

Ayurvedic View and Treatment Protocols of *Madatyaya*: A Classical Literature Review

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ABSTRACT

Madatyaya is a pathological condition described in Ayurveda, primarily caused by the excessive consumption of alcohol. It presents with a constellation of clinical symptoms including aphasia, excessive thirst, mental confusion, headache, numbness, and impaired motor coordination. Known in modern terms as alcohol abuse or chronic alcoholism, *Madatyaya* adversely affects not only the individual's physical and mental health but also disrupts the social and economic stability of the family unit.

Madatyaya, recognized as both a lifestyle-related and addictive disorder, is witnessing a rising global incidence, primarily attributed to shifting modern lifestyle habits. The condition significantly impacts various physiological and psychological components such as *Hridaya* (heart), *Rasavaha srotas* (circulatory system), *Manovaha srotas* (channels of the mind), and *Ojas* (vital essence). Behavioral factors like *Mithya yoga* (improper use), *Atiyoga* (overuse), and *Heenayoga* (underuse) are often implicated in its development.

Ayurvedic management of *Madatyaya* involves a holistic and integrative therapeutic approach. The treatment approach incorporates *Satvavajaya Chikitsa* (Ayurvedic psychotherapy), supportive Yoga practices, and *Shamana Chikitsa* (palliative management) through *Rasayana* therapies aimed at rejuvenation. Additionally, *Panchakarma* procedures such as *Snehan* (oleation), *Swedana* (sudation), *Nabhi Puran* (navel therapy), *Nasya* (nasal therapy), *Shirodhara* (oil streaming on the forehead), and *Basti* (medicated enema) are employed. These interventions aim not only to alleviate physical symptoms but also to address psychological and emotional imbalances.

Keywords: *Madatyaya*, alcoholism, Alcohol abuse, Lifestyle disorder, Addictive disorder

INTRODUCTION

Madhya Varga is recognized as one of the twelve categories (*Ahara Varga*) of dietary substances. It serves multiple purposes, as a dietary adjunct (*Ahara Dravya*), an after-

drink (*Anupana*), or even as a medicinal agent (*Aushadhi*). The *Sushruta Samhita* refers to the use of *Madhya* for inducing anesthesia (*Samjnāharana*) during surgical procedures (*Shastrakarma*).¹

Based on its application, *Madhya* is broadly categorized into two types: medicinal and recreational (beverage) forms. Furthermore, it is classified into five subtypes depending on the preparation method and raw materials used: *Asava*, *Arishta*, *Sura*, *Varuni*, and *Sidhu*. Among these, *Asava* and *Arishta* are primarily used for therapeutic purposes, while the remaining types are consumed as beverages².

Madhya—in the context of alcoholic preparations is a substance that induces *Mada* (a state of intoxication or stimulation). When consumed in the correct quantity, at the appropriate time, and following prescribed procedures, *Madhya* can promote happiness, strength, and fearlessness. It may also act as a revitalizing agent (*Amruta*) for the body³. Yet, when consumed improperly or in excess, it results in *Madatyaya*—a pathological state arising from alcohol intoxication.

Alcohol consumption contributes to 2.6 million deaths each year globally as well as to the disabilities and poor health of millions of people. Overall, harmful use of alcohol is responsible for 4.7% of the global burden of disease⁴.

Madatyaya (Alcohol Intoxication)

Alcohol consumption influences the mind, enhancing *Tamo Guna* and impairing intellectual faculties. It disrupts the normal physiological functions governed by *Dosha*, *Dhatu*, and *Mala*, leading to systemic imbalances. Taken inappropriately, it can deteriorate physical and mental health and, in severe cases, result in death⁵.

In contemporary times, alcohol consumption has increasingly become a social norm or passion, often pursued without awareness of its appropriate usage and potential consequences. This uninformed consumption has contributed to widespread addiction, adversely affecting health and longevity.

