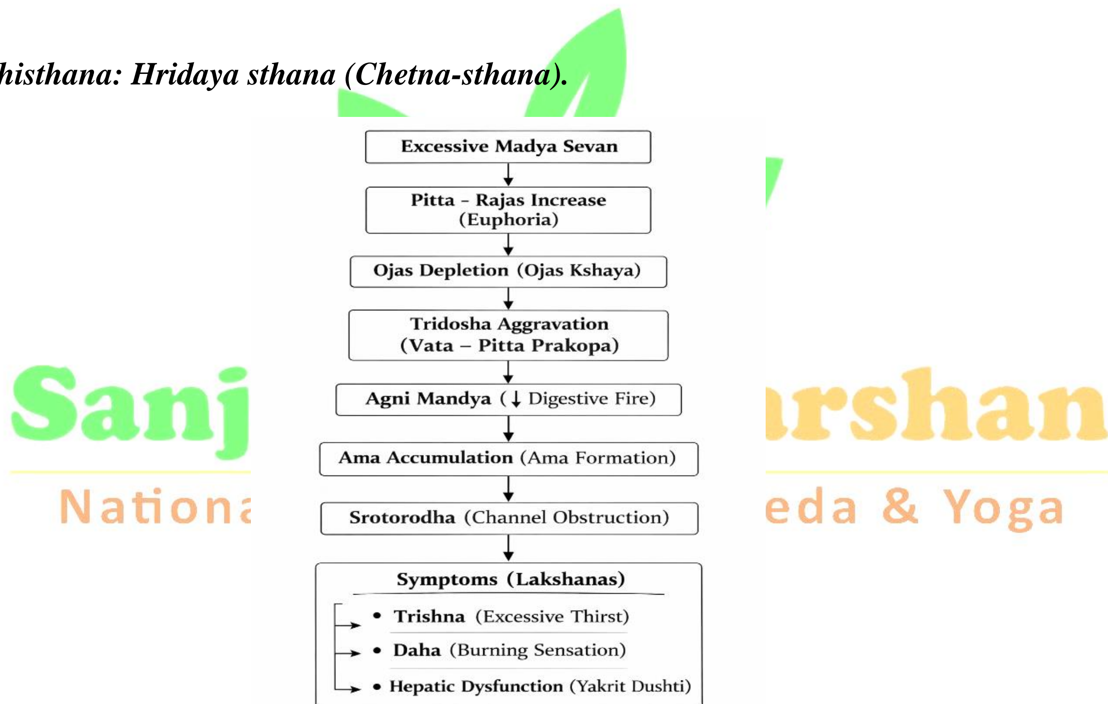

Figure 1.: Graphical Samprapti

Diagnosis:

Pittaja Madatyaya with *Vata* aggravation, based on classic symptoms. Differential diagnosis excluded viral hepatitis via history and negative serology assumptions.

Investigation Criteria:

It is a 10-item screening tool developed by the World Health Organisation (WHO) to assess alcohol consumption, drinking behaviours, and alcohol-related problems. The score obtained

after screening the following questions serves as an indicator for alcohol consumption-related points. The score from screening the following questions is an indicator of alcohol consumption-related points. Scale, along with observed results, is included in [Table 2]. Each question is awarded marks ranging from a maximum of 0-4 to a minimum of 0-1. The total obtained points are then added. A total point of 0 to 7 points indicates Low risk, 8 to 15 points shows Medium risk, 16 to 19 points brings the patient to High risk, and a point range between 20 to 40 points shows Addiction likely.

1. **Table 2: Alcohol consumption screening questionnaire -The Alcohol Use Disorders Identification Test (AUDIT).**

