An Ayurvedic Approach for Polysubstance Dependence w.s.r. to Madatyaya – A Case Study

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Abstract

A poly substance dependent person is one who is addicted to three or more substances psychologically with no specific preference for any one substance. In these patients, alcohol is among the most commonly abused substance1. Some studies have shown that adolescents have one of the highest rates of polysubstance dependence2. According to Ayurveda all the MadakariDravya which causes Mada to the person comes under the classification of Madatyaya/Panatyaya. It is a TridoshajaVyadhi(disease caused by involvement of all three Doshas-Vata, Pitta and Kapha). It mainly vitiates Ojas,becauseMadya(Madakrirdravya) contains opposite quality of ojas. Hence an effort was made through Shodana (Vamana, Virechana, Nasya) to treat the ill effects of poly substance use.

Keywords

Ayurveda, Madatyaya, Polysubstance dependence, Vamana, Virechana, Nasya

Received 20/12/16 Accepted 28/01/17 Published 10/03/17
INTRODUCTION
Person diagnosed with poly substance dependence is addicted to many substances often three or more, with no particular preference to any one specific substance. This can lead to significant physical, emotional, social and occupational distress. According to Diagnostic and Statistical Manual of Mental Disorders(4th edition; DSM–IV) the below mentioned case study fulfills criteria for identification of substance dependence in this patient. A patient has builds a level tolerance to different substances and needs more and more of the substance to feel the same effects that he felt during the initial use. The Patient can’t stop taking the drug once he starts using it and continues to use despite of the knowledge of its harmful effects to one’s health. Hedicates much of his time and energy to chase for the next high and recover from being intoxicated and avoiding withdrawal symptoms. He stops spending time with sober people in favor of being around active substance users³.

A CASE REPORT
A 21 year old male Hindu patient belonging to the middle socio economic class presents with complaints of Alcohol use, Ganja use, Cigarette use since 4 yrs. Reduced intake of Food, Reduced interaction with family members, Patient was getting irritated for small things, Reduced activities in his daily Routine and Patient prefers to be alone at home since 1 ½ to 2 yrs. Frequent demands for money and Lying spending excessive time in the company of his friends outside his house was worsened since 1 ½ to 2 yrs and was brought to SKAMCH & RC, Bangalore for better management.

EXAMINATION OF PATIENT
• General condition of the patient is stable.
• Temperature - A febrile
• Pulse rate- 74/min
• BP – 110/80 mmofHg
• Pallor - Absent
• Icterus - Absent
• Weight – 60Kg
• Height – 185 cms
• RS – NBVS
• CVS – S1 S2 heard

Mental status and CNS examination
• Conscious
• Oriented to time, place and person
• Attitude towards examiner – not fully cooperative guarded at times
• Gait and posture – normal
ASHTAVIDHAPARIKSHA
- Nadi – 74bpm
- Mala – 1 to 2 per day hard stools
- Mutra – 3 to 4 times/day
- Jivha – Aliptata
- Shabda – Prakrutha
- Sparsha – Prakrutha
- Druk – Prakrutha
- Akriti – Madhyaama

DASHAVIDHAPARIKSHA
- Prakriti – Pitta Vata
- Vikriti – Madhyaama
- Saara – Madhyaama
- Samhanana – Madhyaama
- Pramana – Ht-185 cm
  Wt-60 kg
- Sathmya – Sarvarasasatmya
- Satva – Avara
- Aahara Shakti –
  Abhyavaranashakthi – Avara
  Jaranashakthi – Avara
- Vyayamashakti – Madhyaama
- Vaya – Madhyaama

PAST HISTORY
No H/O of DM, HTN, T.B, Asthma or any major illness.
No H/O of any Surgery.

NIDHANA

Aharaja – Teekshna, Rooksha
Amlaanapanama
Viharaja – Avyayama, Divaswapna,
Ratrijagarana.