However, classical texts such as *Charaka Samhita* have provided detailed insights into the significance of alcohol (*Sura*), its appropriate utilization, and its effects on the

human body. In ancient times, alcohol was regarded with reverence and was even associated with divine rituals and deities.

Aims and Objectives

1. To explore the Ayurvedic concept of *Madatyaya* (alcohol addiction) with reference to classical texts.
2. To analyze the classification, symptomatology, and doshic involvement in *Madatyaya*.
3. To present a comprehensive review of Ayurvedic treatment protocols, including *Shodhana*, *Shamana*, *Rasayana*, and *Satvavajaya* therapies.

MATERIALS AND METHODS

This study is a comprehensive literary review based on classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, *Madhava Nidana*, *Bhavaprakasha*, *Kashyapa Samhita*, and selected modern Ayurvedic research publications. The review focuses on the diagnosis, classification, symptomatology, and treatment protocols of *Madatyaya* (alcohol addiction). The therapeutic approach primarily emphasizes *Shodhana* (detoxification), *Shamana* (palliative care), *Rasayana* (rejuvenation), and *Satvavajaya* (psychological therapy) as key principles in treatment.

1. Classification of *Madatyaya* and Diagnosis⁶

Madatyaya is a *Tridoshaja* disorder that arises from the excessive and improper intake of alcoholic substances (*Madhya*). It is classified into:

- *Vataja Madatyaya*
- *Pittaja Madatyaya*
- *Kaphaja Madatyaya*
- *Sannipataja Madatyaya*

Each type exhibits characteristic signs and symptoms such as *Shirakampa* (tremors), *Daha* (burning sensation), *Tandra* (drowsiness), and *Bhrama* (giddiness). Diagnosis is based on clinical presentation and doshic predominance.

2. Treatment Protocol According to Ayurveda

A. Samanya Chikitsa (General Management)

i. Doshic Management (Doshanusara Chikitsa)⁷

Initial management depends on identifying the predominant Dosha and applying appropriate therapies:

- Vata: Warm, unctuous therapies (Snehana, Basti)
- Pitta: Cooling, soothing treatments (Sheetala, Tikta Dravyas)
- Kapha: Lightening and cleansing procedures (Langhana, Vamana)

ii. Use of Milk (Dugdha Prayoga)⁸

When alcohol-induced depletion and dryness of tissues occur, milk acts as a restorative agent. Milk pacifies Pitta and Vata, supports Ojas, and helps reverse Dhatu Kshaya.

iii. Harshanakriya (Psychotherapy)⁹

Involves promoting mental well-being through exposure to:

- Nature, gardens, lakes
- Uplifting music, humor, and storytelling
- Positive social interactions, joyful environments

These measures help relieve Tamoguna and reduce psychological cravings.

iv. Abstinence and Satvavajaya Chikitsa:

Mental discipline and control over impulses are emphasized. Patient is guided through Satvavajaya which includes:

- Substitution of thoughts
- Introspection
- Meditation and Yoga
- Establishment of willpower (Viveka and Vairagya)

v. Pathya-Apathya (Diet and Lifestyle):

Patients are advised wholesome, digestible, and Tridosha-pacifying food. Avoidance of alcohol triggers, heavy, spicy, and stale food is essential. Regular sleep and avoidance of day-sleep and night-wakefulness are emphasized.

B. Vishishta Chikitsa (Specific Therapeutics)¹⁰

i. Vataja Madatyaya:

- Formulations: Chukra, Maricha, Ardraka, Dipya, Hingu with Sauvarchala Lavana.
- Diet: Soup of marshy animals (Anupa Mamsa Rasa) with Amra Phala and Matulunga Swarasa.
- Procedures: Snigdha Basti, Snehapana, mild Swedana.

ii. Pittaja Madatyaya:

- Dravyas: Sweet, bitter and cold infusions; Kashaya with Madhu and Sita.
- Diet: Cold soups of Mudga, Lava, Tittira, and Ikshu Rasa.
- Procedures: Sheetala Chikitsa, use of cooling medicated ghee (Tikta Ghrita), Mridu Virechana.

