

Case Report



Integrated *Ayurvedic* approach in the management of *Madatyaya* (Alcoholism): A case report

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ABSTRACT :

Background: Alcoholism (*Madatyaya*), results from excessive alcohol consumption which leads to physical damage, particularly like liver damage, mental health concerns like depression and so on. *Madatyaya* is caused due to improper use of *Madya*, which is considered as *Tridoshaja Vyadhi*. As per our classics, the treatment of *Madatyaya* mainly consists of *Shamana*, *Doshavsechana*, *Rasayana* and *Satvavajaya Chikitsa*. **Clinical Findings:** A 40-year old male patient has a history of chronic alcohol consumption with a score of 22 on Alcohol Dependence Scale, an AUDIT score of 18 (severe zone), including physical symptoms like nausea, vomiting, abdominal discomfort, loss of appetite, jaundice, and a score of 21 on Insomnia Severity Index- which indicates moderate insomnia. Lab tests revealed that the patient had elevated liver enzymes - ALT 143.4 U/L, AST 143.3 U/L, ALP 332.0 U/L, with a total bilirubin level of 2.0 mg/dL. **Outcomes:** The adopted integrated treatment included *Madiphala Rasayana*, *Draksharishta*, *Aarogyavardhini Vati*, *Sutashekhara Rasa*, and *Amalaki Churna*, along with dietary modifications (*Pathya*). Through this treatment the goal was to detoxify, protect the liver from further damage and to relieve the other physical symptoms the patient was experiencing. **Conclusion:** The treatment was carried out for 2 months, and notable clinical improvements were observed with respect to Liver Function, Sleep, Appetite and overall Wellness. The patient has an overall improved health and is observed to be performing well, further research in this area is necessary to validate the results.

KEYWORDS: *Madatyaya*, *Ayurveda*, Alcoholism, Alcohol Dependence, Liver Function, Case Report

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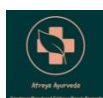
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1. INTRODUCTION

Alcohol use and abuse, categorized as *Madatyaya* in *Ayurvedic* literature [1] is a major contributor to illness and mortality rates worldwide. [2] More than 30 illnesses contain the word 'Alcohol' in their names and description within the 10th edition of the World Health Organisation's Disease Classification (ICD-10), this highlights that Alcohol is a significant contributor to many health issues. [3] In 2019, there were approximately 2.6 million Alcohol-related deaths globally, 209 million adults were reported to be suffering from Alcohol Dependence, and 400 million were reportedly diagnosed with Alcohol Use Disorder. [4] Chronic Alcohol consumption is linked to negatively impacting major systems and causing major health issues like liver-related, Cardiovascular, and Neurological Issues. [5] *Madya* (Alcohol) has played a significant role in cultural and social life; however, consuming beyond a limit can become life-threatening [6].

2. CASE REPORT

A 40-year-old Indian, Married, Alcoholic, Male patient visited the Outpatient Department of KLE *Ayurveda* Hospital, Belagavi on March 21st, 2025 with chief complaints of Nausea, Vomiting, Abdominal Pain, Loss of appetite and Yellowish discolouration of the Sclera along with difficulty in falling asleep. The case was treated at the Male General Ward of KLE *Ayurveda* Hospital from 21st March 2025 till 5th April, 2025. MR NO: KLE210014300, OPD NO: 8324. The patient started experiencing these symptoms in the previous month with infrequent episodes of vomiting, loss of appetite, followed by yellowish discoloration of the eyes,

infrequent abdominal pain felt in Epigastric and Hypochondriac regions associated with moderate generalized weakness. The patient had a history of alcohol consumption for the last 4-5 years with varying quantities. **Clinical Findings:** In personal history, we found bowels with normal consistency with black with dark urine. Reduced appetite over the last few days and disturbed sleep. The patient had a history of alcohol consumption for the last 4-5 years with varying quantities. The patient stopped consuming alcohol for the last one month. A general examination shows that the patient was not a known case of hypertension, diabetes mellitus, cardiac disease or tuberculosis. The patient measured 160 cm in height and weighed 64 kg. All the vitals were within normal range. On per abdominal examination, tenderness was observed over the hypochondriac region and epigastric region. Shifting dullness and fluid thrill were negative. The Patient's Investigations report of 18th March, 2025 showed elevated Serum Bilirubin with increased levels of AST (Aspartate Aminotransferase) and ALP (Alanine Aminotransferase). Albumin and Globulin were within normal range. Other haematological examinations were within normal range. **Diagnostic Assessment:** Diagnosis was as per clinical findings, laboratory parameters and a chronic history of alcohol consumption. Nausea, vomiting, loss of appetite, abdominal pain along with stool colour is major clinical findings of *Madatyaya*. During the visit, initial evaluation of blood parameters exhibited bilirubin (total) 2.0 mg/dl with direct as 1.0 mg/dl and indirect as 1.0 mg/dl, ALT 143.4 U/L, ALP 332.0 U/L. (Table No. 01). Initial scale examination

