An Ayurvedic Approach to Alcoholism in Diabetics: Clinical Contrive

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ABSTRACT
Diabetes mellitus (DM) is a chronic, progressive metabolic disorder with several complications that affect virtually all the systems in the human body. The management of DM is multifactorial, taking into account other major modifiable risk factors, like obesity, physical inactivity, smoking, blood pressure, and dyslipidemia. A multidisciplinary team is essential to maximize the care of individuals with DM. Regular consumption of even moderate amounts of alcohol interferes with diabetic blood sugar control and increases the risk of Complications. Various Complementary and alternative systems (CAM) have been effective and beneficial in management of lifestyle disorders like DM with alcoholism. Ayurveda remains one of the most ancient and yet living traditions practised widely in India and has a sound philosophical and experiential basis. The planning of an effective adequate management of alcoholism in DM in Ayurveda with the aid of Ahara (Diet), Vihara (Life style modification), Achara (code of conduct) and Aushadhi (medicines) depends upon the strength of the disease (Roga) and the stamina of the patient (Rogi). Various dietary and lifestyle modifications with palliative and detoxifying therapies are advised for holistic management of DM with alcoholism in Ayurveda.

Key words: Diabetes mellitus, Alcoholism, Ayurveda, holistic.

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INTRODUCTION
Diabetes mellitus (DM) is a chronic, progressive metabolic disorder characterized by hyperglycemia with long-term microvascular (retinopathy, nephropathy, and neuropathy) and vascular (cardiovascular) complications. Alcohol consumption by diabetics can worsen blood sugar control. For example, long-term alcohol use in well-nourished diabetics can result in excessive blood sugar levels. Conversely, long-term alcohol ingestion in diabetics who are not adequately nourished can lead to dangerously low blood sugar levels1.

Regular consumption of even moderate amounts of alcohol (i.e., two to four drinks per day) interferes with diabetic blood sugar control and increases the risk of impotence, peripheral neuropathy, nephropathy and possibly even retinopathy. Diabetics should avoid heavy drinking (i.e., more than 10 to 12 drinks per day) absolutely, because it causes ketobacidosis and hypertriglyceridemia2.

Alcohol consumption leads to altered lipid metabolism ie increased triglycerides level, hampered sexual performance, impotency, reduction in drug compliance, increased risk of microvascular - vascular complications etc. Hence early & holistic management of alcoholism in diabetics can be an important factor for maintaining blood sugar level, improving quality of life and reducing incidence of complications2.

Ayurveda (Traditional Indian health care system) understands diabetes mellitus under Madhumeha. As per pathogenesis, Madhumeha is divided into 2 types – Avaranaja Madhumeha (Predominantly Type 2 DM) and Dhatu Kshayaja Madhumeha (Type 1 DM)3. Excessive consumption of Madya (Alcohol) can interfere with blood sugar control in both types.

DESCRIPTION & DISCUSSION
A comprehensive assessment & management is required to treat alcoholism in diabetics through Ayurveda. A thorough evaluation of cause of starting alcohol drinking, type of alcohol, patterns & behavior in terms of effect of alcohol on Dosha (Basic humours), Dhatu (Tissue), Srotas (Channels) and clinical symptoms need to be done4. The planning of an effective adequate management of disorder of alcohol use in Ayurveda with the aid of Ahara (Diet), Vihara (Life style modification), Achara (code of conduct) and Aushadhi (medicines) depends upon the strength of the disease and the stamina of the patient. For example, in cases of chronic patients with sufficient stamina, Panchakarma specially Vamana5,6 (herbally induced therapeutic emesis) is the suitable and appropriate measure, whereas in acute intoxicated patients with diminished stamina, palliative treatment (Shamana Chikitsa) & diet is the appropriate management7.
Ahara (Diet)
Considering diabetes and alcoholism, one may advise diet consisting of milk, buttermilk, milk with rice, green leafy vegetables, gooseberry, ash gourd, tender coconut, sugar cane juice, wheat, barley etc. It is advised to eat regularly and when one is hungry. Choose less refined high sugar foods & drinks, cereals, pulses, fruits & vegetables. One need to avoid spicy food, salty food, oily food, non-veg food specially pork & red meat.

