INTERNATIONAL JOURNAL OF AYURVEDA360

ISSN
PRINT:
3048-7382
ONLINE:
3048-7390

AYURVEDA 360

PEER-REVIEWED BIMONTHLY JOURNAL

2025
VOLUME 2
ISSUE 3
NOVEMBER-DECEMBER

www.ayurveda360.in/journal

Review Article

Ayurvedic Principles and Therapeutic Protocols in Alcohol Addiction Management: A Review

Dr. Bhupendra Kumar[1], Dr. Anita Sharma[2], Dr. Dharti[3], Dr. Amol S. Kadu[4]

[1] P.G. Scholar, Department of Agadatantra, National Institute of Ayurveda (Deemed University), Jaipur. ORCID: https://orcid.org/0009-0000-9503-8826
[2] Professor & Head, Department of Agadatantra, National Institute of Ayurveda (Deemed University), Jaipur.
[3] P.G. Scholar, Department of Agadatantra, National Institute of Ayurveda (Deemed University), Jaipur.
[4] Associate Professor, Department of Agadatantra, National Institute of Ayurveda (Deemed University), Jaipur. ORCID: https://orcid.org/0009-0005-4057-8135

Abstract

Background: Alcohol addiction is a major global public health concern, contributing to significant morbidity and mortality. According to the World Health Organization (WHO), harmful alcohol use is responsible for approximately 3.3 million deaths annually worldwide. Classical Ayurvedic texts describe conditions analogous to alcohol dependence, chronic toxicity, and withdrawal states under concepts such as madyapāna, madātyaya, and mada-atyaya cikitsā. Ayurveda describes a comprehensive framework for managing alcohol-related disorders through detoxification (śodhana), stabilization of mental functions (mano-saṃskāra), rejuvenation (rasāyana), and restoration of systemic balance. Management includes herbal formulations, diet and lifestyle regulation, Panchakarma therapies, and mind–body practices such as yoga and meditation.

Materials and Methods: Data were compiled from classical Ayurvedic treatises, modern medical textbooks, peer-reviewed journal articles, clinical studies, and credible online scientific databases. Relevant information was analyzed to understand Ayurvedic principles and therapeutic interventions applicable to alcohol addiction and associated withdrawal states.

Results: The Ayurvedic approach to alcohol addiction focuses on correcting the underlying disturbances in doṣa, agni, and mental faculties (manas). Evidence from classical principles and contemporary research suggests that Ayurvedic interventions may assist in detoxification, reduce withdrawal symptoms, improve neurocognitive function, and enhance emotional resilience. Integrative therapies—such as specific herbal formulations (e.g., Aśvagandhā, Brahmī, Harītakī), Panchakarma procedures, nutritional support, and mind–body practices—contribute to restoring physiological stability and promoting long-term behavioral change.

Conclusion: Ayurveda offers a holistic and individualized framework for the management of alcohol addiction and its associated complications. When combined with structured rehabilitation strategies, Ayurvedic interventions may support withdrawal management, psychological stabilization, and long-term recovery. Further well-designed clinical studies are required to validate Ayurvedic protocols as complementary or integrative approaches in global addiction medicine.

Keywords: Alcohol Addiction; Alcohol Use Disorder; Ayurveda; Panchakarma; Detoxification; Rasāyana Therapy; Mental Health; Withdrawal Management; Integrative Medicine.

Access this article online	
Quick Response Code:	**Website:** www.ayurveda360.in/journal
	International Journal of Ayurveda360
	E-ISSN: 3048-7390 **Print ISSN:** 3048-7382
	Volume 2 Issue 2 : November-December 2025
	DOI: https://doi.org/10.63247/3048-7390.vol.2.issue3.5

Address for Correspondence:
Dr. Bhupendra Kumar, P.G. Scholar, Department of Agadatantra, National Institute of Ayurveda (Deemed University), Jaipur, Email ID: bkbhupendra190@gmail.com

How to cite this article:
Kumar B, Sharma A, Dharti, Kadu AS. Ayurvedic Principles and Therapeutic Protocols in Alcohol Addiction Management: A Review. Int J Ayurveda360. 2025;2(3):834–852. DOI: https://doi.org/10.63247/3048-7390.vol.2.issue3.5

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Final Updated Received
30/10/2025	9/11/2025	21/11/2025	30/11/2025	03/12/2025
Accepted	**Published**	**Conflict of Interest**	**Funding**	**Similarity Check**
05/12/2025	15/12/2025	NIL	NIL	9%

Licensing and Distribution

This work is licensed under a **Creative Commons Attribution 4.0 International License (CC BY 4.0)**. You are free to **share, copy, redistribute, remix, transform, and build upon this work for any purpose, even commercially**, provided that appropriate credit is given to the original author(s) and source, a link to the license is provided, and any changes made are indicated.
License link: https://creativecommons.org/licenses/by/4.0/

This journal is published under the tradename Ayurveda360, registered under UDYAM-KR-27-0044910

Introduction

Alcohol is widely acknowledged as the only psychoactive substance with addictive potential that is not governed by international legally binding control frameworks, despite its significant global health implications.[1] Alcohol addiction is a chronic, relapsing disorder marked by compulsive drinking, impaired control, and persistent use despite harmful consequences. Growing scientific evidence shows that even modest alcohol intake contributes to more than 60 acute and chronic health conditions, reinforcing its substantial public-health burden.[2,3]

The WHO reported that in 2016, approximately 43% of individuals aged ≥15 years (≈2.3 billion people) consumed alcohol in the previous year. In 2019, nearly 2.6 million deaths (4.7% of global mortality) were attributable to alcohol use, with 400 million adults (7%) suffering from alcohol use disorders and 209 million (3.7%) classified as alcohol-dependent.