iii. Kaphaja Madatyaya:

- Formulations: Use of emetics (Vamana) with Vidula, Bimbi Swarasa.
- Diet: Soup from wild lean animals, spicy pulses.
- Procedures: Vamana Karma, followed by Deepana-Pachana with Laghu Aahara.

iv. Sannipataja Madatyaya:

- Combined therapy: First pacify Kapha, then Pitta, finally Vata.
- Diet & procedures: Comprehensive treatment using Ruksha Vamana, Tikta Ghrita Pana, followed by Basti and rejuvenating therapies.

C. Treatment of Associated Conditions (Upadrava Chikitsa)¹¹

1. Panajeerna (Alcoholic indigestion):

- Formulations: Iksvaku, Dhamargava, Vrksaka, Kakahvayo decoction with milk for emesis.
- Follow-up: Langhana and Deepana.

2. Panavibhrama (Delirium and disorientation):

- Medications: Draksha, Dadima, Kapitha, Kola, Vetrphala with honey.
- Procedures: Nasya with calming oils, Shirodhara, and Pratimarsha Nasya.

3. Paramada (Chronic toxicity due to alcohol):

- Formulations: Kasmarya, Pippali, Draksha, Dadima decoctions with citrus fruits.

- Procedures: Svedana, Mridu Vamana, and Dhoomapana.

4. Dhvamsaka & Vikshaya (Relapse syndromes):

- Therapy: Restorative therapies with milk, ghee, Rasayana.
- Psychological care: Counseling, community support, and spiritual routines.

4. Panchakarma Approach

When indicated and tolerated by the patient:

- Vamana (Therapeutic Emesis): Especially in Kaphaja and Panajeerna conditions.
- Virechana (Therapeutic Purgation): For Pittaja Madatyaya.
- Basti (Medicated Enema): Ideal for Vataja conditions and convalescence.
- Nasya: In neurological or psychiatric symptoms like confusion, insomnia, and depression.

5. Rasayana Chikitsa (Rejuvenation)¹²

Once detoxification is complete and doshas are pacified:

- Use of Rasayana herbs like Ashwagandha, Brahmi, Shankhapushpi, Yashtimadhu to restore mental stability, memory, immunity, and vitality.

6. Integration with Modern Rehabilitation

While classical management remains the core, integrated approaches such as de-addiction counseling, Yoga, meditation, and group therapy enhance outcomes. Ayurveda emphasizes mind-body balance, thus supporting long-term abstinence and holistic well-being.

7. Side effects of modern medicine for alcohol addiction¹³

Disulfiram is a medication for AUD that works by decreasing the liver's ability to metabolize alcohol and thus acts as a deterrent to drinking.

If alcohol is consumed, even in small amounts, it can trigger a disulfiram-alcohol reaction. This reaction can cause a range of unpleasant symptoms, including flushing, heart palpitations, anxiety, shaking, headache, difficulty breathing, nausea, and vomiting. In severe cases, it can include heart

failure, seizures, respiratory depression, and death.

Naltrexone is well tolerated. Common side effects include mild nausea and headache. Dizziness, fatigue, vomiting, sleepiness, and dysphoria, or a state of persistent low mood, are some of the other rare and mild side effects individuals with AUD have reported after taking naltrexone as part of their treatment.

The most commonly reported side effect associated with acamprosate is diarrhea. Other side effects may include nausea, nervousness, fatigue, sweating, dry mouth, insomnia, itching, and dizziness, though all side effects tend to be mild and fleeting. Additionally, because acamprosate is cleared by the kidneys and not the liver, it is safe for use in individuals with decompensated liver disease but not in patients with severe kidney dysfunction.

