Impact factor: 3.958/ICV: 4.10

Pharma Science Monitor 8(4), Oct-Dec 2017



PHARMA SCIENCE MONITOR

AN INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES

Journal home page: http://www.pharmasm.com



NIDRANASHA (INSOMNIA) CAUSES, CONSEQUENCES & MANAGEMENT: AN AYURVEDIC APPROACH

Rajesh Jain*¹, K. S. Girhepunje², K.H.H.V.S.S. Narasimha Murthy³, J. S. Tripathi⁴

ABSTRACT

Ayurveda "Science of life" is anexclusive science and philosophy that balances the physical, psychological, emotional and spiritual components essential for holistic health. Ayurved is becoming more andmore acceptable worldwide as it is eco-friendly, toxicity free and cost effective due to its holistic approach. Its plan is to uphold and conserve physical and mental health and cure of disease too. Ayurveda mentioned three main facts to keep a person in healthy condition as Aahara, Nidra &Bramhacharya. Out of which Sleep is a state which refills our power of activity which we drop in daily schedule. Nidranasha is a term of Ayurveda used for loss of Sleep. Nidra as one of the most important dimensions of health related with happiness and good health and is are sult of relax mental state. Ayurveda recognizes the significance of sleep to health and has considered it as an upstambha of life. Insomnia is the commonest sleep problem worldwide and can lead to many psychosomatic manifestations like high blood pressure, fatigue, inability to perform mental and physical activities normally and badly hampers the class of life. In present days many people are dependent on sleeping drug and have became habitual to them. Side effects of the sleeping pills like dizziness, difficulty in keeping balance, drowsiness, etc. daytime are potentially destructive. Hence requireunderstanding the concept of insomnia described in Ayurveda. Ayurveda prescribes several herbs in single or compound form to overcome the situation. My Article provides a short review on causes, consequences and management of insomnia with the perspective of Ayurveda. KEYWORDS: Ayurveda, Nidra, Aahara, Nidranasha, Psychosomatic

INTRODUCTION

Insomnia is a major health issue in the United States; about 50 million Americans report a sleep disturbance within the past year and33-40% report insomnia nearly every night. [1, 2] Insomnia may be defined as trouble in falling asleep, difficulty maintaining sleep, early morning awakening. Humans have to experience many troubles related with health in day to day life. To prevail over these problems he has to keep his body and mind strong and fit. Ayurveda, the science of life, recommended many principles, which, one has to obey to maintain healthy life. One of the most significant principles is the three factors i.e. *Aahar*, *Nidra* and *Brahmacharya*,

¹Junior Resident III, Dept. of Kayachikitsa, Faculty of Ayurveda, IMS, BHU, Varanasi

²Junior Resident III, Dept. of Kayachikitsa, Faculty of Ayurveda, IMS, BHU, Varanasi

³Asso. Professor, Dept. of Kayachikitsa, Faculty of Ayurveda, IMS, BHUVaranasi

⁴Professor & Head, Dept. of Kayachikitsa, faculty of Ayurveda, IMS, BHUVaranasi

are mentioned as three Upastambha executing an important role in maintaining the health. [3] Aahara is the first which directly affects the life by causing a variety of problems with health & mind. Changes in diet habit, changes in the timing etc. may cause problems related with gastrointestinal [4] Bramhachary is a pillar which also affects on the healthy status of the body. It means controlled sex, if done at appropriate age and at proper time it preserves the body or it is harmful if done in a wrong or non-scientific way [5]. Nidra also has its important role in healthy life. By getting a good &adequate sleep one can get ready for fresh work. A sound sleep in the night regenerates the supremacy of the mind and body to accept new challenges, maintains health, and emotional well-being ^[6]. In daily routine a person can't focus on adequate and in time sleep, so he is affliction from many problems related with mind & body. Researches show that inappropriate sleep can increase risk of increasing obesity, high blood pressure, diabetes, or heart disease ^[7]. A survey conducted by WHO in India revels that about 35 percent of respondents have reported mild to severetrouble associated with sleep [8]. Ayurveda has enlightened about this fact centuries ago and mentioned various causes, symptoms and remedies for Nidranaasha. On the other hand conservative medical science is still missing definite management for insomnia. It repeatedly prescribes sedative and hypnotic like benzodiazepines drugs as a treatment of insomnia.

Anidra (insomnia) is a common sleep disorder that affects aconcerning 30% of the general population. The annoyance in Nidra might be related to the life style, ecological influence, psychological tension, altered food habits and day to day constant worry which ultimately disturb the psychoneuro-biological rhythm of sleep. As per Ayurvedic texts it is called as Anidra / Nidranasha, an inequity in Tarpaka Kapha, Sadhaka Pitta and Prana Vayu.

- Tarpak Kapha is a sub-dosha of Kapha that nourishes the brain cells and facilitatesa high-quality sleep. Disparity of this dosha causes reduced nourishment of brain cells, leading to Insomnia.
- > Saadhak Pitta is a subdoshaof Pitta and is positioned in the heart. It controls emotions, determination, desires and spirituality.
- > Prana Vayu makes the nervoussystem susceptible, this sensitive nervous system joined with aprovoked Prana Vayu lead to insomnia.

