

AYURVEDA MANAGEMENT OF ANIDRA-A SINGLE CASE STUDY

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ABSTRACT

Sleep is an important function that allows the body and mind to recharge and keeps the person refreshed. Insomnia is the condition characterized by difficulty in initiation and maintenance of sleep. Person suffering from insomnia may have frequent awakenings or problem in returning to sleep after awakenings, so despite of an adequate duration of sleep, there is a feeling of not rested fully. In Ayurveda the condition can be correlated to *Anidra*. The case presented here is successfully managed by *Takradhara* and *taladhara* followed by *shamanaushadha*.

KEYWORDS: Sleep, Insomnia, *Anidra*.**INTRODUCTION**

Insomnia is characterized by subjective complaints about dissatisfaction with sleep quality or duration, non-restorative or difficulty in falling asleep at bed time, waking up in the middle of the poor quality sleep. Insomnia also includes subjective reports of daytime symptoms such as fatigue or low energy, difficulties with cognitive functions (e.g. Attention, concentration and memory) and mood disturbances (e.g., irritability, dysphoria), all of which can produce functional impairments and are often the primary concerns that prompts patients to seek treatment.^[1]

Nidra is a special state of mind in which mind is not associated with any type of *Indriya*. This detachment from *bahya vishaya* is resulting from the tiredness of the body as well as the mind.^[2] When *nidra* gets disturbed or reduced, that condition is called as *anidra* or *nidranasha*. Elimination of *dosha* in excess from the body through *virechana* or *vamana*, *nasya*, *bhaya*, *chinta*, *krodha*, *dhuma*, *ativyayama*, *raktamokshana*, *upavasa*, *asukha shayya* (uncomfortable bed), *satva guna bhuyista* (predominance of *satva*), and *tamojaya* (overcome from *tamoguna*) are causes for *nidranasha*.^[3] All these factors are responsible for the vitiation of *vata dosha*. As *vata dosha* and *manas* are interdependent, if one is vitiated, it also affects other adversely. So both *vata* and *manas* plays an important role in manifestation of *nidranasha*. It results in *Angamarda*, *shirogaurava*, *jrumbha*, *jadya*, *glani*, *tandra* and *vataroga*.^[4] Treatment modalities mentioned for *nidranasha* includes *abhyanga*, *utsadana*, *snana*, *murda*, *karna*, *akshi tarpana*, *shiraso lepa* (application of pastes to head) and administration of few

ahara dravya such as *shali anna* along with *dadhi*, *ksheera*, substances which are *snigdha* in nature, *madya*, *mamsa rasa* and indulging in activities which gives pleasure to mind.^[5]

CASE REPORT

A Female patient aged about 43yrs not a k/c/o any organic or psychiatric diseases presented with difficulty in initiation and maintenance of sleep since 2 years. During sleep sometimes she used to get dreams which disturbed her sleep. She used to go to bed at 9.30pm daily but she had to struggle for 1hour to fall asleep. In between 2 or 3 times she used to awaken and later she had to wait for half an hour to fall asleep again. Because of disturbed sleep she was getting irritation during day time, feeling of low energy and sometimes she used to get headache.

Personal history revealed that she was a flexitarian who used to eat non veg once in a week with good appetite and her bowel habits and micturition were regular. Vitals were within normal limits with BP-120/80 mm of Hg, Pulse rate- 78/min, and body weight was 50kg.No any abnormalities were detected during Systemic examinations. Mental status examination did not reveal any abnormalities.

INTERVENTION

On admission *Takradhara* and *Taladhara* with *Kachuradi churna* was administered for 7days. Along with this *shamana aushadha* such as *Cap Ashwagandha 2 TID*, *Saraswatarista 4tsp TID*, *Tab Revicer 1 BD*, and *Himasagara taila* for external application was

prescribed. Later, on discharge same medication were continued along with *Brahmi vati* 1 BD for a period of 2 weeks. On follow up patient showed good improvement in her sleep quality.

churna and *shamana aushadha* gave excellent result by improving the quality of sleep. Assessment is done by using Insomnia Severity Index scale before treatment, after treatment and during follow-up.

