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Clinical Evalution of *Vishtindukadi Vati* and *Tagaradi Kwath Ghan Vati* Along with *Abhayang and Shirodhara* in *Ahiphene Vyasana* (Opium De-Addiction)

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Abstract: ***Opiate addiction gives physical and mental toxic effect along with inhibition of morality and social awareness. It is difficult to stop time dependency. One, opium (Doda Posta) addicted patient taking opium since 5 years and presented with Anxiety, insomnia, chest pain, nausea, diarrhoea, loss of appetite and slight tremor. The patient was treated with Nashamukti Yog 3 (Kalpit yog), Ashavgandha Churna, Shatavari Churna, Chopchini Churna, Bilva churna, Yograj Guggulu, Shirodhara with Mansyaadi Kuwath and Abhyanga with Mahanarayan tail. The treatment approaches to improve in condition of patient with improvement in sign and symptoms of opium dependency and symptoms withdrawal. The result assessment is done on the basis of COWS score.***
Keywords: Opium addiction, COWS score

I. INTRODUCTION

In today's competitive and stressful life drug addiction is increasing day by day. These addictions of drugs induce a state of euphoria as well as mental detachment and makes a person free from stress, but it also worsens their quality of life. Opium addiction is one of them.

Though opium has many medicinal properties, but its long-time use makes a person addict to it. Opium, a highly addictive narcotic drug, acquired in the dried latex from the opium poppy seed pod. In India legal cultivation of opium is carried out only in M.P, Rajasthan and U.P but its maximum consumption is seen in Rajasthan where the Barmer, Sriganganagar, Hanumangarh, Jodhpur and Bikaner districts are known for high consumption of opium. In these districts the opium is also offered in various rituals and is known by the name Amal or Riyan.

The illiteracy and low socioeconomic status are the major causes for addiction, as it lacks the poor knowledge of its ill effects over time. It was also used for a long time as a mind-altering drug as an analgesic. The usage of opium mixed with milk is giving to children for making them calm, which also leads to addiction.

According to Ayurved, the property of *Ahiphena* is *Laghu, Rooksha, Sooksma, Vikasi* property which leads to vitiation of *Vata-Pitta dosa* & produce various symptoms. Its karma is *Madakari,* the drugs intoxicate the intellect, mainly on CNS level. So, the chance to do illegal things is common. Long-term use also causes changes in other brain chemical systems and circuits as well, affecting functions that include learning, judgment, decision-making, stress, memory, behaviour. Only method to tackle the problem caused by *Ahiphena* is De-Addiction.

II. AIMS & OBJECTIVE

1) To evaluate, elaborate and discuss of Ayurved & Morden aspect of opium addiction, withdrawal and management.
2) To study the clinical efficacy of *"Vishtindukadi Vati* and *Tagaradi Kwath Ghan Vati"* along with *Abhayang & Shirodhara* in Opium De-Addiction.
3) To counsel the addicted patient to motivate them for Opium De-Addiction

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III. MATERIALS AND METHODS

Ethical Committee Approval No. DSRRAU/UCA/IEC/19-20/274

A. Pharmaceutical Study

Drug will be prepared in pharmacy of Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur by means of classical methods.

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Reference of *Vishtindukadi Vati* is taken from *Rastantrasaar* & *Siddhaprayog Samgraha.*

Here it is mentioned that *Vishtindukadi Vati* helps in the Opium withdrawal. By giving pills of *Vishtindukadi Vati* weighting equal to the amount of opium intake brings about the desiring results within a week and makes a person stronger by improving the digestion.

Ingredient of Vishtindukadi vati

S.No.	Ingredient	Botanical Name	Quantity	Part used
1.	Sudha Kuchala	*Strychnos nuxvomica*	100 gm	Seed
2.	Supari	*Areca catechu*	10 gm	Seed
3.	Kali Marich	*Piper nigrum*	9 gm	Fruit
4.	Imali Seed	*Tamarindus indica*	8 Seed	Seed

B. Method for Preparation of Vishtindukadi Vati

Above mentioned content of *Vishtindukadi Vati* will be taken in above explained ratio and fine powder will be made. The pills (*vati*) of 125 mg each will be prepared with the help of water and stored in airtight container.

