

Ayurvedic Management of Alcohol Withdrawal Syndrome -Case Series

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ABSTRACT:

The most significant complication of persistent alcoholism is alcohol withdrawal syndrome is also known for causing sudden death. Delirium tremens occur in the later stages and is marked by agitation, confusion, disorientation, visual and auditory hallucinations, hyperactivity of the sympathetic nervous system. In this case series, five cases of alcohol withdrawal syndrome (AWS) were treated with *Kharjuradi Mantha* 50 ml BD before meal and *Eladi Modaka* 10 gm. BD on empty stomach with cow's milk for one month along with *Sarwang Abhyanga, Swedana* with *Dashmool Tail* and *Kwath* respectively, *Shirodhara* with *Til tail* and *Brahmi Tail, Nasya Karma* with *Jatamansi Tail*, and *Padabhyanga* with *Til Tail* for 15 days. The interventions aim to improve the condition of the patient by reducing its withdrawal effects and increasing metabolism. The final assessment was based on the Clinical Institute Withdrawal Assessment of Alcohol revised scale (CIWA-Ar score) along with the LFT investigation, before and after the treatment given.

KEY WORDS: Alcohol dependence, CIWA-Ar score, Madatyaya, Sirodhara.

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INTRODUCTION:

Alcohol use disorders (AUDs) are a serious public health concern linked to high rates of morbidity and mortality. Alcohol consumption is responsible for about 3.8% of deaths worldwide. In addition, alcohol is responsible for 4.6% of global disabilityadjusted life years. Alcohol was reported to account for more than 1% of the gross national product in both high- and middleincome countries ^[1]. According to the

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> "National Household Survey on Drug Use," average prevalence of alcohol the dependence syndrome in the Indian population is 4% ^[2]. According to recent statistics, roughly 6% of people are addicted to alcohol, with about 11% having AUDs (abusive use and dependence). Alcohol use has become a passion for many people as a result of rising westernization, without understanding its proper value and detrimental effects, individuals are



becoming hooked to alcohol, resulting in a decline in health and life span. In the classical texts, the sickness is associated with the term as "Madatyaya," which is a mixture of two terms Mada which means harsh and Atvava which means Atikrama. According to the classics, Madya (alcoholic beverages) is the substance that produces Mada (excitement). When consumed with proper rules in adequate quantity, time and procedure, it gives happiness, strength, reduces fear, strain and act a as Amruta (nector) for the body. But when same is consumed without following these rules it results in *Madatyaya*^[3], it causes the person to lose his senses. The harmful consequences of the Dosha vary depending on its involvement The clinical manifestation as well as the Dosha-Dushva Sammurchana should be evaluated and treated as necessary. Patients with Tamas and Rajas Manas Prakruti are more readily accustomed to alcohol than those with Satvik Manas Prakruti, and vice versa, resulting in a constant need for alcohol, known as *Panapkrama*^[4]. Because all three Doshas may be implicated in Madatyaya therefore, management should be targeted at pacification of most prevalent Dosha. If all three Doshas are equally aggravated, Kapha should be treated first, followed by Pitta and Vata^[5].Treatment strategy followed is internally as Sanshaman Chikitsa by using medicines such as Kharjuradi Mantha and Eladi Modaka whereas externally procedures-Panchakarma Sarwang Shirodhara. Abhyanga, Swedana Padabhyang and Nasya with the aim of management by balancing Doshas and by providing symptomatic relief. Details of each case based on the demographic data is presented in Table 1.

CASE-01: A 50 years old male patient presented on 26/07/2021 at De-Addiction OPD at National Institute of Ayurveda,

Jaipur, (RAJ.) with the H/O Alcohol addiction for 8 years with increased frequency of intake since 2 years, on withdrawal pt. complaints of Anxiety, restlessness, vomiting, anorexia, headache, and tremors for more than 5 months, for which he was admitted to the De-Addiction unit. Further, necessary investigations were done where the blood report showed elevated SGOT and SGPT levels in LFT dated 26/07/2021 as SGOT-171.3U/L and SGPT: 205.5U/L [Figure 1& Table 9].

CASE-02: A 40 years old male patient presented on 26/07/21 at De-Addiction OPD at NIA, Jaipur (RAJ.) with a history of alcohol addiction since 17 years, with resistance to withdrawal since 7months and complaints of vomiting, nausea, headache, anxiety, agitation, weakness, body ache, insomnia in case of withdrawal of it. His LFT report showed elevated SGOT and SGPT levels as -224.3U/L and 212U/L respectively [Figure 2& Table 9].

CASE-03: A 40 year old male patient entered in the De-Addiction OPD at NIA, Jaipur (Raj.)on 16-08-21, had a history of alcohol addiction for more than 4 years with increased frequency of intake for more than twice a day since 6 months on withdrawal he complaints of loss of appetite, insomnia, agitation, headache, on blood investigation found raised SGOT and SGPT levels as 134.2U/L and 125.0U/L respectively [Figure 3& Table 9].

CASE-04: A 36 year old male patient on 04-09-21 came in the De-Addiction unit at NIA, Jaipur (Raj) he complaint of nausea , vomiting , indigestion, heaviness in abdomen, headache, anxiety, frequent sweating , insomnia, irritability, loss of appetite etc. on further asking , had a history of alcohol addiction since more than 10 years and with increased intake since



more than 1 year with these complaints he was admitted and investigated and found raised SGOT and SGPT levels to 316.5U/L and 107.9U/L respectively [Figure 4& Table 9].

