

Role of Ashwagandha Taila Matra Basti in management of Nidranasha - A Case Report

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In the era of growing urbanisation and fast-moving life in all the involved individuals has lead to the imbalance between the life cycle which has driven one to skip the diet or the sleep to meet their daily tasks while these are the basic for the proper homeostasis of body metabolic functions. The sleep shares a basic importance in relaxing and resting down to preserve and recharging the body for further daily activities. People have very irregular sleep due to various reasons it could be mental or physical exertion. Ayurveda states that Nidra is one among basic pillar which provides Sukha, Dukkha. Loss of Nidra leads to Nidranasha which is studied under insomnia. In the present case young individual of age 26 years stated history of lack of sleep with restlessness, fear, anxiety loss of appetite and weight loss post doing heavy labour work for which considering his Bala and Dosha Abhyanga and Matra Basti with Ashwagandha Taila was opted for 7 days and patient was assessed accordingly the patient showed benefiting result by precipitation of considered symptoms.

Keywords: Nidranasha, Ashwagandha Taila, Matrabasti, Abhyanga

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Introduction

Sleep is a natural physiologic phenomenon which is maintained by the sleep wake cycle in which central nervous system plays a critical role during the sleep cycle as a result of the activation of the circadian system, the reticular activating system (RAS) in the brain stem is inhibited from inducing sleep.[1] This sleep wake cycle can influence eating habits, digestion, body temperature, hormone release and other bodily functions. If it is very chronic, the person may tend to develop varieties of psychiatric illness. In *Ayurveda* insomnia is mainly studied under *Nidranasha* which is one among *Vatajananatma Vikara*[2] and has been given prime importance by considering one among the *Tryoupathambha*. [3] *Nidra* is mentioned under *Adharniya Vegas*, if suppressed leads to various disorders.[4] The *Agni* has strong correlation with *Nidra* if the *Nidra* gets disturbed and so our *Bala*, *Mala* and *Koshta* gets hampered leading to the decrease in *Ayu*. *Vikariki Nidra* refers to condition where in there less *Kapha* and aggravated *Vata*. [5] Due to *Vataprakopa* by improper sleeping habits causes, dryness, restlessness and weight loss. Hence It should be better planned and managed by *Abhyanga* which is best *Vata Shamana*, and *Basti* which regulates the *Vata* and is considered as *Ardhachikitsa* in *Ayurveda* which harmonises the body function and induces proper sleep.

Case Report

A young patient of age 26 years old reports the history of *Anidra* (sleeplessness) since 8 months which was associated with loss of appetite, anxiety, restlessness, body ache and weight loss which offends him from performing his daily activity. He worked as labourer at rice mill and worked for about 12hrs on standing and heavy lifting departments. He consulted allopathy physician and was advised with some oral medication for about 15 days. He felt only symptomatic relief but the problem of sleeplessness and anxiety persisted therefore the patient visited to our OPD for better management.

Vedana Vishesha (chief complaints)

1. *Anidra* (sleeplessness)
2. *Atichinta* (anxiety)
3. *Angamarda* (body pain)
4. *Agni Mandya* (Loss of appetite)
5. *Bala Kshaya* (Weight loss)

Poorva Vyadhi Vruttanta (past history)

No history of PTSD, DM, HTN, Thyroid and other psychiatric illness

Kulavrutanta (family history) - Nothing significant.

Maternal history - Nothing significant.

Paternal history - Nothing significant.

Personal history

- Diet - vegetarian
- Appetite - loss of appetite
- Bowel - 1time/day
- Micturition - 3 to 4 times/day
- Sleep - lack of sleep

Wake up - 6AM

Breakfast - 7 AM usually have bun and coffee, *Chitranna*.

Lunch - 1 PM skips due to loss of appetite by drinking tea and milk.

Dinner - 8 PM, dal, paratha and rice.

Vihara - *Ativyayama* (lifts heavy weight at store work) , *Ratrijagarana*, *Chinta*.

Addiction - Smoking for 2 years.

On examination

Nadi - 78bpm

BP - 100/60 mmHg

Respiratory rate - 17/min

Weight - 48 kg

Tongue coating - Whitish coat

Management

Patient was treated considering his *Bala* and *Dosha* by opting *Abhyanga*, *Basti* for 7 days and *Shamana Chikitsa* for next 15 days follow ups were done on regular intervals and assessment was done considering the improvement in symptoms stated earlier.

Acharya Bhela has advised *Sneha Basti* in *Nidranasha Chikitsa* therefore the treatment in order to reduced *Vata Abhyanga* and *Matrabasti* was opted. Dose of *Matrabasti* was decided after examination of *Agnibala* and *Sharirabala*.

Sarvanga Abhyanga - *Ashwagandh Taila* followed by *Bashpa Sweda* for 7 days.

Matra Basti - *Ashwagandha Taila* 60 ml for 7 days.

Table 1: Shamana Chikitsa

SN	Shamana Aushadhi	Dosage	Duration
1.	Hingavastaka Choorna	½ tsp with food 1-1-1	21 days
2.	Kushmanda Avaleha	1 tsp morning with warm milk	21 days
3.	Bramhi Ghruta	1 tsp morning before food with warm water	21 days
4.	Ashwagandha Choorna	½ tsp after food with milk at night	21 days
5.	Manasmitra Vati	0-0-1 after food	21 days
6.	Balaashwagandha Taila	Sarvanga Abhyanga daily	21 days

Observations

In observation the effect of treatment on symptoms *Anidra*, *Chinta*, *Angamarda*, *Bala Kshaya*, and *Agnimandya* is as follows

Table 2: Before treatment and after treatment

Symptoms	Before treatment	After treatment
1. Anidra	++++	+
2. Chinta	++++	+
3. Agnimandya	+++	+
4. Angamarda	++	+

Table 3: Gradation of symptoms

SN	Gradation	Score	Gradation
1.	Mild	1-3	+
2.	Moderate	4-6	++
3.	Sever	7-10	+++

Table 4: Insomnia Severity Index Insomnia.

