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Ayurveda and Yoga Management of Alcohol Withdrawal Syndrome: A Case Report

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Abstract

Background: Alcohol Withdrawal Syndrome (AWS) is marked by anxiety, tremors, insomnia, and cravings during alcohol cessation. Conventional treatment may cause dependence and cognitive side effects.

Case Presentation: A 38-year-old male with a 7-year history of heavy daily alcohol consumption presented to the outpatient department voluntarily seeking to quit. Within 24 hours of his last drink, he developed acute withdrawal symptoms, including moderate hand tremors, severe anxiety, diaphoresis, and insomnia (CIWA-Ar score of 14).

Intervention: An integrative ambulatory protocol combining Ayurvedic therapies—Shirodhara with Chandana Bala Lakshadi Taila, Brahmi Vati, and Jatamansi Phanta—with Yoga practices including Pranayama and Yoga Nidra was administered.

Outcomes: The severity of withdrawal was monitored daily for the first week using the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) scale. The patient's score decreased from 14 (moderate withdrawal) on Day 1 to 3 (minimal) by Day 5. Sleep architecture improved significantly, and cravings were reported as manageable. Complete abstinence was maintained at the 30-day follow-up.

Conclusion: Ayurveda and Yoga may provide a safe and effective non-pharmacological approach for managing mild-to-moderate AWS and reducing reliance on sedative medications.

Keywords: Ayurveda, Yoga, Alcohol Withdrawal Syndrome.

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Introduction:

Alcohol Withdrawal Syndrome (AWS) occurs when an individual who is physically dependent on alcohol abruptly reduces or ceases consumption. Chronic alcohol intake acts as a central nervous system (CNS) depressant, continually inhibiting glutamate and enhancing GABA (gamma-aminobutyric acid). Upon cessation, the brain experiences a sudden lack of inhibition, resulting in a hyper-aroused state characterized by autonomic hyperactivity (sweating, tachycardia), tremors, anxiety, and in severe cases, delirium tremens (DTs) or seizures.[1]

Conventional treatment relies heavily on benzodiazepines to mimic the inhibitory effects of alcohol, tapering the dose over several days. While effective in preventing severe complications, these medications can cause sedation and possess their own potential for dependence.[2]

In the Ayurvedic paradigm, alcohol (*Madya*) possesses *Ushna* (hot), *Tikshna* (sharp), and *Sukshma* (subtle) properties that rapidly penetrate the mind (*Manas*) and aggravate *Pitta* and *Vata doshas*. When alcohol is suddenly withdrawn, the *Vata dosha* (responsible for movement and nerve impulses), which has been suppressed, rebounds aggressively, causing erratic movements (tremors) and psychological instability (anxiety, insomnia).

This case report documents the successful ambulatory management of a patient experiencing acute AWS using a holistic protocol of Ayurvedic neuro-pacifying therapies and Yogic parasympathetic stimulation.[3]

Patient Information

- **Demographics:** 38-year-old male, married, employed as an accountant.
- **Chief Complaints:**[4]
  a) Fine tremors in bilateral upper extremities, making writing difficult.
  b) Severe anxiety and a feeling of "impending doom."
  c) Profuse sweating (diaphoresis), especially at night.
  d) Inability to sleep for the past 24 hours.
  e) Intense, fluctuating cravings for alcohol.
- **History of Present Illness:** The patient reported consuming approximately 250 ml to 350 ml of whiskey daily for the past 7 years. He recognized the negative impact on his family and career and decided to quit "cold turkey." Approximately 16 hours after his last drink, he began experiencing the presenting symptoms, prompting him to seek Ayurvedic care instead of conventional medical detoxification due to a fear of psychiatric medications.
- **Past Medical History:** No history of seizures, DTs, or severe psychiatric illness. Liver function tests (LFTs) performed two months prior showed mild elevation in SGOT/SGPT but no evidence of cirrhosis.