Dose of *Vishtindukadi Vati*- 1-2 *vati* twice in a day with Lukewarm water.

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Ingredient of *Tagaradikwath Ghanvati*-

S.No.	Ingredient	Botanical Name	Quantity	Part used
1	Tagar	*Valeriana wallichii*	1 Part	Mool
2	Pitpapra	*Fumaria officinalis*	1 Part	Panchang
3	Amaltas	*Cassia fistula*	1 Part	Phala Majja
4	Nagarmotha	*Cyperus scariosus*	1 Part	Kand
5	Kutaki	*Picrorhiza kurrooa*	1 Part	Mool
6	Jatamansi	*Nardostachys jatamansi*	1 Part	Mool
7	Ashwagandha	*Withania somnifera*	1 Part	Mool
8	Brahmi	*Bacopa monnieri*	1 Part	Panchang
9	Munakka	*Vitis vinifera*	1 Part	Phala
10	Lal Chandan	*Pterocarpus santalinus*	1 Part	Kandsaar
11	Shalparni	*Desmodium gangeticum*	1/10 Part	Mool
12	Prishnaparni	*Uraria picta*	1/10 Part	Mool
13	Gokshura	*Tribulus terrestris*	1/10 Part	Mool
14	Kantakari	*Solanum xanthocarpum*	1/10 Part	Mool
15	Brihati	*Solanum indicum*	1/10 Part	Mool
16	Gambhari	*Gmelina arborea*	1/10 Part	Mool
17	Patala	*Stereospermum suaveolens*	1/10 Part	Mool
18	Shyonaka	*Oroxylum indicum*	1/ 10 Part	Mool
19	Agnimantha	*Premna mucronata*	1/10 Part	Mool
20	Bilva	*Aegle marmelos*	1/10 Part	Mool
21	Sankhpushpi	*Convolvulus pluricaulis*	1 Part	Panchang

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C. Method for Preparation of Tagaradi Kwath Ghan Vati

Above mentioned contents of *Tagaradi Kwath Ghan Vati* will be taken in above explained ratio and coarse powder will be made. Then decoction will be prepared by adding 16 times of water and boiled till ¼ part of water remains. The decoction will be filtered and again boiled until it become Ghana. After that the pills (*Vati*) of 500 mg each will be prepared and stored in airtight container.
Dose of *Tagaradi Kwath Ghan Vati*- 2 *vati* twice in a day with Lukewarm water.

1) *Sample Size:* Total 30 subjects will be randomly selected for the study, with age ranging from 16 years to 70 years, irrespective of sex, religion etc.
2) *Source of Subjects:* Clinically diagnosed and registered patients of Opium addiction (*Afeem, Doda-Posta Vyasana*) attending the OPD of Dr. Sarvepalli Radhakrishan Rajasthan Ayurved University, Jodhpur.
3) *Informed Consent:* A detailed interrogation about the addiction of Opium (Afeem, Doda-Posta Vyasana) will be done. The written, signed informed consent will be taken from each patient before starting the trial.

IV. CRITERIA FOR SELECTION

A. Inclusion Criteria

1) Diagnosed Patient of opium addiction.
2) Age between 16-70 year.
3) Patient willing to give consent for clinical trial.

B. Exclusion Criteria

1) Opium addicted patients who are suffering from major psychiatric disorder.
2) Opium addicted patients suffering from major systemic illness like myocardial infraction, Ischemic heart disease, Hypertension, Tuberculosis, Bronchial Asthma, HIV-AIDS, Cancer, Major respiratory disease, liver failure, Renal failure and Renal toxicity etc.

