

Effect of Vamana and Ashtanga Lavana in the management of Madatyaya

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ABSTRACT : Today Madatyaya is main social problem, leading to mortality and morbidity in turn leads to burden on nation's economy. To deal such social problem this study has been carried out. This study has been carried out on 38 diagnosed patients of Madatyaya. These selected cases were randomly distributed into two groups. Study group was managed by Vamana followed by Astanga Lavana in the dose of half Karsha which is (approximately equal to 6 gm), twice daily for the period of one month. Control group was managed by Vamana and Placebo in the dose of one capsule twice daily for one month. The follow up was for period of two months in both the groups. The result shows that marked improvement was not seen in any of the cases in both the groups, whereas 11.11 % had moderate improvement in Ashtanga Lavana group, and 5.88 % in Placebo group, where as 83.33 % had mild improvement in Ashtanga Lavana Group, and 41.17 % in Placebo Group. But only 5.55 % patient not got cured in Astanga Lavana Group, and 52.94 % in Placebo Group.

Key words : Vamana, Ashtanga Lavana, Madatyaya.

INTRODUCTION

Since antiquity the man is using Madya and it is the part of social and cultural life. Madya has nectar like properties when used judiciously following all norms, otherwise it acts as poison¹. Man is experiencing the ill effects of Madya since beginning and invented the modes of overcoming its ill effects.

Now a days alcohol use disorders are common, lethal conditions that often cover-up as other psychiatric syndromes. The average alcohol-dependent person decreases his or her life span by 10 to 15 years, and alcohol contributes to 22,000 deaths and two million nonfatal injuries each year. At least 20 percent of the patients in mental health settings have alcohol abuse or dependence, including individuals from all socioeconomic strata and both genders².

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.

Though Madatyaya is Tridoshaja Vyadhi³ still one can appreciate the predominance of the Doshas hence can be called according to their name viz. Vatapraya, Pittapraya, Kaphapraya. Sushrutacharya explained four kinds of disorders viz. Panatyaya,

Paramada, Panavibhrama, Panajeerna⁴. The Chikitsa Sutra is to treat the Kapha Sthana first⁵. Hence Vamana is the main Shodhana treatment for Madatyaya. There are many Shamanoushadhis explained, Ashtanga Lavana is one among them. It contains Souvarchala Lavana, Ajaji, Amlavetasa, Vrikshamla, Sita each equal part, Twak, Maricha, Ela each half part⁶. Ashtanga Lavana acts as Deepana and Srotoshodhaka⁷. It may also helps in faster conversion of Acetaldehyde into citric acid.

Alcohol related disorders are earlier called as alcoholism. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) in 1994 listed alcohol related disorders as - Alcohol use disorders and alcohol induced disorders.

Alcohol use disorders are Alcohol dependence and abuse. Alcohol induced disorders are Alcohol intoxication, Alcohol intoxication delirium, Alcohol withdrawal, Alcohol withdrawal delirium, Alcohol-induced persisting dementia, Alcohol-induced persisting amnesic disorder, Alcohol-induced psychotic disorder, with delusions, Alcohol-induced psychotic disorder, with hallucinations, Alcohol-induced mood disorder, Alcohol-induced anxiety disorder, Alcohol-induced sexual dysfunction, Alcohol-induced sleep disorder, Alcohol-related disorder not otherwise specified⁸. The treatment for alcohol withdrawal is only pacifying the symptoms by tranquilizers; there is no specific treatment modality available in conventional science for detoxifying the effects of alcohol. In Ayurveda many drugs are explained for detoxifying, Ashtanga Lavana is one among them.

