

## EFFICACY OF ASHWAGANDHADYARISHTA IN VATAJA MADATYAYA W.S.R. TO ALCOHOL WITHDRAWAL SYMPTOMS

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### ABSTRACT

Alcohol blocks social and economic development and even threatens to overwhelm the health services. Alcohol is strongly associated with a wide range of mental health problems. Depression, anxiety, drug misuse, nicotine dependence and self-harm are commonly associated with excessive alcohol consumption. In Ayurveda the disease produced due to improper use of *Madya* is called *Madatyaya*. Symptoms of *Vataja Madatyaya* are comparable to alcohol withdrawal syndrome. Previous Clinical researches done on *Ashwagandhadyarishta* shows its very good effect on Anxiety neurosis and its symptom like nervousness, palpitation, tremors, headache, anorexia, fatigue, irritability, lack of concentration, etc. Present study shows significant result in symptom of *Vataja Madatyaya* like *Shwasa*, *Sharirkampa*, *Prajagarana*, *Parshwashool*.

**Key words :** *Madya*, *Vataja Madatyaya*, *Ashwagandhadyarishta*

### INTRODUCTION

With more than half of all alcohol drinkers in India falling into the criteria for hazardous drinking, alcohol abuse is emerging as a major public-health problem in the country. In Ayurveda, that which produces *Mada* is called *Madya*, the disease produced due to improper use of *Madya* is called *Madatyaya*. One should take the *Madya* with food materials and judiciously. *Madatyaya* is produced when person takes the *Madya* without considering *Prakriti*, *Satmya*, *Agni*, etc. *Madatyaya* is a *Tridoshaja*

*Vyadhi* mainly *Kapha Sthana* is vitiated along with *Agni*. Once the person get addicted to alcohol, even if he wants to quit it withdrawal symptoms hamper his path. Symptoms of *Vataja Madatyaya* are comparable to alcohol withdrawal syndrome.

### MATERIALS AND METHODS

#### AIMS AND OBJECTIVES OF THE STUDY

1. Conceptual and clinical study of “*Vataja Madatyaya*”. Conceptual

and clinical study of “Alcohol withdrawal symptoms”.

2. To assess the clinical efficacy of “*Ashwagandhadyarishta*” in the management of “*Vataja Madatyaya*”.

## A. STUDY DESIGN

### Type of Study -

a) Randomized single blind clinical study.

b) Patients will be observed before and after treatment.

### Place of Study-

Total 40 patients were taken from Drug De-addiction centre Kurukshetra, Haryana. Medicines are given to the patient and daily regimen which includes early morning yoga and exercise in the evening, beside the individual and

group counseling sessions as per their schedule.

### Selection of Patients-

A special Performa of case paper was designed to collect and record the information verbally reported by the patients. Here the signs and symptoms of *Vataja Madatyaya* described by the classics and AUDIT Scale were used as a tool for screening of the patients. Consent of the patients was taken prior to commencement of clinical trials.

Selected patients for the clinical trials were divided into 2 groups

- **GROUP A : Trial Group :-**

20 patients were included in this group. They were given the trial drug as per the following dosage schedule.

**Table No.-1 Showing Dosage Schedule:**

1.	Trial drug	<i>Ashwagandhadyarishta</i> .
2.	<i>Sevankala</i>	<i>Adhobhakta</i> (After Meals) Twice - morning and evening.
3.	<i>Matra</i>	Single dose of 30 ml.
4.	<i>Anupan</i>	<i>Sambhag Jala</i> .
5.	<i>Kalavadhi</i>	One month ( 30 days)

- **GROUP B: Control Group-** 20 patients were included in this group. They were given the placebo drug (distilled water coloured by colouring agent caramel).
- **Counseling by Experts-** Simple but regular counseling on individual, spouse and family level was done to all patients. Patients were made aware about the hazards of *Madatyaya*. The nature of disorder was ex-

plained and reassurance was given. The patient was helped to deal with emotional problems.

- **Inclusion criteria**

- a) Age group of 18 yrs and above.
- b) Patients those having signs & symptoms of *Vataja Madatyaya* as mentioned in *Ayurvedic* texts.
- c) AUDIT (THE ALCOHOL USE DISORDERS IDENTIFICATION

TEST) was used for the screening of Alcohol dependent patients.

