



A COMPARATIVE CLINICAL STUDY IN THE MANAGEMENT OF MADATYAYA

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ABSTRACT

Madatyaya/Alcohol dependency is exponentially increasing which is major problem with extensive, legal, social, moral & ethical consequences all over the world irrespective of cultural, geographical, educational and economic difference. This alcohol abuse interferes with health, social relationships, economic stability which affects other area in terms of illness, disability, decreased productivity, accident, crime, psychological hardship and lastly death in all classes of society. For safer resolution of withdrawal state present study with Vamana and Astangalavana was carried out.

40 diagnosed patients of madatyaya, aged between 16 – 70 years attending OPD of N.I.A Jaipur, were randomly selected and assigned into two groups. Vamana with Madana Phala yoga & Draksha kashaya followed by Astanga Lavana with dose 6 gram b.i.d & in control group vamana followed by placebo capsule b.i.d for duration of 1 month was given. Follow up was done for 2 months. Assessment done on the basis of self scoring symptoms based on subjective and objective parameters of Madatyaya.

The study clearly showed that there is marked improvement in both group with added effect in group 1. Patients of Madatyaya is better treated with Vamana followed by Astangalavana as Shamana Oushadhi

Keywords: Madatyaya, Vamana, Alcohol abuse, Alcohol disorder.

INTRODUCTION

Madya (Alcohol) the part of social and cultural life from time immemorial which acts as nectar 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. 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 year². At least 20 percent of the patients in mental health settings have alcohol abuse or dependence, including individuals from all socioeconomic strata and both genders.

Aims and objectives

1. To evaluate the efficacy of Vamana in Madatyaya³.
2. To compare the efficacy of Vamana followed by Astanga Lavana in Madatyaya⁴.
3. To compare the effect of two groups.

MATERIALS AND METHODS

40 patients of Madatyaya, who fulfill the inclusion criteria, were selected from the outpatient department (OPD) and in patient department (IPD) of the N.I.A college of Ayurveda & Hospital, Jaipur 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 2 groups, each consisting of 20 patients in Study group and Control group.

Study group

Astanga Lavana group (ALG) – It was managed by Vamana with Madana Phala Yoga and Draksha Kashaya (dry grape) as Vamanopaga Dravya⁵ 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) – It was managed by Vamana with Madana Phala Yoga and Draksha Kashaya (dry grape) as Vamanopaga Dravya followed by Placebo

one capsule twice daily for 1month. Follow up was done for 2 months with the interval of 15 days.

Inclusion criteria

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

Exclusive criteria

- The patient suffering from any organic brain disorders.
- Patients suffering from complications of alcohol related disorders.
- Patients Ayogyia 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

Aruchi
Prajagara
Bhrama
Pralapa
Roopanamasatam Chaiva Darshanam⁶⁻⁹.

Objective parameters

Chardhi
Atisara
Hrillasa
Sharira Kampa^{8,9}
Liver function test
USG abdomen

Diagnostic criteria

Diagnosis was made on the basis of Lakshanas of Madatyaya⁷ and DSM – IV – TR criteria

Plan of study

Among 2 groups first group was treated with Amapachana with Shunti Churna one tea spoon thrice a day with hot water before food for 2 days, then Snehapana with Moorchita Ghrita till the samyak snigdha lakshana, followed by Abhyanga with Moorchita Taila, and during Vishrama Kala patient was advised to take

Kaphakara Ahara. Then Vamana was administered with Madanaphala Yoga. Then Shuddhi Tarpanadi Samsarjana Krama was advised for 3-7 days. Then Astanga Lavana in the dose of half Karsha (6 gm) twice a day, before food was given for the period of 1 month. During treatment period patient was asked to report once in 8 days and during follow up period once in 15 days for 2 months. The subjective and objective criteria were assessed before and after the treatment.

Second group was given Placebo capsules in the dose of 1 capsule twice a day for the period of 1 month in place of Astanga Lavana after Vamana of first group, rest of the treatment was same in both groups.

DRUG REVIEW

As Madatyaya is Kahapradhana Vyadhi with Agnidusti, so the drug which is beneficial in treating both Agni as well as Kapha Dosha is the better choice in the management of Madatyaya. Astanga Lavana is one among those which mainly acts as Deepana, Pachaka and Kaphahara.

The ingredients are Souvarchala (*Unaqua Sodie Chloridum*)¹¹

It is prepared from Sarjaakshaara and Saamudra Lavaṇa by Lavaṇa Kalpana process. It is Rocaka, Deepana, Pachaka, Vaatahara, Udgarashuddhikara and Anahahara.

Ajaji (*Cuminum cyminum* Linn)¹¹

It contains one type of volatile oil in quantity of 2-4 % which gives smell and taste, other contents are 20-40 % cumaldehyde, protein 18.7%, carbohydrate 26.6%, fiber 12%, minerals 4.8%, calcium 1.08%, phosphorus 0.49%, iron 31 mg/100 gm; Vit A 870 I.U., Vit C 3 mg /100 gm Vrukshaamla (*Garcinia indica* Chois)¹¹

Fruit contains citric acid.

Amlavetasa (*Garcinia pedunculata* Roxb)¹¹

It contains mainly 13-20% Malic acid.

Twak (*Cinnamom zylenicum*)¹¹

It contains 50-65% cinnamaldehyde and 60-75% eugenol.