showed a score of 7 on Alcohol Dependence Scale (ADS), 18 on Alcohol Screening Questionnaire (AUDIT), which was suggestive of IV, i.e severe zone. The Insomnia Severity Index score was 21, which suggests a moderate level of insomnia.

Intervention: The treatment was planned according to the severity of *Madatyaya*, the protocol included *Shamana* medicines, *Nidana Parivarjana* and *Pathyahara* (controlled diet). The patient was given *Madiphala Rasayana* 10 ml thrice daily before food with lukewarm water, *Draksharishta* a classical medication, as 15 ml thrice daily after food with warm water, *Sutashekhara Rasa* 1 thrice daily, *Aarogyavardhini Vati* 2 twice daily, and *Amalaki Churna* 1 tsp twice daily. No adverse events occurred.

Timeline

Table No. 01: Therapeutic Intervention at different time points

Treatment	21/03/25 to 29/3/25	16/4/25 to 1/5/25
1. <i>Madiphala Rasayana</i>	✓	✓
2. <i>Draksharishta</i>	✓	✓
3. <i>Sutashekhara Rasa</i>	✓	✓
4. <i>Aarogyavardhini Rasa</i>	✓	✓
5. <i>Amalaki Churna</i>	✓	
6. <i>Kalameha</i>	✓	✓

Follow up and Outcome:

The patient was treated on an IPD basis and the follow-up assessments were done on day 08, 26 and 41 from the first day of treatment. The laboratory investigations were carried out; the scale parameters show overall improvement (Table No. 02). Complaints of nausea, vomiting, loss of appetite, yellowish discoloration of the sclera and generalized weakness were reduced.

Table No. 02: Showing changes in the assessment parameters at different time points(LFT)

Parameter	18-3-25	29-3-25	16-4-25	1-5-25
Bilirubin (total)	2.0 mg/dl	1.3 mg/dl	1.2 mg/dl	1.2 mg/dl
Direct Bilirubin	1.0 mg/dl	0.3 mg/dl	0.3 mg/dl	0.2 mg/dl
Indirect Bilirubin	1.0 mg/dl	1.0 mg/dl	1.0 mg/dl	1.0 mg/dl
ALT	143.4 U/L	38 U/L	38 U/L	35 U/L
ALP	332.0 U/L	219 U/L	186 U/L	129 U/L
AST	143.3 U/L	39 U/L	35 U/L	35U/L
Albumin	3.0 gm/dl	2.9 gm/dl	4.70 gm/dl	4.82 gm/dl
Total Protein	6.3 mg/dl	6.6 mg/dl	6.6 mg/dl	6.8 mg/dl
Alcohol Dependence Scale (ADS)	22(Substantial level)	16((Moderate level)	13(Low level)	8(Low level)
AUDIT	18 (L-IV)	10(L-3)	4(L-2)	4(L-2)
Insomnia Severity Index	21(Moderate)	14 (subthreshold)	07(No clinical significant)	05(No clinical significant)