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Methodology :

The study was designed into two groups; first group was treated with Amapachana with Mustha churna, Ajamodadi Churna and Shunthi Churna in equal quantity one tea spoon (6 gms) thrice a day with hot water before food for two days, then Snehapana with Moorchita Ghrita till the appearance of Samyak Snigdha Lakshana, followed by Abhyanga with Moorchita Taila, and during Vishrama Kala patient was advised to take Kaphakara Ahara with Dadhi and Idli in morning, Dadhi and Rice in the afternoon, Laddu made out of Tila thrice a day and Dugdha and Dadhi with rice at night. Then Vamana was administered with Madanaphala Yoga which contains Madana Pippali (10 gm), Yasthimadhu Churna (6 gm), Vacha (3 gm), Saindhava Lavana (2 gm) and Draksha Kashaya as Vamanopaga. According to the Shuddhi Tarpanadi Samsarjana Krama was advised for three to seven days. Then Ashtanga Lavana in the dose of half Karsha (6 gm) twice a day, before food was given for the period of one month. During treatment period patient was asked to report once in 8 days and during follow up period once in 15 days for two months. The subjective and objective criteria were assessed before and after the treatment.

Second group was given Placebo (starch powder) capsules in the dose of one (2 gm) capsule twice a day for the period of one month in place of Ashtanga Lavana after Vamana of first group, rest of the treatment was same in both groups.

Aims and Objectives of the study :

1. To evaluate the efficacy of Vamana in Madatyaya.
2. To compare the efficacy of Vamana followed by Ashtanga Lavana in Madatyaya.
3. To compare the effect of two groups.

MATERIAL & METHODS

Source of data : Total 38 patients of Madatyaya were selected from the out patient department and in patient department of the SDM college of Ayurveda & Hospital, Hassan.

Methods of collection of data : Total 38 diagnosed patients of Madatyaya who fulfil the inclusion criteria were selected for the study and were randomly assigned into 2 groups. Duration of the study was 3 months. Assessment was done before and after the study period.

Selected patients were randomly assigned into the following two groups, each consisting of 19 patients in study group and control group.

Study group-Ashtanga Lavana group (ALG) :

This was managed by Vamana with Madana Phala Yoga and Draksha Kashaya (dry grape) as Vamanopaga Dravya followed by Astanga Lavana half Karsha (6 gms) twice daily for 1 month. Follow up was done for 2 months with the interval of 15 days.

Control group-Placebo Group (PG) : This was managed by Vamana with Madana Phala Yoga and Draksha Kashaya (dry grape) as Vamanopaga Dravya followed by Placebo one capsule twice daily for 1 month. Follow up was done for 2 months with the interval of 15 days.

Diagnostic criteria : Diagnosis was made on the basis of Lakshanas of Madatyaya and DSM - IV - TR criteria.

Diagnostic criteria for Alcohol withdrawal according to DSM - IV - TR⁹

- A. Cessation of (or reduction in) alcohol use that has been heavy and prolonged.
- B. Two(or more) of the following, developing within several hours to a few days after criterion A
 - i. Autonomic hyperactivity (e.g. Sweating or pulse rate greater than 100).
 - ii. Increased hand tremor.
 - iii. Insomnia.
 - iv. Nausea or vomiting.
 - v. Transient visual, tactile, or auditory hallucinations or illusions.
 - vi. Psychomotor agitation.
 - vii. Anxiety.
 - viii. Grand mal seizures.
- C. The symptoms in criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Specify if → With perceptual disturbances.

Inclusion criteria :

- ♦ Diagnosed Patients of Madatyaya (alcohol withdrawal symptoms).
- ♦ Age between 16 - 70 years of either sex.

Exclusion criteria :

- ♦ The patient suffering from any organic brain disorders.
- ♦ Patients suffering from complications of alcohol related disorders.
- ♦ Patients Ayogya for Vamana.

Assessment criteria : Assessment of clinical study was done based on the subjective and objective parameters. Self scoring of symptoms of Madatyaya was done and scale was prepared for assessment.

