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 judicially 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 Dravya¹ 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 1 month. 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 Ayogya for Vamana

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

Subjective parameters
- Aruchi
- Prajagara
- Birama
- Pralapa
- Roopanamasatam Chaiva Darshanam⁵-⁹

Objective parameters
- Chardahi
- Atisara
- Hrillasa
- Sharira Kampa⁸,⁹
- Liver function test
- USG abdomen

Diagnostic criteria
Diagnosis was made on the basis of Lakshanas of Madatyaya³ 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...
Vrukshaamla

Ajaji

DRUG REVIEW

Amlavetasa

It is prepared from Sarjaakshaar

The

As Madatyaya is Kahapradhana Vyadhi with Agni

Fruit contains citric acid.

iron 31 mg/100 gm; 12%, minerals 4.8%, calcium 1.08%, phophorus 0.49%, which gives smell and taste, other content

It contains one type of volatile oil in quantity of 2

Pachaka, Vaatahara, Udgarashuddhikara and Anahahara.

Chloridum

Kaphahara.

among those which mainly acts as Deepana, Pachaka and

management of Madatyaya. Astanga Lavana is one

well as Kapha Dosha is the better

treatment was same in both groups.

Second group was given Placebo capsules in the dose of 1
capsule twice a day for the period of 1 month in place of

Asthanga Lavana after Vanama 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 Doshha 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)"

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

Ajaji (Cuminum cyminum)"

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

Fruit contains citric acid.

Amlavetasa (Garcinia pedunculata Roxb)

It contains mainly 13-20% Malic acid.

Twak (Cinnamom zylenicum)

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

Ela (Electaria cardamomum Maton)

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

Mareechea (Piper nigrum)"

It contains piperine 5-10%, piperidine 5%, piprettine and chavicine. Volatile oils 1–2.6%, fiber 14.6%, fats 7%, protein 11.55%, carbohydarate 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 Shreedharyeam 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 Ghritta 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

<table>
<thead>
<tr>
<th>Signs and symptoms</th>
<th>Mean score</th>
<th>% of reduction in mean score</th>
<th>S.D (±)</th>
<th>S.E (±)</th>
<th>'t' Value</th>
<th>'p' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aruchi n = 31</td>
<td>2.54</td>
<td>0.19</td>
<td>92.51</td>
<td>0.55</td>
<td>23.81</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Chardi n = 7</td>
<td>2.29</td>
<td>0.0</td>
<td>100</td>
<td>0.49</td>
<td>18.39</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Prajagara n = 33</td>
<td>2.59</td>
<td>0.76</td>
<td>68.2</td>
<td>0.82</td>
<td>11.43</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Bhrama n = 6</td>
<td>2</td>
<td>0</td>
<td>100</td>
<td>0.89</td>
<td>3.37</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hrilasa n = 7</td>
<td>2.9</td>
<td>0.0</td>
<td>100</td>
<td>0.76</td>
<td>8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Pralapa n = 10</td>
<td>2.4</td>
<td>1.3</td>
<td>45.83</td>
<td>0.88</td>
<td>3.97</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Shareera Kampa n=32</td>
<td>2.22</td>
<td>0.66</td>
<td>70.27</td>
<td>0.67</td>
<td>13.21</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Hb %</th>
<th>Mean score</th>
<th>% of reduction in mean score</th>
<th>S.D (±)</th>
<th>S.E (±)</th>
<th>'t' Value</th>
<th>'p' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>12.4</td>
<td>12.66</td>
<td>2.10</td>
<td>0.22</td>
<td>6.66</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>AT</td>
<td>8180.55</td>
<td>8351.38</td>
<td>2.08</td>
<td>0.22</td>
<td>6.66</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>TC</td>
<td>1.47</td>
<td>0.84</td>
<td>42.72</td>
<td>0.51</td>
<td>5.14</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Direct Bilirubin</td>
<td>0.7</td>
<td>0.41</td>
<td>40.47</td>
<td>0.22</td>
<td>5.79</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SGOT</td>
<td>98.13</td>
<td>31.74</td>
<td>67.65</td>
<td>0.143</td>
<td>24.54</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>SGPT</td>
<td>68.07</td>
<td>28.23</td>
<td>58.52</td>
<td>0.28</td>
<td>12.44</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Protein</td>
<td>7.15</td>
<td>6.98</td>
<td>2.25</td>
<td>0.41</td>
<td>3.83</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Albumin</td>
<td>3.90</td>
<td>3.78</td>
<td>3.12</td>
<td>0.38</td>
<td>4.09</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Alkaline Phosphate</td>
<td>127.51</td>
<td>84.96</td>
<td>33.36</td>
<td>20.18</td>
<td>2.10</td>
<td>&lt;0.10</td>
</tr>
</tbody>
</table>
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 Tamoguna like Madya, Sura etc. The disease produced due to improper use of Madya is called Madatyaya. It is a Tridoshaja Vayadh 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 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.

REFERENCES


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