In Ayurveda, Madya (alcohol) is described as a substance with both therapeutic and harmful properties, depending on Mātrā (dose), Kāla (timing), and Prakṛti (individual constitution). For readers unfamiliar with Ayurvedic terminology, Madātyaya refers to the pathological state caused by chronic or excessive alcohol consumption—comparable to alcohol addiction in modern medicine. It occurs due to the aggravation of Vāta and Pitta Doṣas, impairment of Agni (metabolic and digestive capacity), depletion of Ojas (vital strength and immunity), and disturbance of Manovaha Srotas (neuro-psychological pathways).[4] Classical descriptions highlight its impact on both Śarīra (body systems) and Manas (mental functioning), manifesting as dependence, cognitive disturbances, behavioral changes, and systemic derangements.

Modern addiction-treatment modalities—including pharmacological agents such as benzodiazepines for withdrawal, anti-craving medications, cognitive–behavioral therapy, and structured rehabilitation programs—share conceptual parallels with Ayurvedic strategies. While modern medicine focuses on neurochemical stabilization and behavioral restructuring, Ayurveda emphasizes Śodhana (detoxification), Śamana (symptomatic and metabolic correction), Rasāyana (rejuvenation), and Manas-balancing therapies to restore systemic and mental equilibrium.[5] For example, where modern medicine employs detoxification protocols, Ayurveda utilizes interventions such as Pañcakarma to clear toxins and rebalance disturbed Doṣas, offering a

complementary, holistic approach to long-term addiction management.

Materials and Methods

Study Design

This work is a narrative conceptual review that examines Ayurvedic principles and therapeutic approaches for the management of Alcohol Addiction (Madātyaya).

Literature Review

A comprehensive literature search was conducted using classical Ayurvedic sources—Caraka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya, and major Nighaṇṭus—along with traditional commentaries. Modern scientific literature was reviewed through PubMed, Google Scholar, WHO reports, and the AYUSH Research Portal, supplemented by standard textbooks and peer-reviewed journals.

Ayurvedic Conceptual Framework

The extracted data were analyzed using qualitative content analysis, focusing on fundamental Ayurvedic dimensions of Madātyaya:

- Hetu (causative factors)
- Samprāpti (pathogenesis and doṣic involvement)
- Lakṣaṇa (clinical features)
- Cikitsā (therapeutic principles)

Therapeutic strategies were further organized into:

- Śodhana (biopurification and detoxification)
- Śamana (palliative and corrective interventions)
- Rasāyana (rejuvenative measures)
- Mānasika Cikitsā (psychological and behavioral therapies)

Modern Integrative Insights

To offer an integrative perspective, contemporary modalities for alcohol addiction—such as pharmacological detoxification, anti-craving medications, counseling, psychosocial rehabilitation, and relapse-prevention strategies—were reviewed. Comparative interpretation was applied to identify conceptual and therapeutic parallels between Ayurvedic principles and modern evidence-based management, highlighting the complementary potential of an integrative approach.

Ayurvedic Perspective on Alcohol (Madhya) and Addiction (Madātyaya)

In Ayurveda, Madya (alcohol) is described as a substance with dual pharmacological properties, capable of producing both therapeutic and pathological effects depending on factors such as Mātrā (dose), Kāla (timing), Saṃskāra (processing), and the individual's Prakṛti (constitution). Its inherent qualities—Uṣṇa (hot), Tīkṣṇa (sharp), and Laghu (light)—facilitate rapid bioavailability, systemic absorption, and potent psychoactive

influence. When consumed in regulated amounts, Madya stimulates Agni (digestive fire), enhances metabolic activity, improves nutrient assimilation, and promotes relaxation, sociability, and transient mental clarity.[6]

However, chronic or inappropriate use leads to significant derangement of physiological and psychological homeostasis. Excessive alcohol intake predominantly vitiates Vāta and Pitta Doṣas.

• Vāta vitiation manifests as nervous system instability, producing symptoms such as restlessness, tremors, palpitations, insomnia, anxiety, emotional volatility, and heightened withdrawal sensitivity.

• Pitta vitiation results in inflammatory and metabolic disturbances, including irritability, aggression, hyperacidity, liver dysfunction (Yakṛt Vikāra), gastritis, burning sensations, and impaired digestion.

These disturbances disrupt Agni, resulting in the formation of Āma (metabolic toxins) and depletion of Ojas (vital immunity and strength). Simultaneously, dysfunction of the Manovaha Srotas (mental pathways) leads to cognitive impairment, mood instability, poor judgment, impulsivity, and psychological dependence. Collectively, these manifestations are described in Ayurveda as Madātyaya.

Classical texts describe Madakārī Dravyas—substances such as Madya and Surā—as agents that provoke Tamo Guṇa, impairing discernment and disrupting higher mental faculties.[7] Madātyaya is classified as a Tridoṣaja Vyādhi, with significant involvement of Agni and the Kapha Sthānas such as Āmāśaya and Śiras. Deranged Agni leads to Āma accumulation, sluggish metabolism, mental clouding, and depleted vitality. Hence, Kaphasthāna Cikitsā forms the foundational line of treatment, aimed at restoring metabolic fire and eliminating accumulated Kapha and Āma.[8]

In advanced stages, both Śārīrika and Mānasika Doṣas become profoundly vitiated, contributing to the systemic and psychosocial complications associated with addiction. Therefore, Ayurveda advocates a comprehensive and multidimensional therapeutic approach, integrating:

• Doṣa-śāmaka therapies to pacify aggravated humors

• Śodhana (detoxification), including Pañcakarma, to expel accumulated toxins

• Śamana (palliative measures) to restore physiological balance

• Rasāyana and Medhya formulations to enhance neurocognitive function, strengthen Ojas, and support long-term recovery