- **Exclusion criteria**
  - a) Occasional drinkers
  - b) Patient in emergency condition due to Alcohol.
  - c) Patient having associated chronic disorders like ascitis, splenomegaly etc.

• **Parameter of Evaluation**

**Subjective Parameters:** The symptoms of *Vataja Madatyaya* which were looked into specifically *Shwasa, Sharirkampa, Parshwashul, Prajagrana, Pralapa*.<sup>1</sup> The study drug *Ashwagandhadyarishta* is composed of 28 herbal drugs<sup>2</sup>

**Observation**

Table No- 2: out of 40 patients incidence of symptoms of *vataja madatyaya* is following:

Signs and Symptoms	Group A (n = 20)		Group B (n = 20)		Total (n=40)	
	No.	%	No.	%	No.	%
<i>Shwasa</i>	8	40	8	40	16	40
<i>Sharirkampa</i>	13	65	15	75	28	70
<i>Parshwashool</i>	9	45	10	50	19	47.5
<i>Prajagrana</i>	16	80	14	70	30	75
<i>Pralapa</i>	8	40	7	35	15	37.5

**Result:** Obtained observations were analyzed statistically with the help of **INSTAT GRAPHPAD 3** & the obtained results are as follows:

**Table No 3: An Effect on Subjective parameters: (Wilcoxon matched paired single ranked test)**

Variable	Group	Mean		Mean Diff.	% Relief	SD±	SE±	P	S
		BT	AT						
<i>Shwasa</i>	Gr. A	0.75	0.25	0.5	66.67	0.76	0.17	0.015	S
	Gr. B	0.45	0.35	0.10	22.22	0.31	0.06	0.500	IS
<i>Sharirkampa</i>	Gr. A	1.00	0.40	0.60	60	0.58	0.12	0.0005	HS
	Gr. B	1.00	0.90	0.10	10	0.31	0.06	0.500	IS
<i>Parshwashul</i>	Gr. A	0.55	0.25	0.30	54.54	0.47	0.11	0.031	S
	Gr. B	0.60	0.50	0.10	16.67	0.31	0.06	0.500	IS
<i>Prajagrana</i>	Gr. A	1.2	0.45	0.75	62.50	0.55	0.12	0.0001	HS
	Gr. B	1.3	1.05	0.25	19.23	0.44	0.09	0.0625	IS
<i>Pralapa</i>	Gr. A	0.50	0.30	0.20	40	0.41	0.9	0.125	IS
	Gr. B	0.35	0.20	0.15	42.86	0.36	0.08	0.250	IS

Note: S= Significant IS=Insignificant HS= Highly significant

**Table No 4: Intergroup *Vataja Madatyaya* Symptoms comparison in Group A & Group B (Mann-Whitney Test)**

Variable	Groups	Mean Diff.	SD±	SE±	P	S
<i>Shwasa</i>	A	0.500	0.761	0.170	0.0257	S
	B	0.100	0.308	0.068		

<i>Sharirkampa</i>	A	0.600	0.598	0.134	0.0014	HS
	B	0.100	0.308	0.068		
<i>Parshwashul</i>	A	0.300	0.470	0.105	0.0616	IS
	B	0.100	0.308	0.068		
<i>Prajagrana</i>	A	0.750	0.550	0.123	0.0022	HS
	B	0.250	0.444	0.099		
<i>Pralapa</i>	A	0.200	0.410	0.092	0.348	IS
	B	0.150	0.366	0.082		

Note: S= Significant IS=Insignificant HS= Highly significant

## DISCUSSION ON RESULTS

### 1. Effect on *Shwasa*

Trial Group A Shows **66.67 %** improvement in *Shwasa* which is statistically **significant** on the other hand Group B shows improvement of **22.22%** which is statistically **insignificant**. Inter-group comparison shows statistically **significant** result (p value is 0.0257) which states that there is significant difference between efficacy of Trial drug and Control placebo groups.

### 2. Effect on *Sharirkampa*

Trial Group A Shows **60%** improvement in *Sharirkampa* which is statistically highly **significant** on the other hand Group B shows improvement of **10%** which is statistically **insignificant**. Inter-group comparison shows statistically **highly significant** result (p value is 0.0014) which states that there is significant difference between efficacy of Trial drug and Control placebo groups. Alcohol has a slowing effect on the brain and over the period of time brain adjust its own chemistry to compensate for the effect of the alcohol.

