

## AYURVEDIC MANAGEMENT OF INSOMNIA - A CASE REPORT

\*Jithesh M. and Anju Chandran

India.

\*Corresponding Author: Jithesh M.

India.

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**ABSTRACT**

Insomnia is a disorder of sleep in which the individuals come across difficulty to fall asleep, stay asleep or both. People with insomnia often don't feel restricted when they wake up from sleep, which leads to fatigue and other associative symptoms. Insomnia is the most common among all sleep disorders as per American Psychiatric Association (APA). In fact APA states that one-third of all adults report the symptoms of insomnia. Between 6 - 10% of all adults have symptoms severe enough to be diagnosed with insomnia disorder.<sup>[1]</sup> The modern management include CBT (Cognitive Behavioural Therapy) as first line treatment for chronic insomnia, sleep hygiene training, usage of sedatives etc.<sup>[2]</sup> Ayurvedic psychiatry categorises the disease under nidranasa, which is considered as the decreased state of kapha, vitiated vata along with Pitta and flaw of both body and manas.<sup>[3]</sup> Hrdaya (manas) is the seat of chetana (soul) in living beings, when it becomes invaded by tamoguna person falls sleep. Hence excess tamoguna is the cause for sleep and satva guna is cause of waking.<sup>[4]</sup> A 34 year old male patient attended the Ayurvedic Psychiatry OPD 2 months back. He has decreased sleep and problem with initiation of sleep as well as its maintenance from almost last 5 years. As per the patient, he won't get sleep at all, no deep sleep even with allopathic medicine, which he was continuing from the last 5 years. This case was diagnosed as Nidranasa, and considering the dosha predominance and present complaints, a protocol with special preference to sodhana therapy was performed. The selected protocol was effective on assessment and highlights the role of Ayurvedic treatment management in Insomnia.

**KEY WORDS:** Insomnia, Nidranasa, Pittsburg Sleep Quality Index (PSQI), Insomnia severity index.

**INTRODUCTION**

Insomnia is better known as Disorder of Initiation and or Maintenance of Sleep (DIMS). Insomnia is the most prevalent sleep disorder worldwide. Insomnia, in terms of a diagnostic entity, is defined as having difficulties to fall asleep or to maintain sleep during the night, or early morning waking and consequently experiencing impairments in day time functioning, persisting for at least 4 weeks. Consequently, patients worry and ruminate about their symptoms at night and are concerned about the expected negative consequences during daytime. As per ICD 10, this unsatisfactory quantity and quality of sleep either causes marked distress or interferes with ordinary activities in daily living of the individual.<sup>[5]</sup>

The *Diagnostic and Statistical Manual of Mental Disorders*, (DSM-IV-TR) of the APA differentiates three types of insomnia: Acute Insomnia, Primary chronic insomnia and associated insomnia. If the symptoms persist for at least 6 months, chronic insomnia is the diagnosis.

The causes of insomnia include medical illness such as fibromyalgia, hyperthyroidism, old age, sleep apnoea,

psychological conditions such as delirium, psychiatric disorders such as mania, major depression (difficulty in maintaining sleep), anxiety disorder (difficulty in initiating sleep), stressed life situation (temporary insomnia), alcohol and drug use, medications such as corticosteroids, disruption in circadian rhythm (job shift changes, environmental noise), poor sleep habits etc.<sup>[6]</sup>

Psychiatric disorders and sleep are related in significant ways. In contrast to the longstanding view of this relationship which viewed sleep problems as symptoms of psychiatric disorders, there is growing experimental evidence that the relationship between psychiatric disorders and sleep is complex and includes bi-directional causation. The time-honoured view that treating a number of psychiatric conditions improves sleep is complemented by recent evidence suggesting that treating sleep disturbances can have important effects on the outcome of psychiatric conditions. Further, contrary to the prevailing outlook, certain sleep disorders increases the risk of developing episodes of psychiatric disorders.

A number of studies evaluated the efficacy of pharmacological and non-pharmacological treatment

approaches. To obtain long-term effects in the management of chronic insomnia, cognitive-behavioural therapy for insomnia (CBT-I) is the treatment of choice, encompassing education about sleep and sleep hygiene, sleep restriction, stimulus control, relaxation techniques, and cognitive strategies to combat nocturnal ruminations. Short-term effects can easily be achieved by the administration of hypnotic drugs such as benzodiazepines etc., but the results are not persistent or even up to the expectations.