Subjective parameters	Objective parameters
Aruchi	USG abdomen
Prajagara	Liver function test
Bhrama	- Total Billirubin
Pralapa	- Conjuaged Billirubin
Roopanamasatam Chaiva	
Darshanam	- SGOT
Chhardi	- SGPT
Atisara	- Total Serum Albumin
Hrillasa	- Total protein
Sharira Kampa	- Alkaline phosphate

Gradation Index :

To give some objectivity to the symptoms for the statistical analysis grading was assigned as shown in table-

TABLE NO. 1 : GRADATION INDEX :

Subjective parameters	
Aruchi	0 - Absent 1 - Occasionally present 2 - Frequently present 3 - Continuously present.
Chardi	0 - Absent 1 - Two times a day 2 - Six times a day 3 - More than six times a day

Prajagara	0 - Sleeping more than 8 hours a day 1- Sleeping 6 to 8 hours a day 2- Sleeping 4 to 6 hours a day 3- Sleeping less than 4 hours a day
Atisara	0 - Absent 1 - 6 to 8 loose stools per day 2 - 8 to 10 loose stools per day 3 - More than 10 loose stools
Bhrama	0 - Absent 1 - Getting vertigo in position change 2 - Positional Vertigo with vomiting able to sit. 3- Cannot even sit
Hrillasa	0 - Absent 1- Nausea 2 - Nausea with vomiting
Pralapa	0 - Normal talk 1 - Relevant talk with 5 - 10 words per minute 2 - Relevant talk with 10 - 15 words per minute 3 - Irrelevant talk.
Shareera Kampa	0 - Absent 1 - Occasionally present 2 - Present but not disrupting in daily life 3 - Disrupting daily life
Roopanam Asatam Chaiva Darshanam	0 - Absent 1 - Occasionally present 2 - Present but not disrupting in daily life 3 - Disrupting daily life

TABLE NO. 2 : OVERALL EFFECT OF THE BOTH GROUPS :

Effect	ALG	%	PG	%
Complete remission	0	0	0	0
Marked improvement	0	0	0	0
Moderate improvement	2	11.11	1	5.88
Mild improvement	15	83.33	7	41.17
Unchanged	1	5.55	9	52.94

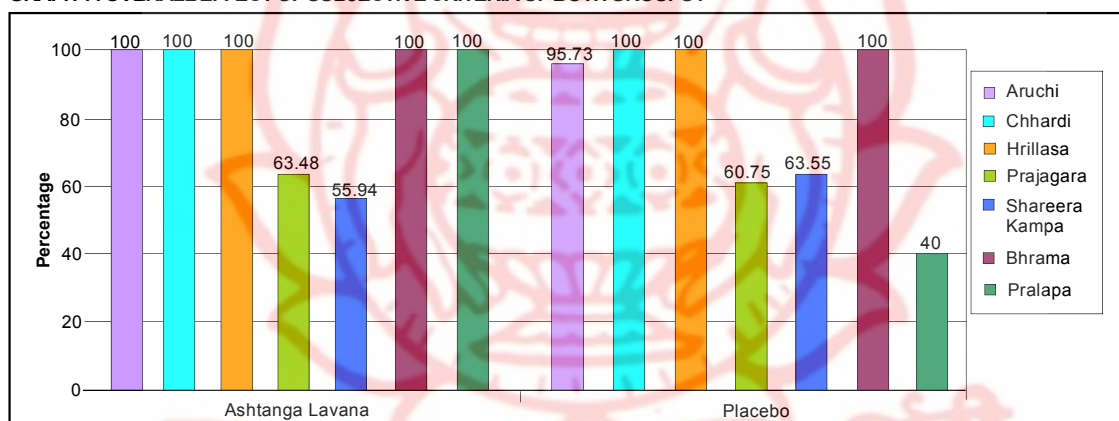
TABLE NO. 3 : EFFECT OF VAMANA AND ASHTANGA LAVANA ON SYMPTOMS AND HEAMATOLOGICAL VALUE AND LFT OF 17 PATIENTS OF MADATYAYA :