RESULT

Quality of sleep during treatment was assessed by sleep wake chart. *Takradhara*, *taladhara* with *kachuradi*

Sleep-Wake Chart

Date	Time of initiation of sleep	Time taken to fall asleep	No of awakenings during sleep	Time of awakening in the morning
21/12/20	9:30PM	15Minutes	2 times, 12am&3:30am	6AM
22/12/20	9:30PM	15Minutes	2 times, 1:30am&4am	6:30AM
23/12/20	9:30PM	1Hour	1 time at 3am	6AM
24/12/20	9:30PM	1Hour	No awakening	5AM
25/12/20	9:30PM	1Hour	No awakening	6AM
26/12/20	9:30PM	30 minutes	No awakening	5AM
27/12/20	9:30PM	30 minutes	No awakening	5AM

Insomnia Severity Index

	BT 0 th day(20/12/20)	AT 7 th day(27/12/20)	FU After 15days(11/1/21)	FU After 30days(26/1/21)
1.Difficulty falling asleep	3	1	0	0
2.Difficulty staying asleep	3	0	0	0
3. Problems waking up too early	1	0	0	0
4.Satisfied/dissatisfied with current sleep pattern	3	0	0	0
5. Impairing the quality of life	3	0	0	0
6. Worried/distressed about current sleep problem	2	0	0	0
7. Interfere with daily functioning	3	0	0	0
Total score	18	1	0	0

DISCUSSION

Nidra is one among the *trayopastambha* (three pillars of life) and thus it is essential to lead healthy life. *Nidranasha* is the term used to denote loss of sleep. It is correlated to Insomnia disorder, in which there will be dissatisfaction with sleep quality and quantity, along with difficulty in initiation of sleep or difficulty in maintaining sleep characterized by frequent awakenings or problems returning to sleep after awakenings or early morning awakening with inability to return to sleep. In this case, patient presented with difficulty in initiation and maintenance of sleep along with 2 – 3 times awakenings in between and difficulty in returning to sleep accompanied by irritation, decreased energy and headache during daytime.

Abhyanga, *utsadana*, *snana*, *murda*, *karna*, *akshi tarpana*, *shiraso lepa* etc. are the treatment mentioned for *Nidranasha*. In this case, *Takradhara* and *Taladhara* with *Kachuradi churna* was administered for 7days. Along with this *shamana aushadha* such as *Cap Ashwagandha* 2 TID, *Saraswatarista* 4tsp TID, *Tab Revicer* 1 BD, and *Himasagara taila* for external application was prescribed. In *takradhara* drugs used are *Amalaki*, *musta* and *takra*. *Amalaki* is *tridoshahara* in

nature, and having *sheeta veerya* and *madhura vipaka*. *Musta* is *sheeta veerya* drug. *Takra* is having *madhura vipaka*, *ushna veerya* and *vatanashana* property. As all drugs used in *takradhara* helps in *vatasamana*, it helps in inducing sleep. During *Takradhara* procedure patient lies down comfortably on the table in a room without any noise with eyes closed and concentrating on the liquid being poured on the fore head. This position helps in relaxation of body as well as mind and reduces mental tension and resulting in tranquility of mind. *Kachuradi taladhara* or *Talam* is a therapeutic procedure in which medicinal powder (*kachuradi churna*) is mixed with *Himasagara taila* and the paste is applied over the scalp and kept for a particular period of time. *Kachuradi churna* contains drugs such as *Kachura*, *amalaki*, *yastimadhu*, *manjista*, *chandana* etc which are *sheeta* and *vatapittahara* in nature and indicated in *vatapittaja shiroruja* and *buddhibhrama*. *Himasagara taila* is having the property of relieving all the varieties of *vatavikara*. Thus in total *Kachuradi taladhara* helps in relieving *vata dosha* there by promoting good sleep by calming the mind. Aqueous extract of *Ashwagandha* in a dose of 2 capsules, each capsule of 500mg is administered three times in a day before food. As it is in concentrated form it can be assumed that its action will be more than the

regular drug. *Ashwagandha* is said to be *rasayana* and possesses *ushna veerya* and *vatakaphahara* property. *Saraswatarista* is explained to be *sarvadoshahara* and it promotes *chitta santhosha*. Tablet Revicer is an ayurvedic medicine which contains drugs such as *Mandukaparni*, *Brahmi*, *Ashwagandha* etc. which helps in calming the mind.

CONCLUSION

The medicaments selected which are *vatahara* in nature and promoting mental calmness helped in rectifying the pathogenesis of *nidranasha* by reducing the signs and symptoms.

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