Ayurveda explained reasons for loss of sleep as like work, constitution, age, diseased conditions and some *Dosha* like *Vata &Pitta*. These factors directly affect on the sleep. A good night sleep is essential for performance and presentation. It also influences mood, cognition, attentiveness, fatigue, and curing.Insomnia may be related to physicall and psychiatric disorders, shift work,

travel, anxiety, pain, stimulants, and other problems. Research findings demonstrate that broken sleep can increase risk of developing obesity, diabetes, hypertension or heart disease. WHO health survey reveals that about 35 percent of respondents in India have reported mild to severetrouble associated with sleeping. 10 the contemporary medical science is still not having a specificmanagement for insomnia. Use of hypnotic sedative like benzodiazepines drugs is one approach to therapy of insomnia. Use of benzodiazepines produce CNS depression consist of drowsiness, impaired motor coordination, uncertainty and memory loss, unclearvision, hallucinations and paradoxical reactions. The supreme hypnotic drug ought to allow the patient to fall asleep rapidly and should sustain sleep of sufficient quality and duration so that the patient awakes revitalized without a drug hangover. Also, this kind of drug be supposed to have very small toxicity and should not intermingle with other medication to produce dangerous effect. 11 Hence; it becomes very important to earch out treatment which is safe and effective from natural systems like Ayurveda which can help patients withinsomnia. Ayurvedic text like Charaka samhita, Sushruta samhita, Ashtanga hridayaand Bhavprakash provided the treatmentfor Anidra. Holistic treatmentapproach has been useful while treating Anidra in Ayurvedic classics. Authorsof traditional texts have mentionedpharmacological and non-pharmacologicaltreatments with proper nutritional recommendation

Sleepas Per Modern View:

While the definite functions of sleep are debated, it plays an important role in the health. The functions of sleep blow the brain, immunity, and nerves. Sleep progress from 4 stages of Non-Rapid Eye Movement (NREM) that steps forward to Rapid Eye Movement (REM). In stage 1 or the transitional stage, alertness moves to the early stage of sleep (e.g., peristalsis slows, core body temperature drops, physiology is altered and sensory awareness lessen) (Reinoso-Suarez, 2011). Stage 2 is the longest stage and Stages 3-4 are deep restorative sleep. During REM sleep blood pressure and respiratory rates change and respirations become shallow and dreams can be remembered. REM appears important in memory and potentially sustaining life [12]. A sleep series lasts between 1½ to 2 hours as stage 2 and REM increase. The sleep/wake cycle is biological circadian. Aging changes the cycle as time in Stage 3 and REM diminish and stages 1 and 2 enhance. The hours of sleep necessary decrease from 7-8 hours to 6-6½ for older adults. Natural remedies that improve sleep include foods with tryptophan, seaweed, kiwi fruit, cherry juice, melatonin and valerian. The DSM V includes diagnoses of insomnia disorder, narcolepsy, breathing related sleep disorders (e.g., apnea and hypoventilation), circadian sleep-wake disorders, REM behavior disorder and restless legs syndrome [13, 14].

Impact factor: 3.958/ICV: 4.10

Importance of *Nidra* ^[15]

While describing the importance of Nidra Ayurveda mentioned that,

- > It creates pleasure in life.
- > It maintains the stability of the body.
- > It increases the power.
- > It increases the control of brain & mind.
- Last of all it prevents the life.

Prevalence Rate:

Primary insomnia is predictable to occur in 25% of all chronic insomnia patients ^[16]. Although there is variations in the population studied to decide the estimated prevalence ^[17, 18] Hence estimates of insomnia prevalence have varied widely, from 10–40% ^[19-22].

Etiology of Nidranasa:

The etiological factors of insomnia provided in Ayurveda includes dietary utilization of food which is predominant in dry property ^[23]barley ^[24]excessive exercise and fasting ^[25], intercourse, hunger and uncomfortable bed ^[26], Therapeutic causes such as excessive induced *Vamana*, *Virechana*, *Nasya*, *Raktamokshana*, *Dhooma*, ^[23] *Swedana*, *Anjana*, can also cause *Nidranasha*. Psychosomatic causes- fear, anxiety, anger, ^[25] Apart from these excessive joy, sorrow, ^[24] greed, ^[27] agitation ^[28] are also responsible for insomnia.

According to *Charakacharya*, following factors are accountable for the disturbance in the sleep. [29]

A.) Karya

Work done at nighttime or the work which is heavy in nature, can cause instability in the sleep. The peoples who work in night turn out to be more prone to the symptoms of insomnia. That's why Ayurveda prescribes not to work in the night and not to sleep in the daytime.

B.) Kaal

The second issue *Kaal* is also important for the disturbance in the sleep. It is connected with our life and affects directly on our sleep. In the infantile period, child sleeps most of the time of the day and in night, but as age increases the actual period of sleep decreases. It happens because of influence of *Kapha* Dosha, which produce more sleep in the children. In middle age the duration of sleep remains usual ranging from 6 to 8 hours. Where as in old age, because of dominance of *Vata Dosa and* diminished *Kapha*, the duration of sleep further decreases.

