



ROLE OF AYURVEDA IN DE-ADDICTION

¹Kumar Santosh, ²Singh Shivjee, ³Goyal Uday Kumar, ⁴Pal Guru Sharan

1. Consultant, Dept. of Shalya, Himalaya Ayurvedic College, Patna, Bihar, India, PIN- 801110
2. Post Graduate Scholar, Dept. of Ayurved Samhita Evam Siddhanta, Govt. Ayurvedic College Patna, Bihar, India., PIN- 800003,
3. Associate Professor, Dept. of Ayurved Samhita Evam Siddhanta, IAMS, Lucknow, Uttar Pradesh, India, PIN-226029,
4. Associate Professor, Dept. of Ayurved Samhita Evam Siddhanta, Govt. Ayurvedic College Patna, Bihar, India, PIN- 800003,

Corresponding Author: dsk765498@gmail.com<https://doi.org/10.46607/iamj5413042025>

(Published Online: April 2025)

Open Access

© International Ayurvedic Medical Journal, India 2025

Article Received: 08/02/2025 - Peer Reviewed: 29/03/2025 - Accepted for Publication: 11/04/2025.



ABSTRACT

Addiction is a habitual psychological problem in which one depends on a substance or practice which is not in voluntary control. Like many other health issues, *Ayurveda* is also essential in the de-addiction of society. Here, an effort has been made to explain the role of *Ayurveda* in de-addiction. *Ayurveda* classic and modern texts have been searched for information on this topic. Online screening of research articles has also been done. Addiction is a burning issue in society. It is found more or less all over the world. Many efforts are made to prevent addiction and to do de-addiction. Public awareness programs are implemented to prevent addiction. Ayurvedic solutions explained in Ayurvedic texts should be followed for de-addiction. Addiction is a curse for society, especially for the young generation. For addicted persons, drugs should be withdrawn by *Padanshik krama*, Ayurvedic medications should be given, and psychological counselling and *Yoga* should be suggested.

Keywords: *Addiction, Ayurveda, De-addiction, Counselling, Yoga*

INTRODUCTION

According to WHO, addiction is a chronic disease. It affects people's brains and their behaviour so that they act in a way that harms them. They become unable to stop taking a drug or engaging in certain behaviours (gambling, shopping, online gaming, etc.) to the point where it becomes harmful.^[1] The ASAM USA has stated a new definition that addiction is a brain disease and not a behavioural problem. The release was widely reported in scientific publications and the popular media. The words relating to addiction are as follows:

Tolerance – Tolerance is a demand of the body for taking substances and requiring high doses.

Dependence – Dependence is a physical or psychological symptom in which someone feels like he or she must continue taking the substance.

Withdrawal Syndrome (Abstinence Syndrome) – Symptoms which occur when a person suddenly stops consuming a substance characterised by anxiety, restlessness and body aches.

Aetiology (Hetu)

The leading causes of addiction are as follows-^[2]

Biology- Some people have more risk of developing addiction due to their genetic structure. The risk of getting addicted will be higher when the person has a familial history of addiction. A person who has mental disorders will be more prone to be addicted.

Ecology – Easy availability of drugs, poor financial condition, disrupted family, violence, physical or sexual abuse, unemployment and peer pressure are favourable environments for being addicted.

Signs and Symptoms (Linga)

Different drugs have different signs and symptoms.

Opioids create sedative effects, amphetamines create stimulant effects, and LSD creates hallucinations.

Some common signs and symptoms of addiction are as follows:

- Frequent and urgent urge to use it.
- We need more drugs to get the same effect.

- Negligence of responsibility at work and in the family or society.

- Spend more money on the drug and do illegal activities to get money.

- Physical and mental health problems like nausea, headache, diarrhoea, loss of appetite, anxiety, insomnia etc.

Management (Ausadh)

There are two types of management of addiction- preventive and curative.

Preventive management-

Public awareness is an important medium to prevent addiction. Seminars, poster presentations, *rangoli* and short dramas explaining the bad effects of addiction should be conducted in schools and public places. This topic must be included in the school syllabus. It has been mentioned in Ayurveda that if a person does not take alcohol, alcohol remains free from psychosomatic disorders caused by alcoholism. This has been described in another place in Ayurveda as *Achar Rasayan*. Electronic and print media should propagate these matters regularly in society to make the public aware. Apart from this, the importance of family values should be taught to the new generation. The availability of drugs and alcohol should be restricted.

Curative management-

First of all, the drug should be replaced by an ayurvedic medicine having a similar effect to the drug. If the drug is replaced by ayurvedic medicine, then the medicine is decreased gradually in part (*Padanshik Kram*).^[3] If the drug is mixed with ayurvedic medicine, then the drug is gradually reduced in part manner. The "*Padanshik Kram*" has been explained in Ayurveda to avoid bad effects due to the sudden withdrawal of *Satmya dravya*. The withdrawal symptoms can be minimised by following the *Padanshik Kram*. If withdrawal symptoms appear, then they are managed symptomatically.