Question	Baseline Score (Total 28)	FU1 Score (Total 18)	FU2 Score (Total 10)	FU3 Score (Total 5)
1. Frequency of drinking	4 (4+ times/week)	3 (2-3 times/week)	2 (2-4 times/month)	1 (Monthly or less)
2. Typical quantity	4 (10+)	3 (7-9)	2 (5-6)	1 (3-4)
3. Binge drinking frequency	4 (Daily)	3 (Weekly)	1 (Less than monthly)	0 (Never)
4. Unable to stop	3 (Weekly)	2 (Monthly)	1 (Less than monthly)	0 (Never)
5. Failed expectations	3 (Weekly)	2 (Monthly)	1 (Less than monthly)	0 (Never)
6. Morning drink	3 (Weekly)	1 (Less than monthly)	0 (Never)	0 (Never)
7. Guilt/remorse	3 (Weekly)	2 (Monthly)	1 (Less than monthly)	1 (Less than monthly)
8. Blackouts	2 (Monthly)	1 (Less than monthly)	1 (Less than monthly)	0 (Never)
9. Injury to self/others	2 (Yes, but not last year)	0 (No)	0 (No)	0 (No)
10. Concern from others	0 (No)	1 (Yes, but not last year)	1 (Yes, but not last year)	1 (Yes, but not last year)

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1. THERAPEUTIC INTERVENTION

The protocol was designed for balancing the symptoms, doshas, and to establish the sattva of the patient towards the avoidance of intoxicants. (10)

1. *Ayurvedic* Medicines
2. Table 3: Therapeutic Intervention

Intervention	Dosage/Frequency	Rationale (Classical/Scientific)
Ashtanga Lavana Churna(11)	3g BD with lukewarm water	*Agni deepana, Ama pachana,* craving reduction
Compound *Churna (Mahayogaraja Guggulu + Amavatari Rasa + Agnitundi Vati + Mahavatavidhwamsa Rasa)*	1g BD	Anti-inflammatory (*Guggulu* sterones), *Ama* reduction, neural calming
Maharasnadi Kwath(12)	15ml before meals	*Vata shamana*, analgesic for tremors/aches
Patolamooladi Kwatha	15 ml before meal	Added at second follow-up to improve Liver Health Parameters
Rasayana Churna vati	2-2-2 After Meal	*Rasyana Karma* + Renal health in third Follow-Up
Kharjuradi Mantha(13)	100ml daily	*Ojas vardhana*, antioxidant detox
Pathya/Apathya	Daily incorporation/avoidance	Sweet/cooling foods rebuild Dhatus
Adjunctive (*Sattvavajaya, Yoga*)	As tolerated	Mental resilience

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1. To address the problem, the patient was provided with weekly one-hour sessions of psychiatric counseling where guidance about his current health status, the benefits of quitting alcohol, and the challenges associated with quitting were explained.
2. A fiber-rich, balanced diet and yoga practice to achieve all-around recovery from alcohol dependence. The yoga included Pranayama (alternate nostril breathing, victorious breath, bee breath), Asanas (corpse pose, mountain pose, standing spinal twist, child's pose, hare

pose, hero pose, cow face pose, lion pose, crocodile pose), and free hand exercises. Meditation with Omkar Pranayam was added, along with regular medication.

3. Family counselling regarding the patient's current condition, anticipated difficulties associated with the patient, and how to address the patient was also conducted. The patient had been on medication for a month and was counseled for meditation, healthy behaviors, and abstaining from drinking for the rest of his life. Follow-up visits every three months were recommended, with immediate consultation in case of observance of returning to habitual use.

4. OBSERVATIONS AND RESULTS

1.1 Assessment Criteria

An assessment criterion was developed on the basis of the symptoms. A grading system was developed to assess the severity and reduction of the symptoms. Grades 0-10 were categorised, where a score of 0 indicated minimum symptoms while 10 indicated maximum severity of the symptoms.

1.2 Follow-up and Outcomes

1. Symptoms gradually diminished over 2 months (Table 4), with comparable reductions: anxiety 87.5% (8 to 1), tremors 100% (7 to 0), insomnia 78% (9 to 2), nausea 100% (6 to 0), fatigue 87.5% (8 to 1). AUDIT decreased 82% in comparison with baseline (28 to 5). LFTs normalized (Table 5), SGOT decreased 72% (125 to 35.2 U/L), SGPT 76% (185.4 to 45.1 U/L), and Total Bilirubin 60% (2.12 to 0.85 mg/dL). No adverse events; the patient reported improved work performance.

