



## PHYSIOLOGICAL DELIBERATION OF NIDRA AND A SURVEY STUDY ON EFFECT OF LIFESTYLE MODIFICATION ON NIDRA NASH

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## ABSTRACT

*Ayurveda* is essentially the science of life. The body (*Sharir*) with sense organs, mind (*Mana*), and soul (*Atma*) closely come together for integration into a union for life to appear. As long as this union endures or lasts, life endures or lasts and with its disintegration life terminates in death. *Nidra* plays a decisive role in the development, sustenance, reproduction, and termination of life. Most of the diseases are mainly due to improper *Nidra*. None of the existing systems of medicine is the complete answer for all health problems as all these aim at symptomatic relief rather than a total cure. Good sleep means it is observed properly at the proper time which enables us to grow well and enjoy good health. Those who have proper *Nidra* live a long life and those not doing so die a premature death. Research has indeed made great contributions to medicine by explaining the cause, cure, and prevention of diseases and also in the treatment of diseases not primarily due to improper *Nidra*. But much pro-

gress has not been made as regards the natural *Nidra* is concerned, whereas the authors of *Ayurveda* have described *Nidra* in detail.

**Key words:** *Nidra*, *Nidra Nash*, *Trayopastambha*, Survey, Interventions, etc.

## INTRODUCTION

The science of life is essentially what *Ayurveda* is. The mind (*Mana*), soul (*Atma*), and body (*Sharir*) closely join together for integration into a union for life to arise. As long as this union remains or persists, life also does, and when it breaks down, life comes to an end in death. *Ayurveda* is that which deals with good, bad, happy, and unhappy life, its promoters and non-promoters, measure, and nature. A set of fairly satisfactory *Nidrakara* methods had been identified and prescribed by *Ayurveda*. Any deviations from normal *Nidra* result in illness. Various pathological entities have been identified as a result of improper *Nidra*. Even though *Ayurveda* has proposed this theory and dealt with its details, only recently has a great deal of interest been focused on the role of *Nidra* in the pathogenesis of diseases. And there is a mountain of scientific evidence to back up the theory that *Nidra* is the underlying key factor in the majority of *Manas Vyadhi*. Besides, they are also of the view that for most chronic conditions and non-emergency situations, people should avoid drugs and try a natural approach. Because these are less invasive and more natural to the body, they contribute to the natural, inherent healing power of every person. *Ayurveda* has explained three pillars of life i.e. *Aahara*, *Swapna*, and *Brahmacharya*. when All These three are properly followed leads to *Sthira Sharir* which indirectly leads to good health. *Aahara*, *Nidra*, and *Brahmacharya* are three sub-pillars, which support the main pillar, the body itself; *Nidra* becomes the main causative factor for *Nija Roga (Nidan)* and also in *Manas Roga*. After onset and in the management role of *Nidra* is appreciated. When these three sub-pillars are observed or maintained properly then only the main pillars will be endowed with strength, complexion, and development (*Bala*, *Varna*, and *Upachaya*). *Nidra* may vary according to its *Prakriti*, *Kala*, etc.

A physician conversant with these factors will find no difficulty in ascertaining *Hita* and *Ahita Nidra*. Therefore, an extensive knowledge of *Nidra* is very essential. Now a day people struggle to have a good sleep. Because the Stressful and mechanical fast way of living created a hazardous health problem that is *Nidranash*. In this modern way of lifestyle to overcome this *Nidranash* condition trend of inducing sleep artificially by consuming drugs-sedatives, narcotics, etc. Such drugs are habit-forming and injurious to health. So, the world is in search of a proper therapeutic measure, which is effective in the management and cure of the burning problem with the least or no side effects.

In *Ayurveda*, a detailed description of *Nidranash* and its *Chikitsa* has been mentioned. Especially mentioned as an effective treatment for *Nidranash*.

### AIMS & OBJECTIVES

1. To study the physiology of *Nidra* in detail.
2. To study *Nidranash* in all possible contexts.
3. To assess the prevalence of *Nidranash* in surveyed population.
4. To study the effectiveness of lifestyle modification of *Nidranash*.

