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TYPE-REVIEW STUDY

De-addiction through the Lens of Learning Theories: Insights from an *Ayurvedic* Perspective

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ABSTRACT

De-addiction is a multifaceted process requiring a blend of biological, psychological, and social interventions. While Ayurveda emphasizes holistic healing through body-mind balance, learning theories offer valuable insights into the behavioral and cognitive mechanisms underpinning addiction and recovery. This article explores the application of prominent psychological and sociological learning theories, such as Albert Bandura's Social Learning Theory, B.F. Skinner's Operant Conditioning, and others, in understanding and addressing addiction within the framework of Ayurveda.

1. INTRODUCTION

Addiction is a chronic condition characterized by compulsive substance use despite adverse consequences.^[1] Ayurveda views addiction as an imbalance in the tridoshas – *Vata, Pitta, and Kapha* – and seeks to restore equilibrium through detoxification, lifestyle modifications, and mental clarity.^[2] Complementing this ancient wisdom, learning theories elucidate how addictive behaviors are acquired, maintained, and can be unlearned. For students of social work, integrating these perspectives offers a robust framework for designing interventions.

1.1. Aims and Objectives

This review article is an attempt to write with an interdisciplinary approach, bringing together Ayurveda and various learning theories of psychology and sociology. The aim of this review article is to understand the addiction as a learned behavior by utilizing various learning theories as per social sciences, and after establishing the

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causes, solving the problem of addiction through Ayurveda and Ayurvedic interventions.

2. MATERIAL AND METHODS

Various reports (such as from the World Health Organization), research articles, books, and other scholarly work have been studied, analyzed, and referred to for writing this article. All this, along with the expertise of the writers, is put together in this article. For more accurate list of material and methods used, the reference section can be accessed.

3. DISCUSSION

3.1. Social Learning Theory (Albert Bandura)

Albert Bandura's social learning theory emphasizes the role of observation and imitation in behavior acquisition. Addiction often begins through observing peers or family members indulging in substance use. It Inconsistent discipline or a permissive attitude from parents can encourage people to adopt similar behavior of addiction. Other factors contributing to the problem of addiction might be peer influence, exposure to cultural and neighborhood norms which may make substance use acceptable, tolerable, and even promotion of addiction. Bandura's concept of self-efficacy is particularly relevant

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in de-addiction; individuals with higher confidence in their ability to resist substances are more likely to succeed in quitting.^[5] Interventions can be planned based on this theory in the following ways:

- Modeling: Demonstrating healthy behaviors through community leaders or rehabilitated individuals. This could involve inviting former addicts who have successfully overcome addiction to share their experiences and inspire others. Visual and interactive media can also play a role in showcasing the journey toward recovery.
- Peer support groups: Facilitating environments where individuals can learn adaptive coping mechanisms from others. Regular group meetings can provide a platform for sharing experiences, mutual encouragement, and collective problem-solving, enhancing motivation to stay substance-free. [6]
- Enhancing self-efficacy: Ayurveda's meditative practices, such as pranayama (breath control) and mindfulness meditation, can strengthen an individual's resolve to resist addiction. These practices enhance self-awareness and mental clarity, making it easier to manage cravings and maintain abstinence.

3.2. Operant Conditioning (B.F. Skinner)

B.F. Skinner's operant conditioning underscores the importance of reinforcement and punishment in shaping behavior.^[8] Addiction can be viewed as a result of positive reinforcement (e.g., euphoria from substance use) or negative reinforcement (e.g., relief from withdrawal symptoms). Effective de-addiction strategies might include:

- Positive reinforcement: Rewarding abstinence with incentives like recognition or privileges. For example, Ayurvedic centers can offer free wellness sessions or massages as rewards for achieving milestones in recovery. Taking another example of a case study, participants earned draws from a prize bowl for each clean urine sample they submitted. The prizes varied from small items such as bus tokens and food vouchers to larger items such as electronics, and the rewards often escalate with continuous abstinence.^[9]
- Negative punishment: Rewards or privileges can be withheld
 when individuals relapse. If the target behavior does not occur
 (i.e., if the urine sample tests positive for drugs), the rewards are
 withheld. This negative reinforcement helps discourage drug use.^[9]
 Structured accountability systems can help ensure adherence to
 the program while emphasizing personal responsibility.
- Ayurvedic replacements: Introducing natural, non-addictive substances such as herbal teas infused with Tulsi, Brahmi, or licorice as alternatives to substances.^[10] These herbs not only provide comfort but also support the body's detoxification process.