CASE-05: A male patient of age 30 years with the history of more than 10 years of alcohol addiction presented in the De-Addiction OPD at NIA, Jaipur (Raj) he complaint of insomnia, agitation, headache, nausea vomiting, indigestion with reduced appetite, agitation on withdrawal of the alcohol. he was further sent for investigation where the reports showed increased level of SGOT and SGPT to 473.4U/L and 286.7U/L [Figure 5& Table 9].

After proper assessment, they were diagnosed with Madatvava ~alcohol withdrawal syndrome, since the disease is Tridosha Pradhana therefore multiple strategies were used in order to overcome the disease and its related effects they were administered with internally Kharjuradi Mantha [Table-5] mentioned in the context of Madatyaya in the dose of 50 ml twice a day, orally before meal along with Eladi Modaka [Table-6] 10 gm. BD with cow's milk for one month also with the external Panchkarma therapies as Sarwana Abhyanga, Swedana with Dashmool Tail and Kwath respectively for vitiation of Vata Dosha to overcome symptoms such as generalized body ache, tremors, paroxysmal tactile disturbances sweat. and for headache, insomnia, anxiety, agitation, Shirodhara with Til tail and Bhrami Tail, along with Nasva Karma with Jatamansi Tail, and Padabhyanga with Til Tail was prescribed for 15 days [Table-3, 4].

Pathya:

• Drink normally 200 ml water in every hour at day time.

- Pulses; Green gram lentils take with added cow ghee in sufficient quantity.
- Old cereals; wheat & rice etc.
- Cream less Milk, Butter milk.
- Vegetables; Bitter guard, pointed guard, Bottle guard, Sponge guard, Indian squash, Ladies finger, Drumstick, etc.
- Seasonal fruits & Juice, Tomato, Carrot, Cucumber, Beetroot, etc.

Apathya:

- Ushna Padartha (Hot Food materials)
- *Guru Ahara* (Heavy Food materials)
- Snigdha Padartha (Unctuous)
- *Abhishyandi Ahara* (Channel Blocking Diet)
- *Pistanna Ahara* (white flour prepared food)
- Picchila Ahara (Sticky food items)
- Payasa Ahara (Milk prepared food)
- Agni Santapa (Exposure to heat)
- Divaswapna (Day time sleep)
- Krodha (Anger)
- Atapa Sevana (Exposure to Sunlight)
- Maithuna (Sexual Activities)
- Ati Vyaayama (Physical Exertion)
- *Viruddhahara* (Incompatible food combinations)
- *Vegavarodha* (Supressing of natural urges)

Observations: Withdrawal symptoms were assessed in table-8, based on the rating of CIWA-Ar scale [table-7] along with Hematological investigations like liver function test, Hemoglobin were done before and after the treatment given in [table-9].

Follow up: At the end of one month, the assessment was done and internal medicines were continued for next one month as follow up for complete abstaining of alcohol and reduction in the symptoms as well as the withdrawal effects.



Table 1: Demographic data of the presented cases:								
Data	Case-01	Case-02	Case-03	Case-04	Case-05			
Name	01	02	03	04	05			
OPD No.	106774	107841	113819	120614	132517			
D.O.A	26-7-21	26-7-21	16-8-21	04-9-21	13-10-21			
Age	46	40	40	36	30			
Sex	Male	Male	Male	Male	Male			
Marital Status	Married	Married	Married	Married	Married			
Occupation	Govt.	Police	Self-	Businessman	Worker			
	employee	constable	employed					
Nidra	Alpa	Alpa	Alpa	Alpa	Alpa			
Koshtha	Mridu	Madhya	Krura	Madhya	Madhya			
Agni	Vishama	Manda	Manda	Manda	Vishama			
Prakriti	KV	VP	KP	KV	VK			

Table 1: Demographic data of the presented cases:

Table 2: General examinations:

Data	Case 01	Case 02	Case 03	Case 04	Case 05	
Height	5'9 inches	5'7 inches	5'8 inches	5'7 inches	5'6 inches	
Weight	74kg	75kg	70kg	71kg	72kg	
Icterus	Mild +	Mild +	Mild +	Mild +	Mild +	
Cyanosis	Absent	Absent	Absent	Absent	Absent	
Clubbing	Absent	Absent	Absent	Absent	Absent	
Lymphadenopathy	Absent	Absent	Absent	Absent	Absent	
Oedema	Absent	Absent	Absent	Absent	Absent	
B.P.	140/100	135/90	130/95 140/100		140/96	
	mm of Hg	mm of Hg	mm of Hg	mm of hg	mm of hg	
Pulse	94/min	88/min	90/min	96/min	89/min	
R.R	16/min	17/min	16/min.	17/min	18/min.	
Temperature	99.60 ° F	99.20°F	98.40°F	99.40°F	98.70° F	
Skin	Absent	Absent	Absent	Absent	Absent	
discolouration						
Advice	Hb & LFT	Hb & LFT	Hb & LFT	Hb & LFT	Hb & LFT	
investigations						
Treatment	1 month	≈ 1month	1 month	≈ 1month	1month	
duration						

Table 3: Treatment given (internal medications)