Table-01

Sl. No.	Addicted Drug	Ayurvedic Medicine for Replacement
1	Alcohol	<i>Shrikhandasav</i>
2	Opium and its derivatives	<i>Sameer-Gajkesari Ras</i> <i>Kuchala Siddha Ksheer</i>
3	Cannabis and its derivatives	<i>Madan Modak Gutika</i>
4	Cocaine	Coca Herbal Tea
5	Tobacco	Tobacco-Ajwain Churna

External medications of ayurvedic drugs are also effective in the management of withdrawal symptoms and rehabilitation of the patient.

Abhyanga (Body Massage)-

A whole-body massage is done with medicated oil, such as Mahanarayan Tail or Bala Tail. It pacifies Vata dosh and relieves stress and anxiety.

Shiroabhyanga (Head Massage)-

Medicated oil is applied on the head. It relieves stress and strain.

Shirodhara-

Medicated oil, medicated milk and decoction are poured continuously over the head for a specific period. This is effective in insomnia and mental disorders.

Psychological counselling and recreational therapy are very useful remedies for alcoholism. ^[4,5]

Materials and Methods-

For the collection of materials on this topic, texts of Ayurveda and modern medicines have been referred to. Ayurvedic Samhitas, along with their commentaries, have been reviewed. Research papers published in journals have been studied for

the preparation of this article. The author's personal clinical experiences have also been included in the article.

In the world in 2012, approximately 243 million humans aged between 15-64 years had used any drug like cannabis and opium in the previous year. ^[6]

In India in 2004, the survey released by MSJE, Government of India and UNODC, Viena, contains a multimodality approach whose main advantage is to ensure crosschecking, triangulation and multiple indicators for providing the most accurate picture of drug addiction trends. 40,697 males were interviewed, and data on various socio-demographic and drug use parameters was collected. ^[7]

*In the DAMS (Drug Abuse Monitoring System) component (UNODC ROSA and MSJE 2002), data was collected from people seeking help in various drug abuse treatment centres.

Some drugs, their commercial names and route of administration are as follows:

Table-03

Sl. No.	Drug	Commercial Name	Route of Administration
1	Opioid	Opium	Oral, inhalation
		Morphine	Injection
		Codeine	Oral
		Heroin	Injection, smoking
2	Cannabis	<i>Bhang</i>	Oral
		<i>Ganja/Marijuana</i>	Smoking
		Hashish/Charas	Smoking
3	Alcohol	Beer, Rum, Whisky, Brandy	Oral
4	Tobacco	Beedi, Cigarette, Khaini, Gutka, Jarda	Smoking, Oral
5	LSD	Lysergic Acid, Di-ethyl Amide Acid	Oral

6	Barbiturates	Methaqualone, Secobarbital	Oral
7	Inhalants	Paint, Thinners, Laughing Gas	Oral, Nasal

MOHFW, Government of India, is running a national program named DDAP to give economical and accessible treatment for all drug-related disorders. Under DDAP, the ministry has also provided one-time financial assistance of Rs. 8 lakhs each to 122 drug de-addiction centres in various central/ state government hospitals across India.^[8] However, the problem of drug addiction has not been solved in India. As estimated, 7.5 crore people in India are addicted, and this number is going up significantly, spreading to rural and undeveloped areas, as mentioned in official figures.^[9] Under the Ministry of Social Justice and Empowerment (MSJE), the Government of India, along with the National Centre for De-addiction and Rehabilitation (NCDAP) in New Delhi, serves as an apex body for training, research, and documentation in addiction. This ministry conducts activities aimed at the physical, mental, educational, and vocational development of former drug addicts. It also facilitates the establishment of District De-addiction Centers (DDAC) across various districts in India. The ministry has implemented the *Nasha Mukta Bharat Abhiyan* (NMBA) in numerous districts. Many non-governmental organisations operate centres for the de-addiction and rehabilitation of individuals struggling with addiction.