Clinical Findings and Assessment

Modern Clinical Assessment

- **Vitals (Day 1):** Blood Pressure: 145/95 mmHg; Pulse: 110 bpm; Temperature: 99.1°F.
- **CIWA-Ar Score:** 14 (indicating moderate withdrawal). The score was primarily driven by points in anxiety, tremors, paroxysmal sweats, and agitation.

Ayurvedic Assessment (*Ashtavidha Pariksha*)[5-6]

Parameter	Finding	Interpretation

Nadi (Pulse)	Rapid, irregular, prominent *Vata* and *Pitta*	Autonomic hyperactivity; *Vata-Pitta Prakopa*
Mootra (Urine)	Scanty, yellowish	Mild dehydration; *Pitta* aggravation
Mala (Stool)	Hard, passed once with straining	*Vata* aggravation in *Pakvashaya*
Jihva (Tongue)	Dry, tremulous upon protrusion	*Vata* dominance, dehydration
Shabda (Speech)	Rapid, slightly slurred, anxious tone	*Manovaha Srotas* affliction
Sparsha (Touch)	Warm, moist (diaphoretic)	*Pitta* displacement
Drik (Eyes)	Restless, slightly bloodshot	*Raja guna* dominance, lack of sleep
Akriti (Build)	*Madhyama* (Moderate)	N/A

Ayurvedic Diagnosis: Acute *Vata-Pitta* aggravation in *Manovaha* and *Rasavaha Srotas* due to sudden *Madya* cessation (Ayurvedic correlate of Alcohol Withdrawal).

Therapeutic Intervention

Given the CIWA-Ar score of 14, the patient was deemed safe for ambulatory (outpatient) management but required daily monitoring for the first week. The protocol focused on rapid *Vata* pacification, neuro-sedation, and restoring hydration.

Phase 1: Acute Management (Days 1 to 7)

A. External Therapy (*Bahiparimarjana Chikitsa*):

- **Shirodhara:** The cornerstone of the acute intervention. *Shirodhara* (continuous pouring of warm medicated liquid over the forehead/third eye) was performed daily for 45 minutes using *Chandana Bala Lakshadi Taila*.
  - *Rationale:* This specific oil is deeply cooling (*Pitta-shamaka*) and grounding (*Vata-shamaka*). The continuous rhythmic pouring creates profound sensory deprivation and stimulates the vagus nerve, rapidly lowering heart rate, blood pressure, and anxiety.

B. Internal Medication (*Antahparimarjana Chikitsa*):[7-8]

Formulation	Dosage	Frequency	Rationale for Withdrawal
Jatamansi Phanta (Hot infusion)	40 ml	Thrice daily	*Nardostachys jatamansi* is a potent natural anxiolytic and sedative, reducing tremors and agitation without causing grogginess.
Brahmi Vati	1 tab (250 mg)	Twice daily	*Medhya* (nervine tonic); improves cognitive stability and emotional regulation.
Saraswatarishta	15 ml with equal water	After lunch and dinner	Contains low-dose naturally fermented alcohol (< 5%), acting as a mild "taper" to prevent severe shock to the CNS while delivering neuro-protective herbs.
Drakshadi Kashayam	15 ml with warm water	Empty stomach, morning	Excellent for reducing *Pitta*-induced burning sensation, diaphoresis, and

			anxiety associated with alcohol withdrawal.

Phase 2: Yoga and Psychological Support (Initiated on Day 3)

As the severe tremors subsided, Yoga therapy was introduced to manage cravings and rebuild parasympathetic tone.

- **Pranayama (15 mins twice daily):**
  - *Chandra Bhedana* (Left nostril breathing) to activate the cooling, parasympathetic *Ida Nadi*.
  - *Ujjayi Pranayama* (Ocean breath) to slow the respiratory rate and lower blood pressure.
- **Yoga Nidra (20 mins daily):** A guided systematic relaxation technique practiced supine (*Shavasana*). This was crucial for replacing the "reward" feeling previously provided by alcohol and addressing the severe insomnia.

Dietary Modifications: A strictly *Sattvic*, cooling, and hydrating diet was prescribed. This included coconut water, *Kushmanda* (ash gourd) juice, warm milk with ghee at bedtime (to induce sleep), and easily digestible foods like *Khichdi* (rice and lentil porridge).

