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## An Ayurvedic Management of Tobacco Addiction-A Case Study

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### Abstract

This case study explores the application of Ayurvedic medicine in managing tobacco addiction, emphasizing a holistic approach to cessation and withdrawal management. Tobacco addiction is a major health challenge, leading to severe physical, mental, and economic consequences. The study discusses the use of Ayurvedic principles, combining herbal medications, Panchakarma therapies, yoga, and meditation to address the physical and psychological aspects of addiction. A 20-year-old patient with a high dependency on tobacco was treated using a structured regimen that included awareness and counseling, specific herbal formulations like Khadiradi Vati and Brahmi Vati, and detoxification procedures like Abhyanga and Swedana.

The results demonstrated a significant reduction in tobacco consumption, improved sleep quality, and better concentration. Ayurvedic therapies also alleviated withdrawal symptoms such as anxiety, agitation, and cravings. Yoga and meditation enhanced mental clarity and emotional balance, supporting long-term recovery. This study highlights Ayurveda's potential as a comprehensive treatment strategy, addressing addiction's physical, mental, and emotional dimensions for sustainable results.

**Keywords:** Tobacco, Addiction, Khadiradi Vati, Dashansanskar, FTND.

### Introduction

Tobacco use is a major risk factor for many chronic diseases, including cancer, lung disease, cardiovascular disease and stroke. It is one of the major causes of death and disease in India and accounts for nearly 1.35 million deaths every year. India is also the second largest consumer and producer of tobacco. A variety of tobacco products are available at very low prices in the country.

Nearly 267 million adults (15 years and above) in India (29% of all adults) are users of tobacco, according to the Global Adult Tobacco Survey India, 2016-17. The most prevalent form of tobacco use in India is smokeless tobacco and commonly used products are *Khaini*, *Gutkha*, Betel quid with tobacco and *Zarda*. Smoking forms of tobacco used are bidi, cigarette and hookah.

Globally, tobacco use is one of the biggest public health threats. It leads not only to loss of lives but also has heavy social and economic costs. The total economic costs attributed to tobacco use from all diseases in India in the year 2017-18 for persons aged 35 years and above amounted to INR 177 341 crore (USD 27.5 billion).

The nicotine in any tobacco product readily absorbs into the blood when a person uses it.

Upon entering the blood, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine (adrenaline). Epinephrine stimulates the central nervous

system and increases blood pressure, breathing, and heart rate. As with drugs such as cocaine and heroin, nicotine activates the brain's reward circuits and also increases levels of the chemical messenger dopamine, which reinforces rewarding behaviors. Studies suggest that other chemicals in tobacco smoke, such as acetaldehyde, may enhance nicotine's effects on the brain.

Tobacco is a *Sthavara*, *Patra Visha* but it is not explained in Samhita Kala. It was introduced in *Nighantu Kala* by *Acharya Yogratnakara*. He explained Tobacco's therapeutic as well as toxic action in his text. He described that when it is taken in excess amount it produces various hazard effect like intoxication, giddiness, vomiting, Pitta aggravation and purgation, diminishes *Shukra*.<sup>4</sup> It's *Tikshna* and *Pittavardhaka* properties are responsible for *Mukhapaak* (*Sarvsar Roga*) which are identified with mouth ulcer, redness and erosion of buccal mucosa, burning sensation of oral mucosa.

### Case Study

This is a case of 20 years old man, he was asymptomatic before 3 years then he started taking bidi and gutka initially he take 2-3 bidi and 1 sachet of gutka then gradually increased to 2-3 bundle of bidi and 5-7 sachet of gutka, he also tried to quit smoking but due to cravings he end up to use it. Then he came to NIA, OPD for further treatment.

### History of Present Illness

The patient was presented with loss of appetite, sleepiness, body ache, craving for tobacco. Patient tried to stop tobacco (smoking and gutka) but he complains of lack of concentration, sleepiness, bodyache, loss of appetite, anxiety.