Vihara (Life style)
Life style modification like Sadvritta (Behavioral & moral codes), exercise etc can help improve one’s self esteem, increase endorphins, reduce pain, induce good sleep etc. Yoga Asana like Tadasana, Trikonasana, Halasana, Noukasana, Vajrasana, Bhujangasana, Paschimothansana, Shashankasana, Sarvangasana & Pranayama like Ujjayi, Bhastrika & Yogindra are beneficial in alcoholism & diabetes. Following therapies are advised based on Kosha:

- Annamaya (Physical body) – Asana, Kriya
- Pranamaya (Energy body) – Kriya, Pranayama
- Manomaya (Mental body) – Meditation
- Vijnanamaya (Intelectual body) – Bhajan, Jnana & Karma Yoga
- Anandamaya (Blissful body) – Higher level practices

Achara (Psychological measures)
Satavajaya Chikitsa (Ayurvedic Psychotherapy) is important in the management of alcoholism & Diabetes. Satavajaya refers to psycho-physical exercises or techniques, designed to achieve a regulation or balance/ equilibrium over the human psyche, in dealing with the environmental stessors (Indriyarthas) and emotional stessors (Manoarthas). Jnana – Knowledge of the self, Vijnana – Cognitive Behavioral Therapy, Dhairya – Motivational Enhancement Therapy, Smti – Distraction, Samadhi – Yoga

Anushadhi (Therapies & medicines)
Treatment of alcoholism in Ayurveda can be planned considering whether the patient is in state of intoxication or withdrawal state or chronic state. In the acute state & in patients who are fit, SadyoVamana (immediate emesis) can be planned with Lavanajala (salt water) and Yastimadhu Phanta (licorice infusion). Tarpanadi Samsarjana (nourishing recuperative diet) like Laja (puffed rice), Saktu (flour of any dry fried grain), Yusa (pulse soup) etc. should be advised. Virechana (herbally induced therapeutic purgation) is contra-indicated in acute phase, especially in those having less strength or are emaciated by alcohol use, because the purpose of Shodhana in acute phase is to reduce the absorption of alcohol by the body whereas Virechana acts only after the absorption. Palliative & nourishing diet and medicines like Kharjura (date), Dadima (pomegranate), Draksha (grape) etc can be given.

External application therapies like Abhyanga (oil massage), Shirodhara (streamline pouring of medicated oil/butter milk/ decoction on forehead), Shiro Lepa (herbal paste application on head) and Shiro Pichu (application of oil/paste over scalp) using Ksheerabala taila, Bhrami Taila, Himasagar Taila etc may be advised in the withdrawal state for the period of 5 to 7 days or till the cessation of withdrawal symptoms like headache, nausea, tremors, disturbed sleep, loss of appetite etc. Though Asava and Arista (Ayurvedic alcoholic medicinal preparations) are the drugs of choice in the Ayurvedic management of alcoholic disorders, one need to be careful in its usage in diabetics. One may use Shrikandasava, Draksharista, Parthayarista etc in moderation in controlled diabetics but avoid it in uncontrolled diabetics. Single drugs like Ashvagandha (Withania somnifera Dunal.), Bhrami (Bacopa monnieri Linn.), Jatamansi (Nardostachys jatamansi DC.), Shankpushpi (Convulvulus pluricaulis Choisy), Bringaraja (Eclipta alba Hassk.), Kushmanda (Benincasa hispida Thunb.), Mandookaparni (Centella asiatica Linn.), Guduchi (Tinospora cordifolia Willd.) etc can be used based on the clinical symptoms and the Dosh involved.

CONCLUSION
Holistic management of alcoholism in diabetics needs proper clinical evaluation and assessment of Dosha & Srotas involved. Alcohol abstinence along with appropriately beneficial Ahara, Vihara, Achara and Anushadhi can be advised for the early management, based on the severity of alcoholism in diabetics, thereby reducing the risk of long term complications.

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