



**Case Study**

**SHARING A NOVEL EXPERIENCE OF TREATING ADDICTION TO OPIUM AND DERIVATIVES  
WITH ONLY AYURVEDIC APPROACH-A CASE SERIES**

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**ABSTRACT**

**Introduction:** Opium and its derivative addiction are one of the most prevalent addictions in western Rajasthan, because it is easily available and is being used openly in social programs as the culture of the same. In western Rajasthan, mainly Doda poppy, opium milk, smack, tramadol, etc. are major forms of opium-derived addictions. Withdrawal symptoms such as nausea, vomiting, diarrhea, chills, body ache, sleeplessness and flu-like symptoms begin, these symptoms can grow severe enough to necessitate emergency medical attention, and in extreme situations, they might have life-threatening consequences for the user as a result of respiration depression, and pupil dilation in the later stages. The assessment was based on Clinical Opiate Withdrawal Scale (cows) before and after the treatment. **Intervention:** Efforts have been applied to depict 8 cases of opium addiction in form of series who have been treated with *Ahiphenmochanadi vati* in the dose of 250 mg twice a day and *Sameergaja kerari rasa* in the tapering method (*Padanshika Krama*) starting with the dose of 375 mg along with panchakarma procedures, *Shirodhara* with *til tail*, *Abhayanga*, and *Swedana* with *Mahanarayan Tail* and *Dashmool kwath* respectively for a period of 1 month. Reduction in cows scale was observed, about 75-80% of symptoms subsided in all cases and the results have been reported very encouraging within a period of twenty to thirty days. **Conclusion:** Altogether, multimodal Ayurveda treatment can be an effective and safe solution for smack addictions.

**INTRODUCTION**

Opium addiction is rampant in Western Rajasthan especially in Vishnoi and Jaat community, with custom to feed opium to the guests coming to the house as a treat, [figure 1] also it helps in enhancing the laborers working capacity, this practice has now turned into an addiction. it's prevalence along the regions of Rajasthan, (8.4 % ) Barmer, Jaisalmer (79%) and (6.9%) in Bikaner.[3]. In the classical text, opium was first described by *Acharya Bhavprakasha*, Properties are *Tikta* and *Kashay rasa*, *Laghu*, *Ruksha*, *Sukshma*, *Vyavayi* and *Vikasi*, *Vedanasthapana*, *Nindrajanana*, *Shothahara* and *aakshepahara*[1].

The opium alkaloids are often used as analgesic, anti-tussive, and anti-spasmodic [2]. In India, opium is cultivated in Rajasthan, Madhya Pradesh, and Utter Pradesh with the authorization of the government [4].



**Fig. 1: Image showing offering of opium as a ritual being followed in the areas of Rajasthan**

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**Case Series****Case 1 Presentation**

A 38-year-old male patient presented on 03/08/21 at O.P.D. of de-addiction, department of *Agad Tantra* of the national institute of Ayurveda Jaipur (Raj.) with the chief complaint of insomnia, anxiety, skin rashes, bony pain in legs, restlessness, and tremors. The patient was taking 4 gm of opium daily for 7 years.

**Case 2 Presentation**

A 53-year-old male patient presented on 13/8/21 at O.P.D. of de-addiction with the chief complaint of diarrhea, insomnia, watering eyes, yawning, restlessness, irritability, sweating, and pain in calf muscles which is more severe at the night. The patient was taken opium first 10 years (3 gm of opium taken daily) and last 11 years he was taken *Doda Post* (60 gm of Doda post eaten daily).

**Case 3 Presentation**

A 27-year-old male patient presented on 23/8/21 at O.P.D. of De-Addiction with the chief complaint of insomnia, irritability, loss of appetite, running nose, watering eyes, yawning, pain in calf muscles and weakness. The patient was consuming 1.5 gm of smack daily for two years.

**Case 4 Presentation**

A 22-year-old male patient presented on 23/8/21 at O.P.D. of de-addiction with the chief complaint of running nose, irritability, insomnia, loss of appetite, diarrhea, and headache. The patient was consuming 500mg of smack daily for 4 years.

**Case 5 Presentation**

A 26 years old male patient presented on 24/8/21 at O.P.D. of de-addiction with a chief complaint of insomnia, pain in legs, burning abdomen, yawning, loss of appetite, headache, and irritability. The patient was taking 500mg of smack daily for 2 years.

**Case 6 Presentation**

A 35-year-old male patient presented on 7/9/21 at O.P.D. of de-addiction with chief complaint of insomnia, irritability, anxiety, heaviness in the head, body ache, nausea, burning in the abdomen. The patient was taken 600mg of tramadol capsule daily for 7 years.