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

Table 5: How Satisfied/ Dissatisfied are you with your Current sleep pattern?

Very satisfied	satisfied	Moderately satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

Table 6: How Noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all Noticeable	A little	Some what	Much	Very much Noticeable
0	1	2	3	4

Table 7: How Worried/Distressed are you about your current sleep problem?

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
0	1	2	3	4

Table 8: To what extent do you consider your sleep problem to Interfere with your daily functioning (e.g. daytime fatigue, mood, ability to function at work / daily chores, concentration, memory, mood etc.) Currently?

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

Guidelines for Scoring / Interpretation:

Added scores of all 7 categories – total = 3+2+1+3+2+2+2 =15

Total score categories:

0-7 = No clinically significant insomnia

8-14 = Subthreshold insomnia

15- 21 = Clinical insomnia (moderately Severe)

22- 28 = Clinical insomnia (Severe)

Table 9: Effect of Ashwagandha Taila Matra Basti on Nidranasha

SN	Criteria	Before Treatment	After Treatment
1.	Insomnia severity index	15-21 clinical insomnia (moderately severe)	8-14 = subthreshold insomnia
2.	General symptoms	Moderate	Mild

Discussion

The *Vata* is responsible for various activity in the body. when this *Vata* gets aggravated due to *Ativyayama*, *Rukshaahara* etc. it causes dryness leading to decrease in *Kapha*. The *Nidra* is produced due to *Kapha* and *Tamo Guna Pradhana* in the contrary to which aggravated *Vata* caused decreased in the qualities leads to genesis of *Nidranasha*. In order to control and normalise the *Vata* in the above case *Matra Basti* with *Ashwagandha Taila* was opted with simultaneous abhyanga with *Ashwagandha Taila*. *Basti* alone has the strength to control the *Vata* of *Vata*. *Sneha Basti* can be administered without any complication in a patient who has *Rookshata* and *Alpabala* for a long period *Abhyanga* - *Acharya Dalhana* mentions that *Abhayanga* should be done for specified time period and also, there is description of the qualities of *Sneha* reach different level of skin these are not only confined to skin but reach different tissues after getting absorbed. It also improves the blood circulation and stimulates the nerve receptors.[6] *Ashwagandhataila Matra Basti* - *Snehana* is advised as first line of treatment for *Vata* and so *Basti* is considered as *Ardhchikitsa* in *Ayurveda*.

Moreover, *Sneha* also acts as *Brumhana* and *Rasayana*. The drug *Ashwagandha* (*Withania somnifera*) a well-known *Rasayana* drug, because of its *Ushna*, *Snigdha*, *Laghu*, property and *Ushna Virya* subsides *Vata* and *Kapha* and also causes *Agnideepan*. As a result, these nutrients reach every *Dhatu* traversing through minute *Srotas* and thereby help in subsiding this aggravated *Vata Dosha*. *Hingavastaka Choorna* - *Ashtangahrudaya Chikitsasthana ch14-35 Shloka*- balances *Vata* and *Kapha Dosha* there by increases *Pitta*. *Kushmandavaleha* - *Bhaishajya Ratnavali Raktapitta Adhikara-45-51*-acts as a *Rasayana*, increase *Bala* and does *Brumhana*. *Bramhi Ghruta* - *Ashtanga Hrudaya Uttaraasthana* chapter 6 shloka 23-25- balances *Tridosha* helps in improving intelligence, memory, and voice. *Ashwagandha Choorna-Acharya Bahava Mishra* mention it relives tissue depletion, and promotes strength. It relives stress, anxiety, and improve quality of sleep.

Balaashwagandha Taila - *Sahasrayoga Tailaprakarana* -13. Balances *Vata* and *Pitta* and is indicated in emaciation also advised in *Unmada* one of *Manovahasroto Vikara*.

Mode of action of *Basti* in *Nidranasha* - The action of *Basti* occurs through the enteric nervous system (ENS) as the active drug components interact directly with receptors in the gastrointestinal tract linked to this system. Known as the 'second brain,' the ENS houses over 500 million neurons capable of producing autonomous reflexes without relying on the central nervous system (CNS). Recent research highlights numerous similarities in cellular structure, neuropeptide release, and specific functions between the CNS and ENS, demonstrating a substantial mutual influence.

When *Basti* interacts with the receptors in the ENS, it stimulates the CNS to release necessary hormones or chemicals. This interaction aligns with the 'Touch and Go Theory,' which proposes activation of the ENS receptors. Reflex activity can occur through the enteric nervous system without input from the brain or spinal cord. Gut neurons serve as significant sources of dopamine and contain about 95% of the body's serotonin. The *Phalashruti* of *Basti* outlines various health benefits for the entire body, extending beyond the digestive system. Furthermore, the gut-brain axis theory suggests that communication between the gut and brain involves multiple neurotransmitters.

Conclusion

Nidranasha which occurred as a result of *Ativyayama* leading to *Vata Prakopa* to cause dryness, weightless, body ache, anxiety in manual labour due to excessive work load. As *Basti* is considered as *Ardha Chikitsa* in *Ayurveda* hence was opted to normalise *Vata* imbalance in form of *Matra Basti* and *Abhyanga* with *Ashwagandha Taila* and other *Shamana Aushadhi* showed precipitation of symptoms effectively in early stages of *Nidranasha* other general symptoms also took 45 days post *Matra Basti* and continued internal medication to effectively improve patient condition.

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