V. STUDY DESIGN

For applied aspect of drug and research plan for study is as follow -:

1) Patient will be treated with the selected drug (*Vishtindukadi Vati* and *Tagaradi Kwath Ghanvati*) along with *Panchkarma* therapy *(Abhyanga* and *Shirodhara*) and Counseling.
2) The special research Performa will be prepared for diagnosis of Opium addiction (*Afeem, Doda-Posta Vyasana*) who desire to withdraw the opium.
3) 30 clinically diagnosed and registered patients of Opium addiction (*Afeem, Doda-Posta Vyasana*) desire to withdraw the opium would be selected.

Group	Patient	Medicine	Anupan	Mode of administration & Dose
A	30	*Vishtindukadi Vati* And *Tagaradi Kwath Ghan Vati* + *Abhayang* & *Shirodhara* with *Mahanarayan taila*	Lukewarm water	Orally twice a day after meal + *Abhayang* & *Shirodhra* with *Mahanarayan taila*

A. Follow Up

1) Duration of clinical trial will be 21 days. All patients will be followed up once in a week regularly.
2) Improvement and other effect will be noted.
3) Laboratory investigations will be repeated.

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B. Criteria of Assessment

During trial and follow up study of the patients will be assessed on following parameters.

1) Subjective Parameters: All registered patients will be asked specially for general condition and withdrawal manifestation. Patient will be asked for any growing feeling of well-being produced after Ayurvedic formulation administration.

Clinical assessment of patients will be done on the basis of "cows score"

a) vfgQsu lsou dh ykylk (Craving for an opium)
b) vfunzk (Insomnia)
c) uklkL=ko (Rhinorrhea)
d) {koFkq (Sneezing)
e) vJqL=ko (Lacrimation)
f) ekalisfl;ksa esa osnuk ,sBu (Muscle ache/cramps)
g) mnj'kwy (Abdominal cramps)
h) vfrlkj (Diarrhea)
i) t`EHkk (Yawning)
j) mn~xkj vkSj NfnZ (Nausea or vomiting)
k) jksekap;qä mHkkj;qä Ropk (Gooseflesh skin)
l) iqryh vkdkj (Pupil size)
m) vjfr (Restlessness)
n) Losnkf/kD; (Sweating)

2) Objective Parameters

a) Serum Opium Estimation.
b) Complete blood count.
c) Complete urine examination.
d) Biochemical Investigation.

- Lipid profile
- Liver function test
- Blood sugar
- Renal function test

VI. OBSERVATION

In this study 30 patients clinically diagnosed and confirmed cases of opium addiction, and the results obtained during clinical study in the signs and symptoms of the registered patient were assessed statically before and after treatment.

Observations made during the course of study are presented as follows- age group of 16-30 years (20%), 31-45 years (43.33%), 46-60 years (26.66%), >60 years (10%), Male (100%), Hindu (96.66%), Muslim (3.33%), Married (90%), Unmarried (10%), Socio economically middle (46.66%), Poor (53.33%), Secondary (40%), Illiterate (20%), Primary (33.33%), Graduate (6.66%), Farmer (80%), Office worker (20%), Doda form addicted (56.66%), Crude form addicted (23.33%), Crude & Doda form addicted (20%), 40% were taken opium from 11-15 years, 23.33% were taken opium from 1-5 years, 33.33% were taken opium from 6-10 years, 3.33% were taken opium from 16-20 years, 56.66% were taken opium twice in a day, 23.33% were taken opium thrice in a day, 20% were taken opium once in a day, 43.33% were taken only opium, 20% were taken opium with tobacco, 16.66% were taken opium with alcohol, 6.66% taken opium with smoking, 13.33 were taken opium with tobacco and smoking both, Rajasa prakriti (60%), Tamasa prakriti (40%), Madhyam Sharir (50%), Krisha Sharir (36.66%) Sthoola Sharir (13.33%), Pitta-Kapha Prakriti (46.66%), Vata-Pitta Prakriti (43.33%), Vata-Kapha Prakriti (10%), Avara Ahara Matra (20%), Madhyam Ahara Matra (60%), Pravara Ahara Matra (20%), Kroor Kostha (53.33%), Madhyam Kostha (46.66%), Visham Agni (36.66%), Tikshna Agni (36.66%), Manda Agni (26.66%), Avar Satva (33.33%), Madhyam Satva (36.66%), Pravar Satva (30%), Avar Vyayama Shakti (53.33%), Madhyam Vyayama Shakti (36.66%), Pravar Vyayama Shakti (10%), Avar Samhanana (46.66%), Madhyam Samhanana (43.33%) and Pravar Samhanana (10%).