C.) Vikara

Some diseases may cause the disorder in the sleep. According to Ayurveda mainly the diseases of *Vataja* basis can cause insomnia. Increased *Vata Dosa* is ultimately responsible for diminish in *Kapha*, resultanting loss of sleep.

D.) Prakruti

In Ayurvedic texts there are three basic fundamentals, which build up the life of living being. These three factors choose the structure of the man while birth. These elements form 7 types of constitution. Out of these, the person having only *Vataja Prakruti* shows shorter period of sleep than persons with other constitution. *Acharya Susruta* mentioned reasons for loss of sleep as follows [30]

- > Due to increased state of Vayu
- > Due to increased state of *Pitta*
- > Due to the mental annoyance or increased stage of mind
- > Due the weakness
- > Due to accidents, harm or any grievance

Mind also plays amain role in the loss of sleep. *Tamo Guna* of mind helps in creating sleep. It is linked with *Kapha Dosha* and helps in making of sleep. When our mind gets troubled dueto any thought, it increases *Rajo Guna which* strongly resembles with the *Vata Dosha*. Hence increase in *Rajo Guna* ultimatelyincreases *Vata Dosha* & diminishes the effect of *Tamo Guna* ultimately landing the person in insomnia. According to Ayurvedaweakness usually occurs due to the dominated *Vata Dosha*. Apart from this *Ruksha Guna* of *Vata Dosha* causes weakness in the body. Traumatic injury can cause pain in the body and this discomfort causes disturbance in the sleep. Pain is termed, as *Shula* in Ayurveda and it is a main symptom of the *Vata Dosha*. Henceincrease in *Shula* eventually causes raise in *Vata Dosha*, which openly affects sleep. *Acharya Vagbhata* (*Bruhad & Laghu*) mentioned these five factors for trouble in sleep or causing loss of sleep [31] *Acharya Indu* also commented on these causes on *Anidra* [32].

Signs and Symptoms:

Ayurveda describes insomnia as a symptom, as a disorder andeven sometimes as a complication of certain kind of diseases. Unusual symptoms arise during *Nidranasha* are yawning, head-ache, body ache, lethargy, giddiness in the head and eyes, fatigue, indigestion, apathy, and diseases created by *Vata Dosha* [33]. Troubled sleep can lead to unpleasantness, emaciation, weakness, unpleasantness, emaciation, impotency, terminating in death [34].

NonpharmacologicalTreatment of Insomnia:

Instruct the patient about healthy sleep habits, regular exercise, and elimination of alcohol, caffeine and smoking before bedtime. Stressmanagement or relaxation therapy is useful for reducing anxiety (38). Hypnosis tapes can improve sleep. Some people findherbal remedies (e.g., chamomile tea, valerian root, and melatonin) and essential oils (lavender) helpful. Others like warm milk and foods containing tryptophan such as peanuts that help them fall asleep.

152

> Progressive relaxation:

About 23% of adults with insomnia use relaxation and breathingtechniques (Bertisch, 2012). Whenanxiety or worry interferes with sleep, the patient can learn to make use ofprogressive relaxation – to tense and relax muscle groups to graduallyrelax. Often onestarts at the crown of the head and thoroughly focuses on that bodypart and briefly tenses and relaxes it. When this practice is usedproperly, it reduces tension and relaxes the patient and improves sleep.Research shows that relaxation improves falling asleep, the quality ofsleep and restful sleep [35]. Researchers reported that use of progressiverelaxation has led to an 80% decrease of sleep medications.

> Mindfulness:

Mindfulness is a state of awareness that is increasing inpopularity as a process of reducing stress, insomnia and otherconditions [^{36, 37]}. It focuses awareness in the present moment and focuses one's entire attention.

> Hypnosis:

Hypnosis is focused attention that creates an inner calm, relaxation, and trance that can alleviate symptoms (e.g. anxiety, fear insomnia, and distress). A dream state naturally occurs when one becomes completely immersed in a film or game and ignores time and the environment. During a hypnotic trance, suggestions can encourage relaxing and restful sleep and the ability to sleep soundly and ignore distractions. While its medical uses are not completely known, hypnosis offersbenefits in insomnia, fatigue, pain relief, anesthesia, and anxiety [38].

> Acupressure

Acupressure is an alternative method where a finger or bodypressure is applied to pressure points, meridians, or energy channels in the body to realign the chakras. Evidence supports the management of chronic insomnia with acupressure [39].

➤ Cognitive behavioral therapy(CBT)

CBT helps improve sleep by changing illogical thoughts, assumptions, and negative beliefs aboutsleep and negative thinking patterns [37, 40]. CBT challenges negative

beliefs and assumptions about sleep that generateanxiety, fear, and worry that interrupt sleep.

