

6.7. Madatyaya

Unit 6.7 — Madātyaya (Alcohol-related disorder / intoxication & its sequelae)

1) Nirukti, Paribhāṣā, Paryāya

Nirukti (Etymological derivation)

- **Madya** → that which produces **mada** (intoxication / derangement of buddhi-smṛti-cetanā)
- **Ati + āya** (in *Madātyaya*) → “excess / overuse leading to a morbid state”
Hence **Madātyaya** = pathological condition produced by *ati-sevana* of *madya* (or improper use).

Paribhāṣā (Classical definition in sense)

Madātyaya is a *doṣa-prakopa-janya vyādhi* in which **tridoṣa** get disturbed due to *madya* and manifest systemic + manasa symptoms; the dominance varies as Vāta/Pitta/Kapha/Sannipāta.

Paryāya (Commonly used allied terms in classics)

- **Mada** (intoxication)
- **Madātyaya** (disease state due to excess)
- **Pānātyaya** (Sūśruta uses this expression prominently)
- **Paramada / Pānāvibhrama** (described as related conditions in classical discussions of alcohol sequelae; names may vary by text-tradition)

2) Madya-Guṇa (Why Madya becomes pathogenic)

Suśruta’s guṇa-description of madya (key for samprāpti)

Suśruta Saṃhitā, Uttara-tantra 47/3-5

(47/3)

मद्यमुष्णं तथा तीक्ष्णं सूक्ष्मं विशदमेव च ।
रूक्षमाशुकरं चैव व्यवायि च विकाशि च ॥३॥

Meaning: Madya is hot, sharp, subtle, cleansing/clear, dry, quick-acting, diffusive and spreading.

(47/4)

औष्ण्याच्छीतोपचारं तत्तैक्षण्याद्धन्ति मनोगतिम् ।
विशत्यवयवान् सौक्ष्म्याद्वैशद्यात्कफशुक्रनुत् ॥४॥

Meaning: Because of heat it needs cooling measures; due to sharpness it disturbs the mind/intellect; by subtlety it penetrates tissues; by its cleansing nature it depletes kapha and śukra.

(47/5)

मारुतं कोपयेद्वैश्यादाशुत्वाच्चाशुक्मकृत् ।
हर्षदं च व्यवायित्वाद्विकाशित्वाद्विसर्पति ॥५॥

Meaning: Its dryness aggravates vāta; it acts rapidly; it exhilarates; and spreads throughout the body.

3) Avasthā (Stages) of Mada (clinical progression)

Suśruta Saṃhitā, Uttara-tantra 47/11-12

(47/11)

त्र्यवस्थश्च मदो ज्ञेयः पूर्वो मध्योऽथ पश्चिमः ।
पूर्वं वीर्यरतिप्रीतिहर्षभाष्यादिवर्धनम् ॥११॥

Meaning: Mada has three stages—early, middle, late. In the early stage it increases vigor, desire, pleasure, joy, talkativeness etc.

(47/12)

प्रलापो मध्यमे मोहो युक्तायुक्तक्रियास्तथा ।
विसञ्ज्ञः पश्चिमे शेते नष्टकर्मक्रियागुणः ॥१२॥

Meaning: In the middle stage there is delirious talk and confusion with improper actions; in the late stage the person lies unconscious with loss of functional ability.

4) Hetu (Etiology / precipitating factors)

Suśruta Saṃhitā, Uttara-tantra 47/14

निर्भक्तमेकान्तत एव मद्यं निषेव्यमाणं मनुजेन नित्यम् ।
उत्पादयेत् कष्टतमान् विकारानापादयेच्चापि शरीरमेदम् ॥१४॥

Meaning: Regular intake of alcohol alone, without food, and persistently, produces severe disorders and damages the body.

Common classical nidāna patterns (compiled by doṣa-logic):

- **Atya-sevana / Asātmyatā** of madya
- **Nir-bhakta-pāna** (without food), **rātri-jāgaraṇa**, **vyāyāma** after drinking, **rukṣa āhāra**, **krodha/śoka**, exposure to heat (pitta aggravation)
- Habitual intake → tissue depletion + vāta aggravation

5) Samprāpti (Pathogenesis) — core Ayurvedic model

Stepwise samprāpti

1. **Madya guṇa** (uṣṇa-tikṣṇa-sūkṣma-vyavāyi-vikāśi) quickly spreads through **rasavaha-raktavaha-manovaha srotas**.
2. Causes **doṣa utklesha** (often pitta first, then vāta; kapha varies by constitution/food).
3. Disturbs **agni** (tikṣṇa or viṣama; later manda), producing **āma** / dhātu-kṣaya depending on stage.
4. Affects **hṛdaya-manas** axis (buddhi-smṛti-dhṛti impairment), plus systemic features (tṛṣṇā, jvara, daha, kampā, chardi etc.).
5. Chronicity → **ojas-kṣaya**, **dhātu-kṣaya**, and complications.