**Case 7 Presentation**

A 35-year-old male patient presented on 8/9/21 at O.P.D. of de-addiction with the chief complaint of insomnia, irritability, running nose, sneezing, pain in calf muscles, loss of appetite, yawning, and diarrhea. The patient was taking 750 mg of smack daily for 3 years.

**Case 8 Presentation**

A 22-year-old male patient presented on 9/9/21 at O.P.D. of de-addiction with the chief complaint of vomiting, diarrhea, insomnia, pain in the chest, running nose, watering eyes, chills, and pain in legs. The patient was taken 1 gm of smack daily for 4 years.

Detailed demographic data (table 1) along with general examination is noted in the (table 2)

**Diagnostic Assessment**

Since there is no specific diagnostic test for opium withdrawal, therefore, COWS scale was used to assess the withdrawal symptoms (table 3 &5).

**Therapeutic intervention**

The internal and external medications prescribed as per the withdrawal symptoms of opiate addiction. The internal medications namely *Ahiphenmochnadi Vati* and *Sameer Gaja Kesari Rasa*. The external medications as *Shirodhara* with *Til Tail*, *Abhyanga* with *Mahanarayal Tail* and *Swedana* with *Dashmool kwath*. All the details of medicines, including their dosage form, therapeutic dose, frequency and time of drugs administration and adjuvant have depicted in tabular presentation (table 4).

**Timeline**

In the present case series, the treatment continued for one month and one moth of follow-up. The treatment induced was found to be very effective and showed quick responses in opium and its derivative addiction. About 75-80% of symptoms subsided in all cases on comparison from the cows scale depicted in [table 3&5] before and after the treatment respectively.

**Follow Up and Outcome**

At the end of the one month treatment and one month follow up all the withdrawal symptoms of opiate withdrawal found reduced. The treatment protocol found safe and effective. No adverse events were noted during the treatment period.

**Table 1: Demographic and History of Illness of Patients**

Data	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8
Name	A	B	C	D	E	F	G	H
O.P.D. No.	75675	110816	113867	113927	116436	121384	116876	86557
DOA*	03/08/21	13/08/21	23/08/21	23/08/21	24/08/21	07/09/21	08/09/21	09/09/21
Age	38	53	27	22	26	35	35	22

<b>Sex</b>	Male	Male	Male	Male	Male	Male	Male	Male
<b>Marital status</b>	Married	Married	Unmarried	Unmarried	Married	Married	Married	Married
<b>Occupation</b>	Contractor	Driver	-	Shopkeeper	-	Mechanic	-	Finance recovery
<b>Diet &amp; Habit</b>	Veg. & non-veg	Veg.	Veg. & non-veg	Veg. & non-veg	Veg. & non-veg	Veg.	Veg. & non-veg	Veg. & non-veg
<b>Appetite</b>	Less	Poor	Less	Less	Poor	Poor	Less	Less
<b>Sleep</b>	Less	Less	Less	Less	Less	Less	Less	Less
<b>Bala</b>	Madhayam	Madhayam	Alapa	Alapa	Alapa	Alapa	Madhayam	Alapa
<b>Addiction other than opium</b>	Tea, tobacco	Tea, tobacco	Biddi	Biddi	Biddi	Tea	Cigarette	Biddi, tea
<b>Treatment history</b>	Previous T/t-modern medicine	Previous T/t-Ayurvedic medicine	Fresh case	Previous T/t-modern medicine	Fresh case	Fresh case	Previous T/t-Ayurvedic medicine	Fresh case

\*Date of admission

**Table 2: General Examinations of Patients**

Data	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8
<b>Height</b>	5'8 inches	5'4 inches	5'5 inches	5'5 inches	5'7 inches	5'6 inches	5'7 inches	5'9 inches
<b>Weight</b>	67 kg	72 kg	59 kg	62 kg	64 kg	69 kg	79 kg	59 kg
<b>Icterus</b>	Absent							
<b>Cyanosis</b>	Absent							
<b>Clubbing</b>	Absent							
<b>Lymph node</b>	Not enlarged							
<b>Neck vein</b>	Not prominent							
<b>B.P.*</b>	132/82 mmHg	126/80 mmHg	122/82 mmHg	126/82 mmHg	130/80 mmHg	120/78 mmHg	140/84 mmHg	110/80 mmHg
<b>Pulse</b>	83/min	76/min	70/min	88/min	83/min	78/min	68/min	84/min
<b>R.R†</b>	14/min	15/min	14/min	13/min	17/min	14/min	12/min	16/min
<b>Temp.</b>	98.4 <sup>0</sup> F	98.6 <sup>0</sup> F	98.5 <sup>0</sup> F	98.8 <sup>0</sup> F	99.5 <sup>0</sup> F	98.4 <sup>0</sup> F	98.7 <sup>0</sup> F	98.4 <sup>0</sup> F