	Mean score		% of reduction in mean score	S.D (±)	S.E (±)	't' Value	'p' Value
	BT	AT					
Aruchi	2.5	0.0	100.00	0.51	0.13	18.02	<0.001
Chhardi	2.25	0.00	100.00	0.5	0.25	9	<0.01
Prajagara	2.41	0.17	92.94	0.66	0.16	13.87	<0.001
Bhrama	1.66	0.0	100	0.57	0.33	5	<0.05
Hrillasa	2	0.0	100	1	0.58	3.46	> 0.05
Pralapa	2.25	0.0	100	0.5	0.25	9	<0.01
Shareera Kampa	2.27	0.16	92.95	0.47	0.11	19	<0.001
Hb (gm. %)	12.4	12.66	2.10	0.22	0.05	5.66	<0.001
TC (cmm.)	8180.55	8351.38	2.08	266.82	62.89	5.98	<0.001
Total Bilirubin (mg./dl.)	1.47	0.84	42.72	0.51	0.12	5.14	<0.001
Direct Bilirubin (mg./dl.)	0.7	0.41	40.47	0.22	0.05	5.79	<0.01
SGOT (IU/L)	98.13	31.74	67.65	104.13	24.54	2.70	<0.01
SGPT (IU/L)	68.07	28.23	58.52	52.80	12.44	3.20	<0.01
Total Protein (gm./dl.)	7.15	6.98	2.25	0.41	0.09	3.83	<0.01
Albumin (gm./dl.)	3.90	3.78	3.12	0.38	0.09	3.40	<0.01
Alkaline Phosphate (IU/L)	127.51	84.96	33.36	85.65	20.18	2.10	<0.10

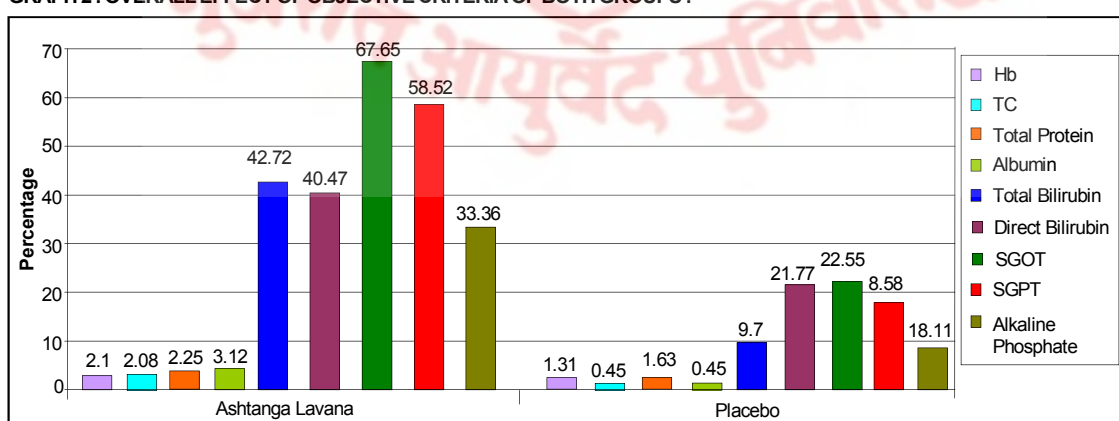
TABLE NO. 4 : EFFECT OF VAMANA AND PLACEBO ON SYMPTOMS AND HEAMATOLOGICAL VALUE AND LFT OF 17 PATIENTS OF MADATYAYA :