DISCUSSION

Addiction is a burning issue in the world and India. Illegal drugs like opium and cannabis and prescription drugs like analgesics and tranquillisers can be addictive. Physical and psychological dependence occurs in the addiction. The adverse effects of addiction are tolerance and withdrawal symptoms. The requirement of higher drug doses to get the same effect level is called tolerance. Complications created after the sudden stopping of the drug by the addicted person are known as withdrawal symptoms. *Acharya Charak* has explained the concept of *Oak Satmya*. The continuous and prolonged use of mild harmful substances becomes homologous (*satmya*). This is

known as *Oak Satmya*.^[11] Tolerance in addiction is a form of *Oak Satmya*. Consuming substances should be stopped, and new substances should be used gradually, such as *Padanshik krama*, to avoid complications due to sudden changes. This is similar to withdrawal symptoms in addiction. Nausea, headache, loss of appetite, and insomnia are physical withdrawal symptoms, and anxiety, agitation, depression, loss of concentration and mood swings are psychological withdrawal symptoms. The severity of withdrawal symptoms is found for a specific period and varies from drug to drug.^[12-15] withdrawal symptoms disappear gradually after that specific period. Therefore, it is essential to treat the person within this period with Ayurvedic preparations having the same effect or the same drug in decreasing quantity following *Padanshik krama*.

Shrikahandasava has been mentioned in Ayurveda for tapering the dose of alcohol.^[16] *Sameegajkeshari Ras* contains opium (*Papaver somniferum*) and is used in tapering the dose of opium and its derivatives. *Shodhit kuchala* (*Strychnos nuxvomika*) should be taken for de-addiction of opium.^[17] *Madanananda Modak* contains Cannabis, and it should be taken for de-addiction of Cannabis.^[18] Tea prepared from Coca leaf is used to taper the dose of Cocaine. *Ajawain* (*Trachyspermum ammi*) has similar ras (*katu-tikta*), *guna* (*laghu-tikshna*), *virya*(*ushna*) and *vipak* (*katu*) like tobacco but lacks *vyavayi* and *vikasi guna*.^[19] This is the reason that it is used to de-addict the tobacco. No herbal drug is found to de-addict the Benzodiazepines, Methamphetamines and Barbiturates. Therefore, de-addiction of these drugs is done by using same drug in tapering dose. Nausea and vomiting are typical withdrawal symptoms of Opium, Cannabis and alcohol. *Ela* (*Elettaria cardamomum*) *churna*, which is also used to treat vomiting, is also used in this case.^[20] Headache is a common withdrawal symptom of alcohol, and Pippalimool (*Piper longum*) *Churna* treats it.^[21] Joint pain is a common withdrawal symptom of Opium and is managed by *Ajamoda* (*Apium leptophyllum*) *churna*.^[22] Insomnia is a com-

mon withdrawal symptom in Cannabis and tobacco, which is treated by *Pippaliomool* (*Piper longum*) with *Guda*(jaggery). Indigestion and loss of appetite as Panchakol Churna treats withdrawal symptoms.^[23] Diarrhoea is seen as a withdrawal symptom in many drugs, which is treated by *Bilva* (*Aegle marmelos*) *leha*.^[24] Anxiety is seen as a withdrawal symptom in many drugs, which Sarasvati churna treats with honey and *ghee*.^[25] Constipation is also a prevalent withdrawal symptom in many drugs, which is treated by *Kutaki* (*Picrorhiza aurora*).^[26] In external medication, *Abhyanga*, *Shirobhyanga* and *Shirodhara* are very effective in treating anxiety, stress, insomnia and other mental complications.^[27]

Counselling is an effective solution for addiction. An experienced clinical psychologist should do counselling. *Achar Rasayan* described in Ayurveda may be effective in de-addiction because many moral and social responsibilities have been explained in this topic.^[28] *Yoga* also has an effective role in de-addiction. Different types of *Pranayam* and meditation create mental peace and self-realisation in the person. Recreational therapy increases physical, mental, and cognitive quality in the person, which helps in the de-addiction and rehabilitation of the patient. *Satvavajaya Chikitsa* (Psychotherapy) has been explained in Ayurveda, in which the mind is detached from harmful subjects.^[29] This is also a suitable medium to prevent addiction. Ayurveda says that the *Jitendriya* (sense subdued) person who never takes alcohol never suffers from physical and mental disorders caused by alcoholism.^[30]

CONCLUSION

Drug addiction is a serious issue worldwide, including in India. Herbal drugs were used in ancient times, but synthetic drugs are also prevalent today. Addiction has a detrimental effect on individuals, as well as on society and the nation. Numerous de-addiction initiatives are being carried out by both government and non-government organizations. However, a significant portion of the population remains addicted, making it a monumental challenge to achieve de-addiction in society.

Ayurveda may be an answer to the question of addiction in society. The Ayurvedic drug replaces the addicted drug, and the Ayurvedic drug is decreased gradually in *Padanshik krama*. *Padanshik krama* is an effective method to avoid the withdrawal symptoms of the drug. *Abhyanga*, *Shirobhyanga* and *Shirodhara* are effective external Ayurvedic medications for de-addiction. Thus, Ayurveda is very effective in de-addiction. Psychological counselling and *Yoga* have an important role in the addiction and rehabilitation of the addicted person.