### MATERIALS & METHODS

#### 1. LITERARY SOURCE-

- Textbooks from the past.
- Articles from periodicals, journals, and other publications.
- Data from a related source.

#### 2. SOURCE OF SURVEY STUDY-

The diagnosed subjects of *Nidranash* were selected by a random sampling method by Survey. A survey was conducted to find out the prevalence of *Nidranash* with the help of a questionnaire DSM-5 (Diagnostic and Statistical Manual of Mental Disorder; American Psychiatric Association, 5<sup>th</sup> edition). Assessment of the severity

of *Nidranash* was done by a grading system with the help of the insomnia severity index.

1. The survey was completed in the urban area of Udaipur (Rajasthan)
2. The sample size is 50.
3. Study duration: 3 months.
4. Selected subjects of *Nidranash* were advised of the following interventions:

**2. MATERIAL COLLECTION-**

**Interventions-** *Ksheer* (Milk) -300 ml, *Dadhi Sevan* (100 ml), *Snan*, *Samvahan*, *Shiroabhyang*, and *Pa-dabhyanga* were advised to select subjects of *Nidranash*.

**SELECTION CRITERIA-**

1. *Nidranash*-diagnosed patients.
2. Subjects were selected with respect to age and irrespective of sex, religion, occupation, and socio-economic status.
3. Subjects who meet the Inclusion criteria.
4. Subjects willing to participate in the study were selected by explaining to them the interventions.

**DIAGNOSIS CRITERIA-**

TABLE NO.1: VARIABLES

S.No.	Variables	Pre observa-tion	Post observation					
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
1.	Difficulty in initiating Sleep							
2.	Disturbance During Sleep							
3.	Changes in Sleep Time							
4.	After Awakening							

TABLE NO. 2: GRADING FOR VARIABLES

S. No.	Scoring Assessment	Normal Grade (G1)	Mild Grade (G2)	Moderate Grade (G3)	Severe Grade (G4)
1.	Difficulty in initiating Sleep	No Difficulty	½ -1 Hour Difficulty	1½ -2 Hour Difficulty	2½ -3 Hour Difficulty
2.	Disturbance During Sleep	No Disturbance	1 -2 Times Disturbance	3 -4 Times Disturbance	5 -6 Times Disturbance
3.	Sleep Time	Adequate Sleep (6-8 Hours)	Inadequate Sleep (4 -5 Hours)	Inadequate Sleep (2 -3 Hours)	Gets 1 -2 Hours of Sleep No Sleep
4.	After Awakening	Fresh	Sleepy Fatigued	Poor Concentration Poor Problem Solving	Tense Irritable

**INCLUSION CRITERIA-**

1. Subjects with classical signs and symptoms of *Nidranash*.
2. Subjects of either gender.
3. Participants range in age from 18 to 60 years.
4. Participants who were willing to consent.

**EXCLUSION CRITERIA-**

1. Participants with a history of any systemic disease.
2. Participants who are on antipsychotics.
3. Participants are under the age of 18 and over the age of 60.
4. Participants were night shift workers.
5. Participants on chemotherapy or radiotherapy.
6. Participants suffering from chronic and severe illnesses.

TABLE NO. 3 SUBJECTIVE VARIABLES

Sr. No.	Variables	Pre observation	Post observation					
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
1.	<i>Jrumbha</i>							
2.	<i>Angamarda</i>							
3.	<i>Tandra</i>							
4.	<i>Shirogurava</i>							
5.	<i>Akshigaurava</i>							
6.	<i>Glaani</i>							
7.	<i>Bhrama</i>							
<b>Grading</b>								

GRADING FOR SUBJECTIVE VARIABLES-

No Symptoms -- G 1 (NORMAL)