The line of treatment which is described for *Anidra* in different *Samhitas* is same. It indicates the psychological relaxation is prime need along with *Vatahara* treatment for managing insomnia. Whole treatment has been described in outline of specific procedures, psychiatric treatment, drugs and Diet as follows:

1) Specific Procedures: 41,42,43,44

Abhyanga, Utsadana, Chakshu-tarpana, Shirobasti, Shirodhara, Shiro-lepa, Mukhalepa, Karnapurana, Snana, Samvahana Padabhyanga,

2) Manasika Upachara: 41,42,43,44

Pleasant smell, sound, touch, Psychic pleasure, Sense of satisfaction, Thinking of things pleasurable to mind and completion of desire, pursue the *Brahmacharya*, to embrace with beautiful lady, Comfortable bed and home and proper time

3) Treatment with Herbs/Drugs:

- ➤ Decoction of *Jivaneeya* group of drugs with ghee and milk⁴³
- ➤ Powder of *Bijapoora* leaves with honey⁴⁵
- ➤ *Pippali* root powder with Jaggery⁴⁶
- ➤ Paste of *Bhanga* powder with milk of goat, apply on sole⁴⁶
- ➤ Apamarga, Kokilaksha, Kakajangha, Shooraparnika- all in equal quantity, decoction is to be prepared or its roots tiewith Shikha (plait)⁴⁷
- ➤ Vasa, Kakamachi, Punarnava, Kantakaridwaya, Vartakimoola- all in equal quantity, decoction is to be prepared⁴⁷
- ➤ Ashwagandha powder with sugar and Ghee⁴⁸
- Lokanatha Rasa with Bhanga powder and honey at night⁴⁹
- > Anjana of triturated Maricha in saliva of horse⁴⁸
- \triangleright Rubbing of sole with *mastu*⁴⁷

4) Ahara (Dietary Advice)^{41,42,43,44}

Gramya-anupa-udaka-mansarasa; Shali rice with curd, milk,unctuous substance, alcohol; Mahisha ksheera; Peeyush, Morata, Kilata and Koorchika; Matsya; Dadhi; Masha; Sita; Godhuma; Pishtanna, Ikshu, Draksha, Varahamansa; Guda; Yusha; Sneha; Madhya; are appropriate dietarysubstances for patients of insomnia. Alcoholic preparation induces sedation and leads to sleep; whereas other dietary products will manage the causative factor i.e. aggravated Vata. If Vata is controlled, patient gets the sleep. Currently, Milk product like peeyusha, Morata,

Kilata, Kurchika are not found to be used in practice. After reviewing traditional data, it has been observed that Acharyas did not give emphasis to only on herbal formulation but also on definite procedure like Abhyanga, Utsadana, shirobasti, Shirodhara etc., and food habits while treating a psychosomatic disease i.e. insomnia. Holistic advance to manage insomnia with Ayurveda can be divided in 3 types i.e., Nidana parivarjana, Dosha pratyanikachikitsaand Vyadhi pratyanika chikitsa

Table: Reported Classical Herbs Having Sedative Activity:

	Herbs with Sanskrit&		Used Experimental models/
Sl.	Latin	Part used or chemical	mode
No.	name	composition	of action
		Steam volatile fractions of	Prolonged the sleeping time
		the	with
		root and rhizome	pentobarbital, hexobarbital
		(petroleum	and
		ether extract)	ethanol.
	Vacha		
1	50.51	Acorus oil	Barbiturate-induced hypnosis
	Acorus calamus Linn. 50,51		Enhanced the anesthetic
		Asarone and -asarone	activity of
		(active	pentobarbitone, hexobarbitone
			and
		principle of rhizome)	.1 1.
			ethanol in mice
			Pentobarbitone-induced
	Davis are are	Essential oil from the root	hypnosis, motor coordination and
2	Priyangu Aglaia diepenhorstii Miq. ⁵¹		
2	Agiaia aiepennorsiii Miq.	bark	spontane- ous activity in mice
			Hexobarbitone narcosis,
		Pricrinine, the major	morphine
		alkaloid of	analgesia and anticonvulsant
	Saptaparna	undioid of	action
	Alstonia scholaris Linn.		of diphenylhylhydantion in
3	R.Br. ⁵²	the flowers	albino
			rats.
			Behavior, sodium
			pentobarbitone-
			induced hypnosis, rotarod
		Essential oil of the plant at	perfor-
	Kajutaka	a	
	Anacardium occidentale		mance, conditioned avoidance
4	Linn ⁵²	dose of 150 and 300 mg/kg	
			sponse and pain threshold of
			albino
			rats