### Past Illness

- No history B.P, Diabetes, Thyroid.
- No history surgery
- History of burn in 2016
- Covid vaccination done

**Nutritional Diet:** Major diet-mixed (veg and non-veg)

**Family History:** Father having blood pressure.

### Clinical Finding

**Table 1:** Clinical Finding (Constitution, vitals & systemic examination of the patient).

| Examination             | Measured value                |
|-------------------------|-------------------------------|
| Shareerika Prakriti     | Vata                          |
| Built                   | Avar                          |
| Heart rate              | 64 per min                    |
| Blood pressure          | 128/80 mm of Hg               |
| Respiratory System      | 22 per min                    |
| Cardiovascular System   | Normal                        |
| Central Nervous System  | Conscious, Orientation Normal |
| Per Abdomen Examination | Bowel sound clear             |
| Urine                   | 4- 6 times                    |
| Stool                   | 1-2 times per day             |
| Skin, Eyes, Nails       | No abnormality detected       |
| Extermities             | No abnormality detected       |

All laboratory tests including routine haematology, serology, urinalysis were within normal limits.

**Ahara:** Non Vegetarian & Vegetarian

**Kostha:** Madhyam,

**Aharvidhi:** Vismashan,

**Nidra:** Alapnindra

**Pramana: (Dasvidha Pariksha) Prakruti:** Vata-pitta,

**Sara:** Madhaym,

**Sanhanan:** Madhaym, **Pramana:** Madhaym,

**Satmya:** Sarvrasa,

**Satwa:** Madhaym,

**Ahara shakti:** Aavar,

**Vyayma:** Madhaym,

**Vaya:** Yuvaavastha,

**Desha:** Jangham

**Astvidh Pariksha: Nadi (Pulse):** 78/min,

**Mootra (urine):** Pittabh varna,

**Mala (bowel):** Vibandha, **Jihwa (tongue):** Malaavrata,

**Shabda (speech):** Samanya,

**Sparsha:** Samanya,

**Drukh:** Samanya

**Aakruti:** Poor built

### Ayurvedic Treatment

- Awareness and counseling.
- Medications.
- Panchakarma*
- Yoga and Meditation

**1. Awareness and Counseling:** Awareness about the harmful effects of Nicotine among the masses is an important part of preventing people from getting addicted to nicotine abuse.

Counseling is an addiction treatment, its goal is to help one let go of emotions like rage, humiliation, low self-esteem, remorse, jealousy etc.

### 2. Medications

- *Khadiradi Vati* 2-2-2
- *Dashansanskar Churan* 3 gm oral for *Manjanrath* 5 times day
- *Saunth + Ajwain + Mishri + Saunf* mixture 5 times a day
- *Brahmi Vati*

**3. Panchkarma:** *Panchkarma* is helpful in providing fast relief by eliminating the excess *dosha* (detoxification). It includes (*Vaman, Virechan, Basti, Nasya, Raktmokshan*). Before performing the above procedures, *Abhyanga* (oleation), *Swedana* (sudation), and *Karma* (procedure), also known as *Purva karma* (preliminary measures), are performed. Among the above procedures, *Abhyanga* (oil massage), *Swedana* (sudation), *Shirodhara*, and *Vasti* also play a very vital role in treating patients with tobacco addiction.

*Abhyanga* and *Swedana* for 30-40 mins it relieves patient anxiety, calms the nerves, benefits of sleep, effective in stress relief, improves circulation/reduces inflammation.

**4. Yoga and Meditation:** *Kapal Bhati Pranayama (Nadi Shodhan Pranayama (Alternate nostril breathing technique) Bhujangasana (Cobra pose) Shishuasana (Child pose) Trikonasana (Triangle pose) Shavasana (Corpse pose)*

### Result & Discussion

According to *Ayurveda*, any *Dravya* (medicine) if taken in proper amount they act as a nectar otherwise poison. Adoption of *Ayurveda* principles with *Padanshik* (reduced tapering quantity) may help by keeping away agitation, anxiety, irritability, anger, and so on, to facilitate good conduct in daily life along with counselling, entertainment, and music. The patient demonstrated a notable decrease in daily cigarette consumption. The FTND score showed a substantial decrease, reflecting lower nicotine dependence. Furthermore, the patient noted an enhancement in sleep quality and improved concentration throughout the treatment. There were no observed adverse events or side effects, indicating good tolerance of the *Ayurvedic herbo-mineral mixture* by the patient.