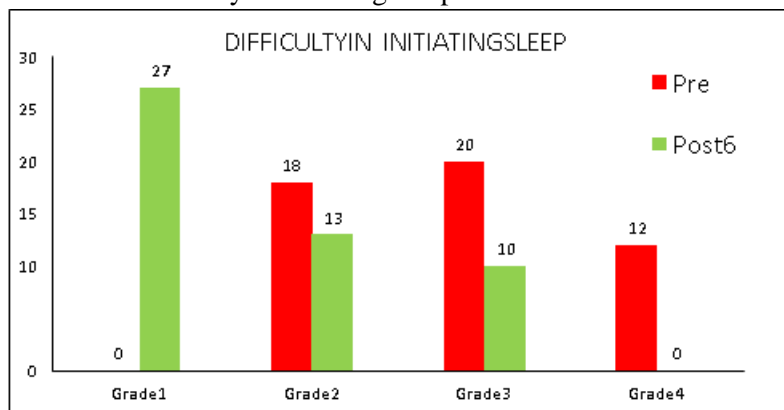
1-3 Symptoms --G 2 (MILD)

4-6 Symptoms --G3 (MODERATE)

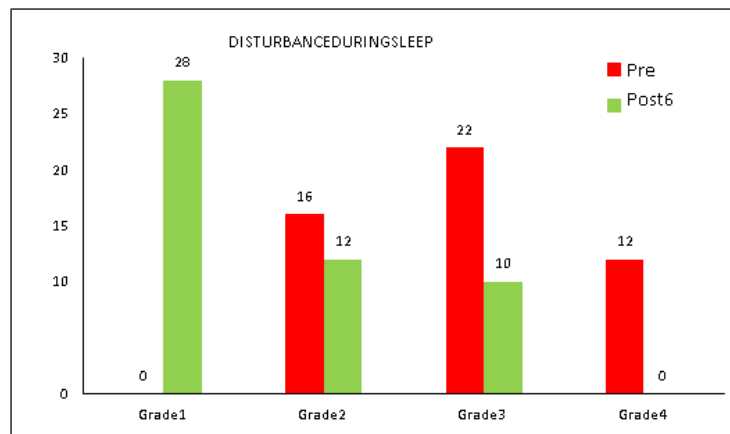
7 Symptoms --G4 (SEVERE)

OBSERVATIONS & RESULTS-

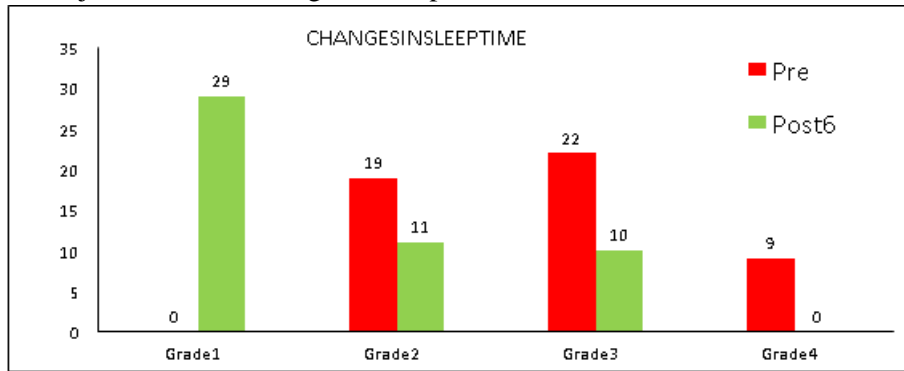
1. Incidence of subjects based on difficulty in initiating sleep.



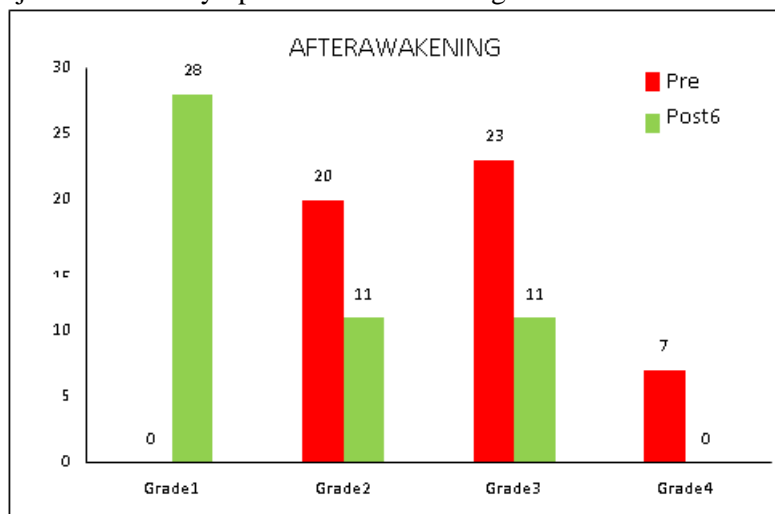
2. Incidence of subjects based on disturbance during sleep



