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AYURVEDIC MANAGEMENT OF ALCOHOL-INDUCED PSYCHOTIC DISORDER- A CASE REPORT

Ayurveda

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ABSTRACT

Alcohol-induced psychotic disorder (AIPD) is a severe mental disorder with lifetime prevalence of 0.5%. It appears to be a complication of the Alcohol use disorder and marked by extremely high rehospitalization rate, suggesting a chronic course with worse prognosis. It was noted that the number of diagnosed cases of AIPD are escalating and out of which 68% are at the risk of re-admission, 5–30% at the risk of developing schizophrenia and shows suicidal ideations. Perversion in Manas, Budhi, Samjna-jnana, Smrti, Bhakti, Seela, Cheshta and Achara leads to Unmada. Since these Vibhramas are present in AIPD, it may be considered as Unmada A 42-year -old male patient was admitted to the IPD in July 2024, Complaints of increased alcohol consumption, hearing voices, seeing indistinct figures, repeated suicidal thoughts, irrational fear and reduced sleep in the past 6 months. The condition was diagnosed as Pitta Unmada with Vata-Kaphanubandha. Management was based on dosha involvement and appropriate sodhana and samana therapies were administered. Twenty-one days of management included shirodhara, thalam, shirolepa (thalapothichil), nasya, abhyanga and siropichu. Symptom severity was assessed using the Positive and Negative Syndrome Scale (PANSS) and the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar), which showed a marked reduction in scores from 94 to 30 and 32 to 0 respectively, following the treatment. This case underscores the significance of Ayurvedic interventions in the management of AIPD.

KEYWORDS

Alcohol-induced psychotic disorder, Unmada, PANSS

INTRODUCTION

Alcohol-induced psychotic disorder is a severe and often debilitating mental health condition that emerges as a complication of chronic alcohol use[1]. It is characterized by symptoms such as hallucinations, delusions[2], and cognitive disturbances, significantly impairing an individual's mental and emotional well-being[3]. The lifetime prevalence is approximately 0.5%, with the highest incidence of 1.8% observed among men of working age[4]. AIPD is associated with a high rate of rehospitalization and a poor prognosis[5], with many individuals experiencing recurrent episodes and an increased risk of developing conditions such as schizophrenia[6]. Antipsychotic medication continues to be the primary therapeutic approach for managing AIPD[7]. But frequent use of antipsychotics might be changing the way the illness behaves over time[8]. Despite advances in conventional psychiatric treatments, the management of AIPD remains challenging, as it involves complex interactions between alcohol-induced neurobiological changes and underlying psychiatric vulnerabilities.

In Ayurveda, AIPD can be considered as Unmada, as it shows impairment in the eight mental functions described as Ashta vibhrama[9]. Treatment approach involves Sodhana (purification) and Samana (pacifying therapies) to balance the doshas. This case study highlights the role of Ayurveda in managing AIPD and provides a comprehensive approach in the management of alcohol-related psychosis.

Personal Information

A 42-year-old male patient from Kottakkal, Kerala was admitted at Manassanthi ward of VPSV Ayurveda college, Kottakkal,Kerala, India, with a history of increased alcohol consumption over the past six months. He presented with complaints of hearing voices, seeing indistinct figures, repeated suicidal thoughts, irrational fear and reduced sleep in the past 6 months. According to the informant, the patient has exhibited increased anger outbursts and social withdrawal in the past six months. Born to non-consanguineous parents via full-term normal delivery, the patient had an introverted nature. He discontinued his schooling after absconding from home during the 7th Std. His substance use history began at the age of 14, with alcohol consumption escalating from small amounts to an average of 375 ml per day. He had six periods of abstinence, with a maximum of 18 days. The patient also started cigarette smoking at 20 years of age, initially consuming three cigars daily, before quitting two years ago. His use of opioids started at 20, initially inhaling 1g shared with friends, which later escalated to intravenous injection of 2g mixed with lemon juice; he abstained from opioids 1.5 years ago. His cannabis use began at age 23, with a pattern of consuming 1-2 beedis twice a month, which he discontinued after 2 years. He also experimented with MDMA, inhaling 0.5g as fumes once or twice a month, but stopped using it completely two years ago. The patient is currently experiencing significant interpersonal issues, particularly with his wife and children, stemming from his failure to take responsibility for his family. Additionally, he has developed a delusion of infidelity towards his wife, who left him with the children due to his alcohol abuse.

Table 1: Mental Status Examination

General appearance and behaviour	
Grooming and dressing	**Lean built, well-groomed and dressed**
Facial expression	Strained face
Eye contact	Maintained
Attitude towards examiner	Co-operative
Comprehension	Intact
Gait and posture	**No abnormal gait/posture**
Motor activity	Hand tremor present
Rapport	Established with ease
Voice and Speech	
Intensity and pitch	Normal
Reaction time	Normal
Speed	Normal
Relevance and coherence	**Relevant and coherent**
Mood	Sad
Affect	Sad and anxious
Thought	
Form/ process	Continuous and goal-oriented
Content	Delusion of infidelity Guilt about alcohol use
Perception	Auditory hallucination: hearing voices
	Visual hallucination: seeing indistinct figures
Cognitive functions	
Consciousness	Alert and aroused

Attention	Intact
Concentration	Intact
Orientation	Oriented to time, place & person
Memory	Intact
Abstract thinking	Intact
Intelligence	Good
Insight	Grade 5
Judgment	Intact
Impulsivity	Present (Recurrent suicidal thoughts)

Physical Examinations
Pulse rate- 89/min and regular
Blood Pressure- 130/80 mmHg
Temperature- 97.6°F
Respiratory rate- 22/min