Manasika – Pragnyaparadha, Shoka.
Abheshaja– Alcohol, Ganja,
Cigarette. (Patient had a habit to use some
eye drops and tablets to over come these
effects)

SAMPRAPTHI GHATAKA
Dosha – Tridosha, Rajas, Tamas
Dooshya- Rasa, Oja
Agni – Jataragnimandhyajanya, Dhatwagnimandhyajanya
Ama – Jataragnimandhyajanya, dhatwagnimandhyajanya.
Srotas – Rasavaha, Manovaha.
Srothodushtiprakara – Sanga
Udbavasthana – Amashayadbhava.
Adhishtana – Hrudaya
Vyakthasthana – Sarvashareera
Marga – Madhyaama
Sadhyasadhya – Kruchrasadhya

DOSHA LAKSHNA
Dosha – Lakshana
Vata- IndriyaBhramsha
Pitta – Alpanidra, Mandaanala
Kapha – Alasya, Gourava, Atinidra in diwa
Rajas – Krodha, Dukhabahulata
Tamas – BuddhiNirodha, Agyana, Nastika,
Akarmasheelata.
TREATMENT APPROACH

- Shirodhara with Brahmitaila
- SarvangaaAbhyanga with Moorchitatilataila
- Patrapindasweda
- Vamana Karma
- Virechana Karma

(For both Vamana Karma and Virechana Karma, Snehapan with Ashwagandagrittha till samyaksnigdhalakshanas and SarvangaaAbhyanga with Moorchitatilataila was used, for VamanaKarmaMadanaphalapippalyadiyoga and for virechana KarmawithTrivruthavalehya was given)

- Nasya Karma

OBSERVATION (After Treatment)

- Interaction with family members is improved
- Improved food intake.
- Improved motivation to quit substance.
- Improved tolerance for irritation.

DISCUSSION

“AcharyaCharaka has explained different stages of mada⁴. According to modern science, addictions are mainly of two types; drug addiction (Alcohol, tobacco, cannabis, opioids, etc) and behavior addiction (Gambling, internet etc). There is high prevalence rate in India for various substances like Alcohol(21.4%), Cannabis(3.0%), Opioids(0.7%), and Tobacco (55.8%). According to one study, on prescription drugs for nonmedical use, more than half of the people who were interviewed said they had obtained substance from a friend or relative. Online purchase of substance over internet was negligible. In the present case study also the patient substance was brought from his friends. In this kind of case understanding the cause Nidanaparivarjana, counselling both patient and family members plays a very important role in treatment of addiction. According to Ayurveda, even though madya has very good effects, when not consumed in proper method according to prakruthi, also mode of consumption i.e., with food or without food, may result in adverse effects. Madyacan be compared to Visha. Madhya has 10 gunas which resembles poisons. There is difference of opinions about the number of gunasofMadyas amongst