VII. RESULT

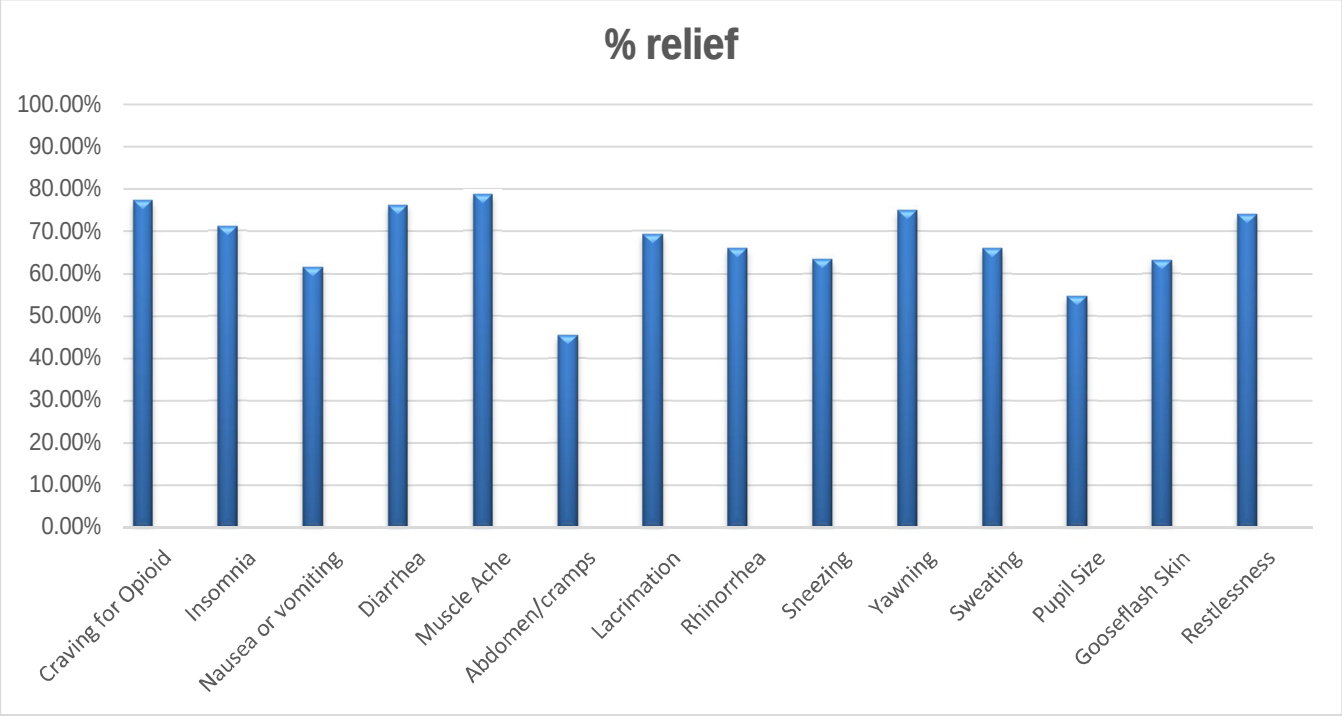
All the Results are calculated by using Software: In Stat Graph Pad 3.

1) For Nonparametric Data Wilcoxon singed-rank test is used while for Parametric Data One Sample 't' Test is used and results calculated in the trial group.