5. Follow-up and Outcomes

The patient visited the clinic daily for the first 5 days for *Shirodhara* and clinical assessment, and then weekly for a month.

Table 1: Clinical Evolution of Withdrawal Symptoms (CIWA-Ar Scores)

Clinical Sign	**Day 1 (Baseline)**	**Day 3**	**Day 5**	**Day 7**	**Day 14**
Nausea/Vomiting (0-7)	1	0	0	0	0
Tremors (0-7)	4	2	0	0	0
Paroxysmal Sweats (0-7)	3	1	0	0	0
Anxiety (0-7)	4	3	1	0	0
Agitation (0-7)	2	1	0	0	0
Headache (0-7)	0	1	0	0	0
Total CIWA-Ar Score	**14 (Moderate)**	**8 (Mild)**	**1 (Minimal)**	**0**	**0**
Sleep Duration	0 hours	4 hours (fragmented)	6 hours (continuous)	7 hours	7-8 hours

Clinical Observations:

By Day 3, the patient's resting pulse had normalized to 82 bpm, and blood pressure stabilized at 125/82 mmHg. The visible hand tremors ceased completely by Day 5. The patient reported that the daily *Shirodhara* sessions provided a "profound sense of calm" that lasted for hours, significantly blunting the intensity of his cravings. By Day 14, he had transitioned entirely to the oral herbal protocol and daily Yoga practice. At the 30-day follow-up, he remained abstinent, reported excellent sleep quality, and had returned to work with improved concentration.

6. Discussion

The management of Alcohol Withdrawal Syndrome requires rapid intervention to stabilize the central nervous system. This case illustrates the potent neuro-modulatory

effects of Ayurvedic and Yogic therapies when used in the acute phase of mild-to-moderate withdrawal.

The Role of Shirodhara in Autonomic Regulation:

The immediate challenge in AWS is the sympathetic overdrive. *Shirodhara* acts as a powerful mechanical and thermal stimulus. The continuous flow of warm, heavy oil (*Chandana Bala Lakshadi Taila*) over the *Ajna Chakra* (glabella) induces localized vasodilation and stimulates the trigeminal and vagus nerves. Research suggests this procedure decreases sympathetic tone (evidenced by reduced circulating noradrenaline) and increases parasympathetic dominance, effectively neutralizing the hyper-aroused state that causes tremors, diaphoresis, and anxiety.[9]

Pharmacological Action of Herbal Interventions:

The oral administration of *Jatamansi* (Nardostachys jatamansi) was critical. Modern pharmacological studies have demonstrated that *Jatamansi* increases levels of GABA and serotonin in the brain, offering a natural, non-addictive mechanism to replace the inhibitory effects lost by alcohol cessation. *Drakshadi Kashayam* addressed the systemic metabolic heat (*Pitta*) generated by chronic alcohol use and the acute stress of withdrawal, preventing liver inflammation.[9]

Yoga as a Craving Interruption Tool:

Cravings are often triggered by acute spikes in anxiety. The introduction of *Chandra Bhedana Pranayama* provided the patient with an immediate, self-administered tool to lower his heart rate and break the cycle of anxiety-induced craving. *Yoga Nidra* effectively restored normal sleep architecture, which is frequently severely disrupted during the first month of sobriety, often leading to relapse.[10]

Limitations:

While successful, this protocol is only appropriate for patients categorized with mild to moderate withdrawal (CIWA-Ar < 15) without a history of complicated withdrawal (seizures or Delirium Tremens). Severe withdrawal remains a medical emergency requiring inpatient pharmacological management.

7. Conclusion

This case report highlights the viability of a structured, non-pharmacological Ayurvedic and Yogic protocol for the outpatient management of acute alcohol withdrawal syndrome. The combination of *Shirodhara* for rapid autonomic regulation, nervine herbs for neuro-chemical balance, and Yoga for psychological resilience provides a safe, holistic alternative or adjunct to conventional therapies, fostering not just detoxification, but long-term neuro-psychological rehabilitation.

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