Mental Status Examination
1. **Mano Vibhrama –** Present (Suicidal thoughts)
2. **Budhi Vibhrama –** Present (Inability to control alcohol use, Delusion of infidelity)
3. **Samjna-jnana Vibhrama –** Absent
4. **Smriti Vibhrama –** Absent
5. **Bhakti Vibhrama –**Present (Social withdrawal)
6. **Seela Vibhrama –** Present (Increased anger outburst, reduced sleep)
7. **Cheshta Vibhrama –** Absent
8. **Achara Vibhrama –** Present (Physical fights with friends)

Dasavidha Pareeksha
Dooshya
Dosha-Pitta, Vata, Kapha
Dhatu-Rasa

Desa
Bhoomi desam- Sadharana
Deha desam- Sarvasareeram, Manas

Bala
Rogabalam- Pravara
Rogibalam- Avara

Kalam
Kshanadi-Varsham
Vyadhyavastha-Puranam
Analam - Mandagni

Prakriti
Deha Prakriti-Vata Pitta
Manasa Prakriti- Rajasa Tamasa
Vaya – Madhyamam
Satwa – Avaram
Satmya – Sarvarasasatmya

Ahara
Abhyavaharana Sakti- Avara
Jarana Sakti- Avara

Diagnostic Assessment
Dosha And Lakshana As Follows:
Pitta - Amarsha, Krodha, Abhidrava, Santhapascha ativelam, Sita udaka anna Abhilasha, Alpanidra[10]
Vata -Asabda sravana, Karshyam, Asthane Akrosa[10]
Kapha - Anannabhilasha[10], Alpa vak

Diagnosis
Ayurvedic Diagnosis
- Pitta Unmada with Vata Kaphanubandha

Modern Diagnosis (DSM 5 TR)- Alcohol-induced psychotic disorder

Table 2: Internal Medicines

Medicines	Dose	Rationale
Dhatryadi ghrita	20 ml-Morning-in empty stomach	Pitta hara, indicated in unmada and madathyaya
Yashtimadhu(2g) Aswaganda(2g) Swetha Sankha pushpi(1g) churnam	5 gm BD after food with warm water	Pitta hara, Neuroprotective[11] Vatakapha hara, Axiolytic[12] Tridosa samana, antioxidant[13], brain tonic[14]
Ajamodarkam	20 ml + 20 ml water BD After food	Effective in alcohol withdrawal
Hinguvachadi churnam	5g-Noon before food	Vata-kapha hara Ama hara[15]
Drakshadi kashayam	90 ml, Evening, Before food	Vata-pitta hara

Table 3: Therapeutic Interventions

Treatment	Medicines	Duration	Dose and medium	Remarks
Virechanam	Avipathy churna	1 day	30g with warm water	10 vegas
Shirodhara	Usheera kashaya	3 days		Sleep improved, Anger reduced
Thalam	Ksheerabala+panchagandha churnam	3 days		Sleep improved
Shirolepa	Amalaki, dasamoola, panchagandha	9 days		Frequency of auditory hallucination reduced
Pratimarsha nasyam	Ksheerabala 7 A	9 days	2 drops	visual hallucination considerably reduced
Abhyanga	Dhanwanthara m tailam	5 days	100 ml/day	Felt relaxed
Shiropichu	Ksheerabala tailam	5 days		

RESULTS

Scales	Before treatment	After treatment (after 21 days)
PANSS	94	30
CIWA-Ar	32(Severe)	0

DISCUSSION
Alcohol-induced psychotic disorder appears to be a complication of Alcohol use disorder. The prognosis for AIPD appears to be worse than what earlier research had anticipated. Failure to abstain from alcohol significantly increases the risk of recurrence[8].

In Ayurveda, nidanas such as mano abhighata, avara satvata, soka, ati-chintana, and madhyapana lead to manasika and sareerika doṣha duṣhṭi. This vitiation affects the hridaya and manovaha srotas, eventually resulting in the manifestation of Unmada. Based on dosha assessment, the condition was diagnosed as Pitta Unmada with Vata-Kaphanubandha. Both sodhana and samana therapies were administered to the patient.

To manage alcohol withdrawal symptoms, virechana with Avipathy churna was initially given, as it effectively pacifies Pitta dosha and promotes Vata anulomana. Following this, Shirodhara with Usheera Kashaya was given, known for its Pitta-samana properties, resulted in significant improvements in sleep and a reduction in anger. Thalam with Ksheerabala tailam and Panchagandha Churna effectively balanced Vata and Pitta, thereby helping in sleep initiation and maintenance. Shirolepa, done with the combination of Amalaki, Dasamoola, and Panchagandha churna, having Tridosha-pacifying properties, significantly reduced the frequency of auditory hallucinations. Further therapeutic management involved Parimarsha Nasya with Ksheerabala 7 Avarti, which facilitated shiras sodhana and supported indriya prasadhana, leading to a significant reduction in visual hallucinations. Finaly shiropichu has given with ksheerabala tailam to balance vata-pitta dosha. Following treatment, improvements were seen in sleep quality, social interaction, and reduction of fear. By the end of the treatment, hallucinations and delusions had completely subsided. PANSS score dropped from 94 to 30 after treatment, indicating a significant reduction in psychotic symptoms and the CIWA-Ar score reduced from 32 to 0 after treatment, showing complete resolution of withdrawal symptoms.

CONCLUSION
Alcohol-induced psychotic disorder often develops as a result of chronic alcohol use. Marked by frequent rehospitalization rate, indicating a chronic course and poor prognosis.

In Ayurveda, this condition is explained under the concept of Unmada. The ayurveda treatment protocol could reduce the severity of AIPD along with full remission of psychotic symptoms such as hallucinations and delusions and this suggests that ayurveda management is effective in severe mental illness. Further research works are needed to validate the findings of this study.

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