	Dua s		Maze learning technique and
	Puga Areca catechu	Arecoline in a dose of 1	rota-
5	Linn. 53,54	mg/kg	rod test
	Euru.	mg/ kg	Locomotor activity and
		Dried material and filter	pentobar-
	Nimba	paper	r
	Azadirachta indica A.		bitone-induced hypnosis, oral
6	Juss ^{50,54}	material	ad-
			ministration in mice
		Alcoholic extract in a dose	
		of	Thiopental sleeping time in
			mice
	Brahmi	25 mg/kg	
	n	Plant extract in a dose of	Barbiturate hypnosis
7	Bacopa monnieri Linn ⁵⁵	100	potentiation
		mg/100g bw	effect in albino rats
	Sallaki	Non phenolic fraction of	Active principle in the fraction has
	Sattakt	gum	
8	Boswellia serrata Roxb ^{50,55}	resin	morphine-like chemical structure
0	Doswellia serraia Roxo	103111	Decreased spontaneous motor
			ac-
	Punnaga Calophyllum		tivity, loss of muscle tone,
	inophyl-	Xanthones	pento-
	r ver		barbitone sleping time and
9	lum Linn. ⁵⁶		ether
			anesthesia in mice and rates
			Potentiated the sedative
			actions of
	Aragwadha		
	Cassia fistula	Methanol extract of the	sodium pentobarbitone,
10	Linn ⁵⁶ .	seeds	diazepam,
			meprobamate and
			chlorpromazine
			Motor incoordinating
	Devadaru		activities in
11		Wood essential oil	mice, pentobarbitone-induced
11	Cedrus deodara (Roxb.) ⁵⁶	wood essential on	hyp- nosis
			Tranquilizing effect on
			adrenaline
		Crude seed oil in a dose of	and amphetamine-induced
		1 g	excite-
	Jyotismati	- 8	
12	Celastrus paniculatus		ment in mice
	Willd ^{57,56}	Glycosides (brahmoside	Decrease in motor activity,
		and	increase
1	-	•	

	I	I	
		brahminoside)	in hexobarbitone sleeping time
			Potentiating of barbiturate
		Alcoholic extract of the	sleeping
		plant in	time, decrease in brain
		piant in	acetylcho-
		a dose of 100 mg/kg body	line and increase in brain
			catecho-
		weight	
			lamines in rats
			Potentiation of
			phenobarbitone-
			induced sleeping time in mice
			at
	Tarkari		
	Clerodendrum phlomidis Linn ⁵⁸	Methanolic extract of	400 and 600 mg/kg, decrease
13	Linn ⁵⁸	leaves	in
			general behavioural profiles
			in mice
			(at 200, 400 and 600 mg/kg)
			Potentiation of pentobarbitone
			hyp-
	Shankhpushpi	Alcoholic extracts of the	nosis in rats. Plant shows
		whole	maximum
14	Convolvulus prostratus		barbiturate hypnosis
	Forssk ^{59,58}	plant	potentiating
			activity during spring season
			Diminution of spontaneous
			motor
		Alcoholic extract of the	activity; and increase in
	Aparajita	stem,	sedation in
15	Clitoria ternatea Linn. ⁵⁸	florring looring and finite	mice, potentiation of
13	Cilioria ternatea Liiii.	flowers, leaves and fruits	barbiturate
-			hypnosis in rats.
	Bhustrina		Potentiated the
		Essential oil from the	pentobarbitone
16	Cymbopogon citratus stapf ⁶⁰	leaves	induced hypnosis in mice
10	Musta	icaves	maucea hypnosis in fince
17	Cyperus rotundus Linn ^{61,60}	Alcoholic extract of tubers	Tranquillizing activity in rats
<u> </u>	Karanja	I II SHOTE CALLECT OF LEGOLS	Gross behavioural effects and
18	Derris indica (Lamk.) ⁶²	Pongamol	electoctroencephalography
	Nirvisha		
	Delphinium denudatum		pentobarbitone induced
19	Wall ^{62.}	aqueous extract of root	hypnosis
	Paribhadra	Methanolic extract of the	Pentobarbital sodium injected
20	Erithrina indica Lam ⁶¹	leaves	in rat
	Jatamansi	Jatamansone (isolated	Prolongation of barbiturate
1	į.	•	

157

21	Nardostachys jatamansi 59,64,72 DC.	from air- dried rhizomes), sesquiterpene valeranone	hypno- sis, the impairment of rotarod per- formance
22	Kamala Nelumbo nucifera Gaertn. ⁶⁴	Methanolic extract of	Examined for psychopharmaco-logical effects in different experimental animal (rats, mice) models
23	Tagara Valeriana Jatamansi Jones ^{64,73}	Flavonoids (linarin, 6- methyla- pigenin, and (-)-hesperidin)	sodium thiopental-induced sleep test, hole board test
24	Aswagandha Withania somni- fera(Linn.) Dunal ^{61,64}	Ethanolic (70%) extract of roots	Produced sedation in mice, dogs, monkeys, rabbits and rats
25	Ahiphena Papaver somniferum Linn. ^{74,75}	Morphine	suppression of locomotor activity
26	Maricha Piper nigrum Linn ^{66,67}	Ethanolic extract	Midazolam induces hypnosis in male wistar albino rats
	Jatiphala	Acetone soluble part of n- hex-	Pentobarbitone-induced sleep and
27	<i>Myristica fragrans</i> Houtt ^{53,68}	ane extract	haloperidol-induced catalepsy
28	Parijata Nyctanthes arbor-tristis Linn ^{53,69}	Hot flower infusion	Using hole board technique in rats
29	Bhanga Cannabis sativa Linn. ⁷⁰	Crude ethanolic and petroleum- Ether fractions	Spontaneous motor activity in mice
30	<i>Mandookaparni</i> Centella asiatica Linn ⁷¹	Alcoholic extract	It has been reported to be tranquil- lizing in rats, an activity that has been attributed to a triterpene, Brahmoside