Ela (*Elettaria cardamomum* Maton)¹¹

Volatile oils 2-8%, potassium salt 3%, starch 3%, ash 6-10%. In taila main contents are cineol, terpineol, terpinene, limonene and sabinene

Mareecha (*Piper nigrum* Linn)¹¹

It contains piperine 5-10%, piperidine 5%, piprettine and chavicine. Volatile oils 1-2.6%, fiber 14.6%, fats 7%, protein 11.55%, carbohydrate 41.6%, minerals 4.4%, calcium 460 mg, phosphorus 198 mg, iron 16.8 mg, thiamin 0.06 mg, riboflavin 0.14 mg, nicotinic acid 1.4 mg in every 100 gm and vit. A 1800 I.U.

The chemical analysis of Astnga Lavana was done at shreedhareeyam Ayurvedic Medicine (p) Ltd on 01/10/08 which revealed

Sodium Bicarbonate – 13.25 %

Hydroxyl citric acid – 17.66 %

Piperine – 1.26

6 – Zingerol – 3.11

In this study Mustha Choorna, Ajamodadi Choorna and Shunti Choorna are used for Deepana and Pachana before giving Shodhananga Snehana. Moorchita Ghrita was used as Sneha Dravya for Shodhananga Snehana, Moorchita Taila used for Abhyanga during Vishrama Kala.

OBSERVATION AND RESULTS

This study was carried out on 40 diagnosed patients of Madatyaya; 35 patients completed the study and 5 were drop outs. Out of which 18 patients were treated with Vamana Karma first, followed by administration of Asthanga Lavana The second group of 17 patients was first subjected to Vamana Karma then placebo capsules were given

Table 1: Effect of Vamana on 35 Patients of Madatyaya

Signs and symptoms	Mean score		% of reduction in mean score	S.D (±)	S.E (±)	't' Value	'p' Value
	BT	AT					
Aruchi n = 31	2.54	0.19	92.51	0.55	0.10	23.81	< 0.001
Chardi n = 7	2.29	0.0	100	0.49	0.18	12.39	< 0.001
Prajagara n = 33	2.39	0.76	68.2	0.82	0.14	11.43	< 0.001
Bhrama n = 6	2	0.0	100	0.89	0.37	5.48	< 0.01
Hrillasa n = 7	2.9	0.0	100	0.76	0.29	8	< 0.001
Pralapa n = 10	2.4	1.3	45.83	0.88	0.28	3.97	< 0.01
Shareera Kampa n=32	2.22	0.66	70.27	0.67	0.12	13.21	< 0.001

:Table 2: Effect of Vamana and Ashtanga Lavana on Haematological Level of 18 Patients of Madatyaya

	Mean score		% of reduction in mean score	S.D (±)	S.E (±)	't' Value	'p' Value
	BT	AT					
Hb %	12.4	12.66	2.10	0.22	0.05	5.66	<0.001
TC	8180.55	8351.38	2.08	266.82	62.89	5.98	<0.001
Total Bilirubin	1.47	0.84	42.72	0.51	0.12	5.14	<0.001
Direct Bilirubin	0.7	0.41	40.47	0.22	0.05	5.79	<0.01
SGOT	98.13	31.74	67.65	104.13	24.54	2.70	<0.01
SGPT	68.07	28.23	58.52	52.80	12.44	3.20	<0.01
Protein	7.15	6.98	2.25	0.41	0.09	3.83	<0.01
Albumin	3.90	3.78	3.12	0.38	0.09	3.40	<0.01
Alkaline Phosphate	127.51	84.96	33.36	85.65	20.18	2.10	<0.10

Table 3: Effect of Vamana and Placebo on Haematological Level of 18 Patients of Madatyaya

Hb %	Mean score		% of reduction in mean score	S.D (±)	S.E (±)	't' Value	'p' Value
	BT	AT					
	12.98	12.81					
TC	9261.76	9262.05	0.003	337.62	81.88	5.67	<0.001
Total Bilirubin	1.39	1.25	9.70	0.138	0.03	5.44	<0.001
Direct Bilirubin	0.72	0.57	21.77	0.21	0.05	3.80	<0.01
SGOT	73.3	56.77	22.55	50.46	12.23	1.58	> 0.05
SGPT	55.04	45.07	18.11	24.72	5.99	1.94	>0.05
Total Protein	7.54	7.42	1.63	0.28	0.06	4.51	<0.001
Albumin	3.91	3.9	0.45	0.27	0.06	3.06	<0.01
Alkaline Phosphate	94.72	86.59	8.58	21.51	5.21	2.75	<0.02

Table 4: Showing Overall effect

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

DISCUSSION

One which produces Mada is called Madya, Madakari Dravya is that which on intake produces disturbance of the intellect faculty by its virtue of Tamoguṇa like Madya, Sura etc. The disease produced due to improper use of Madya is called Madatyaya¹². It is a Tridoshaja Vyadhi mainly Kapha Sthana is vitiated along with Agni. The current study reveals that none of the patient got marked improvement, where as 11.11 % had moderate improvement in Astanga Lavana Group, and 5.88 % in Placebo Group, where as 83.33 % had mild improvement in Astanga 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. Thus by seeing the effect it can be concluded that Madatyaya can be better treated with Astanga Lavana as Shamanoushadhi followed by Vamana as Shodhana.

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