\* Blood pressure, †Respiratory rate

**Table 3: Score Based on COWS Scale<sup>5</sup>**

Clinical features	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8
<b>Resting Pulse Rate</b>	1	2	2	1	1	0	1	2
<b>Sweating</b>	2	1	2	2	1	1	2	1
<b>Restlessness</b>	0	3	1	3	1	1	3	3
<b>Pupil Size</b>	1	2	1	2	2	1	2	2
<b>Bone or joint aches</b>	1	2	2	2	2	2	2	2
<b>Runny nose or tearing</b>	0	2	2	4	2	2	2	4
<b>GI Upset</b>	2	3	3	5	3	2	3	2
<b>Tremor</b>	2	0	1	2	1	4	1	4

<b>Yawning</b>	0	2	2	2	2	0	0	2
<b>Anxiety or Irritability</b>	1	2	1	2	1	1	1	2
<b>Gooseflesh Skin</b>	0	3	0	0	0	0	3	0
<b>Total</b>	10	25	17	25	16	14	20	24

**Table 4: Treatment Line Adopted in Patients**

<b>Shamna Yoga</b>	<b>Dose</b>	<b>Duration</b>
<i>Ahiphenmochnadi Vati</i>	250 mg	21days
<i>Sameer Gaja Kesari Rasa</i>	375 mg 250 mg 125 mg	First 7 days Next 7 days Next 7 days
<b>External procedure</b>		
<i>Sarvang Abhyanga</i> (therapeutic massage)	Early morning daily for 14 days on the whole body with <i>Mahanarayan tail</i> .	
<i>Sarvang Swedan</i>	Early morning daily for 14 days on the whole body with <i>Dashmool kwath</i> steam	
<i>Shirodhara</i>	Early morning daily for 14 days on the head with <i>Tila tail</i> ( <i>Sesamum indicum</i> ).	

**Table 5: After Treatment COWS Score<sup>[5]</sup>**

<b>Clinical features</b>	<b>Case 1</b>	<b>Case 2</b>	<b>Case 3</b>	<b>Case 4</b>	<b>Case 5</b>	<b>Case 6</b>	<b>Case 7</b>	<b>Case 8</b>
<b>Resting Pulse Rate</b>	0	0	0	0	0	0	1	0
<b>Sweating</b>	1	0	1	0	0	0	0	0
<b>Restlessness</b>	0	0	0	0	0	0	0	0
<b>Pupil Size</b>	0	0	0	0	1	0	0	0
<b>Bone or joint aches</b>	1	1	1	1	1	1	0	0
<b>Runny nose or tearing</b>	0	0	0	1	1	0	0	1
<b>GI* Upset</b>	0	0	0	1	1	0	1	0
<b>Tremor</b>	1	0	0	0	0	1	0	1
<b>Yawning</b>	0	0	0	0	0	0	0	0
<b>Anxiety or Irritability</b>	0	0	0	1	0	0	0	0
<b>Gooseflesh Skin</b>	0	0	0	0	0	0	1	0
<b>Total</b>	3	1	2	4	4	2	3	2

\*Gastro-intestinal

**Table 6: Ingredients of *Ahiphenmochnadi Vati*<sup>[7]</sup>**

<b>S.No.</b>	<b>Ingredients</b>	<b>Latin name/English name</b>	<b>Part used</b>
1	<i>Shuddh Kupilu</i>	<i>Strychnos nuxvomica</i> Linn.	Seed
2	<i>Arak</i>	<i>Calotropis Procera</i> (Ait) R. Br.	Root covering

**Table 7: Ingredients of *Sameer Gaja Kesari Rasa*<sup>[8]</sup>**

<b>S.No.</b>	<b>Ingredient</b>	<b>Latin Name/Chemical name</b>	<b>Part used</b>
1.	<i>Shuddh Hingula</i>	Mercuric sulfide	Powder
2.	<i>Maricha</i>	<i>Piper nigrum</i> Linn.	Fruit
3.	<i>Shuddh Ahiphena</i>	<i>Papaver somniferum</i> Linn.	Latex
4.	<i>Shuddh Kupilu</i>	<i>Strycshnos nuxvomica</i> Linn.	Seed