Role of Manasika Cikitsa in Addiction Management

Beyond physical detoxification, Ayurveda emphasizes Mānasika Cikitsā (psychological therapy) as a critical component in alcohol addiction management. Interventions such as:
• Yoga (to regulate Vāta, improve neuro-muscular coordination, reduce cravings)
• Meditation and Prāṇāyāma (to stabilize mental fluctuations and strengthen emotional regulation)
• Satvāvajaya Cikitsā (mind-control therapy focusing on discipline, restraint, and cognitive restructuring)
• Manovaha Srotas therapies (using Medhya Rasāyanas such as Brāhmī, Śaṅkhapuṣpī, Maṇḍūkaparṇī)
These practices collectively enhance psychological resilience, reduce stress-induced relapse triggers, improve sleep, balance neurotransmission, and promote long-term abstinence [9] By addressing both the somatic and psychological dimensions of addiction, Ayurveda provides a holistic strategy for sustainable recovery and relapse prevention.

Etiological Factors (Nidāna) and Lakṣaṇa

According to Ayurvedic classics, Madātyaya (alcohol addiction/intoxication disorder) manifests differently depending on the predominant Doṣa involved—Vāta, Pitta, or Kapha. Each type displays distinct etiological factors, symptomatology, and clinical presentation. Understanding these subtypes helps in selecting appropriate Doṣa-specific therapeutic interventions.[10,11]

1. Vātaja Madātyaya

This type arises from the excessive intake of Rūkṣa (dry), Alpa (small quantity), Pramita (limited), or Rūkṣa-pariṇata (over-fermented) Madya (alcoholic drinks). Behavioral causes include Nitya Madyapāna (habitual drinking), Avidāhī Madyapāna (use of non-digestive liquors), Vega-āvaraṇa (suppression of natural urges), and indulgence in Adhvakāŕśita (excessive travel), Bhāra (heavy exertion), and Strīsevana (sexual indulgence).
Clinical Features: Symptoms such as tremors, dryness of mouth, insomnia, restlessness, anxiety, body pain, and unsteady gait are predominant. The person becomes talkative, fearful, and experiences rapid mood fluctuations. These manifestations result from Vāta vitiation, leading to derangement of the nervous system and mental instability.

2. Pittaja Madātyaya

This form results from consumption of Rūkṣa (dry), Tīkṣṇa (sharp), Uṣṇa (hot), Amla (sour) alcoholic drinks, combined with Uṣṇābhitāpata (exposure to heat), Ātapa-priya (sun exposure), and Uṣṇa-bhojana

(hot, spicy foods). These factors aggravate Pitta Doṣa, producing inflammatory and irritative symptoms.

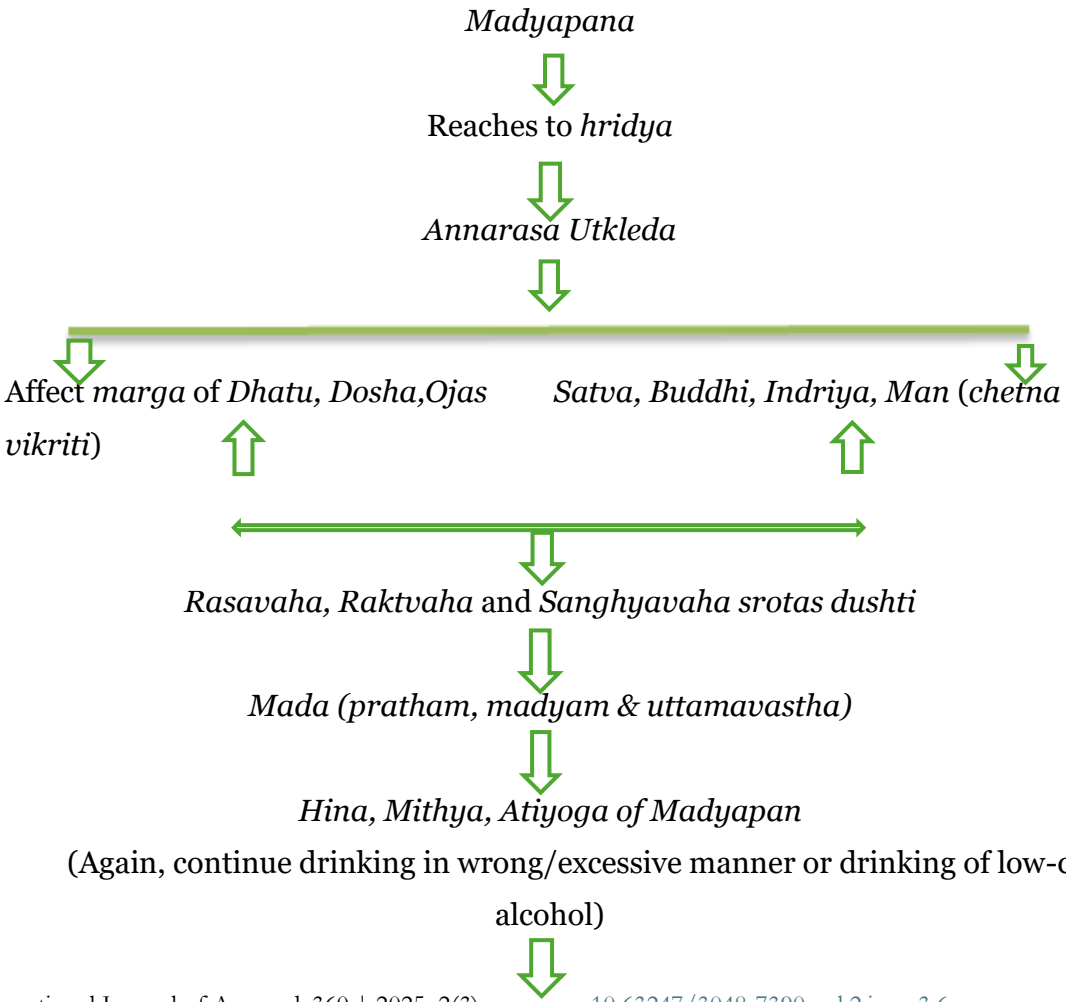
Clinical Features: Symptoms include burning sensation, excessive thirst, fever, redness of eyes, sweating, irritability, and craving for cold substances. There is often a marked disturbance in liver function and digestion due to Pitta vitiation, leading to Agnimāndya (digestive impairment).