Charaka's "Amṛta vs Viṣa" teaching (guiding principle)

Caraka Saṃhitā, Cikitsāsthāna 24/26-28

(24/26)



बहुद्रव्यं बहुगुणं बहुकर्म मदात्मकम् ।
गुणदोषैश्च तन्मद्यमुभयं चोपलक्ष्यते ॥२६॥

Meaning: Madya has many substances, qualities and actions; it can be understood as having both beneficial and harmful aspects.

(24/27)

विधिना मात्रया काले हितैरन्नेर्यथाबलम् ।
प्रहृष्टो यः पिबेन्मद्यं तस्य स्यादमृतं यथा ॥२७॥

Meaning: Taken properly—by method, dose, time, with suitable food and as per strength—it acts like nectar.

(24/28)

यथोपेतं पुनर्मद्यं प्रसङ्गाद्येन पीयते ।
रूक्षव्यायामनित्येन विषवद्याति तस्य तत् ॥२८॥

Meaning: Taken improperly/indulgently—especially with dryness, exertion, irregular habits—it behaves like poison.

6) Bheda (Types) & Lakṣaṇa (Clinical features)

Doṣaja bheda (standard)

- Vātaja Madātyaya
- Pittaja Madātyaya
- Kaphaja Madātyaya
- Sannipātaja (Tridoṣaja) Madātyaya

Sannipāta emphasis (Charaka's poison-analogy for severe state)

Caraka Saṃhitā, Cikitsāsthāna 24/98-100

(24/98)

विषस्य ये गुणा दृष्टाः सन्निपातप्रकोपणाः ।
त एव मद्ये दृश्यन्ते विषे तु बलवत्तराः ॥९८॥

Meaning: The qualities that provoke tridoṣa like poison are also seen in madya; in poison they are even stronger.

(24/99)

हन्त्याशु हि विषं किञ्चित् किञ्चिद्भोगाय कल्पते ।
यथा विषं तथैवान्त्यो ज्ञेयो मद्यकृतो मदः ॥९९॥

Meaning: Some poison kills quickly, some becomes a disease; similarly, the final/severe madya-produced state should be understood like poison.

(24/100)

तस्मात् त्रिदोषजं लिङ्गं सर्वत्रापि मदात्यये ।
दृश्यते रूपवैशेष्यात् पृथक्त्वं चास्य लक्ष्यते ॥१००॥

Meaning: Tridoṣa signs can be present in all madātyaya; separation into types is based on predominant presentation.

7) Diagnosis (Ayurveda + clinical logic)

Ayurvedic diagnosis framework

- **Nidāna:** pattern of intake (quantity, timing, with/without food, chronicity)
- **Doṣa-prādhānya:** dominant symptom cluster
- **Avasthā:** early/middle/late stage; āma vs nirāma; ojas status



- **Srotas involvement:** rasavaha, annavaha, manovaha, hṛdaya
- **Upadrava:** dehydration, chardi, jvara, mūrcchā, kampā, insomnia, anxiety, bleeding tendencies, hepatic signs in chronic cases, etc.

8) Samprāpti Vighaṭana (Breaking the pathogenesis)

A practical “break points” model:

1. **Nidāna-parivarjana:** stop madya; stop triggers (nir-bhakta-pāna, vyāyāma, heat exposure, night-waking).
2. **Agni & āma control:** dīpana-pācana or śamana based on stage.
3. **Doṣa-prādhānya śamana:** vāta/pitta/kapha targeted.
4. **Srotas-anulomana & hṛdaya-manas support:** restore normal movement of vāta, calm mind, stabilize sleep.
5. **Ojas-dhātu support (when depleted):** kṣīra-ghṛta-bṛmhaṇa and rasāyana.

9) Chikitsā Sūtra (Principles of management)

Aṣṭāṅga Hṛdaya: doṣa-first principle in madātyaya

Aṣṭāṅga Hṛdaya, Cikitsāsthāna 7/1

यं दोषमधिकं पश्येत्तस्यादौ प्रतिकारयेत् ।

कफस्थानानुपूर्व्या च तुल्यदोषे मदात्यये ॥ १ ॥

Meaning: Treat the predominant doṣa first; when doṣas are equal, proceed beginning from kapha-sthāna order.

Practical chikitsā-sūtra (compiled, text-consistent)

- **Acute intoxication / early stage:** reduce doṣa utklesha, correct agni, support hydration and mind.
- **Vātaja predominance / withdrawal-like picture:** snehana, bṛmhaṇa, vāta-śamana, sleep restoration.
- **Pittaja predominance:** śītala, pitta-śamana, daha-tṛṣṇā control.
- **Kaphaja predominance:** udbandhana/lekhanīya, langhana, vamana if indicated, kapha-śamana.
- **Sannipāta/severe:** treat as tridoṣa + “viṣa-sadrśa” severity; stabilize first, then doṣa management.

