

Ayurveda and acupuncture in heroin detoxification in Sri Lanka

DAVID McDONALD

Royal Commission Into Aboriginal Deaths in Custody, Canberra, Australia

Abstract

The Bandaranaike Memorial Ayurvedic Research Institute in Colombo, Sri Lanka, is applying the traditional medical practices of Ayurveda and acupuncture to the management of withdrawal from heroin. This is part of a wider research effort into the application of Ayurveda in contemporary systems of health care. The detoxification programme is briefly described. Initial observations of programme outcomes suggest that these methods are of similar effectiveness to approaches used in western medicine and are culturally appropriate in the Sri Lankan context.

Introduction

Widespread interest exists both in Australia and in other industrialized countries in what has come to be called 'alternative' treatments of drug dependence. In Australia, New Zealand and North America indigenous peoples are increasingly making use of traditional patterns of understanding and healing in the context of drug dependence. Similarly, in Sri Lanka and India, research is being undertaken into the use of the traditional practices of Ayurveda and acupuncture in the management of heroin detoxification. This note reports my brief observation of this therapy made during a visit to Sri Lanka in 1989.

Heroin in Sri Lanka

It is estimated that Sri Lanka, with a population of some 15 million, has 25 000-30 000 heroin dependent people [1]. (Opium was formerly widely used but is rarely seen now.) Heroin is usually smoked; intravenous use is rare. It is believed that heroin enters Sri Lanka from India and Pakistan, and that Sri Lanka serves as a transit point to Europe. The Sri Lanka National Dangerous Drugs Control Board describes the typical heroin dependent person as 'an unmarried male, young (15-30 years), of the lower income group; if working, usually unskilled

with little formal education (below grade 10) and having an unstable or no family structure. The majority have been taking drugs for over 3 years' [2].

A range of drug misuse prevention, treatment and rehabilitation programmes exists in Sri Lanka. Both Government and Non-Government agencies provide services. Most operate in ways familiar to those of us from Australia, but others build on elements of the traditional Sri Lankan social system. Of particular importance, in this regard, is the role of the *bhikkhu* or Buddhist monks and their local temple-based rehabilitation programs. This is an outstanding example of using existing community resources and social structures to assist people with drug-related problems [3].

Research into the use of Ayurvedic drugs and acupuncture in the management of heroin detoxification is being conducted at the Bandaranaike Memorial Ayurvedic Research Institute at Nawinna, on the outskirts of Colombo. Under the supervision of Dr Upali Pilapitiya, the Institute's Director, the project had treated 50 patients up to late 1989. The patients at the Institute demonstrated a high level of neuroadaptation to heroin prior to admission, typically having smoked heroin four times daily and reporting withdrawal symptoms occurring following half a day's abstinence.

The detoxification program

The detoxification program is of approximately three weeks duration; clients reside in a general ward of the Ayurvedic Research Institute's hospital. As noted above, the treatment involves the use of Ayurvedic methods and acupuncture.

Ayurveda (*ayus* meaning 'life' and *veda* meaning 'knowledge') is an ancient system of medicine widely used in Sri Lanka, India and some neighbouring countries. Ayurveda is believed to have existed in India for more than 2500 years, being systematically documented there in the 7th century BC and reaching its peak of development between 500 BC and 1000 AD.

The eight important branches of Ayurveda (although not all are practised today) are:

- internal medicine;
- surgery;
- treatment of diseases of the head and neck;
- toxicology;
- the management of seizures by evil spirits and other mental disorders;
- paediatrics;
- geriatrics including rejuvenation therapy; and
- the science of aphrodisiacs.

At the heart of Ayurvedic medicine is the promotion of a healthy body, mind and spirit, the prevention of disease and the treatment of the underlying causes of disease, as well as the relief of symptoms [4].

The management of heroin detoxification, as practised at the Ayurvedic Research Institute in Colombo, is seen not as the treatment of a mental disorder but, rather, as part of the branch of Ayurveda concerned with toxicology. The heroin dependent person is considered to have been poisoned by the drug. The three weeks regime has four main components: drug therapy, oil massage and purification procedures (all elements of Ayurveda) and acupuncture.

Drug therapy. This includes a decoction made from herbs, used to relieve symptoms such as body pains and weeping of the eyes and to purify the blood; herbal wines, containing some 5–7% alcohol, made from a variety of herbs, sugar and honey, to improve appetite and digestion, reduce nausea and facilitate sleep; and a linctus to promote good digestion and sleep. These drugs are used to help restore the body to its normal state and to improve the general health of the patient.

Oil massage. Warm medicated oil is massaged into the whole body below the head for some 30 min, followed by a 15 min oil massage to the scalp. The patient then receives a steam bath, again using medicinal herbs, the process ending with a warm bath. The oil massage therapy assists in the reduction of withdrawal symptoms and the restoration of good health.