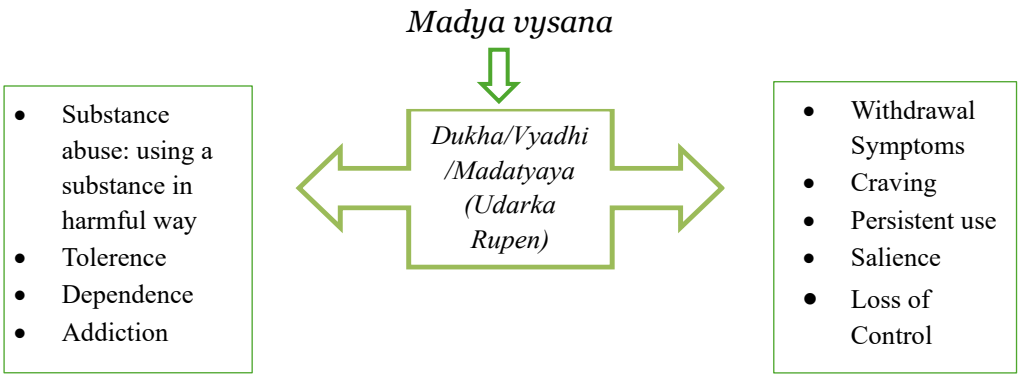
3. Kaphaja Madātyaya

This type develops due to intake of Madhura (sweet), Snigdha (unctuous), and Guru (heavy) foods along with Taruṇa, Madhura, and Gauḍhika Madya (fresh or sweet alcoholic beverages). Associated factors include Avyāyāma (lack of exercise), Divāsvapna (day sleep), and indulgence in excessive comfort such as Śayyāsana sukha (sedentary lifestyle).

Clinical Features: The symptoms are heaviness of body, lethargy, drowsiness, nausea, anorexia, excessive salivation, and slow movements. The person becomes mentally dull, indifferent, and exhibits poor motivation due to Kapha predominance causing obstruction and sluggishness in Srotas (channels).

Etiopathogenesis (Samprapti).[12]





When Madya (alcohol) is consumed, it quickly reaches the Hṛdaya (heart), which is the seat of Cetanā (consciousness) and the controller of Manas (mind). Excessive or improper intake of Madya leads to Annarasa Utkleda, disturbing the normal digestive and metabolic processes. The disturbed Annarasa further affects the mārga (pathways) of Dhātu, Doṣa, and Ojas, causing impairment in the functioning of Sattva, Buddhi, Indriya, and Manas, resulting in Cetanā Vikṛti (altered consciousness).[12]

Due to this, the Rasavaha, Raktavaha, and Saṃjñāvaha Srotas undergo Srotodusṭi, leading to physiological and psychological imbalance. As a result, the characteristic stages of Mada—namely Prathama (initial intoxication), Madhyama (moderate intoxication), and Uttama Avasthā (severe intoxication)—manifest progressively.[13] Depending on the quantity, quality, and manner of consumption, these stages vary in severity.

Further, the Hīna Yoga (underuse), Mithyā Yoga (improper use), and Ati Yoga (overuse) of Madya—such as repeated excessive drinking, consumption of poor-quality or incompatible alcohol, or continuous indulgence—lead to the development of Madya Vyasanā (alcohol addiction).[14] In chronic states, this results in derangement of both Śārīrika (bodily) and Mānasika (mental) functions, producing features like Moha (delusion), Bhrama (giddiness), Kampa (tremors), and Unmāda (psychotic symptoms).[15]

Thus, the pathogenesis of Madātyaya unfolds through a series of events beginning with Madyapāna, progressing via Agni and Rasa Duṣṭi, leading to Srotodusṭi, Cetanā Vikṛti, and ultimately manifesting as the classical symptoms of Madātyaya.

Integration of Modern Addiction Mechanisms with Ayurvedic Concepts

Modern neuroscience describes alcohol addiction as a chronic brain disorder driven by dysregulation of key

neurotransmitter systems, particularly dopamine, GABA, glutamate, and serotonin.[16–18] Chronic alcohol use overstimulates the mesolimbic dopamine pathway—responsible for reward, motivation, and emotional reinforcement—leading to craving, loss of control, and compulsive drinking.[19] Prolonged exposure results in neuroadaptive changes, including reduced dopamine receptor sensitivity, impaired impulse control, emotional volatility, and increased vulnerability to stress-induced relapse.[20,21]

From an Ayurvedic standpoint, these neurochemical disturbances closely parallel the aggravation of Vāta Doṣa, which governs the nervous system, cognition, and mental stability.[22] Vitiated Vāta manifests as restlessness, anxiety, tremors, impulsivity, and mood fluctuations—symptoms that resemble modern descriptions of withdrawal, neural hyperexcitability, and reward-system dysregulation.[23,24] Similarly, the inflammatory and metabolic disturbances induced by alcohol correspond to Pitta vitiation, contributing to irritability, aggression, hepatic dysfunction, hyperacidity, and disturbed digestion.[22,24]