REFERENCES

1. Addiction, WHO. Available from <https://acrobat.adobe.com/id/urn:aaid:sc:AP:4546fd37-6d02-42d7-a02e-2b1dd686286a>
2. Addiction, WHO. Available from <https://acrobat.adobe.com/id/urn:aaid:sc:AP:4546fd37-6d02-42d7-a02e-2b1dd686286a>
3. Charak Samhita, Sutrasthan, Navegandharniya Adhyay, 7/37. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]
4. Charak Samhita, Chikitsasthan, Madatyaya Chikitsa, 24/157. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]
5. Charak Samhita, Chikitsasthan, Madatyaya Chikitsa, 24/194. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]
6. Philip Davis et.al. United Nations Office on Drugs and Crime, World Drug Report 2014 United Nations Publication, June 2014
7. Summary findings of the National Survey released in 2004, Available from http://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/10_india.pdf.
8. Control Over Drug and Substance Abuse, Government of India, Ministry of Health & Family Welfare, Department of Health & Family Welfare. Available from <http://mohfw.nic.in/index1.php?lang=1&level=0&link=ed=229&lid=1353>
9. 7.5 crore drug addicts in India: Survey, <http://ibnlive.in.com/news/75-crore-drug-addicts-in-india-survey/9329-3.html>

10. Ministry of Social Justice and Empowerment. Available from <http://socialjusticegov.in>
11. Charak Samhita, Sutrasthan, Tasyatisiya Adhyaya, 6/49. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]
12. Hugh Myrick and Raymond F. Anton. Treatment of Alcohol Withdrawal. Alcohol Health & Research World.1998. Vol.22(1);38-43
13. Facts About Drugs: Opiates. Available from <https://www.lsuhsu.edu/orgs/campushealth/docs/opiates.pdf>
14. Catherine McGregor et. al, The nature, time course and severity of methamphetamine withdrawal, Research Report. Addiction. Society for the Study of Addiction, 2005;1-10
15. John R. Hughes. Effects of abstinence from tobacco: Valid symptoms and time course. Nicotine and Tobacco Research, 2007, Vol 9(3);315-327.
16. Bhaijaya Ratnawali Hindi commentary Prof Siddhinandan Mishra, Chaukhambha Surbharti Prakashan Varanasi, edition 2012. Page 497
17. Rasatantrasar Evam Siddhaprayog Samgrah – Part-1, 16th ed, Krishna Gopal Ayurveda Bhawan Kaleda Publication, 2003; 463
18. Rasatantrasar Evam Siddhaprayog Samgrah – Part-1, 16th ed, Krishna Gopal Ayurveda Bhawan Kaleda Publication, 2003; 75
19. Prof. P.V. Sharma, Dravyaguna Vijnana, Vol. 2, Chaukhambha Bharti Academy Varanasi, 2003, Page 497
20. Prof. P.V. Sharma, Dravyaguna Vijnana, Vol. 2, Chaukhambha Bharti Academy Varanasi, 2003, Page 387
21. Anonymous. Traditional Herbal Remedies for Primary Health Care. World Health Organization 2010; 157-162
22. Anonymous. Traditional Herbal Remedies for Primary Health Care. World Health Organization 2010; 67-70
23. Sangita D. Morel, R. R. Dwivedi. Aclinical study of Panchkola Siddha Yavagu in the management of Agnimandya. AYU 2011, 32(1), 70-75
24. Ramanand Tiwari, Darshan H. Pandya, Madhav Singh Baghel. Clinical evaluation of Bilvadileha in the management of irritable bowel syndrome. AYU 2013,34/4; 368-372
25. Kshama Gupta, Prasad mamidi, Anup B Thakur. Randomised Placebo Controlled study on Saraswata choorna in generalized anxiety disorder. International Journal of Green Pharmacy, 2014; 231- 236
26. Anonymous. Ayurvedic management of Selected Geriatric Conditions. A CCRAS-WHO collaborative project, Central Council for Research in Ayurveda and Siddha. New Delhi, 2011, 111
27. Charak Samhita, Sutrasthan, Matrasitiya Adhyaya, 5/83. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]
28. Charak Samhita, Chikistasthan, Rasayana Adhyaya,1/4/30-35. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]
29. Charak Samhita, Sutrasthan, Tishtrashaniya adhyaya, 11/54. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]
30. Charak Samhita, Chikistasthan, Rasayana Adhyaya,24/206. Available from: <https://niimh.nic.in/ebooks/ecaraka>. [Last accessed on 2025 Jan 21]

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Kumar Santosh et al: Role of ayurveda in de-addiction . International Ayurvedic Medical Journal {online} 2025 {cited April 2025 }