CONCLUSION:

Insomnia has been considered as a psychosomatic illness by ancient *Acharyas* in which mind is vitiated by provoked *Vata-dosha*. Hence, *Acharya Charaka* stressed out *Vatahara* management in *Anidra*. Avoidance of contributory factors, relaxation techniques along with other therapies is the basis of treatment for insomnia. In view of this, *Manaha-sukham*, *Manonukula-vishaya* etc., arementioned in treatment of insomnia, which are indicative of psychic management. Many drugs which are used classically for *Anidra* like *Kantakari Bijapoora*, *Apamarga*, *Kokilaksha*,,etc., are not evaluated experimentally as well as clinically. Moreover, *Sarpagandha*, *Aswagandha*, *Jatamansi*, *Tagara*, *Pippalimoola* etc., drugs are scientifically evaluated for their sedative action, but very limited clinical data is available on them. So, more experimental and clinical studies on these traditional as well as scientifically reported drugs should be conducted base on *Ayurvedic* theory of management for evaluated safe, valuabletreatment for psychosomatic disorder insomnia.

REFERENCES:

- 1. Buysse DJ (2013) Insomnia. JAMA 309: 706-716.
- 2. Kraus SS, Rabin LA (2012) Sleep America: managing the crisis of adultchronic insomnia and associated conditions. J Affect Disord 138:192-212.
- 3. Agnivesha, Charaka, Dridhabala, Charaka S, Edited by Vd Jadavaji Trikamaji Acharya, Chaukhambha Surabharati Publications, Varanasi, 2008; 74, 113, 118, 119.
- 4. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Edited by Vd. Jadavaji Trikamaji Acharya, Topic 5, verse no.12, Chaukhambha Surabharati Publications, Varanasi, 2001,251.
- 5. Vagbhata L, Ashtang H, edited by kaviraj Atridev Gupt &vd. Yadunandan Upadhyaya, Chaukhamba Sansrit Sansthan, Varanasi, topic 7th, verse no. 68, 75, 72-73.
- 6. Lawrence E, Steven M. The Harvard Medical School Guide to a Good Night's sleep. McGraw-Hill eBooks, 2007,13.
- 7. Kristen L K. Does inadequate sleep play a role in vulnerability to obesity? The American Journal of Human Biology, Wiley- Blackwell 2012; 24(3):361–371.
- 8. Health system performance assessment, world health survey 2003, India, International Institute for Population Sciences (IIPS) Mumbai & WHO-India-New Delhi 2006,153.
- Kristen L. Knutson, "Does inadequate sleep play a role in vulnerability to obesity?" The American Journal of Human Biology, Wiley-Blackwell, January 2012, DOI: 10.1002/ajhb. 22219

- 10. Health system performance assessment, world health survey 2003, India, International Institute for Population Sciences (IIPS) Mumbai & WHO-India- New Delhi, 2006. p.153.
- 11. Charles R. Craiq and Robert E. Stitzel; Modern Pharmacology with Clinical Aplications, Sixth Edition, Lippincott Williams & Wilkins, 2004, chapter-30; Sedativehypnotic and anxiolytic drugs; 357-360.
- 12. Reinoso-Suárez F, de Andrés I, Garzón M (2011) Functional anatomy of the sleep-wakefulness cycle: wakefulness. Adv Anat Embryol Cell Biol 208: 1-128.
- 13. Kraus SS, Rabin LA (2012) Sleep America: managing the crisis of adultchronic insomnia and associated conditions. J Affect Disord 138:192-212.
- 14. Grohol J (2013) DSM-5 Changes: Sleep-Wake Disorders. PsDSM-5- changes: Sleep Wake Disorders. Psych Central.
- 15. Agnivesha, Charaka, Dridhabala, Charaka S, Edited by Vd. Jadavaji Trikamaji Acharya, Chaukhambha Surabharati Publications, Varanasi, 2001, topic no.21, verse no.36, 118.
- 16. Roth T. Insomnia: epidemiology, characteristics and consequences. Clinical Cornerstone 2003; 5(3):5-15.
- 17. Ohayon MM, Epidemiology of insomnia: what we know and what we still need to learn. Sleep Medicine 2002; 6(2):97-111.
- 18. Mai E, Buysse DJ. Insomnia: Prevalence, Impact, Pathogenesis, Differential Diagnosis, and Evaluation. Sleep Medicine Clinics 2008; 3(2):167–174.
- 19. Bixler EO, Kales A, Soldatos CR, Kales JD, Healey S *et al.* Prevalence of sleep disorders in the Los Angeles metropolitan area. American Journal of Psychiatry 1979; 136:1257–1262.
- 20. Ford DE, Kamerow DB. Epidemiologic study of sleep disturbances and psychiatric disorders. an opportunity for prevention? Journal of the American Medical Association 1989; 262:14791484.
- 21. Kuppermann M, Lubeck DP, Mazonson PD, Patrick DL, Stewart AL, Buesching DP, Fifer SK *et Al.* Sleep problems and their correlates in a working population. Journal of GeneralInternal Medicine 1995; 10:25–32.
- 22. Ustun TB, Privett M, Lecrubier Y, Weiller E, Simon G, Korten A, Bassett SS, Maier W, Sartorius N *et al.* Form, frequency and burden of sleep problems in general health care: a report from the WHO collaborative study on psychological problems in general health care. European Psychiatry 1996; 11(1):S5-S10.