DISCUSSION

Alcohol addiction, identified as Madatyaya in Ayurveda, is not merely a physiological disorder but a complex psychosomatic condition affecting the Sharira (body) and Manas (mind). It arises from the excessive and unregulated intake of Madhya, which disrupts the equilibrium of Doshas, impairs Agni (digestive fire), disturbs Manasika Bhavas (mental states), and leads to progressive deterioration of health, intellect, and social functioning.

The classical texts provide a stage-wise analysis of Mada (intoxication) — from the pleasurable first stage to the delusional second stage and the degenerative third stage — clearly emphasizing that the dose, time, quality of the beverage, and physical-mental condition of the consumer are critical determinants of whether alcohol acts as a nectar or poison.

Treatment protocols derived from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and other authoritative texts reveal a comprehensive and individualized approach. Management begins with Dosha-specific therapies:

- Vamana (emesis) for Kapha vitiation,

- Virechana (purgation) for Pitta predominance,
- Basti (enema therapy) for Vata involvement.

These Shodhana (purificatory therapies) aim to eliminate morbid doshas, restore the digestive fire, and prepare the body for Shamana (pacifying measures).

In addition to physical detoxification, Satvavajaya Chikitsa (psychological therapy) plays a pivotal role. Ayurveda recognizes that Madatyaya has roots in mental agitation and disturbed emotional states such as grief, fear, or loneliness. Therefore, therapeutic strategies like Harshanakriya (psychological uplifting measures), exposure to calming surroundings, positive social interactions, music, and spiritual engagement are advocated to restore mental equilibrium and reduce dependency tendencies. Additionally, Rasayana therapy plays a vital role during the post-detoxification stage to rejuvenate bodily tissues and enhance overall vitality. Herbs like Ashwagandha, Brahmi, Shatavari, and Mandukaparni are indicated to strengthen the mind, restore ojas (vitality), and prevent relapse. These therapies not only rejuvenate the body but also support neuro-psychological recovery, promoting resilience against further substance abuse.

Ayurveda also emphasizes the role of Pathya-Apathya (wholesome and unwholesome dietary and lifestyle practices) in preventing relapse and supporting long-term recovery. A light, nourishing diet and avoidance of triggers like loneliness, anger, or stress are crucial in long-term rehabilitation.

Unlike symptomatic management seen in many modern approaches, Ayurvedic management addresses the root cause, incorporates behavioral corrections, and aligns the individual's lifestyle with natural and seasonal rhythms (Dinacharya and Ritucharya) for sustained recovery.

In modern clinical practice, alcohol addiction remains a public health challenge with high relapse rates and comorbidities. Integration of Ayurvedic protocols with modern rehabilitation strategies—like counseling,

cognitive therapy, and group support—can provide a holistic, cost-effective, and culturally rooted solution. Ayurveda's personalized approach, emphasis on mental health, and detox-rejuvenation dual strategy make it especially suitable for managing addiction disorders in both rural and urban settings.

CONCLUSION

Madatyaya, as described in Ayurvedic literature, is a complex condition arising from excessive and improper use of Madhya, resulting in the vitiation of all three doshas—Vata, Pitta, and Kapha. It not only affects physical health but also severely impairs mental and social well-being. The classical texts of Ayurveda, including those by Charaka, Sushruta, and Vagbhata, offer an in-depth understanding of the etiology, symptomatology, and disease progression, along with detailed therapeutic protocols.

Ayurveda emphasizes a multi-dimensional treatment approach combining Shodhana (detoxification), Shamana (symptom management), Rasayana (rejuvenation), and Satvavajaya (mental healing). The integrative treatment approach further includes Pathya-Apathya (appropriate dietary and lifestyle practices), behavioral adjustments, and psychological interventions to promote long-term recovery and prevent relapse.

With its integrative and individualized approach, Ayurveda offers a promising and time-tested strategy for the effective management and long-term rehabilitation of alcohol addiction. Further clinical validation and integration with modern de-addiction methods could enhance the applicability of this ancient wisdom in current healthcare systems.

Declaration by Authors

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