2) Evaluating the effect of therapy within group before treatment and after treatment for the subjective parameter.

Variable	Mean		Mean Diff.	% Relief or % Mean diff	SD+ -	SE+ -	P	Result
	BT	AT						
1.Craving for Opioid	2.367	.5333	1.833	77.43%	.4611	.0841	<.0001	ES
2. Insomnia	1.967	.5667	1.400	71.17%	.5632	.1028	.0022	VS
3. Nausea or vomiting	.4333	.1667	.2667	61.55%	.4498	.1652	.0821	VS
4. Diarrhea	1.267	.3000	.9667	76.29%	.3198	.0583	<.0001	ES
5. Muscle Ache	2.033	.4333	1.600	78.70%	.7701	.1406	.0025	VS
6. Abdomen/cramps	.3667	.2000	.1667	45.45%	.5307	.1260	.0968	S
7. Lacrimation	2.067	.6333	1.433	69.32%	.5040	.0920	<.0001	ES
8. Rhinorrhea	2.067	.7000	1.367	66.13%	.5561	.1015	<.0001	ES
9. Sneezing	1.367	.5000	.8667	63.40%	.3457	.0631	<.0001	ES
10. Yawning	2.000	.5000	1.500	75%	.5724	.1045	.0014	VS
11. Sweating	1.567	.5333	1.033	65.92%	.4138	.0755	<.0001	ES
12. Pupil Size	.3667	.1667	.2000	54.54%	.4068	.0742	.0003	ES
13.Gooseflash Skin	1.533	.5667	.9667	63.05%	.3198	.0583	<.0001	ES
14. Restlessness	1.933	.5000	1.433	74.13%	.5040	.0920	<.0001	ES
COWS score	1.524	.4500	1.074	70.47%	.5401	.1443	.0014	VS

Finally in **Total COWS score** the percentage of relief was 70.47% and the effect of the therapy was very significant at P = 0.0014



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VIII. CONCLUSION

Not only in India but in global processes of money laundering in which drug dealers and criminal narcotics cartels are engaged. Too many young people across the global world still die every year because of drugs either as a direct result of drug abuse or indirect exposure to infectious disease primarily HIV transmitted by contaminated injections. In my study I have seen so many people have affected by the addiction of drugs. This study reveals the addiction of opium only. And the conclusion of my dissertation is as mentioned below:

1) Opium cultivation and traditional opium uses are very popular in *Rajasthan.* As the morning sun breaks over the deserts of western *Rajasthan,* and the villagers yawn and stretch themselves to life they have but one thought in their mind to somehow get a dose of opium as quickly. For almost a terrifying 80 percent of the male villagers of *Jodhpur, Jhalore, Pali, Barmer* and *Jaisalmer* district who are addicted to opium.

2) So, the percentage (%) of opium addiction is increasing instead of decreasing day by day.

3) The study entitled "Clinical evaluation of *Vishtindukadi vati* and *Tagaradi kwath ghan vati* alongwith *Abhyanga* and *Sirodhara* in the management of *Ahiphene Vyasana* (Opium De-Addiction)" was studied to clinical efficacy of *Vishtindukadi vati* and *Tagaradi kwath ghanvati* along with *Abhyanga* & *Shirodhara.*

4) 30 patients were selected for the study.

5) This research is aimed to identify the effectiveness of ayurvedic treatment (internal medicine and procedure) in opium addiction and withdrawal symptoms of opoids.