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Table 4.: Reduction in Symptoms (0-10 SCORE)

Symptom	Baseline	FU1	FU2	FU3	% Reduction from Baseline
Anxiety	8	5	3	1	87.5%
Tremors	7	4	2	0	100%
Insomnia	9	6	4	2	77.8%
Nausea	6	3	1	0	100%
Fatigue	8	5	3	1	87.5%

Table 5.: LFT reports comparative observation

Parameter	Ref Range	Baseline (Sep 11)	FU1 (Oct 23)	FU2 (Nov 14)	% Reduction from Baseline
SGOT (U/L)	10-40	125	95.2	35.2	71.8%
SGPT (U/L)	10-40	185.4	120.4	45.1	75.7%
Total Bilirubin (mg/dL)	0.3-1.2	2.12	1.85	0.85	59.9%
Direct Bilirubin (mg/dL)	0.0-0.5	1.02	0.75	0.25	75.5%
Indirect Bilirubin (mg/dL)	0.0-0.8	1.10	1.10	0.60	45.5%
ALP (U/L)	60-306	154	154	154	0% (Stable normal)
Total Protein (g/dL)	6.0-8.0	6.32	7.25	6.32	Stable
Albumin (g/dL)	3.5-4.8	3.58	3.65	3.58	Stable
Globulin (g/dL)	2.3-3.5	2.74	3.60	2.74	Stable
A/G Ratio	1.0-2.1	1.31	1.01	1.31	Stable

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Dr. Mangesh Virkar
MBBS M.D. Path.
Reg. No. 2002/03/1438

Patient ID :
Patient Name :
Age / Sex : 35 Years / Male
Referred By : Dr.Gaurav Bangale
Regn/Sample Date : 11-Sep-2025 04:00 PM
Report Date : 08-Dec-2025 10:39 AM
Barcode

LIVER FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Range
LIVER FUNCTION TEST			
SGOT (AST) (Serum,IFCC)	125.0	U/L	10.0-40.0
SGPT (ALT) (Serum,IFCC)	185.4	U/L	10.0-40.0
Bilirubin-Total (Method : Diazo)	2.12	mg/dL	0.3-1.2
Bilirubin-Direct (Method : Diazo)	1.02	mg/dL	0.0-0.5
Bilirubin- Indirect	1.10	mg/dL	0.0-0.8
Alkaline Phosphatase (Method : ALP-AMP)	154	U/L	60-306
Total Protein (Method : Biuret)	6.32	g/dl	6.0-8.0
Albumin (Method : BCG)	3.58	g/dl	3.5-4.8
Globulin (Method : Calculated)	2.74	g/dl	2.3-3.5
A/G Ratio (Method : Calculated)	1.31		1.0-2.1

Test Done on Semi Automated Star 21 Biochemistry Analyzer

END OF REPORT

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24 Hrs. Service
Dr. Mangesh Virkar
MBBS M.D. Path.
Reg. No. 2002/03/1438

Patient ID :
Patient Name :
Age / Sex : 35 Years / Male
Referred By : SELF
Regn/Sample Date : 07-Nov-2025 09:44 AM
Report Date : 06-Mar-2026 09:45 AM
Barcode

LIVER FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Range
LIVER FUNCTION TEST			
SGOT (AST) (Serum,IFCC)	35.2	U/L	10.0-40.0
SGPT (ALT) (Serum,IFCC)	45.1	U/L	10.0-40.0
Bilirubin-Total (Method : Diazo)	0.85	mg/dL	0.3-1.2
Bilirubin-Direct (Method : Diazo)	0.25	mg/dL	0.0-0.5
Bilirubin- Indirect	0.60	mg/dL	0.0-0.8
Alkaline Phosphatase (Method : ALP-AMP)	154	U/L	60-306
Total Protein (Method : Biuret)	6.30	g/dl	6.0-8.0
Albumin (Method : BCG)	3.58	g/dl	3.5-4.8
Globulin (Method : Calculated)	2.72	g/dl	2.3-3.5
A/G Ratio (Method : Calculated)	1.32		1.0-2.1

Test Done on Semi Automated Star 21 Biochemistry Analyzer

END OF REPORT

Figure1.: Comparison of Biochemical Values at the time of initiation of event as well as few days before the second follow-up