acharyas. Thesegunas decides the toxic effects of madya that will be affecting on the body. Due to the properties like Ushna, Tikshna, Sukshma, Vyavayi, Vikasi etc, Madya gets rapidly spreads in the body. Alcohol has a depressant action on normal brain functioning. At first it depresses the parts of the brain that controls inhibitions leading to some activation. In small amounts it sedates and relieves anxiety. In higher doses it causes disinhibition which may be manifested in excessive talkativeness and exaggerated feelings of wellbeing. With increasing disinhibition, people can easily become aggressive and emotional. With higher doses there is increasing sedation, loss of motor control, judgment, poor reflex and balance and finally unconsciousness, coma and even death. According to studies, women become more intoxicated than men at an equivalent dose of alcohol this is due to significantly reduced activity of alcohol metabolizing enzymes in women compared to men. Women also have proportionately more fatty tissue and less body water content then men. Because alcohol is more soluble in water then in fat, a given dose becomes more highly concentrated in a female’s fluid compartment than in a male’s, also the ill effects of alcohol and various medical complications occur faster among women. Ganja/Marijuana/cannabis is a drug which usually comes in the form of dried flowers. The most common mode of use is by smoking using a clay pipe (chillum) in India. Cannabis is known to contain more than 400 chemicals. The main psychoactive ingredient is delta-9-tetra-hydro-cannabinol. Its actions are the result of its binding to the cannabinoid receptor, located in the brain’s many cannabinoid receptors, which are mainly found in the parts of the brain that influence cognitive, sensory and time perception and coordinated movement. Effects of cannabis include relaxation, euphoric feeling, and altered space-time perception, alteration of sensory perception, disorientation, and fatigue and stimulation of appetite. The effects of smoking cannabis begin immediately after the drug enters the brain system and lasts for approximately 1 to 3 hours. If it is consumed along with food or drink, the immediate effects begin more slowly, usually within 1 hour and but last longer, for as long as 4 hours. Within a few minutes after inhaling cannabis smoke, there is an increase in heart rate, may increase by 20 to 50 beats per minute or even double. The bronchial passages relax and become enlarged, and vasodilatation in eyes, making the eyes looks red. More than 3000 chemical constituents have been identified in
smokeless tobacco, while more than 4000 are known to be present in tobacco smoke. Among these Nicotine, is the most addictive to tobacco users. Nicotine is 1000 times more potentially addictive than alcohol, 100 times potentially addictive than barbiturates and 10 times more potentially addictive than cocaine or morphine. Nicotine’s dopamine realizing ability is which causes pleasure through reward pathway in brain is linked to its addictive potential. However, in the long term, nicotine decreases the ability of the brain to experience pleasure. So, smokers and chewers develop tolerance, and need greater amounts of the same drug to achieve the same levels of satisfaction as before. Nicotine is also known to combine other neurotransmitters and contribute to the various effects: Acetylcholine (Arousal and Cognitive enhancement), Serotonin (Mood modulation and appetite suppression), Norepinephrine (Arousal and appetite suppression), Vasopressin (Memory enhancement), and Beta-endorphin (anxiety reduction). According to Ayurveda all the madakaridravya intake of which produces mada comes under Madatyaya or Panatyaya. According to CharakaSamhita, “SarvamMadatyayamvidhyathTridoshamAdhikam”\(^6\) In this case study all the doshas are equally aggravated and the treatment was started with kaphasthana followed by pittasthana and vatasthana. VamanaKarma(Snehapana with AshwagandaGritha till SamyaksnigdhaLakshanas, during vishramakalasavangaabhyanga with moorchitatilatalail, Bashpasweda followed by Kaphautkleshakaraahara was given. Vamana was done with Madanaphalapippalyadi yoga(Vegiki – 6 vegas, Laingiki – Samyak, Antiki – Pittanta). TarpanadiSamsarjana Karma was given. Vamana is very usefull in removing fat soluble waste materials. It also does total Biopurification of body. Virechana is not indicated in Madatyaya, but it is not an absolute contra indication. Virechana is avoided in acute intoxication or in severely emaciated or debilitated chronic alcoholics. Virechana is indicated in MadatyayainBhelaSamhita. After 8 days of pariharakala from 9th day Snehapana with AshwagandaGritha till samyaksnigdhalakshanas attained, during vishramakalasavangaabhyanga with moorchitatilatalail, Virechana with bashpasweda, Virechana with Trivruthavalehya 70gms was given (Vegiki-18vegas, Laingiki-samyak, Antiki-Kaphanta). Nasyais having local, general as
well as systemic action as per the ayurvedic parlance. Nasya acts on the siras, which is not only the main marma, but also the seat of prana, manas, and the indriyas. The procedure of nasya stimulates the limbic system, which is a main factor here, which plays an important role in emotional, memory, and learning functions. Ksheerabalataila is much used combination in the present complaints and is also indriyaprasada in action. After 8 days of pariharaka from 9th day Nasya was advised with Ksheerabala 101 for 12 days was given in this case study.

**CONCLUSION**

Madatyayais excessive intake of madakaridravya, where it vitiates all the three doshas and impairment of ojas. As there is accumulation of morbid dosha in large quantity all over the body. According to Acharya Charaka, in the beginning, treatment should be given to the dominant dosha. If all the doshas are equally aggravated then start treatment of kaphasthana-pittasthana-vasthasthana. Hence a physician should carefully cultivate a conscious approach towards use of his knowledge to get best clinical results. Even though shodhana plays a very important role in the chikitsa, Daivavyapashraya, Yukthivyapashraya, Sathvavajayachikitsa all are equally essential to prevent recurrence of alcoholic disorders.
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