Neurobiological Impact of Alcohol and Alignment with Ayurvedic Pathophysiology

Chronic alcohol exposure disrupts multiple neurotransmitter systems.[17–19]:

• GABAergic system: Alcohol enhances inhibitory GABA signaling; long-term use downregulates receptors, causing insomnia, anxiety, and agitation during withdrawal—conditions aligned with Vāta Prakopa.[25]

• Glutamatergic system: Alcohol suppresses excitatory glutamate activity; withdrawal produces rebound hyperexcitability, seizures, irritability, and cognitive dysfunction.[18,25] Ayurveda describes similar manifestations as Vāta-predominant derangement of Manovaha Srotas, indicating disturbed neural pathways.[22]

• Dopaminergic reward system: Chronic alcohol initially increases dopamine release but later reduces receptor sensitivity, causing anhedonia, depression, and craving.[19,21] Ayurveda correlates this depletion with Ojas Kṣaya (loss of vitality) and increased Tamas, weakening mental clarity and willpower.[26]

• Serotonin pathways: Dysregulated serotonin contributes to mood instability, impulsivity, and sleep disturbances—consistent with Pitta aggravation and Manovaha Srotas Duṣṭi.[23,25]

These neurochemical disruptions collectively resemble the Ayurvedic concept of Madātyaya, where impaired Agni (metabolism), accumulated Āma (toxins), and vitiated Vāta–Pitta disrupt physical, cognitive, emotional, and behavioral functions.[23,26]

Ayurvedic Therapeutic Principles in the Management of Madātyaya

The Ayurvedic principles of management (Cikitsā Siddhānta) for Madātyaya emphasize the restoration of balance between Doṣas, Dhātus, and Manas. Treatment follows a comprehensive approach including Nidāna Parivarjana (elimination of causative factors), Śodhana (detoxification), Śamana (palliative therapy), Rasāyana (rejuvenation), and Satvāvajaya Cikitsā (psychological therapy). These interventions aim to purify the body, restore mental stability, and rejuvenate vital energy (Ojas), promoting long-term recovery and well-being.[27]

1. Nidāna Parivarjana (elimination of causative factors)

Nidāna is a contributing cause to the disease. Hetu or Nidāna offer knowledge concerning diseases that have already manifested and those that are about to manifest. Every illness has a unique set of Hetu.

The contextual meaning of Nidāna in Ayurveda is studied in two ways: Vyādhijanaka Nidāna and Vyādhibodhaka Nidāna. All of the Nidāna Pañcakas (Hetu, Pūrvarūpa, Rūpa, Upaśaya, and Samprāpti) are Vyādhibodhaka in nature since they help the physician diagnose the disease.[28] On the other side, Nidāna/Hetu is both Vyādhijanaka and Vyādhibodhaka Nidāna, which is the cause of the illness.

Nidāna Parivarjana helps in prevention and cure of the disease by avoiding the causative factors in the form of Āhāra (food) / Vihāra (lifestyle) or both. Furthermore, by avoiding the associated Nidānas, Nidāna Parivarjana aids in preventing the disease's progression. Taking consideration of all of these elements, Ācārya Caraka and Ācārya Suśruta have both recommended that the first step in treating any illness is to prevent the causes.[29]

In the management of Madātyaya (alcohol addiction), Nidāna Parivarjana Cikitsā plays a crucial role as the foremost line of treatment. It emphasizes the complete avoidance of causative factors, primarily excessive and habitual consumption of alcohol. Gradual withdrawal of Madya is advised to prevent withdrawal symptoms, along with dietary regulation and psychological support through Satvāvajaya Cikitsā. The patient is encouraged to avoid triggers that promote drinking and to adopt wholesome food and lifestyle practices that restore doṣic balance. Thus, Nidāna

Parivarjana serves as a fundamental and preventive approach in the Ayurvedic management of Madātyaya.

2. Śodhana Cikitsā

The term Śodhana refers to the body's detoxification process, which helps in the prevention and alleviation of diseases. According to Ayurveda, all illnesses arise due to an imbalance of the Doṣas—Vāta, Pitta, and Kapha. Śodhana Cikitsā (detoxification techniques) therefore aims to eliminate the aggravated humors from the body, ensuring the proper functioning of all metabolic pathways.[30]

In the management of Madātyaya (alcohol addiction), Śodhana Cikitsā plays a vital role in eliminating the accumulated Doṣas and toxic effects of excessive alcohol consumption. The vitiated Doṣas, especially Pitta and Vāta, are expelled through appropriate Śodhana procedures such as Vamana (therapeutic emesis), Virecana (purgation), and Basti (medicated enema) depending upon the condition of the patient. Prior to Śodhana, Snehana (oleation) and Svedana (sudation) are performed to loosen and mobilize the morbid doṣas. These therapies help in cleansing and rejuvenating the Srotas (body channels). Śodhana Karma enhances immunity, improves liver function, promotes mental clarity, prevents the recurrence of diseases, and contributes to overall rejuvenation and well-being.

3. Śamana Cikitsā

One of the primary Ayurvedic treatment methods is Śamana Cikitsā, which aims to calm the body's vitiated Doṣas rather than eradicate them. It is used when there is less aggravation of the Doṣas and no need for Śodhana (purificatory operations). Śamana therapy aims to establish tissue equilibrium, improve Agni (digestive and metabolic function), and restore physiological balance (Dhātu Samyatā).[31]

In Madātyaya (alcohol addiction), the patient often presents with Āmaja Avasthā, a condition characterized by the accumulation of Āma due to Mandāgni (diminished digestive fire). This impaired digestion results in Vibandha (constipation), lethargy, nausea, heaviness, and general malaise. During alcohol withdrawal, various symptoms such as tremors, anxiety, insomnia, restlessness, irritability, sweating, loss of appetite, and digestive disturbances commonly appear as the body readjusts to the absence of alcohol.