Medicine	Dose	Sevan Kala	Duration	Anupana
Kharjuadi	50ml	Twice daily	1 month	-
Mantha		before meal		
Eladi Modaka	10gm	Twice a day	1 month	Go Dugdha



Procedure	Medicine	Duration
Sarwang abhyanga	Dashmool Tail	15 days
Sarwang swedana	Dashmool Kwath	15 days
Shiro dhara	Til Tail + BhramiTail	15 days
Nasya karma	Jatamansi Tail	1 month
Padabhyanaga	Til Tail	1 month

Table 4: Treatment given (external procedures)

Table 5: Ingredients of Kharjuradi Mantha: [6]

Drug name	Botanical name	Part used	Quantity
Kharjura	Phoenix Sylvestris Roxb.	Fruit	1 Part
Draksa	Vitis Vinifera Linn.	Fruit	1 Part
Vrikshamla	Garcinia Indica	Fruit	1 Part
Amalika	Emblica Officinals Gaertn.	Fruit	1 Part
Chincha	Tamarindus Indica Linn.	Fruit	1 Part
Dadima	Punica Granatum Linn.	Fruit	1 Part
Parushaka	Grewia Assiatica Linn.	Fruit	1 Part

Table 6: Ingredients of Eladi modaka:

Drug name	Botanical name	Part used	Quantity
Suksma ela	Eletaria cardamomum Maton.	Seed	1 Part
Madhuka	Madhuka indica J.F.Gmel	Flower	1 Part
Citrakamula	Plumbago Zeylanicum Linn.	Root	1 Part
Haridra	Curcuma Longa Linn.	Tuber	1 Part
Daruharidra	Berberis Aristata DC.	Root, stem, fruit	1 Part
Haritki	Terminalia Chebula Retz.	Fruit	1 Part
Vibhitki	Terminalia Bellirica (Roxb.)	Fruit	1 Part
Amalika	Emblica Officinals Gaertn	Fruit	1 Part
Rakta Sali	Oryza longistaminata	Fruit	1 Part
Pippali	Pipper Longum Linn.	Fruit	1 Part
Draksa	Vitis Vinifera Linn.	Fruit	1 Part
Kharjura	Phoenix Sylvestris Roxb.	Fruit	1 Part
Tila	Sesamum Indicum Linn.	Seed	1 Part
Yava	Hordeum Vulgare	Seed	1 Part
Vidari	Pueraria Tuberose DC.	Tuber	1 Part
Goksura	Tribulus Terrestris Linn.	Seed	1 Part
Trivrit	Operculina terpethum Linn.	Root bark	1 Part
Satavari	Asperagous racimosus Willd.	Tuber	1 Part
Sugar			36 Part
Water			SOS

Table 7: Ratings of CIWA-Ar scale [7]

Nausea and vomiting- Ask "Do you feel sickTactiledisturbances-Ask"Have you anyto your stomach?Have you vomited?"itching, pins and needles sensations, any



Observation.	burning, any numbness, or do you feel bugs
0 no nausea and no vomiting	crawling on or under your skin?" Observation.
1 mild nausea with no vomiting	0 none
2	1 very mild itching, pins and needles, burning
3	or numbness
4 intermittent nausea with dry heaves	2 mild itching, pins and needles, burning or
5	numbness
6	3 moderate itching, pins and needles, burning
7 constant nausea, frequent dry heaves, and	or numbness
vomiting	4 moderately severe hallucinations
	5 severe hallucinations
	6 extremely severe hallucinations
	7 continuous hallucinations
Tremor- Arms extended and fingers spread	Auditory disturbances- Ask "Are you more
apart.	aware of sounds around you? Are they harsh?
Observation.	Do they frighten you? Are you hearing
0 no tremor	anything that is disturbing to you? Are you
1 not visible, but can be felt fingertip to	hearing things you know are not there?"
fingertip	Observation.
2	0 not present
3	1 very mild harshness or ability to frighten
4 moderate, with patient's arms extended	2 mild harshness or ability to frighten
5	3 moderate harshness or ability to frighten
6	4 moderately severe hallucinations
7 severe, even with arms not extended	5 severe hallucinations
7 Severe, even with arms not extended	6 extremely severe hallucinations
	7 continuous hallucinations
Paroxismal sweats-Observation.	Visual disturbances- Ask "Does the light
0 no sweat visible	appear to be too bright? Is its colour different?
1 barely perceptible sweating, palms moist	Does it hurt your eyes? Are you seeing
2	
3	anything that is disturbing to you? Are you
5 4 beads of sweat obvious on forehead	seeing things you know are not there?" Observation.
5	0 not present
6 7 dranching gruppets	1 very mild sensitivity
7 drenching sweats	2 mild sensitivity
	3 moderate sensitivity
	4 moderately severe hallucinations
	5 severe hallucinations 6 extremely severe
	hallucinations
	7 continuous hallucinations
Anxiety- Ask "Do you feel nervous?"	Headache, fullness in head -Ask "Does your
Observation.	head feel different? Does it feel like there is a
0 no anxiety, at ease	band around your head?" Do not rate for
1 mild anxious	dizziness or light-headedness. Otherwise, rate