3.3. Classical Conditioning (Ivan Pavlov)

Classical conditioning explains how certain environmental cues become triggers for substance use. [11] For instance, an individual might associate social gatherings with alcohol consumption. Ayurvedic de-addiction programs can incorporate classical conditioning principles by:

- Cue exposure therapy: Gradually exposing individuals to the trigger without the associated substance to weaken the conditioned response. This process can be supported by Ayurvedic calming techniques such as Shirodhara (oil pouring therapy) to reduce stress during exposure.^[12]
- Creating new associations: Using calming practices like aromatherapy with essential oils of sandalwood or lavender to

associate relaxation with sobriety rather than substance use. These olfactory cues can help reprogram emotional responses.^[13]

3.4. Cognitive-Behavioral Theory (CBT) (Aaron Beck)

CBT highlights the interplay between thoughts, emotions, and behaviors. [14] Negative thought patterns, such as "I cannot function without alcohol," often perpetuate addiction. Ayurvedic practices, alongside CBT techniques, can facilitate:

- Cognitive restructuring: Identifying and challenging irrational beliefs about substance use. Practitioners can guide individuals in adopting positive affirmations and visualizations to replace negative thoughts.^[15]
- Stress management: Utilizing Ayurvedic herbs such as ashwagandha and Brahmi to promote mental clarity and reduce cravings. [16] As a potent adaptogen, ashwagandha increases the body's ability to withstand stress, which is a common contributing factor to addiction. According to studies, it can help control withdrawal symptoms by lowering stress-induced stomach ulcers and restoring normal levels of stress biomarkers such as cortisol and ascorbic acid. In addition, ashwagandha encourages neuroregeneration, repairing substance-induced damage to synapses and neurites. Its effects on cognition can increase focus and mental clarity, which can lessen the need for substances to regulate mood. Stress-relieving therapies such as Abhyanga (oil massage) and Nasya (nasal therapy) further enhance relaxation and emotional stability.

3.5. Sociological Perspectives

Sociologists such as Emile Durkheim and Robert Merton provide insights into the social dimensions of addiction.^[17] Factors such as societal norms, peer pressure, and socioeconomic conditions play significant roles in substance use. Ayurvedic interventions can be designed to address these dimensions by:

- Community-based programs: Organizing workshops to foster collective efforts toward de-addiction. These programs can integrate Ayurvedic health camps, offering free consultations and therapies to engage communities in holistic recovery.^[18]
- Addressing social determinants: Providing employment opportunities and skill development to reduce stressors that lead to addiction. Collaboration with local enterprises can ensure sustained livelihoods for recovering individuals.

3.6. Ayurveda and Holistic De-Addiction

Ayurveda's holistic approach aligns seamlessly with the insights provided by learning theories. By addressing physical detoxification, mental reconditioning, and social support, it offers a comprehensive strategy for de-addiction. Key Ayurvedic methods might include:

- Panchakarma therapy: Detoxification to cleanse the body of toxins. Specific techniques, such as Vamana (emesis) and Virechana (purgation), help eliminate accumulated impurities and reduce cravings. Regular monitoring by Ayurvedic practitioners ensures safety and effectiveness.^[19]
- Rasayana therapy: Rejuvenating therapies to restore physical and mental vitality. Rasayana herbs such as Shatavari and Guduchi are known to enhance immunity and resilience, aiding the recovery process by rebuilding strength.^[20]
- Herbal formulations: Customized Ayurvedic medicines, including Dashmoolarishta, Brahmi Ghrita, and Kutki, can aid in managing withdrawal symptoms and restoring balance. These formulations support liver function, enhance digestion, and improve mental clarity.^[21]