- 23. Simon GE, Von KM. Prevalence, burden, and treatment of insomnia in primary care. American Journal of Psychiatry 1997; 154:1417–1423.
- 24. Sharma S. Astanga Sangraha with Sasi-lekha Commentary by Indu, Edn 2, Chowkhamba Sanskrit Series Office, Vara-nasi 2008, 93.
- 25. Krishnamurthy KH, Bhela S, Chaukhambha Visvabharati, Varanasi, 2008, 448.
- 26. Acharya YT.Charaka Samhita with Ayurveda Deepika Teekha of Chakrapani Dutta.Choukhambha Sanskrit Sansthan, Varanasi, 2011, 119.
- 27. Padakara HSS. Ashtanga Hridaya with Sarvanga Sundari Commentry by Aruna-datta and Ayurveda Rasayana of Hemadri. Edn 9, Krishnadas Academy, Varanasi, 2005, 142-3.
- 28. Tripaty HP. Harita S. Chaukhambha Krishnadas. Edn 2, Academy, Varanasi, 2009, 330.
- 29. Trikamji J. Sushrutha Samhita with Ni-bandha Sangraha commentary of Sri Dalhanacharya. Edn 6, Chauk-hamba Orientalia, Varanasi, 1997, 359.
- 30. Agnivesha, Charaka, Dridhabala, Charaka S, Edited by Vd. Jadavaji Trikamaji Acharya, Chaukhambha Surabharati Publications, Varanasi, 2001, topic no.21 verse no. 57, 119.
- 31. Trikamji J. Sushrutha Samhita with Ni-bandha Sangraha commentary of Sri Dalhanacharya. Edn 6, Chauk-hamba Orientalia, Varanasi, 1997, topic no.4, verse no.42, 359.
- 32. Vriddha V. Ashtanga Samgraha. edited by kaviraj Atridev Gupt, Krishnadas academy, Varanasi, 2002, topic no.9, verse no.55, 100.
- 33. Vriddha V, Ashtanga Samgraha, Indu T, Edited by Shiv Prasad Sharma, Sutrasthana, Edn 1, Chaukhambha Sanskrit Series Office, Varanasi, 2006, 93.
- 34. Acharya YT. Charaka Samhita with Ayurveda Deepika Teeka of Chakrapani Dutta. Choukhambha Sanskrit Sansthan, Varanasi, 2011.50.
- 35. Acharya YT.Charaka Samhita with Ayurveda Deepika Teeka of Chakrapani Dutta. Choukhambha Sanskrit Sansthan, Varanasi, 2011, 118.
- 36. Bertisch SM, Wells RE, Smith MT, McCarthy EP (2012) Use of relaxation techniques and complementary and alternative medicine by American adults with insomnia symptoms: results from a national survey. J Clin Sleep Med 8: 681-691.
- 37. Ong JC, Ulmer CS, Manber R (2012) Improving sleep with mindfulness and acceptance: a metacognitive model of insomnia. Behav Res Ther 50: 651-660.
- 38. Garland SC (2014) Mindfulness-based stress reduction compared with cognitive behavioral therapy for the treatment of insomnia comorbid with cancer: a randomized, partially blinded, noninferiority trial. J Clinical Oncology 32: 449-457.

- 39. Picard P, Jusseaume C, Boutet M, Dualé C, Mulliez A, et al. (2013) Hypnosis for management of fibromyalgia. Int J Clin Exp Hypn 61:111-123.
- 40. Sarris J, Byrne GJ (2011) A systematic review of insomnia and complementary medicine. Sleep Med Rev 15: 99-106.
- 41. Cheng SD (2012) Computerised cognitive behavioural therapy forinsomnia: a systematic review and meta-analysis. Psychotherapy & Psychosomatics 81: 206-216.
- 42. Agnivesha, Charaka, Dridhabala, Charaka Samhita, ed. Vd. Jadavaji Trikamaji Acharya, Chaukhambha Surabharati Publications, Varanasi, 2008; 74, 113, 118, 119,
- 43. Sushruta; Sushruta Samhita, ed. Vd. Jadavji Trikamji Acharya, 8th edition, Chaukhambha Orientalia, Varanasi, 2007; 358-359,
- 44. Vriddha Vagbhata, Ashtanga Samgraha, ed. K.R. Srikantha Murthy, Chaukhambha Orientalia, Varanasi 2005; 204- 208
- 45. Vagbhata; Ashtanga Hridaya, ed. Pt. Hari Sadashiva Shastri, Chaukhambha Surbharati Prakashana, Varanasi, 2010; 140-143
- 46. Bhavamishra; Bhavaprakasha including Nighantu portion, ed. Shi Brahmasankara Mishra and Sri Rupalalaji Vaisya (First Part), Chaukhambha Sanskrit Sansthan, Varanasi, 2004:150
- 47. Govindadas Sen; Bhaishajya ratnavali, ed. siddhinandana mishra, chaukhambha surbharati prakashana, Varanasi, 2011; 491-2.
- 48. Harita; Harita samhita, ed. Jaymini Pandey, Chaukhmbha Visvabharti, Varanasi, 2010, p. 346
- 49. Bapalal Vaidya; Adarsha nighantu, Vol. 2, Chaukhambha Bharti Academy, Varanasi, 2005;137, 330, 226, 359.
- 50. Shangadhar; Shangadhara Samhita, ed. Sailaja Shrivastav, Chaukhambha Orientalia, Varanasi, 2011; 288
- 51. Anonymous; Database on Medicinal Plants used in Ayurveda & siddha vol. 1, CCRAS, Dept. of Ayush, Govt. of India, 2004; p. 81,266,292,406,471
- 52. Anonymus; Reviews on Indian medicinal plants, vol. 1, ICMR, New Delhi, 2004; p. 200, 392
- 53. Anonymus; Reviews on Indian medicinal plants, vol. 2, ICMR, New Delhi, 2004 p. 139, 238.
- 54. Anonymous; Database on Medicinal Plants used in Ayurveda & siddha vol. 4,CCRAS, Dept. of Ayush, Govt. of India, 2004; p. 2008;216,472,486