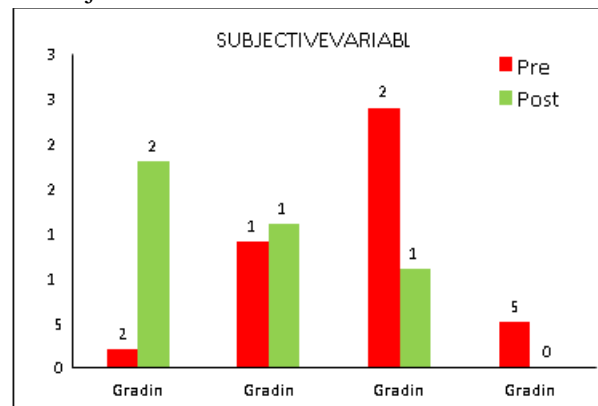
3. Incidence of subjects based on changes in sleep time.



4. Incidence of subjects based on symptoms after awakening.



5. Incidence is based on subjective variables.



**DISCUSSION**

**EFFECT OF INTERVENTION -**

A single group of 50 subjects: This group of subjects was practically treated with the following intervention. A statistically highly significant effect was not-

ed ( $p < 0.001$ ) in the B.M.I. A statistically highly significant effect was noted ( $p < 0.001$ ) in the Pulse. A statistically non-significant effect was noted ( $p = 0.21$ ) in Temperature, Blood Pressure. A statistically non-significant effect was noted ( $p = 0.10$ ) in the Respiratory rate. A statistically highly significant effect was

noted (Chi P Value <0.001) in the Health Score. In DSM-5 Questionnaires almost subjects were a positive result in grading after following up and intervention. In Variables, Difficulty in initiating sleep, Disturbance during sleep, Sleep time & After Awakening, Grading was decreased in positive manners after following up and intervention. In Subjective Variables, Grading was decreased in a positive manner after following up and intervention.

## CONCLUSION

The present study entitled ‘‘Physiological deliberation of *Nidra* and a survey study on the effect of lifestyle modification on *Nidranash* has been carried out to establish effective, simple, and easily doing in daily life procedures for the highly stressing symptom of today's era '*Nidranash*'. *Nidranash* (Insomnia) is the symptom seen in most healthy and unhealthy people facing today. Improper lifestyle and behavioral regimen cause vitiation of *Dosha*'s thus leading to a mental disorder like *Nidranash* (Insomnia). Various type of modern treatment is available but they do not cure and properly treat *Nidranash* (Insomnia) and are also very expensive. According to our classics, it is clearly stated that *Ksheer*, *Dadhisevan*, *Snaan*, *Samvahan*, *Padabhyang*, *Shirobhyang*, *Udvardhana*, *abhyanga*, etc. in *Nidranash* (Insomnia). *Acharya Charaka* also states the supremacy of this type of management. And to prove the usefulness of *Ayurveda* to the common man. A survey study was carried out on 50 people. The intervention was advised for 3 months. Follow-up was taken after every 15 days and observations and statistics had been made by questionnaires, Health Scores, and grading of variables. In the present study, *Manasika Nidan* like *Chinta*, *Udvega*, *Bhaya*, *Krodha*, *Manastapa*, *Shoka*, *Vyatha*, etc. as well as *Vata Prakopa* and *Raja Prakopa* plays a key role in the manifestation of the disease *Nidranash*. The present study revealed that *Nidan Parivarjana*

plays a vital role in preventing *Nidranasha*. *Ksheera* (Milk), *Dadhisevan*, *Snaan*, *Samvahan*, *Shirobhyang*, and *Padaabhyanga* showed efficacy during the intervention and showed positive effects after following up.

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