**Assessment Criteria:** Clinical Assessment of Patient will be done on the basis of given sign & symptoms by FTND (Fagerstrom Test for Nicotine Dependence) on 0, 14, 30 days.

**Table 2:** Fagerstrom Test for Nicotine Dependence (FTND) Score of the patient during the study.

| Question   | 0 <sup>th</sup> day     | 14 <sup>th</sup> day        | 30 <sup>th</sup> day   |
|--|-------------------------|-----------------------------|------------------------|
| How soon after you wake up do you smoke your first cigarette?                                      | 2                       | 1                           | 1                      |
| Do you find it difficult to refrain from smoking in places where it is forbidden?                  | 0                       | 0                           | 0                      |
| Which cigarette would you hate most to give up?  | 1                       | 1                           | 0                      |
| How many cigarettes per day do you smoke?  | 3                       | 1                           | 0                      |
| Do you smoke more frequently during the first hours after waking than during the rest of the day ? | 1                       | 1                           | 0                      |
| Do you smoke when you are so ill that you are in bed most of the day?                              | 1                       | 0                           | 0                      |
| Total Score  | 8<br>High<br>Dependency | 4<br>Moderate<br>dependency | 1<br>Low<br>dependence |

This case report emphasizes the potential of Ayurvedic medicine, specifically its role in enhancing "Manas Satva Guna" [mental clarity and balance] and alleviating stress, as a holistic strategy for smoking cessation that may assist in managing nicotine withdrawal.

*Panchkarma* therapy purifies the body by eliminating accumulated toxins. Counseling and awareness also play a vital role in recovery from nicotine addiction. Various yoga postures, along with meditation, not only enhance physical strength but also help address issues such as anxiety, depression, and personality disorders. A comprehensive review of Ayurvedic treatment parameters suggests that a combination of Ayurvedic formulations, *Panchakarma* procedures, yoga asanas, pranayama, meditation, and counseling can effectively treat nicotine addiction. The primary focus of this treatment protocol was to enhance the *Satvik guna*.

The chosen herbo-mineral mixture was thoughtfully formulated to achieve this goal.

- i). **Khadiradi Vati:** Act as oral antiseptic, anti-inflammatory, astringent and expectorant.
- ii). **Dashansankar Churan:** Anti-inflammatory properties that aid in reducing gum swelling and bacterial infections, anti-allergic, anti-microbial, analgesic.
- iii). **Saunth + Ajwain + Mishri + Saunf:** Antimicrobial, antioxidant properties, anti-inflammatory. *Mishri* is recognized for its ability to alleviate fatigue and enhance mental well-being.
- iv). **Brahmi Vati:** Anti-inflammatory properties, help the immune system, anti-asthmatic property, antioxidants.

### Conclusion

This case study highlights the effectiveness of Ayurvedic medicine as a comprehensive approach to managing tobacco addiction. The combination of awareness and counseling, alongside tailored Ayurvedic treatments such as specific herbo-mineral formulations and *Panchakarma* therapies, demonstrates significant potential in alleviating nicotine dependence and its associated symptoms. The patient experienced a notable reduction in tobacco consumption, improved sleep quality, and enhanced concentration, underscoring the holistic benefits of Ayurveda.

Furthermore, the integration of yoga and meditation practices contributed to improved mental clarity and emotional stability, reinforcing the principles of Ayurveda in promoting overall well-being. This case emphasizes the importance of addressing not just the physical aspects of addiction but also the mental and emotional dimensions, facilitating a more sustainable recovery process.

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