Therefore, the initial line of treatment should focus on Dīpana and Pācana Cikitsā—therapeutic measures aimed at stimulating and regulating Agni and promoting the digestion and elimination

of Āma. Once the digestive function is restored and metabolic balance is re-established, the management is further directed towards alleviating withdrawal symptoms, improving strength (Bala), enhancing appetite, and stabilizing both the physical and psychological functions of the patient. To address these symptoms and to enhance Bala (strength) and Agni, Āsava–Ariṣṭa preparations such as Aśvagandhāriṣṭa, Drākṣāsava, and Śrīkhaṇḍāsava are recommended. These formulations act as restorative tonics, improving metabolic activity, supporting liver function, and reducing alcohol craving. Additionally, to relieve Vibandha and ensure proper elimination of waste products, appropriate Virecaka Auṣadhi (mild purgatives) may be administered according to the patient's condition.

In addition to these measures, Khajūrādi Mantha is recommended as a Tarpana (nourishing and restorative preparation) in the management of Madātyaya. Prepared with Khajūra (*Phoenix dactylifera*) and other nutritive ingredients, it helps replenish Ojas, alleviate dehydration, and restore energy depleted by excessive alcohol consumption. With its Śīta (cooling), Bṛṃhaṇa (nourishing), and Balya (strength-promoting) properties, it serves as an effective rejuvenative formulation, enhancing appetite, digestion, and overall vitality during recovery.[32]

Parallel to these internal therapies, external therapies such as Śirodhārā and Abhyanga with Svedana are highly beneficial. Śirodhārā, involving the gentle pouring of medicated oil over the forehead, helps alleviate insomnia, anxiety, and mental restlessness commonly seen during alcohol withdrawal. Abhyanga (therapeutic oil massage) followed by Svedana (sudation therapy) pacifies Vāta Doṣa, relaxes the nervous system, improves circulation, and promotes deep mental and physical rejuvenation. This integrative approach combining internal detoxification, restorative tonics, and external therapies ensures comprehensive management of Madātyaya by addressing both somatic and psychological dimensions of the disorder.

4. Rasāyana Cikitsā (Rejuvenation Therapy)

Rasāyana therapy essentially refers to the process of tissue nourishment and rejuvenation. "Lābhopāyo hi śastānāṃ rasādīnāṃ rasāyanam" rasāyana has comprehensive scope to positive nutrition, immunomodulator, free-radical scavenging, adaptogenic, anti-stress and nutritive effects, longevity and sustenance of mental and sensorial

competence by promotion of mental and physical health, also rejuvenation activity.[33]

In Madātyaya (alcohol addiction), where long-term consumption of Madya causes depletion of Ojas, Dhātu Kṣaya (tissue deterioration), Agnimāndya (digestive impairment), and Mānasika Bala Hāni (mental weakness), Rasāyana therapy is a cornerstone of recovery and rehabilitation. Chronic alcohol intake leads to oxidative stress, hepatic dysfunction, neurodegeneration, and psychological instability—conditions described in Ayurveda as Ojakṣaya, Rasavaha and Manovaha Srotodusṭi. Rasāyana Cikitsā helps reverse these alterations by nourishing tissues, improving metabolic activity, enhancing immunity, and stabilizing the mind. It acts as a restorative phase therapy following Śodhana (detoxification) and Śamana (palliative management).

Medhya Rasāyana Dravyas are particularly effective in Madātyaya due to their neuroprotective, adaptogenic, and hepatoprotective properties:

- Aśvagandhā (*Withania somnifera*) – It acts as a potent Rasāyana with multifaceted benefits. It exhibits anti-stress, antioxidant, and neuroprotective actions by modulating GABAergic activity, reducing oxidative damage, and stabilizing neuronal function. Its immunomodulatory, anti-inflammatory, and rejuvenating properties enhance vitality, restore Ojas, improve hematopoiesis, and support both mental and physical recovery during alcohol withdrawal and rehabilitation.
- Śaṅkhapuṣpī (*Convolvulus pluricaulis*) – Reduces irritability, restlessness, and supports cognitive stability.[34]
- Āmalakī (*Emblica officinalis*) – Acts as a potent antioxidant and supports hepatic regeneration.[35]
- Brāhmī (*Bacopa monnieri*) – Enhances memory, attention, and reduces anxiety through neuroprotective action.[36]

The above-mentioned Medhya Rasāyana drugs play a vital role in the management of Madātyaya. In addition, many other Rasāyana and supportive herbal formulations also contribute effectively to the therapeutic regimen by rejuvenating the body, enhancing Dhātu Poṣaṇa (tissue nourishment), and restoring Sattva Guṇa (mental clarity). By improving Agni, replenishing Ojas, and strengthening both Śarīra (body) and Manas (mind), Rasāyana Cikitsā provides a comprehensive rehabilitative approach in Madātyaya, promoting long-

term recovery, relapse prevention, and psychosomatic equilibrium.

5. Satvāvajaya Cikitsā (Psychotherapy)

Satvāvajaya Cikitsā.[37], one of the three principal approaches of Ayurvedic treatment, focuses on the control and regulation of the mind (Manonigraha). In Madātyaya (alcohol addiction), where psychological dependence and emotional instability play a central role, Satvāvajaya serves as the core psychotherapeutic and rehabilitative strategy. It aims to strengthen Sattva (mental fortitude), correct Rajas and Tamas imbalances, and enhance self-control and awareness.