### 3. Effect on *Parshwashul*

Trial Group A Shows **54.54%** improvement in *Parshwashul* which is

statistically **significant** on the other hand Group B shows improvement of **16.67%** which is statistically **insignificant**. Inter-group comparison shows statistically **insignificant** result (p value is 0.0616) which states that there is no significant difference between efficacy of Trial drug and Control placebo groups.

### 4. Effect on *Prajagrana*

Trial Group A Shows **62.5%** improvement in *Prajagrana* which is statistically **highly significant** on the other hand Group B shows improvement of **19.23%** which is statistically **significant**. Inter-group comparison shows statistically **highly significant** result (p value is 0.0022) which states that there is significant difference between efficacy of Trial drug and Control placebo groups.

### 5. Effect on *Pralapa*

Trial Group A Shows **40%** improvement in *Pralapa* which is statistically **insignificant** on the other hand Group B shows improvement of **42.86%** which is statistically **insignificant**. Inter-group comparison shows statistically **insignificant** result (p value is 0.348) which states that there is no significant difference between efficacy of Trial drug and Control placebo groups.

The *Pralapa* is the symptom seen in the second stage of *Mada* and after the withdrawal gradually the symptom reduces and after the *srotoshodhana* by *Ashwagandhadyarishta* as channels become free from *Doshas* the patient's perception becomes normal.

The above said symptoms manifest due to vitiation of *vata* in *srotas*. The above symptoms are more specific of *Vataja Madatyaya* and one can correlate it with acute alcohol withdrawal symptoms. Alcohol withdrawal is the change that the body goes through when a person suddenly stops taking alcohol after chronic alcohol use. Alcohol is centrally acting depressant drug. Hence stoppage of alcohol indeed lead to neural excitation or sudden rise of functions of autonomic nervous system manifesting in term of increase in respiratory rate, increased pulse rate, fine tremors, sleep disturbance, depression, anxiety etc. The effect observed in trial drug may be attributed chiefly due to effect of *Ashwagandha* because of its anti-depressant, anti-convulsant and anti-anxiety effect. Alcohol dependence appears like *okasatmya*. So, some form of alcohol (*Ashwagandhadyarishta*) can be given to prevent withdrawal.

The *Vatanulomaka* drugs of *Ashwagandhadyarishta* like *Ashwagandha*, *Haritaki*, *Yashtimadhu*, *Ananta*(*Shveta Sariva*), *Shyama*(*Krishna Sariva*), *Vacha*, *Shunthi*, *Tvaka*, *Ela*, *Patra* help in normal movement of *Vata*. The *Medhya* drugs like *Ashwagandha*, *Haritaki*, *Mustaka*, *Shveta Chandana*, *Vacha*, *Pippali*, *Na-*

*gakeshara* help to calm the hyper-excitability of brain. Its *Srotoshodhaka* drugs like *Maricha*, *Shunthi*, *Haritaki*, *Madhu* clean the various channels of *Srotasas* which leads to *Anuloma Gati* of *Vata* and help in *Samprapti Vighatana*.)

Its main ingredient *Ashwagandha* possesses various pharmacodynamic properties, which include *tikta*, *kashaya* and *madhura rasa*, *madhura vipaka* and *ushna virya*, *laghu* and *snigdha guna*, *rasayana*, *vrishya*, *balya*, *vishaghna* and *nidrajanana* in *prabhava*. It is a classical *rasayana* drug, which possesses potent anti-stress effects. It is an immuno-modulator which strengthens the immune system of human body. *Ashwagandha* has a role in high blood pressure, peptic ulcers, immune depression and insomnia, having an anabolic, body building, restorative and aphrodisiac effect. The alkaloids in *ashwagandha* have been found to be sedative, anti-bacterial, anti-tumor, anti-inflammatory and hepatoprotective.

## CONCLUSION

Clinical researches done on *Ashwagandhadyarishta* shows its very good effect on Anxiety neurosis and its symptom like nervousness, palpitation, tremors, headache, anorexia, fatigue, irritability, lack of concentration, etc. As we know that all above symptoms are also seen in alcohol withdrawal.

By this study we can conclude that *Ashwagandhadyarishta* is a good drug for treating *Vataja Madatyaya* patients and it also strengthens the *chikitsa sutra* or line of treatment given by *Ayurvedic* classics.

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