Sleep and its alterations, along with the management have been explained in Ayurveda. Nidra is one among the three pillars responsible for the maintenance of healthy life. The heart is the seat of cetana when it is covered by *tamas* (ignorance, darkness) all living beings tend to fall sleep. The various aspects of emotional wellbeing, nourishment, emaciation, strength and weakness, virility, cognition, life and death depend upon ideal sleep.<sup>[7]</sup> In persons whom *kapha* has decreased and *vatha* or *Pitta* has increased and those whose mind and body are distressed by disease, injury to body, sleep does not be satisfactory, resulting in *nidranasa* or sleep disorder.<sup>[8]</sup>

The diagnosed case of insomnia was managed with Ayurvedic treatment protocol, including *Snehapana*, *Virechana*, *Nasya*, *Shirodhara*, *Sirolepa* etc followed by appropriate internal medicines.

### Presenting Concerns

A 34 year old male patient imminent from New Delhi attended our OPD two months back. His prime concerns were loss of sleep, problem with initiation of sleep as well as its maintenance. As per the patient, he won't get sleep at all, without tranquilisers. He has been suffering from this complaint from almost 5 years. On availing the history in detail, it was noted that patient was asymptomatic till the year 2012. After completing his graduation he worked as an accountant and faced a lot of stressful situations in the workplace. The nature of his job disrupted the sleep pattern. Usually he worked in night shift and he was going to bed only at midnight and took more time to get into sleep and also for maintaining it. This might have caused irregularity in the sleep pattern in due course.

He had to undergo many stressful life events in the previous years. His father suffered of hemiplegia and was totally bedridden. He had to bear the responsibility of his family and also he wanted to complete the construction of his house. Meanwhile he faced lots of financial crisis as well during the tenure.

From 2012 onwards, he presented with complaints of initiation and maintenance of sleep and felt too tired and with lack of energy during the daytime. He had consulted a physician and the problem was reduced within one week of medicine intake. But after stopping the medicine gradually the symptoms re-appeared and from the last 5

years he was on continuous allopathic medication for the same. He is well aware of the complication of medicine intake for longer periods and now wants to quit the medicine and hence opted Ayurvedic treatment.

### Clinical findings

General physical examination

Pulse: 72/min, Heart rate: 72/min, BP: 120/80 mm Hg,

Respiratory Rate: 18/min

Weight: 65Kg

### Mental status examination

The patient was moderately built, eye contact was maintained and rapport was established with ease. Considering the speech, the intensity, pitch and speed was normal and relevant. Mood and affect assessed to be euthymic. Comprehension was intact and motor activity was normal. Considering the thought, content of thought was slightly anxious. Regarding the domain perception, there was no hallucination. Consciousness, attention and concentration were intact and was well oriented to time, place as well as person. While considering the memory, the recent memory was slightly impaired. There was no impairment in the area of intelligence and abstract thinking, judgemental, reading and writing. On assessment the insight was normal and was of grade - 6.

### Ayurvedic clinical examination

*Dasa vidha pareeksha* or tenfold clinical examination was performed and the following were noted. *Sareera prakrithi* was *Vatapitta* and *Manasa prakrithi* was *Rajasa*. The *Doshas* involved in the disease pathology were *Vata* and *pitta*. He belonged to *Jangala desa* and *Kalam* was *Varsham*. He was a person with *madhyama satva* and with *youvana* in *vaya*. His *jarana sakthi* was *sama* and *abhyavaharana sakthi* was *madhyama*. The *Srotas* involved was *Rasavaha* as well as *manovaha srotas*.

### Investigations and Medications

Blood and urine routine examinations were within normal limits. No other investigations are performed. He was ongoing with Benzodiazepine ie, lorazepam (3mg tablet). He was under this medication for the last 5 years and without this medicine he won't get a proper sleep.

### Diagnostic focus and assessment

Considering the detailed history and mental status examination, the case was diagnosed as Non organic Insomnia as per ICD-10. It was included in F.51.0.

Assessment was done using Pittsburgh sleep quality index (PSQI) and Insomnia severity index before and after the treatment protocol. Improvement was noted in the scores after the treatment.