The therapeutic principles include retraining the mind, cultivating positive thought patterns, and detaching from harmful impulses, achieved through counseling, meditation (Dhyāna), mindfulness, and yogic practices such as Prāṇāyāma and Āsanas. These measures help to reduce craving, anxiety, irritability, and withdrawal-related mental distress.

In modern terms, Satvāvajaya Cikitsā aligns with psychotherapy, cognitive behavioral therapy (CBT), and mind–body interventions, emphasizing emotional regulation and behavioral transformation. Regular practice of Yoga and Dhyāna improves neurochemical balance by enhancing serotonin and GABA activity, thereby promoting mental calmness and resilience.[38]

6. Āhāra and Vihāra (Diet and Lifestyle Regimen)

In the management of Madātyaya (alcohol addiction), Āhāra (diet) and Vihāra (lifestyle) form integral components of holistic recovery and rehabilitation. Proper diet and regimen not only help in restoring Agni (digestive and metabolic strength) but also assist in replenishing Ojas (vital essence) and stabilizing the disturbed Doṣas.[39]

Āhāra (Diet) – A light, wholesome, and nourishing diet (Laghu and Bṛṃhaṇa Āhāra) is advised to correct Agnimāndya (digestive impairment) and promote Dhātu Poṣaṇa (tissue nourishment). Preparations such as Mudga Yūṣa (green gram soup), Māṇḍa (rice gruel), Kṣīrapāka (medicated milk), and Ghṛta (clarified butter) are particularly beneficial during the detoxification and restorative phases. These foods strengthen digestion, improve vitality, and soothe the aggravated Vāta and Pitta Doṣas.

Vihāra (Lifestyle Regimen) – Equally essential is the regulation of Vihāra (lifestyle practices), which focuses on restoring mental and physical stability. A balanced routine including regular sleep, relaxation, yoga, meditation (Dhyāna), and Prāṇāyāma (breathing exercises) helps in calming

the mind, improving emotional resilience, and reducing craving and anxiety associated with alcohol withdrawal. Avoidance of stress, overexertion, and night vigil (Rātri Jāgaraṇa) is emphasized to preserve Ojas and enhance mental clarity.

Integration with Modern Perspective

There are many similarities between Ayurvedic knowledge of Madātyaya (alcohol addiction) and contemporary medical research, especially in the fields of neuroscience, hepatology, and psychiatry. While modern medicine views Madātyaya as a chronic relapsing neurobehavioral disorder marked by compulsive alcohol use, tolerance, dependence, and withdrawal symptoms, Ayurveda views it as a disorder resulting from the vitiation of Vāta and Pitta Doṣas, depletion of Ojas, and disruption of Manovaha Srotas (mental pathways). Both perspectives emphasize the psychosomatic aspect of the condition and agree that long-term alcohol consumption impairs the liver, brain, and metabolism.

From a pathophysiological perspective, long-term alcohol use causes metabolic and neurochemical disruptions, primarily in the GABA, dopamine, and serotonin pathways, which contribute to dependency, withdrawal symptoms, and oxidative damage. These symptoms are interpreted by Ayurveda as Agnimāndya (metabolic dysfunction), Rajas–Tamas imbalance, and Manovaha Srotoduṣṭi (impairment of mental channels). Similar to contemporary methods of pharmacological detoxification, neuroprotection, and cognitive-behavioral therapy, Ayurvedic treatments like Śodhana (detoxification), Śamana (palliative management), Rasāyana (rejuvenation), and Satvāvajaya Cikitsā (psychotherapy) collectively target these biological, psychological, and behavioral imbalances.

Hence, the integration of Ayurvedic principles with modern therapeutic frameworks provides a comprehensive and patient-centered strategy for managing alcohol addiction. Ayurveda's focus on individualized care, natural detoxification, rejuvenation, and mental stabilization complements evidence-based modern medicine, creating a synergistic model that promotes sustained recovery, relapse prevention, and holistic well-being.

Conclusion

The Ayurvedic understanding of Madātyaya provides a holistic, systems-based framework that addresses the metabolic, psychological, and neurobehavioral effects of chronic alcohol use. By employing detoxification,

metabolic correction, rejuvenation, and mind-stabilizing interventions, Ayurveda aims to restore internal homeostasis and support long-term recovery.

An integrative viewpoint reveals strong complementarities between Ayurvedic therapies and modern addiction medicine. Ayurvedic interventions may effectively augment contemporary approaches—including anti-craving pharmacotherapy, behavioral therapy, and psychosocial support—thereby enhancing clinical outcomes and reducing relapse risk.

Further interdisciplinary research, mechanistic studies, and controlled clinical trials are needed to substantiate these traditional protocols and enable their structured incorporation into evidence-based integrative de-addiction programs.

Future Directions for Research

Future research should prioritize well-designed clinical trials to evaluate the therapeutic efficacy of Ayurvedic interventions for Madātyaya and compare them with established modern addiction treatments. Studies assessing both physical and psychological outcomes—such as withdrawal severity, craving reduction, cognitive recovery, metabolic restoration, and relapse rates—are essential for validating Ayurvedic protocols. Integrative research models, mechanistic studies, and long-term follow-up analyses will further support the development of evidence-based, multi-disciplinary de-addiction strategies.

Declarations

Conflict of Interest: The authors declare that they have no conflicts of interest related to this work.

Funding / Financial Support: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author Contributions: All authors contributed equally to the conception, design, data collection, analysis, drafting, and approval of the final manuscript.

Ethical Approval: Written informed consent was obtained from the patient for publication of anonymised clinical details. As this report documents routine clinical management of a single patient without experimental intervention, formal institutional ethics committee approval was exempt according to local guidelines.

Data Availability Statement: The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Acknowledgements: The authors would like to acknowledge the support of their institution, colleagues, and technical staff who contributed to this work.