2	severity.
3	0 no present
4 moderately anxious, or guarded, so anxiety	1 very mild
is inferred	2 mild
5	3 moderate
6	4 moderately severe
7 equivalent to acute panic states as seen in	5 severe
severe delirium or acute schizophrenic	6 very severe
reactions	7 extremely severe
Agitation- Observation.	Orientation and clouding of sensorium- Ask
0 normal activity	"What day is this? Where are you? Who am I?"
1 somewhat more than normal activity	0 oriented and can do serial additions
2	1 cannot do serial additions or is uncertain
3	about date
4 moderately fidgety and restless	2 disoriented for date by no more than 2
5	calendar days
6	3 disoriented for date by more than 2
7 paces back and forth during most of the	calendar days
interview, or constantly thrashes about.	4 disoriented for place/or person

Table-8: Assessment of result on the basis of CIWA-Ar scale [7]

Clinical features	CASE	01	CASE	02	CASE	03	CASE 0	4	CASE 0	5
	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.
Nausea/Vomiting	3	0	3	0	3	0	4	0	3	0
(0-7)										
Tremors (0-7)	5	3	3	1	2	0	3	0	2	0
Anxiety (0-7)	5	1	5	2	4	1	5	1	5	2
Agitation (0-7)	4	1	2	0	3	1	4	1	4	1
Paroxysmal	3	0	3	1	2	0	2	0	3	1
sweat (0-7)										
Orientation &	2	0	1	0	0	0	2	0	1	0
clouding of										
sensorial (0-4)										
Tactile	2	0	1	0	1	0	2	1	2	1
disturbances										
(0-7)										
Auditory	2	0	2	0	1	0	2	1	1	0
disturbances										
(0-7)										
Visual	0	0	0	0	0	0	0	0	0	0
disturbances										
(0-7)										



Headache (0-7)	4	1	3	0	3	1	4	1	5	0
TOTAL SCORE	30	6	23	4	19	3	28	5	26	5

*The maximum score is 67; Mild alcohol withdrawal is defined with a score less than or equal to 15, moderate with scores of 16 to 20, and severe with any score greater than 20.

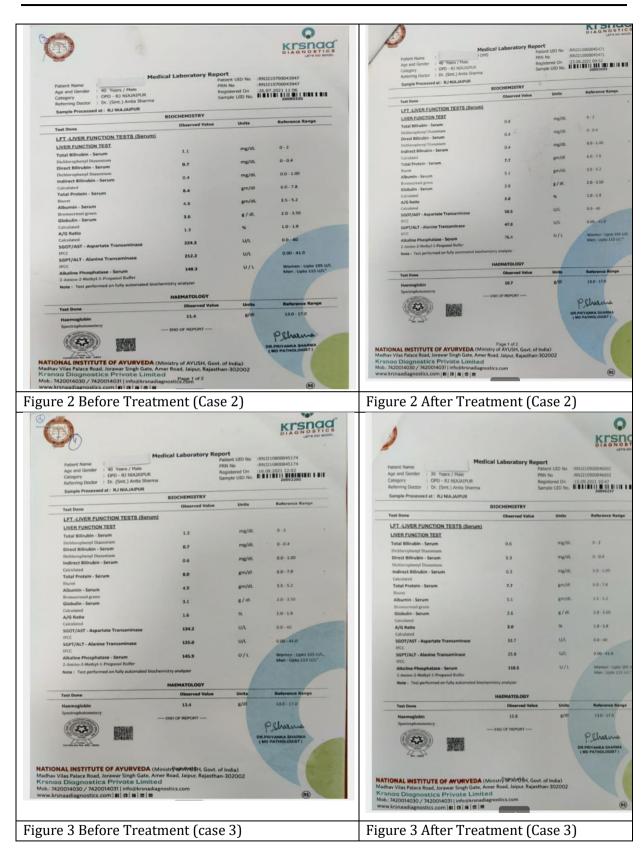
Parameters	Case 0	1 Case 02		2	Case 0	3	Case 0	4	Case 0	5
Investigations	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.
HB (g/dl)	13.5	14.9	11.4	10.7	13.4	15.8	8.8	9.5	11.5	14.7
LFT -SGOT (U/L)	171.3	30.4	224.3	50.5	134.2	33.7	316.5	43.9	473.4	27.1
LFT -SGPT (U/L)	205.5	18.4	212.2	47.8	125.0	25.8	107.9	46.9	286.7	15.9
Total billirubin	0.7	0.7	1.1	0.8	1.3	0.6	-	-	1.5	0.8
(mg/dl)										
Total serum	7.8	6.4	8.4	7.7	8.0	7.7	-	-	9.7	7.3
protein (gm/dl)										

Table 9: Effect on Haematological findings:

Images of Laboratory Reports:

