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Comparative clnical study on the therapeutic effect of Saraswatharista and Jaladhara in Nidranasha w.s.r. to Insomnia

Dr. Shiddanagouda K. B.¹, Dr. K. B. Roy²

¹Ph.D Scholar, Parul Institute of Ayurveda Vadodara Gujarat & Assistant Professor, Dept. of Kayachikitsa, S. S. Ayurvedic Medical College & Hospital, Haveri, Karnataka, ²Professor, Dept. Of Kayachikitsa, Parul Institute of Ayurveda, Vadodara, Gujarat, INDIA.

ABSTRACT

Nidra is considered as one among the Trayoupasthambha^[1] which is very essential to lead happy and healthy life. In present era because of stressful lifestyle many people suffering from one or the other psychosomatic illnesses, among that insomnia is the most common health problem which affects the functions of central nervous system and even other systems. Around 9% of general population are suffering from insomnia, around 28% of people suffering from initiation and maintenance of sleep. At present the medical management of insomnia includes different variety of benzodiazepines' which causes various toxic effect and also drug dependency. For this one can find out the best remedies in Ayurvedic system of medicine, for the treatment of this disease. Saraswatharista^[2] is one of the best Shamana medicine with Bramhi Panchanga as main ingredient, having Rasayana effect as well as properties which can cure the diseases like Unmada, Mada, Apasmara as both Shareerika and Manasika Vyadhi are inter-related.^[6] And Jaladhara is very safe, effective, readily available and cost effective without any side effect which mainly having Aaswasahara^[4] and Nidraianana action hence. present clinical trial is planned to compare the therapeutic effect of Saraswatharista and Jaladhara in Nidranasha with special reference to Insomnia is undertaken.

Key words: Nidra, Jaladhara, Saraswatharista, Benzodiazepines, Insomnia.

INTRODUCTION

Ayurveda is the holistic and time tested evidence based medicine which understands disease is mainly because of dushti of the either shareerika or manasika dosha. At present scenario of life because of stress most of the individuals are suffering from one or the

Address for correspondence:

Dr. Shiddanagouda K. B.

Ph.D Scholar, Parul Institute of Ayurveda Vadodara Gujarat & Assistant Professor, Dept. of Kayachikitsa, S. S. Ayurvedic Medical College & Hospital, Haveri, Karnataka, INDIA. E-mail: siddanagouda88@gmail.com

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other psychosomatic disorders. Ahara(Food) Nidra (Sleep) and Bramhacharya (Abstinence) are described to be the *Trayopasthambas*. Hence forth, Sleep is one of the essential thing to lead a healthy life. It has been rightly stated by Acharya Charaka that happiness & misery, proper & improper growth, good strength & weakness, potency & sterility, knowledge & ignorance and life & death of an individual mainly depends on proper and improper sleep respectively.

Insomnia (inadequate quality and quantity of sleep) may be a symptom of stressful lifestyle, depressive illness, anxiety disorders, many psychiatric diseases or any other pathological conditions. Whatever may be the cause, it needs immediate attention. It is affecting nearly about 1/3 rd of population (especially youth) in western countries and the incidences are increasing day by day. If insomnia is left untreated, it may reduce mental capacity of an individual, hampers physiological functioning of body and ultimately it

ISSN: 2456-3110

may drag the individual towards several severe psychosomatic aliments.

OBJECTIVES OF THE STUDY

- 1. To evaluate the therapeutic effect of *Saraswatharista* in *Nidranasha*.
- 2. To evaluate the therapeutic effect of *Jaladhara* in *Nidranasha*.
- 3. To compare the therapeutic effect of *Saraswatharista* and *Jaladhara* in *Nidranasha*.

MATERIALS AND METHODS

Inclusion Criteria

- Patients of both sex between 16 to 60 years of age.
- Patients with signs and symptoms of Nidranasha-
 - Jrimba (Yawing) Tandra (Drowsiness)
 - Angamarda and angasada (Malaise)
 - Shirashoola (Headache) Manodourbalya (Lack of concentration)
 - Smritidourbalya (Lack of memory) Indriya karmahani (Poor sensory perception)
 - Ajirna & Agnimandya (Indigestion) Malabadhata (Constipaion)
 - Dhatu kshaya (Weight loss) Kanti kshaya (Loss of luster)
- Nidranasha patients with chronicity of 1month to 10yrs.

Exclusion Criteria

- Patients below 16 yrs and after 60 yrs of age.
- Patients with major psychiatric illnesses like Schizophrenia, Bipolar mood disorder.
- Patients having chronic illness like IHD, COPD, malignancies.
- Patients with RTA.

Diagnostic Criteria

As per Nidranasha Laxana mentioned in classics

- ORIGINAL ARTICLE Jan-Feb 2020
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- Angamarda and angasada (Malaise)
- Shirashoola (Headache), Manodourbalya (Lack of concentration)
- Smritidourbalya (Lack of memory), Indriya karmahani (Poor sensory perception)
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- Dhatu Kshaya (Weight loss), Kanti kshaya (Loss of luster)

Design of the study

Comparative clinical study with pre-test and post-test design.