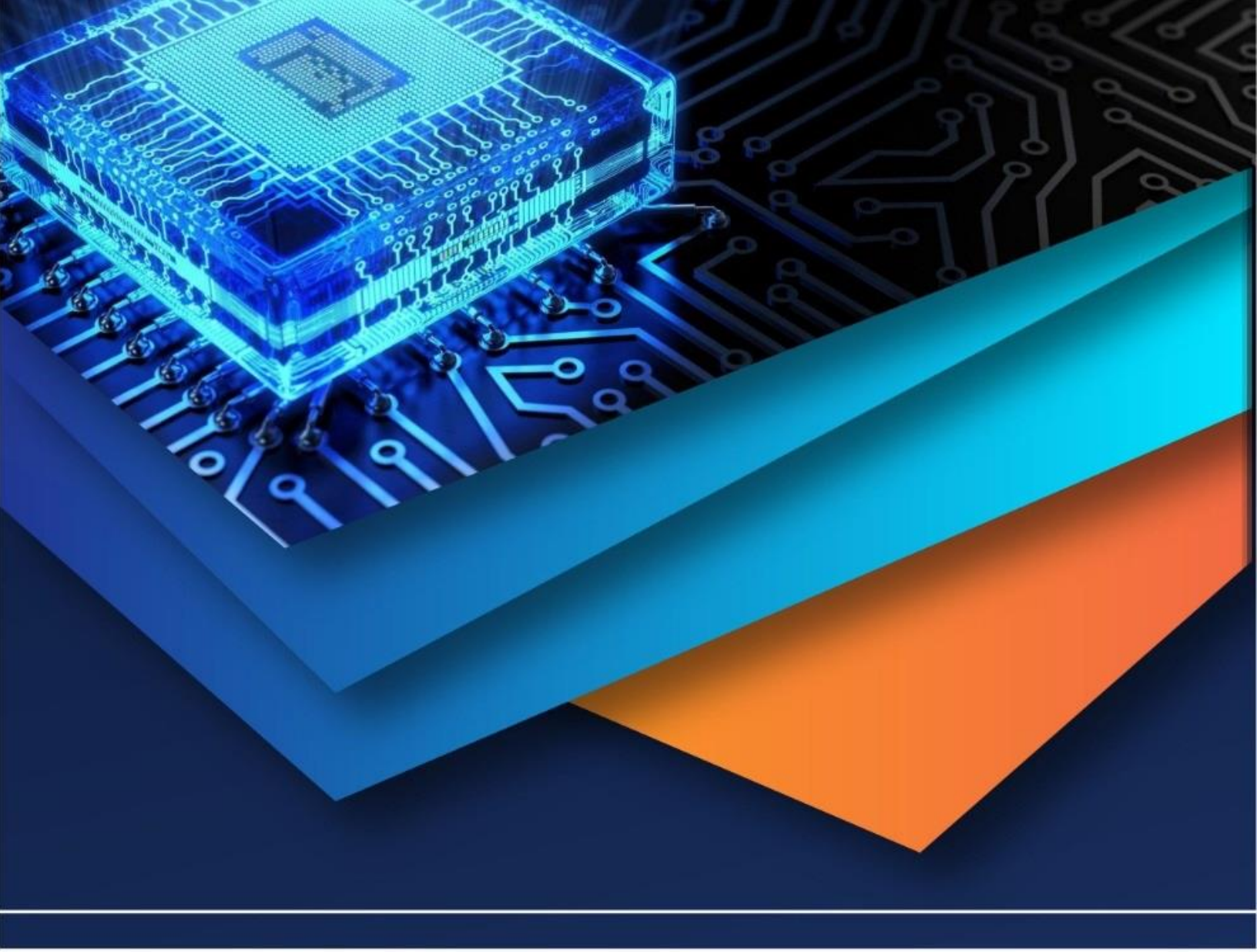
6) Based on qualitative and quantitative analysis of treatment in opioid addiction, it is concluded that physical and psychological withdrawal symptoms are important factors to consider when designing and planning for the selection of procedure and medicine.

7) Our study is considered to reduce the rate and causes (biological, environmental, behavioral and social) of opium addiction.

8) Criteria for our study is to reduce the withdrawal symptoms of opium addiction and to overcome the addiction. And in my study, I was successful in achieving these two.

9) Thus, overall clinical study found safe and effective. No side effects or adverse effects was found in the overall study.

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