**Table 1: procedure with rationale.**

Procedure	No of days	Medicine	Rationale
Virechana	1	Avipathi choorna <sup>[9]</sup>	Pitta samana
Takrapana	2	Takra + Vaiswanara choorna <sup>[10]</sup>	For rookshana and attain proper snehana
Snehapana	7	Mahakalyanaka ghrta <sup>[11]</sup>	Tridosahara Manaprasadana, stress relieving
Abhyanga & Ushmasweda	2	Balaaswagandhadi tailam <sup>[12]</sup>	Vata samana
Virechana	1	Avipathi choorna+ ichabhedi <sup>[13]</sup>	Pittanubandha kapha samana Koshtasudhikara
Nasya & Abhyanga	7	Ksheerabala 101 <sup>[14]</sup>	Vata samana
Sirodhara	7	Panchagandha <sup>[15]</sup> + usira	Nidra janaka
Sirolepa	7	Panchagandha +musta + amalaki	Pitta samana Nidra janaka

### Therapeutic focus and assessment

#### DISCUSSION

Sleep is the most important component in a person's life. The wise man should indulge in sleep moderately, by doing so, the person will free from diseases, will have pleasant mind, endowed with strength, colour/complexion and virility, neither very short nor very lean with beautiful appearance and lives for a hundred years. Loss of sleep may result in body ache, heaviness of body, drowsiness, yawning, fatigue, giddiness, laziness etc due to vitiation of vata.

Virudha ahara, vihara, Divaswapna, rajasika and thamasika prakrithi, nature of job, increased gadget use are considered to be the contributing to the manifestation of nidranasa. The tamoguna plays an important role in the pathogenesis of disease, also vitiated vata dosha, pitta dosha and decreased kapha dosha also plays a major part with troubled body and mind.

Based on the symptomatology, the role of vata and pitta should be considered in the aspect of management.

The present case of insomnia can be explained under Nidranasa of vathapaittika nature, of predominance in Vatha. By considering the involvement of pitta and for attaining anulomana of vata, initially virechana was planned with Avipathy churna for one day. Sodhana procedures are quite essential in the management of Nidranasa in moderate to severe presentations along with samana therapies. Before performing snehapana, rookshana was planned as to enhance the effect of snehapana and also to clarify the srotus. For rookshana, takrapana was given with 1.5 L of buttermilk mixed with 10g of Vaisvanara churna for 2 days. After 2 days of rookshana, snehapana was planned with Mahakalyana ghritha considering the Tridosahara nature of drug and also helpful in manaprasada and relieving the stress.

After snehapana for 7days after attaining features of samyak snigdghata, abhyanga and ushmasweda was performed using Balaswagandhadi taila which is vatasamana for 2days. Virechana was planned as sodhana to get rid of the vitiated doshas with Avipathy churna in warm water along with ichabhedi rasa tablet.

Then abhyanga of the whole body was done with Balaaswagandhadi taila which is indicated in insomnia and nasya was done with Ksheerabala(101) at a dose of 1-3ml for 7days was done. During this period the patient felt improvement in his sleep. Along with that Yoga practises were also administered from the yoga centre and he followed the same. He felt relief and slowly tapered the dosage of allopathic medicine.

Then sirodhara was done with Panchagandha churna and usira for 7 days, which is Nidrajanaka in nature. Finally talapothichil was done with panchagandha churna + mustha + amalaki for 7 days, which is pittasamana in nature and also enhances sleep. The patient was discharged after the protocol with supportive internal medication.

Internal medicines include Varavisaladi kashaya once daily which is vatapittasamana, manaprasadana and ideal for stress relief. A combination of Jatamanchi, Yashti, Sankhupushpi was given at a dose of 5 gm twice daily, with hot water to ensure proper sleep. Also samana snehapana was given with Mahatikthaka ghritha with starting dose of 15 ml upto 50ml on empty stomach in morning which has an action of Vatha pitta samana, rasayana property and medhya. Ksheerabala 7 avarthi was given for nasya with dose of 10 drops on each nostril regularly, for improving the sleep, enhances indriyaprasada and vata samana. Tungadrumadi oil was given for head which has action of pitta samana, sironasaya tarpana, nidrajanana and also gives cooling comfort to eyes and head. Ksheerabala taila was given for external application on body which is Vata Pitta samana.

Before and after the completion of treatment, patient was assessed with Pittsburgh sleep quality index (PSQI) and insomnia severity index in which improvement was noted. Insomnia severity index<sup>[16]</sup> score got reduced from 20 to 14. The PSQI score was also reduced from 18 to 12 after the management.<sup>[17]</sup>

**CONCLUSION**

Insomnia is highly prevalent and affects approximately 30% of the general population. Insomnia impairs cognitive and physical functioning and is associated with a wide range of impaired functions across a number of emotional, social and physical domains. Approximately 40% of adults with insomnia have stressful life, job pattern, and family issues along with depression. The symptoms of insomnia were dealt under the context Nidranasa in Ayurveda and the management was planned based on the dosha predominance and it varies from case to case. In the present case vata dosha was more predominant than pitta. The condition was effectively managed with selected protocol. Furthermore researches have to be conducted and documented for enhancement in managing such problems, which will be a boon for those affected with sleep problems.

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