	Mean score		% of reduction in mean score	S.D (±)	S.E (±)	't' Value	'p' Value
	BT	AT					
Aruchi	2.58	0.11	95.73	0.62	0.15	16.31	<0.001
Chhardi	2.33	0.0	100	0.57	0.33	7	<0.02
Prajagara	2.37	0.93	60.75	0.96	0.24	5.96	<0.001
Bhrama	2.33	0.0	100	1.15	0.66	3.5	> 0.05
Hrillasa	2.5	0.0	100	0.57	0.28	8.66	<0.01
Pralapa	2.5	1.5	40	0.89	0.36	2.73	<0.05
Shareera Kampa	2.14	0.78	63.55	0.84	0.22	6.03	<0.001
Hb (gm. %)	12.98	12.81	1.31	0.51	0.12	3.65	<0.01
TC (cmm.)	9261.76	9262.05	0.003	337.62	81.88	5.67	<0.001
Total Bilirubin (mg./dl.)	1.39	1.25	9.70	0.138	0.03	5.44	<0.001
Direct Bilirubin (mg./dl.)	0.72	0.57	21.77	0.21	0.05	3.80	<0.01
SGOT (IU/L)	73.3	56.77	22.55	50.46	12.23	1.58	> 0.05
SGPT (IU/L)	55.04	45.07	18.11	24.72	5.99	1.94	>0.05
Total Protien (gm./dl.)	7.54	7.42	1.63	0.28	0.06	4.51	<0.001
Albumin (gm./dl.)	3.91	3.9	0.45	0.27	0.06	3.06	<0.01
Alkaline Phosphate (IU/L)	94.72	86.59	8.58	21.51	5.21	2.75	<0.02

GRAPH 1 : OVERALL EFFECT OF SUBJECTIVE CRITERIA OF BOTH GROUPS :



GRAPH 2 : OVERALL EFFECT OF OBJECTIVE CRITERIA OF BOTH GROUPS :



Severity of Madatyaya : For assessing the severity of Madatyaya in each patient the above adopted scores were grouped and assessed as follows

Absent	0	0
Mild	1	1- 9 score
Moderate	2	10 - 17
Severe	3	> 18

Follow up study : After the completion of treatment, all the patients were advised to attend the O.P.D. for two months at regular interval of fifteen days for the follow up study.

Assessment of results : Statistical evaluation of the results was done by using unpaired and paired 't' test.

Criteria for Assessment of Overall Effect :

Overall effect of the therapy was assessed in terms of complete remission, marked improvement, moderate improvement, and mild improvement and unchanged by adopting the following criteria.

- ♦ *Complete remission* : 100% relief in Chief complaints and no recurrence during follow up study were considered as complete remission.
- ♦ *Marked improvement* : 75 - 99 % improvement in chief complaints is considered as marked improvement.
- ♦ *Moderate improvement* : 50 - 74% improvement in chief complaints is considered as moderate improvement.
- ♦ *Mild improvement* : 25 - 49% improvement in chief complaints is considered as mild improvement.
- ♦ *Unchanged* : Less than 24% reduction in chief complaints or recurrence of the symptoms to the similar extent of severity is noted as unchanged.

OBSERVATION

Total 38 patients of Madatyaya were registered for this clinical study. They were treated in two groups as Ashtanga Lavana Group (ALG) and Placebo Group (PG). The age, sex, religion, Socio - economic status, occupation, etc. were noted in the patients and the observations were as follows.

In this study there were 38 samples selected and were randomly assigned into two groups based on random sample table, 19 samples in each group, among them 01 sample in the Ashtanga Lavana Group and 02 samples in the Placebo group were drop outs.

General Observations :

In this study maximum number (47.37 %) of patients were belonging to 30 - 40 years of age, all the patients were male (100 %), occupation has maximum (28.95 %) incidence of business, socio - economic status wise 71.05 % of people were belonging to middle class income group, 82.58 % were married, 42.11 % patients were educated till secondary, The average age of the starting of alcohol was 44.74 % of people had their first drink in between 10 - 20 years of age of life, 60.53 % of people were having alcohol daily since 1 - 5 years, maximum patients (39.47 %) take Whisky as their drink, 39.47 % of patients start days drink at morning, Vata Pitta prakruti subjects were more with 55.26 %.

RESULTS

For good health among various factors, Ahara is one important factor. Madya is considered as one of the Aharadravya and it acts like ambrosia if taken properly following the rules and regulations, otherwise it acts like a poison. In all the classics, the adverse effects are described beautifully with suitable similies.