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Sample Processed at : RJ NIAJAIPUR	BIOCHEMISTRY			Test Done	Observed Value	Units	Harerence nong
	Observed Value	Units	Reference Range	LFT -LIVER FUNCTION TESTS (Serum)	L		
Test Done	Contract of the second s			LIVER FUNCTION TEST	0.7	mg/dL	0-2
LFT -LIVER FUNCTION TESTS (Serum)			and the second	Total Bilirubin - Serum	0.7		
LT I SUBSTON TEST		mg/dL	0+2	Dichlorophenyl Diazonium	0.4	mg/dL	0-0.4
LIVER FUNCTION TEST	0.7	mgroc		Direct Bilirubin - Serum			
Total Bilirubin - Serum		mg/dL	0-0.4	Dichlorophenyl Diazonium	0.3	mg/dL	0.0 - 1.00
Dichlorophenyl Diazonium	0.5	mig/or		Indirect Billrubin - Serum			
Direct Bilirubin - Serum		mg/dL	0.0 - 1.00	Calculated	7.5	gm/di	6.0 - 7.8
Dichlorophenyl Diazonium	0.2	mg/ur		Total Protein - Serum	-		
Indirect Bilirubin - Serum		and lat	6.0 - 7.8		6.4	gm/dL	3.5-5.2
Calculated	7.8	gm/di		Albumin - Serum	L J		
Total Protein - Serum			35-52	Bromocresol green	11	g/dl.	2.0-3.50
Biuret	4.6	gm/dL		Globulin - Serum	A		6
Albumin - Serum			20.250	Calculated	5.8	%	10-18
Bromocresol green	3.2	g/dl.	2.0 - 3.50	A/G Ratio	(t		
Globulin - Serum				Calculated	30.4	U/L	0.0 - 40
Calculated	1.4	*	1.0 - 1.8	SGOT/AST - Aspartate Transaminase	and a		
A/G Ratio	1.4			IFCC	18.4	U/L	0.00 - 41.0
Calculated		U/L	0.0 - 40	SGPT/ALT - Alanine Transaminase	10.4		
SGOT/AST - Aspartate Transaminase	171.3			IFCC	53.4	U/L	Women : Upto 1
		U/L	0.00 - 41.0	Alkaline Phosphatase - Serum	23.4		Men : Upto 115
IFCC SGPT/ALT - Alanine Transaminase	205.5	0/1		2-Amino-2-Methyl-1-Propanol Buffer			
		U/L	Women : Upto 105 U/L	Note : Test performed on fully automated block	semistry analyzer		
Alkaline Phosphatase - Serum	84.3	0/1	Men : Upto 115 U/L*				
Alkaline Phosphatuse - June Buffer					HAEMATOLOGY		
2-Amino-2-Methyl-1-Propanol Buffer Note : Test performed on fully automated bioche	emistry analyzer			Test Done	Observed Value	Units	Reference Rang
Note : Test performed on runy automated bloch						g/dl	13.0-17.0
	HAEMATOLOGY			Haemoglobin	14.9	S. c.	
		Units	Reference Range	Spectrophotometery	END OF REPORT		
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7420014030 / 7420014031 info@krsnadia	_	e 1)	(B)	Figure 1 After Trea	tment (Ca	ise 1 [°])