## DISCUSSIONS

Opioid addiction is a long-term (chronic) illness that can have serious physical, social, and financial consequences. Opioid withdrawal is one of the most significant causes promoting opioid dependence and addictive behaviors from a clinical standpoint [6]. When the brain is repeatedly exposed to increasing doses of opioids, it changes, functioning and demands for increased quantity of the drug in order to achieve the desired effects leading to the development of tolerance for the same. The conventional therapy includes anti-psychotic drugs which may develop dependency; management based on Ayurveda is effective as the best biomedical treatment with lesser side effects. Therefore, the treatment has been planned to reduce the withdrawal effects with minimal drug intervention and appropriate procedures to achieve the desired effects. *Ahiphenmochnadi vati* is explained in *Sidhbhesajiya Manni Mala* without the name as a proprietary medicine but has mentioned it as the combination of two major contents in equal proportion (table 7) Acharya has described the same in the context of opium addiction, he has mentioned that this combination helps to get rid of the same [7]. *Samer Gaja Kesari Rasa* is explained in *Rasatantrasara* and *Siddhproyoga Sangraha* having 04 contents in equal proportion (table 8) Due to the presence of opium in it, its withdrawal symptoms do not appear to a greater extent and It helps to reduce pain, yawning, anxiety, and induces sleep, gradually the dose is reduced with time and is completely stopped (table 4) [8]. *Abhayanga* and *Swedana* are mainly used for *Vata pradhana rogas*, such as *Kampa* (tremors), body ache, or any painful condition, etc., so it is used as a *Vata Shamak* procedure. The characteristics of *Abhyanga* are *Sharmhar*, *Nidrakar*, and *Vatanashaka* which help to reduce the symptoms of bone and joint ache, tremor, sweating, restlessness, and anxiety which are the major criteria of the COWS scale (table 6). By doing *Shirodhara* with *Til Tail* for 45 minutes for 14 days, the patient's symptoms like insomnia and depression get reduced. [9] The *Snigdha Guna* of oil quenches the *Ruksha Guna* of *Vata* and its *Ushna Snigdha Guna* quenches the *Shita Guna* of *Vata*, which destroys the *Vata Dosha* and benefits in insomnia.

## Conclusion

*Ayurvedic* Treatment is very immensely effective as well as capable to reduce the withdrawal symptoms of opium and its derivatives addiction. The present case series provide prominent evidence that *Ahiphenmochnadi vati*, *Sameer gaja kesari rasa*, *Abhayanga (Mahanarayana Tail)*, *Swedana (Dashmool Kwath)* and *Shirodhara (Til Tail)* have the potential to subside all the withdrawal symptoms. The Ayurvedic medicines utilized in the above-discussed cases have not presented with any side effects as well.

## REFERENCES

1. Lakshminarayana, J. & Singh, Madhu. (2009). Opium Addiction among Rural Population in Desert Districts of Western Rajasthan: Some Observations from the Study. *Journal of Human Ecology*. 25. 10.1080/09709274.2009.11906125.
2. Sharma P.V. *Dravyaguna-Vigyan* (Vol. 2), Chauhambha bharti academy, Varanasi, Reprint edition-2013:p-20.
3. Central Bureau of narcotics, *Opium Poppy - An Overview* Available from: <http://cbn.nic.in/html/opiumcbn.htm> [last accessed on -23-12-21]
4. Legal opium production in India Available from: [www.wikipedia.com](http://www.wikipedia.com) [last accessed on 2021 Dec 23]
5. Clinical Opiate Withdrawal Scale Available from: [www.drugabuse.gov](http://www.drugabuse.gov) [last accessed on 2021 Dec 23]
6. Kosten, T.R., & George, T.P. (2002). The neurobiology of opioid dependence: implications for treatment. *Science & practice perspectives*, 1 (1), 13–20. <https://doi.org/10.1151/spp021113>
7. Devendra Prasad B. Vaidya, *Sidhbhesajiya Manni Mala*, Editor Soo. Kanana Kirtishekhar Bhatt, Shree Krishna Granthamala, Jaipur, 6th edition-1994:p-333.
8. Krishna-gopal Ayurveda bhavan, *Rasa tantra saravasidha-prayogasangraha*, kaleda-Krishna Gopal, Ajmer, reprint edition- 2017:p-232.
9. Sharma AK. *Textbook of Kayachikitsa*, Choukhambha orientalia, Varanasi, Reprint edition -2017:p-299.

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