- Dietary interventions: Sattvic diets rich in fresh fruits, vegetables, whole grains, and herbal infusions help stabilize the mind and reduce dependence on substances. Incorporating spices such as turmeric and ginger aids digestion and detoxification, while triphala supports gut health.^[22]
- Meditation and yoga: Regular practice of meditation and yoga can help calm the mind, reduce stress, and increase awareness, making it easier to resist cravings. Practices such as Surya Namaskar (sun salutations) and Anulom Vilom (alternate nostril breathing) are particularly beneficial.^[23]
- Daily routines (Dinacharya): Establishing regular routines to include proper sleep, balanced meals, and self-care rituals promotes mental stability and resilience against addiction. Rituals such as morning oil pulling and evening foot massages enhance overall well-being.^[24]

4. CONCLUSION

Integrating learning theories with Ayurvedic principles provides a nuanced approach to de-addiction, addressing its psychological, social, and physiological aspects. For social work practitioners, this interdisciplinary perspective is invaluable in crafting effective interventions. Future research should explore empirical evidence supporting the synergy between modern psychology and Ayurveda in addiction treatment.

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9. CONFLICTS OF INTEREST

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10. DATA AVAILABILITY

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REFERENCES

 WHO. International classification of diseases. Geneva: World Health Organization; 2018.

- Lad V. Ayurveda: The science of self-healing. Twin Lakes: Lotus Press; 1984.
- 3. Bandura A. Social learning theory. Englewood Cliffs: Prentice-Hall; 1977.
- Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychol Bull. 1992;112(1):64-105.
- Marlatt GA, Gordon JR. Relapse prevention: Maintenance strategies in the treatment of addictive behaviours. New York: Guilford Press; 1985.
- Moos RH. Theory-based processes that promote the remission of substance use disorders. Clin Psychol Rev. 2007;27(5):537-51.
- Telles S, Singh N. Science of pranayama: A bibliometric analysis. J Ayurveda Integr Med. 2017;8(2):99-103.
- Skinner BF. Science and human behaviour. New York: Free Press; 1953.
- Higgins ST, Petry NM. Contingency management. Incentives for sobriety. Psychiatr Clin North Am. 1999;22(2):341-60.
- Acharya YT. Charaka samhita. Varanasi: Chaukhambha Sanskrit Series Office; 2000.
- Pavlov IP. Conditioned reflexes. New York: Oxford University Press; 1927.
- Raju R, Meena AK. Shirodhara: A psychoneuroimmunological approach. AYU. 2010;31(2):247-51.
- Koul IB, Kapil A. Evaluation of the anti-stress activity of essential oils. Indian J Pharmacol. 1993;25(2):107-12.
- Beck AT. Cognitive therapy of substance abuse. New York: Guilford Press; 1993.
- Ellis A. Rational emotive behaviour therapy. In: Corsini RJ, Wedding D, editors. Current psychotherapies. Belmont: Brooks/ Cole; 2005. p. 168-204.
- Singh N, Bhalla M, De Jager P, Gilca M. An overview on ashwagandha: A rasayana (rejuvenator) of ayurveda. Afr J Tradit Complement Altern Med. 2011;8(5 Suppl):208-13.
- 17. Merton RK. Social structure and anomie. Am Sociol Rev. 1938;3(5):672-82.
- 18. Durkheim E. Suicide: A study in sociology. Glencoe: Free Press; 1951.
- 19. Sharma H. Panchakarma therapy. In: Scientific basis for Ayurvedic therapies. Boca Raton: CRC Press; 2003. p. 257-74.
- 20. Singh RH. Rasayana therapy: A cardinal intervention in geriatric care. J Res Ayurveda Siddha. 1994;15(1):15-26.
- Pandey MM, Rastogi S, Rawat AK. Indian traditional Ayurvedic system of medicine and nutritional supplementation. Evid Based Complement Alternat Med. 2013;2013:376327.
- 22. Mishra LC. Scientific basis for Ayurvedic therapies. Boca Raton: CRC Press; 2003.
- Khalsa SB. Yoga as a therapeutic intervention. In: Lehrer PM, Woolfolk RL, Sime WE, editors. Principles and practice of stress management. New York: Guilford Press; 2007. p. 449-62.
- Srikumar R, Jeya Parthasarathy N, Devi RS. Immunomodulatory activity of triphala on neutrophil functions. Biol Pharm Bull. 2005;28(8):1398-403.

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