DISCUSSION

This case subtly demonstrates how *Ayurveda* addresses the modern tragedy of Alcohol Use Disorder, where a laborer's daily escape into alcohol entwines body and mind in a long journey of exhaustion, tremors, sleepless nights, and a liver quietly protesting. The progression of the disease, or *samprapti*, is the eternal tale of *Charaka Samhita*: First, *Madya* awakens *Pitta* and *Rajas* with false euphoria; second, continued indulgence destroys *Ojas*, poisons *Tridosha* (Dominant *Vata-Pitta*), numbs *Jatharagni*, creates *Ama*, and obstructs *Rasavaha* and *Raktavaha Srotas* — manifesting as restlessness, burning, tremors, and liver tension.(14)(15)(16)(17)

The selected therapies, based on classical authority, slowly untangled this knot. *Ashtanga Lavana Churna (Bhaishajya Ratnavali)* — a combination of salts and pungent herbs — ignites digestive fire, dissolves *Ama*, and calms the restless mind, a centuries-old remedy for *Madatyaya* symptoms that contemporary reviews identify as aiding in toxin clearance. The compound *churna* combines the resinous anti-inflammatory action of *Mahayogaraja Guggulu* with the mineral potency of *Amavatari Rasa* to reduce chronic inflammation and neural disturbance without the dependency risk seen in standard sedatives. *Maharasnadi Kwath (Bhaishajya Ratnavali)*—rich with *Rasna* and other *Vata*-resilient herbal ingredients—alleviates musculoskeletal and neuropathic pain, a feature confirmed in peer-reviewed case reports of alcohol-induced pain relief. *Kharjuradi Mantha (Sharangdhara Samhita)*— an energizing liquid of dates, grapes, and pomegranate—quenches thirst, restores damaged tissues, and provides gentle antioxidant support, consistent with the traditional practice of alcohol detoxification. *Patolamooladi Kashaya* was given, keeping in mind the restoration of liver functions damaged due to alcohol ingestion. (18)(19)(20)

In addition to immediate relief, deeply rooted Doshas in *Madatyaya* require long-term care to prevent relapse and achieve full recovery. After the acute withdrawal phase had passed, *Rasayana* therapies were crucial to restore depleted *Dhatus* and strengthen *Ojas*.

The psychotherapy (*Sattvavajaya Chikitsa*) in *Ayurveda* served as the foundation for consolidating the mind with self-awareness (*Ātmajñāna*), emotional reframing *(Pratipakṣa Bhāvanā*), and mental restraint (*Manonigraha*) to combat cravings and *Pragyaparadha*

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(intellectual errors). This was done with counseling, mindfulness, *Pranayama,* meditation, and *Medhya* herbs that promote *Sattva* dominance while reducing *Rajas* and *Tamas* in accordance with *Acharya Charaka*'s emphasis on psychological balance for a lasting de-addiction process.

Sadvritta provided the daily foundation: to follow *Dinacharya* and *Ritucharya*, to be truthful, and not be angry, which was suggested to support the family's peace and resistance to *Pragyaparadha*. Post-acute follow-up for this patient included soothing *Vata*-pacifying elements of gentle *yoga* or exercise, food, and melodic music for healing, eliminating any residual instability, ensuring *Ojas* regenerates over a sustained period, and keeping *Srotas* open and flowing.(21)(22)(23)(24)

CONCLUSION

The case illustrates that by choosing a consciously selected *Ayurvedic Shamana* protocol based on traditional teachings and dietary discipline, it is possible to counter the physical and psychological consequences associated with chronic Alcohol Use Disorder. The rapid biochemical recovery (normalization of liver enzymes and bilirubin) as well as an astonishing reduction in dependence severity (AUDIT reducing from severe to low risk) demonstrates the potential benefits of Ayurveda for treating reversible alcohol sequelae gently and without side effects. Sustained practice of Pathya, Sattvavajaya, and Sadvritta is necessary to support the consolidation of these gains and to avoid relapse.

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1. PATIENT PERSPECTIVE

"I felt relief from the pain and physical stress along with the achievement of calmness and the relief from constant pull towards Alcohol."

2. INFORMED CONSENT

Written informed consent was obtained for publication, including images/tables. Patient fully anonymized; no identifiable details included.

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