W		18.0-17.0					DIAGNOS
			Ģ		Medical Laboratory R	eport	
A			Krsn	Patient Name 1	Medical Laboratory Ro 10/62 IPO	PRN No 1	0x3210900047410 RX3210900047410
<i>e</i>			Leri	Age and Gender 1 36 Years / Make Category 1 IPD - R3 NIASAIPUR			27.09.2021 11:06
**-di	cal Laboratory Rep	ort atient UID No :RI	NJ210900046171	Referring Doctor : Dr. (Smt.) Anita Shar Sample Processed at : RJ NIAJAIPUR	una.		20098043
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Age and Gender : 36 Years / Male Category : IPD - RJ NIAJAIPUR Referring Doctor : Dr. (Smt.) Anita Sharma	5	Sample UID No.	6.09.2021 09:15 11111111111111111111111111111111111	Test Dane	Observed Value	Units	Biological Hores Dive
Sample Processed at : RJ NIAJAIPUR				LFT -LIVER FUNCTION TESTS (Sets	em).		
	BIOCHEMISTRY Observed Value	Units	Reference Ran	Total Bilirubin - Serum	0.5	mg/dl.	0 - 2
Test Done	316.5	U/L	0.0 - 40	(Complettype:Server) Dictionspherey/Distancement	0.3	mg/dL	0 - 0.4
SGOT/AST - Aspartate Transaminase				Direct Billrubin - Serum (Sample type Serum) Dichlarophengl Diszonium			
Note : Test performed on fully automated blochen	nistry analyzer.			Indirect Bilirubin - Serum	0.2	mg/dL	0.0 - 1.00
SGPT/ALT - Alanine Transaminase	107.9	U/L	0.00 - 41.0	(Lample type : Seram) Calculated	8.6	gm/dl	6.0 - 7.8
1007	-			Total Protein - Serum (Semple type - Serum) Houret	8.6	Pro v.	
Note : Test performed on fully automated biochen				Albumin - Seruth	4.4	gm/dl.	3.5 - 5.2
	HAEMATOLOGY	Units	Reference R	(Sample type : Sectors) Bronnocressal groun		g/d.	2.0-150
Test Done	Observed Value	g/di	13.0 - 17.0	Globulin - Serum Calculated	4.2	g / di.	24.2.34
Haemoglobin		6 G.		A/G Ratio	1.0	*	1.0 - 1.8
Spectrophenery	- END OF REPORT		Petraen	SGOT/AST - Aspartate Transaminase	43.9	U/L	0.0-40
				(Sample type : Serien) IFOC			
Series and the series of the s			CR.PRIYANKA SHAR	SGPT/ALT - Alanine Transaminase (Sample type : Second)	46.9	U/L	0.00-41.0
Sample Collected On 06.09.2021 09:32 Sample Results Results 06.09.2021 12:06 Results	Accepted On 106.09.2021 09:3 Reported 05.09.2021 12:0	3 96 Prante	E12267 ed On 06.09.2921 15.20	proc +	120.1	W/s	Women : Upt
				Alkaline Phosphiatase - Serum (Sample type : Serlin) 2 Antina-2 Methyl-1-Propanol Buffer	120.1	071	Mem : Upto 1
				Note : Test performed on fully automated b	iochemistry analyzer		
			1	RFT - RENAL FUNCTION TEST(Seru			Section 1
				RENAL FUNCTION TEST(Serv	(III)		
				SERUM UREA	15.0	mg/dl	15-39
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gure 4 Before Treatme	nt (Case 4)			Figure 4 After T	reatmen	t i Case	(4)
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	cal Laboratory Repr	atient UID No : RN	U211000048397	Age and Gender : 30 Years / Hale	Medical Laboratory R	leport Patient UID No 11 PRN No 11	RNU211200051060
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Petion: Name99/39 Age and Gender : 30 Yoans / Maik Category OPD - RJ NADAIPUR Referring Doctor : RIA JAIPUR Test Done LIVER FUNCTION TESTS (Serum) LIVER FUNCTION TESTS (Serum) Category Serum Dichoropheny Dissonium Dichoropheny Dissonium Dichoropheny Dissonium Dichoropheny Dissonium Dichoropheny Dissonium Dichoropheny Dissonium Category Serum Distance Birubin - Serum Category Serum Distance Birubin - Serum Category Serum Distance Birubin - Serum Category Serum Distance Birubin - Serum Category Serum	cal Laboratory Rep P B BIOCHEMISTRY Observed Value 1.5 0.6 0.9 9.7 5.5 4.2	Units mg/dL gm/dL gm/dL gm/dL gr/dL gm/dL gm/dL g/dL gm/dL	0-2 0-21 1000048397 10.02021 10:06 0.021 10:06 0.02 02 00.4 0.0-1.00 6.0-7.8 3.5-5.2 2.0-3.50 1.0-1.8 0.0-40	Patient Rame Agenet Groder :: 20 Years / Mele Catagory :: 070 - 81 NALAPUR Refress / Dockson - 1 Control - 1 Control Refress / Dockson - 1 Control Refress / Dockson - 1 Control Refress - 1 Control - 1 Control Refress - 1 Control Refress - 1 Control - 1 Control Refress - 1 Control - 1 Control - 1 Control Refress - 1 Control - 1 Control - 1 Control Refress - 1 Control - 1 Control - 1 Control Refress - 1 Control - 1 Control - 1 Control - 1 Control Refress - 1 Control - 1 Contr	Medical Laboratory R syma BIOCHEMISTRY Observed Value 0.8 - 0.3 0.5 7.3 5.5 1.8 3.1 Serum 27.3	report Potent UD No 11 PPN No 01 Sample UD No 11 Sample UD No 1 mg/dL mg/dL gm/dl gm/dl gm/dL g/dL %	RUCHICON DO CONTROL DO
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Patient Name99/39 Age and Gender : 30 Yoans / Maik Category : OPD - RJ NALAMPUR Referring Doctor : RIA JANFUR Text Dene LIVER FUNCTION TESTS (Serum) LIVER FUNCTION TESTS (Serum) Category : Serum Category : Serum S Horce Serger (Att - Alanine Transaminase Category : Serum S	cal Laboratory Rep P B B BIOCHEMISTRY Observed Value 1.5 0.6 0.9 9.7 5.5 4.2 1.3	Units mg/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL	0-2 0-21 1000048397 10.02021 10:06 0.021 10:06 0.02 02 00.4 0.0-1.00 6.0-7.8 3.5-5.2 2.0-3.50 1.0-1.8 0.0-40	Patient Name Age and Groder II 20 Years / Hele Catigory II 090-ER (JAARSH) Referring Doctory II 10: (Groß) Anta Sa Earspie Processed at : 8.2 NRLAMPUR Internet Discontinue (Social Content of Same Lard Edwards II 10: Same Discont Ellipscher Same Discont Ellipscher Same Catigot Patients II 10: Same Discont Ellipscher Same Catigot Patients II 10: Same Discont Patie	Redical Laboratory R Birma Observed Value 0.8 0.3 0.5 7.3 5.5 1.8 9.1 1.9 9.0 back	keport Person UID Pro 1 Registree UID Pro 1 Registree UID Pro 1 Sample UID Pro 1 mg/dL mg/dL gm/dl gm/dL gf/dL % U/A U/A	0.2 0.0 0.2 0.0 0.2 0.0 0.2 0.0 0.2 0.0 0.2 0.0 0.3 0.2 0.4 0.0 0.7 0.0 0.1 0.0 0.2 0.0 0.3 0.1 0.4 0.0 0.5 0.3 0.5 1.3 0.3 1.3 0.3 1.3 0.4 0.3 0.5 1.3 0.5 1.3 0.3 1.3 0.3 1.3 0.4 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3