Acupuncture is provided concurrently with the drug and

massage therapies, for some two weeks, with the aim of relieving somatic symptoms and reducing the desire to use heroin.

Purification methods are used in the second half of the treatment period. In Ayurveda these therapies should, strictly speaking, be given at the commencement of the treatment period. It was found, however, that applying them early in the withdrawal process seemed to produce absconding, owing to the relatively unpleasant nature of the treatment. Their use later in detoxification, when the patient feels better and is positive about the treatment regime, is far more acceptable. The purification procedures include the ingestion of ghee to purify the blood, and emesis and purgation to clean the stomach and intestines and to cool the body.

As noted above, the patients receiving these detoxification supports are accommodated in a hospital ward along with other patients and receive their treatment as an integral part of the hospital's ongoing treatment and research programs. Normally only three heroin detoxification patients are accommodated at a time. Larger numbers were found to disrupt the other patients and lead to increased levels of treatment failure.

The patients

Pilapitiya and colleagues have provided some initial data on their patients [5]. During the period 1987 to late 1989, the heroin detoxification program was provided to fifty patients, all but one being male. All were aged between 15 and 40 years and were referred to the program by Mel Medura, a community-based drug and alcohol organisation in Colombo. Of the 50 patients, 23 were noted as being from a 'middle class' background and the balance from a 'poor' background. Thirty-one (62%) were employed on admission and 36 (72%) were classified as 'uneducated'. Ten were reported to be married, 36 were living with parents and all came from urban areas (not from a village environment).

The period of addiction prior to admission for detoxification ranged from one to eight years with a median of a little under three years. All the patients were reported to exhibit the following withdrawal signs: craving for heroin, aches and pains, insomnia, lacrimation, excessive salivation, chills and loss of appetite. Other symptoms observed were vomiting, loose motions, skin rashes, constipation and yawning.

Although advising that the programme is not yet fully developed—it is a research project which aims to find the most appropriate Ayurvedic approach to the management of heroin detoxification—Pilapitiya reports that his patients' withdrawal symptoms were relieved within the first two weeks and that 18 (36%) of them were treated successfully while 32 absconded. Patients who completed the programme were referred

back to Mel Medura for a longer term rehabilitation programme conducted in conjunction with a Buddhist community. A system is in place to follow-up former patients with the aim of monitoring their progress.

Conclusion

The heroin detoxification programme of the Bandaranaike Memorial Ayurvedic Research Institute in Colombo applies the Ayurvedic system of medicine to assist heroin dependent people to withdraw from the drug as comfortably as possible, to manage the craving for heroin and to attain a state of physical and mental health that will facilitate their moving into a longer-term program of rehabilitation and social reintegration. It is an important example of applying an empirical research orientation to developing a therapeutic regime that uses the philosophy, drugs and practices of an ancient system of medicine to treat a modern health problem: detoxification from heroin.

The preliminary results are similar to those attained by modern medicine's pharmacologically supported detoxification programs: the distress experienced by patients during the withdrawal period is minimized, their general health status is improved and the program facilitates transfer into active rehabilitation [6]. The program is intensive in nature, demanding a high level of input from skilled therapists, and is therefore not well suited for treating large numbers of patients. Nevertheless, for a number of individuals assessed as being suitable for the program, it has proved to be an effective and culturally appropriate method of managing detoxification from heroin.

Acknowledgement

The author wishes to thank Dr Upali Pilapitiya and the other staff of the Bandaranaike Memorial Ayurvedic Research Institute in Colombo for their hospitality during the 11th Conference of the International Federation of Non-Governmental Organizations Against Drug Abuse, November 1989.

References

- [1] Mendis N. Development of Drug Problems in Sri Lanka. In: Eriksen A, Abeysekera D, Boralessa M, eds. Alcohol and drugs: perspectives, prevention and control—Asia Pacific region. Colombo: IGOT—Alcohol and Drug Information Centre, 1988:64–5.
- [2] National Dangerous Drugs Control Board. Towards a drug free Sri Lanka. Colombo, 1989:5–6.
- [3] United Nations. Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17–26 June 1987. New York: United Nations, 1987:84–6.
- [4] Dash VB. Fundamentals of Ayurvedic Medicine. Delhi: Bansal, 1978.
- [5] Pilapitiya U, Lakshmi S, Sumana K. Recent Advances in Treatment and Rehabilitation. (Paper presented to 11th Conference of the International Federation of Non-Governmental Organizations Against Drug Abuse, Colombo, 1989.)
- [6] Heather N, Tebbutt J, eds. The effectiveness of treatment for alcohol and drug problems: an overview. National Campaign Against Drug Abuse Monograph No. 11. Canberra: Australian Government Publishing Service, 1989:47–52.