10) Chikitsā (Therapeutic plan — classical orientation)

A) Vātaja Madātyaya (common in chronic users, depletion, insomnia, tremors)

Core approach: Snehana + Bṛmhaṇa + Vāta-śamana

- Abhyanga with vāta-hara taila; mild swedana as appropriate
- Warm, unctuous, nourishing diet; meat-soups where suitable
- Vāta-hara classical preparations (selected by clinician based on prakṛti/agni)

B) Pittaja Madātyaya (burning, thirst, irritability, feverishness)

Core approach: Śītala + Pitta-śamana + Daha-tṛṣṇā śamana



- Cooling liquids, pitta-pacifying regimen
- Avoid sour-fermented-hot-spicy, and heat exposure

C) Kaphaja Madātyaya (heaviness, nausea, drowsiness, mucus, indigestion)

Core approach: Langhana + Lekhana + Kapha-śamana

- Light diet, dīpana as needed
- Vamana can be considered in appropriate kapha utklesha and suitable patient condition (as per classical logic)

D) Ojas-kṣaya / Post-madya weakness (important sub-state)

Aṣṭāṅga Hṛdaya emphasizes milk as ojas-like support when depleted after madya.

Aṣṭāṅga Hṛdaya, Cikitsāsthāna 7/49-51

(7/49)

ग्रीष्मोपतप्तस्य तरोर्यथा वर्षं तथा पयः ।

मद्यक्षीणस्य हि क्षीणं क्षीरमाश्वेव पुष्यति ॥ ४९ ॥

Meaning: Like rain revives a summer-scorched tree, milk quickly nourishes one depleted by alcohol.

(7/50)

ओजस्तुल्यं गुणैः सर्वैर्विपरीतं च मद्यतः ।

पयसा विहते रोगे बले जाते निवर्तयेत् ॥ ५० ॥

Meaning: Milk resembles ojas in qualities and is opposite to madya; once the disorder subsides and strength returns, management proceeds accordingly.

(7/51)

क्षीरप्रयोगं मद्यं च क्रमेणाल्पाल्पमाचरेत् ।

न विक्षयध्वंसकोत्थैः स्पृशेत्तोषद्रवैर्यथा ॥ ५१ ॥

Meaning: Milk use (and tapering approach to madya in habitual cases) should be gradual to avoid complications arising from depletion and tissue destruction.

(Clinical application: this verse is the classical basis for staged rebuilding and careful tapering logic in habitual dependence.)

11) Pathyā-Apathyā (Diet & regimen)

Pathya (favorable)

- Warm, easily digestible, unctuous foods (esp. in vāta-predominance)
- Adequate sleep routine; calm environment
- Regular meals (avoid nir-bhakta state)
- Milk/ghṛta-based nourishment when ojas-kṣaya features are present (as per agni and tolerance)

Apathya (to avoid)

- Nir-bhakta-pāna (drinking without food)
- Excessive exertion, heat exposure, night-waking
- Dry, very spicy, sour-fermented, irritant foods in pittaja dominance
- Heavy, cold, oily excess in kaphaja dominance

12) Representative simulated clinical case + selection of chikitsā type

Case (de-identified, representative)

A 34-year-old male, habitual alcohol intake for years, presents 18–24 hours after sudden stoppage:

- Tremors, anxiety, restlessness, insomnia, palpitations
- Dry mouth, constipation, body ache, headache
- Low appetite, variable digestion; feels “empty” and weak
No fever; heaviness minimal; burning minimal.

Ayurvedic assessment

- **Doṣa-prādhānya:** Vāta ↑ (rukṣatā, kampā, anidrā, chinta, vibhrama tendencies)
- **Dhātu:** rasa-majja depletion signs; ojas affected
- **Avasthā:** more **nirāma** / **kṣaya-vāta** picture than āma; not kaphaja.

Appropriate type of Chikitsā (what to choose and why)

Primary chikitsā: Śamana + Bṛmhaṇa (vāta-śamana)

- Because the presentation is **kṣaya-vāta dominant** (depletion + neuro-vegetative symptoms).
Supportive: **Bāhya snehana** (abhyanga) + mild swedana as tolerated
Rebuilding: **Kṣīra/ghṛta-based bṛmhaṇa** when appetite allows (ojas support)

If the same patient had instead: heaviness, nausea, thick salivation, drowsiness, indigestion → **kaphaja strategy (langhana/lekhana ± vamana)** would be chosen.

If burning, intense thirst, irritability, feverishness → **pittaja strategy (śītala + pitta-śamana)** would lead.