Disclaimer / Views and Opinions: The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Journal of Ayurveda360 or its editorial board.

AI-Use Declaration: The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used **solely for minor language and grammar refinements** to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the authors.

References

1. World Health Organization. Global status report on alcohol and health 2018 [Internet]. Geneva: WHO; 2018 [cited 2025 Jan 25]. Available from: https://www.who.int/substance_abuse/publications/global_alcohol_report/en/
2. Rehm J. The risks associated with alcohol use and alcoholism. Alcohol Res Health. 2011;34(2):135–143.
3. Griswold MG, Fullman N, Hawley C, Arian N, Zimsen SRM, Tymeson HD, et al. Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. Lancet. 2018;392(10152):1015–1035.
4. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/6 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
5. Biradar MH, Ganer JM. Evaluation of treatment methods of Madātyaya (alcoholism) in Ayurveda. Ayushdhara. 2019;6(2):2128–2133.
6. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/107–108 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
7. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/41–43 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
8. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/195–196 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
9. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/24–30 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
10. Gopal KV. Concept of Madātyaya and its management in Ayurveda: A review. **AYU**. 2013;34(2):211–215.
11. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/88–90, 92, 94–95 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/

12. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/89–97 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
13. Tiwari PV. *Kāśyapa Saṃhitā* elaborated by Vṛddha Jīvaka. Varanasi: Chaukhambha Vishwabharati; 2013. p. 235.
14. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/41–49 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
15. Bhishagratna KK. *An English Translation of the Suśruta Saṃhitā*. Vol. 3. Calcutta: Kaviraj Kunja Lal Bhishagratna; 2010.
16. Sharma PV. *Dravyaguṇa Vijñāna*. Vol. 2. Varanasi: Chaukhambha Bharati Academy; 2013. p. 598–601.
17. Koob GF, Volkow ND. Neurobiology of addiction: A neurocircuitry analysis. Lancet Psychiatry. 2016;3(8):760–773.
18. Lovinger DM. Neurotransmitters in alcohol dependence and addiction. Mol Brain. 2021;14(1):1–15.
19. Becker HC. Alcohol dependence, withdrawal, and relapse. Alcohol Res. 2019;40(1):01–10.
20. Spanagel R. Alcoholism: A systems approach from molecular physiology to addictive behavior. Physiol Rev. 2009;89(2):649–705.
21. Diana M. The dopamine hypothesis of drug addiction revisited. Neurosci Biobehav Rev. 2011;35(5):1216–1231.
22. Volkow ND, Morales M. The brain on drugs: From reward to addiction. Cell. 2015;162(4):712–725.
23. Agniveśa. *Carakasaṃhitā*. Sūtrasthāna, Annapāna-vidhi Adhyāya; 27/230 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-sutrasthana-annapanavidhi-adhyaya/
24. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/89–91 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
25. Becker HC. Alcohol dependence, withdrawal, and relapse. Alcohol Res Health. 2008;31(4):348–361.
26. Kumar S, Raj A. GABAergic dysfunction in alcohol withdrawal: A review. Addict Biol. 2019;24(6):1212–1220.
27. Chandler LJ. Glutamatergic involvement in alcohol dependence and withdrawal. Alcohol Clin Exp Res. 2003;27(2):134–142.
28. Patwardhan B, et al. The Ayurvedic concept of Ojas and its physiological relevance. Ayu. 2011;32(2):123–129.
29. Agniveśa. *Carakasaṃhitā*. Nidānasthāna, Jvara-nidāna Adhyāya; 1/6 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-nidanasthana-jvara-nidana/

30. Kherde PR, Lekurwale PS. Concept of Nidāna Parivarjana in Cikitsā in Ayurveda: A literature review. Glob J Res Anal. 2020;9(7).
31. Awasthi S, Gandharve S, Sood R, Sharma S. Conceptual study of Śodhana and Śamana Cikitsā. IRJAY. 2023;6(1):60–63.
32. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/117–135 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
33. Agniveśa. *Carakasaṃhitā*. Cikitsāsthāna, Madātyaya-cikitsā Adhyāya; 24/136 [Internet]. Ayurveda360; cited 2025 Nov 25. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-cikitsasthana-Madātyaya-chikitsa/
34. Debnath A, Kolarkar R, Sathe A. Ashwagandhā Rasāyana short review with respect to undernutrition (Apatarpaṇajanya Kārśya). J Ayurveda Integr Med Sci. 2022;6:3300–3308.
35. Jalwal P, Singh B, Dahiya J, Khokhara S. A comprehensive review on Śaṅkhapuṣpī (morning glory). Pharma Innov J. 2016;5(1):14–18.
36. Jaiswal V, Jaiswal R. A drug review of Āmalakī (*Emblica officinalis*): A traditional Indian drug with contemporary applications. J Pharm Negat Results. 2022;13:4833–4845.
37. Choudhary S, Kumari I, Thakur S, Kaurav H, Chaudhary G. Brāhmī (*Bacopa monnieri*): A potential Ayurvedic cognitive enhancer and neuroprotective herb. Int J Ayurveda Pharm Res. 2021;9(5):41–49.
38. Bagali S, Baragi U, Deshmukh R. Concept of Sattvāvajaya Cikitsā (psychotherapy). J Ayurveda Integr Med Sci. 2016;1(1).
39. Streeter CC, Gerbarg PL, Saper RB, Ciraulo DA, Brown RP. Effects of yoga on the autonomic nervous system, GABA, and allostasis in epilepsy, depression, and post-traumatic stress disorder. Med Hypotheses. 2012;78(5):571–579.

Open Access: This article is published under a **CC BY 4.0 License**, permitting unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. (https://creativecommons.org/licenses/by/4.0/)