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Patient Name97/39 Age and Gender : 30 Yoans / Maik Category OPD - RJ NALAMPUR Referring Doctor : RIA JAMPUR Sample Processed at : RJ NALAMPUR Test Done LTT Test Done LTT Test Billrubin - Serum Category & Serum J Deckberger Serum J Category : Ser	Cal Laboratory Repp Pr BIOCHEMISTRY Observed Value 1.5 0.6 0.9 9.7 5.5 4.2 1.3 473.4 2265.7 _255.0	units mg/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL	0-2 0-2 0-2 0-2 0-4 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.4 0.2 0.2 0.2 0.4 0.2 0.2 0.2 0.4 0.2 0.2 0.2 0.4 0.0 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.2	Print Name Age and Grandy III (1997) Age and Age and	Medical Laboratory R Rma BEDOHEMISTRY OREANED Value Value 0.8 0.8 0.8 0.3 0.5 7.3 0.5 7.3 0.5 1.6 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 5.5 3.8 5.5 3.8 3.1 5.5 5.5 3.8 5.5 3.8 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5	kaport Pers No. Registered On. a Sample UD No. 1	0.2 0.0 0.2 0.0 0.2 0.0 0.2 0.0 0.2 0.0 0.2 0.0 0.3 0.2 0.4 0.0 0.7 0.0 0.1 0.0 0.2 0.0 0.3 0.1 0.4 0.0 0.5 0.3 0.5 1.3 0.3 1.3 0.3 1.3 0.4 0.3 0.5 1.3 0.5 1.3 0.3 1.3 0.3 1.3 0.4 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3 0.5 1.3
Patient Name97/39 Age and Gender : 30 Yoan / Maik Category OPO - RJ NALAMPUR Referring Doctor : RHA JAMPUR Sample Processed at : RJ NALAMPUR Test Dene LIVER FUNCTION TESTS (Serum) LIVER FUNCTION TESTS (Serum) Category : Serum) Distribution - Serum Cample type : Serum) Distribution - Serum Category : Serum) Distribution - Serum Category : Serum) Distribution - Serum Category : Serum) Category : Serum) Distribution - Serum Category : Serum) Category : Serum)	Cal Laboratory Repp Pr BIOCHEMISTRY Observed Value 1.5 0.6 0.9 9.7 5.5 4.2 1.3 473.4 2265.7 _255.0	units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units un	LUTE OF LUTE OF LUTE OF LUTE OF LO 2021 10:09:0 LIDEOUS LO 2021 10:09: LUTE OF LIDEOUS LO 2021 10:09: LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS	Alterst Kane Age and Grander III Diverse / Hele Category III OP - EN NAJARU Age and Grander III Diverse / Hele Category III OP - EN NAJARU IIII Diverse IIII OP - EN NAJARU IIIII Diverse IIIIIII OP - EN NAJARU IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Redical Laboratory R BIOCHENISTRY Observed Value 0.8 0.8 0.3 0.5 7.3 5.5 1.8 3.1 Serum 27.1 rum 15.9 94.0 backbacktokensity subjects	Instant UD No. 1 Protect UD No. 1 Registered On. 2 Sample UD No. 1 UD NO. 1	0.2 0.2 0.2 0.2 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.3 1.5 0.4 0.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5
Petions Name i 199/39 Age and Gender : 30 Yoans / Maik Category : OPD - RJ NALAMPUR Referring Doctor : RHA JAMPUR Sample Processed at : RJ NALAMPUR Test Dene LIVER FUNCTION TEST (Serum) Category : Serum) Distribution : Serum Campite pre: Serum) Distribution : Serum Calculated Aburnit : Serum Calculated A/G Ratio Calculated SCOT/AST - Aspartate Tansaminase (Sample type: Serum) Distribution : Serum Calculated SCOT/AST - Aspartate Tansaminase (Sample type: Serum) Distribution : Serum Calculated SCOT/AST - Aspartate Tansaminase (Sample type: Serum) Disco SCOT/AST - Aspartate Tansaminase (Sample type: Serum) Disco SCOT/AST - Aspartate Tansaminase (Sample type: Serum) Disco SCOT (AST - Aspartate Sample type: Serum) Disco SCOT (AST - Aspartate Sample type) Disco SCOT (AST - Asp	Cal Laboratory Repp Pr BIOCHEMISTRY Observed Value 1.5 0.6 0.9 9.7 5.5 4.2 1.3 473.4 2265.7 _255.0	units mg/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL	0-2 0-2 0-2 0-2 0-4 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.4 0.2 0.2 0.2 0.4 0.2 0.2 0.2 0.4 0.2 0.2 0.2 0.4 0.0 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.2	Print Name Age and Grandy III (1997) Age and Age and	Medical Laboratory R Rma BEDOHEMISTRY OREANED Value Value 0.8 0.8 0.8 0.3 0.5 7.3 0.5 7.3 0.5 1.6 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 3.1 5.5 3.8 5.5 3.8 5.5 3.8 3.1 5.5 5.5 3.8 5.5 3.8 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5	kaport Pers No. Registered On. a Sample UD No. 1	0.2 0.2 0.2 0.2 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.2 0.4 0.3 1.5 0.4 0.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5
Patient Name i99/39 Age and Gender : 30 Yoans / Male Category : OPD - 80 NALAMPUR Referring Doct: # IFA JAMPUR Sample Processed at : RJNALAMPUR International Control of the International International Control of International International Control Internation International Control Internation Dicktoregories of the International International Control Internation Dicktoregories of the International International Control Internation Dicktoregories of the International International Control International International Control Internation Dicktoregories of the International International Control Internation Dicktoregories of the International International Control Internation International Control Internation Control Internation International Control International Control International Control International Control Internation Control International Control International Control International Control International Control International Control International Control International Conternational Conternational Conternational Conternational	Cal Laboratory Rep P P B BIOCHEMISTRY Observed Value 1.5 0.6 0.9 9.7 5.5 4.2 1.3 473.4 285.7 255.9 mistry analyzer 38.5	units units graduation units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units units u	LUTE OF LUTE OF LUTE OF LUTE OF LO 2021 10:09:0 LIDEOUS LO 2021 10:09: LUTE OF LIDEOUS LO 2021 10:09: LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS	Andre Harrier Andre Harrier Anger et al. 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Patient Name i 199/39 Age and Gender : 30 Yoan / Maik Category : OPD - RJ NALAMPUR Referring Doctor : RHA JAMPUR Sample Processed at : RJ NALAMPUR Test Done LIVER FUNCTION TEST (Serum) Category is serum) Dictor Billrubin - Serum Category is serum) Dictor Billrubin - Serum Category : Serum) Category : Serum) Dictor Billrubin - Serum Category : Serum) Category : Serum)	cal Laboratory Rep P P R B BIOCHEMISTRY Observed Value 1.5 0.6 0.9 9.7 5.5 4.2 1.3 4.7 4.2 1.3 4.7 4.2 1.3 4.7 4.2 1.3 4.7 4.2 1.3 4.7 4.2 1.3 4.7 4.2 1.5 4.2 1.3 4.7 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.2 1.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4	units mg/dL mg/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm/dL gm	LUTE OF LUTE OF LUTE OF LUTE OF LO 2021 10:09:0 LIDEOUS LO 2021 10:09: LUTE OF LIDEOUS LO 2021 10:09: LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS LIDEOUS	Pulset Name Age and Groder II: 10 Years / Hele Catigory II: 00 - 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RESULT AND DISCUSSION:

The traditional Hindu system of medicine has a unique knowledge of understanding the detailed aspects of human pathophysiology, diagnosis, and treatment protocols. The treatments were provided by NIA Jaipur's De-Addiction team, which used a pre-planned treatment strategy that is purely based on Ayurveda and its fundamentals. *Doshas* are vitiated by alcohol which further leads to *Strotovrodha* (an obstruction of the pathways of the systemic circulation).

It's pathogenesis involves alteration of all the three *Doshas*, are treated according to the principles of *Madatyaya* disease by



ancient methods described in authentic *Ayurvedic* texts. During the period of abrupt abstinence from alcohol, the normal metabolism of the body (*Agni*) gets shifted to the unbalanced state and leads to accumulation of *Ama Dosha* which further leads to *Strotovrodha* which when left untreated or if not eliminated from the body will result in the decreased *bala* (*oja*).^[8]

Internal medicines used, Kharjuradi Mantha described by Acharva Charaka and Sharangdhara in context of Mada and Madatya has 7 constituents mainly amla and madhura in their property which helps to renew the organ damage produced by Madhya and further neutralizes its alkaline nature produced on its metabolism.[9] Whereas Eladi Modaka detailed in Bharat Bhaishajya Ratnawali in the course of *Madatyaya* disease has 18 drugs^[10] such as Pippali, Chitrakmool, Ela acts as Deepana, Pachana Aruchighana and helps in digestion of Ama Dosha and further pacifies the altered dosh Avastha and helps in detoxification and elimination Tri Doshas with the help of Tri Dosha Samaka Dravva such as Haridra, Daruharidra, Gokshura, and further builds up the *Oja* by rejuvenating drugs such as Shatavari, Yashtimadhu, Vidarikanda, Draksha present in it.

Sarwanga Abhyanga mainly acts against Ruksha Guna caused by Vata by application of Dashmool Tail and Swedana with Dashmool Kwath mainly act against Sheeta Guna by reducing Stambha and Gauravta. Dashmool has Vatashamak and Vedanasthapan property.^[11]

Nasya Karma with *Jatamansi Tail* and *Shirodhara* with *Til Tail* and *Brahmi Tail* relaxes the mind helps in relieving stress, ^[12] anxiety and agitation produces calmness and stability in the mind^[13] and relives in insomnia^[14]. *Padabyanga* with *Til Tail* helps in releasing blockages that can hold back

energy that should be flowing through the body freely and helps in reduces the stress and provides stability to mind and body by causing sound sleep.^[15]

CONCLUSION:

Treatment focuses on balancing Tri Dosha (Vata, Pitta, and Kapha) as well as Triguna Raja and Tama) to bring (Satva, symptomatic respite to the patient. The detoxification of the body and the maintenance of normal metabolism are two aspects of Ayurvedic management. The outcome of therapy is measured using current parameters and scales, such as the CIWA-Ar scale, which demonstrates that with adequate medicine and Panchkarma procedures used. The treatment proves to be effective in treating alcohol withdrawal syndrome by normalizing the elevated levels of SGOT and SGPT and further helps in detoxification and purification of the body and mind, with no adverse reactions of the treatment protocol being followed so far. However, further research is needed in this area to improve the Ayurvedic management options already accessible.

CONSENT OF PATIENT:

The written informed consent has been taken from the patients before stating the treatment and for publication of data without disclosing the identity.

LIMITATION OF STUDY:

Addiction is difficult to treat as well as there are chances of revival for the same therefore, cannot be treated as outpatient therapy in case withdrawal and craving for the drug is moderate to severe and also require regular long term follow ups.



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