- 55. Anonymus; Reviews on Indian medicinal plants, vol.3, ICMR, New Delhi,2004; p. 8, 119, 153, 353
- 56. Anonymus; Reviews on Indian medicinal plants, vol.4, ICMR, New Delhi, 2004; p. 11-15, 353
- 57. Anonymus; Reviews on Indian medicinal plants, vol.5, ICMR, New Delhi, 2007; p, 146, 368, 592, 703, 830, 893, 922-5
- 58. Anonymous; Database on Medicinal Plants used in Ayurveda & siddha vol. 2, CCRAS, Dept. of Ayush, Govt. of India, 2004; p. 283,295,381,428
- 59. Anonymus; Reviews on Indian medicinal plants, vol.7, ICMR, New Delhi, 2008; p. 123, 524, 178
- 60. Anonymous; Database on Medicinal Plants used in Ayurveda & siddha vol. 7, CCRAS, Dept. of Ayush, Govt. of India, 2007; p. 138,389,436,455
- 61. Anonymus; Reviews on Indian medicinal plants, vol.8, ICMR, New Delhi, 2009; p. 564, 663
- 62. Anonymous; Database on Medicinal Plants used in Ayurveda & siddha vol. 3, CCRAS, Dept. of Ayush, Govt. of India, 2004; p. 92,406
- 63. Anonymus; Reviews on Indian medicinal plants, vol.9, ICMR, New Delhi, 2009; pp. 222,273,563
- 64. Anonymus; Reviews on Indian medicinal plants, vol. 10, ICMR, New Delhi, 2011; p. 221
- 65. Sukha Dev; A Selection of Prime Ayurvedic Plant Drugs Ancient-Modern Concordance. Anamaya Publishers, New Delhi 2006. p. 313,319, 437, 447.
- 66. Anonymous; Database on Medicinal Plants used in Ayurveda & siddha vol. 5, CCRAS, Dept. of Ayush, Govt. of India, 2004; p. 190
- 67. Gayasuddin, Parvez, Iqbal, G.Venkataiah; Effect of ethanolic extract of piper nigrum 1. fruits on midazolam induced hypnosis in rats. International Journal of Pharmacology & Toxicology 2013; 3(1), 5-8
- 68. Ganeshchandra, Vikram S., Veena K., Sanjay B.; Behavioural actions of *Myristicafragrans*, Indian Journal of Pharmacology 2001; 33: 417-24
- 69. W.D. Ratnasooriya et al.; Sedative effect of Hot flower Infusion of Nyctanthus arbotristis on Rats. Pharmaceutic Biology, 2005, vol 43,(2), 1-7.
- 70. Joan T. Pickens; Sedative activity of cannabis in relation to its trans- tetra hydro cannabino land cannabidiol content, Br. J. Pharmac. (1981),72, 649-56.

- 71. Sushma, Sangeeta, Gambhir; Centella asiatica: a concise drug review with probable clinical uses Journal of Stress Physiology & Biochemistry, 2011; 7(1) 38-44
- 72. Rucker G et al.; Isolation and pharmacodynamic activity of the sesquiterpene valeranone from Nardostachys jatamansi DC. Arzneimittelforschung. 1978; 28(1):7-13.
- 73. Sebastian F. et al.; Sedative and sleepenhancing properties of linarin, a flavonoid-isolated from *Valeriana officinalis*, Pharmacology Biochemistry and Behavior 2004; 77(2): 399–404.
- 74. Anonymous; Database on Medicinal Plants used in Ayurveda & siddha vol. 8, CCRAS, Dept. of Ayush, Govt. of India, 2007; p. 7,175
- 75. Okulicz-Kozaryn et al.; The effects of midazolam and morphine on analgesic and sedative activity of ketamine in rats. J Basic Clin Physiol Pharmacol. 2000; 11(2):109-25.