Effect of Ashtanga Lavana : Ashtanga Lavana provided significant improvement in Aruchi (100%), Chhardi (100%), Hrillasa (100 %), Prajagara (63.48%), Shareera Kampa (55.94 %), Bhrama (100 %) and Pralapa (100 %). It significantly increased Haemoglobin (2.1 %), Total Leucocyte count (2.08), Total protein (2.25 %) and Albumin (3.12 %). It significantly decreased total Bilirubin (42.72%), Direct bilirubin (40.47 %), SGOT (67.65 %), SGPT (58.52 %) and Alkaline Phosphate (33.36%). (Table - 03)

The Placebo Group shown improvement in Aruchi (95.73 %), Chhardi (100 %), Hrillasa (100 %), Prajagara (60.75%), Shareera Kampa (63.55%), Bhrama (100 %), Pralapa (40 %), Haemoglobin (1.31%), Total Leucocyte count (0.003 %), Total Bilirubin (9.70%), Direct bilirubin (21.77 %), SGOT (22.55 %), SGPT (18.11 %), Total protein (1.63 %), Albumin (0.45 %), Alkaline Phosphate (8.58 %) (Table - 04).

Overall effect :

The overall effect shows no patients got cured or had marked improvement, where as 11.11 % had moderate improvement in Astanga Lavana Group, and 5.88 % in Placebo Group, whereas 83.33 % had mild improvement in Ashtanga Lavana Group, and 41.17 % in Placebo Group. But only 5.55 % patient not got cured in Ashtanga Lavana Group, and 52.94 % in Placebo Group (Table - 02).

This shows Astanga Lavana Group is better than Placebo Group.

DISCUSSION

Day by day the prevalence of alcohol related disorders is increasing in India which may be because of effect of media or attraction towards the western culture. An increasing rate of consumption of alcohol is a major problem with extensive legal, social, moral, ethical consequences all over the world irrespective of cultural, geographical, educational, and economic differences. Indiscriminate and repeated use of alcohol produces a gradual, physical and moral deterioration of the individual and leads to crimes or perversions. This alcohol abuse interferes with the health, social relationships, economic stability which have effects further in other areas in terms of illness, disability, decreased productivity, accidents, crimes, family disorientation, economic and psychological hardships, and lastly death in all classes of the society.

According to Ayurveda, the good qualities of alcohol when used judiciously are well for health but when used against the rules and regulations it may lead to adverse effects. The other factors like nutritional deficiency, poor physical health, other systemic pathologies, lack of emotional and family support etc increase the severity of the withdrawal state.

For the person suffering from Madatyaya due to heavy and prolonged consumption of alcohol, the first aim of the treatment should be safer resolution of withdrawal state. That is why this study was carried out.

Vamana therapy gives relief in the subjective symptoms of Madatyaya but for the improvement in objective criteria like Liver Function test needs intervention with medicaments. The results of this study shows there was significant improvement in the Ashtanga Lavana Group after treatment compared to Placebo group.

There was no much difference in subjective criteria in both groups.

CONCLUSION

Thus by seeing the effect it can be concluded that Madatyaya can be better treated with Ashtanga Lavana as Shamanoushadhi followed by Vamana as Shodhana(Graph - 01).

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हिन्दी सारांश

मदात्यय में अष्टांग लवण एवं वमन कर्म का चिकित्सात्मक अध्ययन

शेतल सादलगी, नारायण प्रकाश बी. एवं सुहासकुमार शेठी

मदात्यय आज के युग में एक सामाजिक अभिशाप है। प्रस्तुत अध्ययन में मदात्यय के ३८ रुग्णों को दो समूहों में विभाजित किया गया। चिकित्सित समूह में वमन कर्म के पश्चात् अष्टांग लवण आधा कर्ष की मात्रा में दिन में दो बार एक माह तक दिया गया। नियंत्रण समूह में वमन कर्म के पश्चात् प्लासेबो कैप्सुल, एक कैप्सुल दिन में दो बार एक माह तक दिया गया। नियंत्रण समूह की तुलना में चिकित्सित समूह में अधिक सुधार पाया गया।