3. DISCUSSION:

Madatyaya in the classics of *Ayurveda* matches the clinical features of Chronic Alcoholism and its withdrawal. It is described as *Tridoshaja* (bodily humours), mainly involving the *Pitta* and *Rakta* vitiation along with *Agni Dushti* and *Rasa-Raktavaha Srotodushti*. [7] The present case showcased typical *lakshanas* of *Madatyaya*, such as *Hrillas* (nausea), *Chardi* (vomiting), *Aruchi* (anorexia), *Anidra* (insomnia), *Pandu Netra Varnata* (yellowish discoloration of eyes) and *Udara Shoola* (abdominal pain), these signs align with the toxicological and hepatocellular manifestations of chronic alcohol consumption. Laboratory parameters of AST (143.3 U/L), ALT (143.4 U/L), ALP (332.0 U/L), and Bilirubin total (2.0 mg/dl) further confirmed Hepatic dysfunction with alcoholic liver injury. The patient was treated with structured *Shamana Chikitsa* protocol comprising of classical formulation like *Madiphala Rasayana*, *Draksharishta*, *Arogyavardhini Rasa*, *Sootiashekhar Rasa* and *Amalaki Churna*, along with other dietary modifications. *Madiphala Rasayan* act as *Agni Deepak*, *Chardi Nighrahaka* and help balance the *Doshas*. Nausea and vomiting can also be effectively managed in clinical practice through this approach. [8] *Draksharishta* functions as *Raktaprasadak*, *Hridya Balya* and a mild *Anulomaka*, as reported by *Bhaishajya Ratnavali*. Pharmacologically, *Vitis Vinifera (Draksha)* is noted as an antioxidant and hepato-protective due to its ability to reduce oxidative stress and inflammatory cytokines. [9] *Arogyavardhini Vati* has reportedly validated its role in the treatment of Hepatic disorder, it activates *Pitta-Virechana*, further serves as a

Yakuruttejala (liver stimulant), and possesses *Shulahara* (anti-inflammatory) properties. [10] *Sutashekhar Rasa* is indicated for *Amlapitta* and *Udarshoola* in classical texts for *Pitta Shamana*. [11] *Amalaki* is regarded as one of the powerhouses of Vitamin C and tannins, which assist in the treatment of Hepatic disorders. [12] Various biochemical improvements were observed in the post treatment of the patient, such as normalization of liver enzymes (ALT 35 U/L), a reduction in Bilirubin (1.2 mg/dl), and enhanced sleep quality (ISI decreased from 21 to 05)- these parameters indicate that the treatment formulation not only provided symptomatic relief but also addressed the underlying hepatic disorder. These improvements align with *Ayurveda's* holistic approach which targets *Dosha*, *Dhatu*, and *Agni*. Previous case studies and clinical reports support similar outcomes with *Ayurvedic* methods in *Madatyaya* cases and alcoholic liver diseases. The absence of adverse drug reactions during the intervention period highlights the safety profile of this protocol. This case reinforces the notion that *Madataya* can be optimally managed through a multimodal *Ayurvedic* approach which emphasizes *Nidana Parivarjana* and *Rasayana Chikitsa* for long term management and relapse prevention.

Strengths- It was a case of *Madatyaya* with several other physical ailments rated with an integrated approach which is relevant and the need of the hour. Standard parameters were assessed and under one setup the patient was treated

Limitations- This is a single case study of *Ayurvedic* approach and the results cannot be generalised to treat all *Madatyaya* cases

Take away lesson- *Ayurveda* Integrated approach in the present case has given promising results suggesting that this is the need of the hour.

4. CONCLUSION:

The above case study demonstrates that *Ayurvedic* treatment for *Madatyaya*, through traditional formulae like *Draksharishta*, *Madiphala Rasayana*, *Aarogyavardhini Rasa* and *Amalaki Churna* combined with dietary modifications can lead to significant improvements in the symptoms and biochemical markers, even if the patient has been engaged into chronic alcohol use for 4-5 years. The 10-day treatment has yielded significant improvements in liver function and sleep, with no reported side effects. The follow up evaluations confirm the durability of clinical and lab improvements which thereby confirm the efficacy and effectiveness of this approach. The case emphasizes *Ayurveda's* potential as a holistic, personalised approach for managing alcohol related disorder, indicating the vital role of proper *Ahara* (diet) and *Vihara* (lifestyle) in maintaining health and preventing relapse.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - "I started *Ayurvedic* treatment on March 18th, 2025, for my abdominal pain, persistent vomiting, loss of appetite, sleep problems, and psychological issues caused by heavy alcohol use. The treatment lasted three months, during which my symptoms gradually improved, including reduced alcohol cravings, and my

overall quality of life improved. I am pleased and satisfied with the results. I have returned to work to support my family."

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