Intervention

- Saraswatharista group (S -group): 20ml, twice a day, after food with warm water
- Jaladhara group (J Group): The patients of this group were subjected to Jaladhara for 30 minutes daily in the Morning between 8:30 to 11:00 AM for 7days.

Poorva Karma

Dharapatra prepared from steel, whose mouth is wide and side are tapering gradually to a ventral point in the bottom. At the centre of this *dharapatra* a hole of little Finger size is made, at this point a brass cork was fixed with a provision of screw to Stop or start the Jaladhara. The capacity of the Patra was about 3 liters. Dharapatra was hanged on the hanger wire. So that it was about 4 finger (3 inches) just above the Patient's head.

The fresh tap water is used for *Jaladhara* at room temperature and it is collected to avoid wetting of the floor but not reused. The patient is asked to pass his natural urges before laying on *Dhara* table. The patients are allowed only to take tea, if they were addicted to it. The patient is asked to lay down on *Dhara* table on his back with his head resting on slightly elevated wooden platform made in the table. The table table table table to the eyes covered with cotton piece. The

ISSN: 2456-3110

ORIGINAL ARTICLE

Jan-Feb 2020

patient's pulse, respiratory rate and blood pressure are recorded before starting the *Jaladhara*.

Pradhana Karma

The fresh tap water at room temperature is filled up about three fourth of its capacity in *Dharapatra* and poured in oscillating movement continuously on the forehead of the patient for 30 minutes. The fresh water is used to refill the *Patra*.

Paschat Karma

After Jaladhara, water is wiped with a napkin. Pulse, respiratory rate and blood pressure are again recorded. The patient is asked to sit in the room for some time before leaving the *Dhara* room.

Duration of study: 7 Days

Drug Ingredients

SN	Drug	Botanical Source Part Used		Quantity Used
1.	Brahmi	Bacopa monnieri Plant		6240gm
2.	Shatavari	Asparagus Root racemosus		1560gm
3.	Vidarika	Pueraria tuberose	Root	1560gm
4.	Abhaya	Terminalia chebula Pulp		1560gm
5.	Ushira	Vetiveria zezanoides Root		1560gm
6.	Ardraka	Zingiber officinale Rhizome		1560gm
7.	Mishi	Foeniculum vulgare	Fruit	1560gm
8.	Makshika	-	Honey	3.12kg
9.	Sita	Saccharum officinarum		7.8kg
10.	Dhataki	Woodfordia fruticosa Flower		1560gm
11.	Renuka	Vitex negundo Seed		78gm
12.	Trivrt	Operculina Root turpethum		78gm
13.	Kana	Piper longum Fruit		78gm

14.	Devapushpa	Syzygium Flower aromaticum bud		78gm
15.	Vacha	Acorus calamus Rhizor		78gm
16.	Kushta	Saussurea lappa	Root	78gm
17.	Vajigandha	Withania somnifera	Root	78gm
18.	Vibheetaki	Terminalia bellirica Pulp		78gm
19.	Amruta	Tinospora cordifolia	Stem	78gm
20.	Ela	Elettaria cardamomum	Seed	78gm
21.	Vidanga	Embelia ribes	Fruit	78gm
22.	Twak	Cinnamomum zeylanicum	Stem bark	78gm

Assessment Criteria

Questions	Never	Rarely	Occasio nally	Most nights/d ays	Alway s
Do u have trouble falling asleep?	1	2	3	4	5
Do u have trouble staying sleep?	1	2	3	4	5
Do you wake up un- refreshed?	1	2	3	4	5
Do you take anything to help u sleep?	1	2	3	4	5
Do you use alcohol to help you sleep?	1	2	3	4	5
Do you have any medical condition that disrupts your sleep?	1	2	3	4	5

ISSN: 2456-3110

DISCUSSION

Anidra or Nidranasha is enumerated as one among the Vataja nanatamaja vikara. It is also included as one of the symptoms in Vata & Pitta Dosha Vriddhi Lakshanas and certain diseases. Kaphadosha, Tamas, Hridaya and Saminavaha srotas are responsible for induction of sleep. During the explanation of Nidra Utpatti classical texts explained that both Shareerika and manasika Dosha palys an important role . when manas become klanta, indriva are unable to perform their normal function. In case of Nidranasha the available modern medicines are having various adverse effect and even drug dependency for that Ayurvedic system of medicine is having very safe and effective remedies. Saraswatharista is the very common drug having best medhya drug that is Bramhi panchanga. And even it acts as best rasayana and shamana medicine having chittasantosha and nidrajanana action.

CONCLUSION

To conclude on the basis of various clinical trials it is proved that *Saraswatharista* is considered best drug of choice in *Nidranasha*. And it is very simple, common medicine with *Bramhi panchanga* as main ingredients having *tikta rasa, ushna veerya* and *medhya* property. *Nidranasha* is one among the *vataja natmaja vikara* for *vata shamana, nidrajanana* and *aaswasahara* action *saraswatharista* and *jaladhara* are very safe,cost effective and easily available medicines.

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ORIGINAL ARTICLE Jan-Feb 2020

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ISSN: 2456-3110

ORIGINAL ARTICLE Jan-Feb 2020

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