

## AYURVEDIC UNDERSTANDING OF INSOMNIA – A REVIEW

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### ABSTRACT

Sleep is a universal behavior, which demonstrated and proved in every animal species studied, from insects to mammals. It is one of the most significant human behaviors occupying roughly one third of human life. It is well established that the phenomenon of sleep is one of the vital signs of good health. Without adequate and good sleep, one's ability to function is impaired, yet inadequate sleep is one of the most underrated risk factors today. Significance of *nidra* is emphasized in *Ayurvedic* literature by considering it as one of the *trayaupastambha* i.e one of the 3 basic physiological requirements for sustenance of life. While *nidra* or sleep is an essential physiological requirement of *ayu*, the deprivation of sleep, which is termed as *Nidra nasha / Anidra*, affects the normalcy of life. *Nidra nasha / Anidra* is considered as an independent disease entity in the context of *vata nanatmaja vyadhi* and also as a symptom in various physical and psychological disorders. *Nidra nasha / Anidra* as a symptom represent insomnia of varied etiology including the primary and secondary insomnia. On the other hand, *Nidra nasha / Anidra* enumerated in the context of *vata nanatmaja vyadhi* specifically represent primary insomnia caused by *vata*, which is also termed as Psychophysiological insomnia. Hence this article helps in understanding the *Nidra Nasha / Anidra* its concept and literary accept said in our classics and in contemporary texts.

**Keywords:** *Nidra nasha, Anidra, Insomnia*

### INTRODUCTION

*Nidra* (Sleep) is considered as one among the *Trayopastambhas*<sup>[1]</sup> and is needed for physical and mental equilibrium. *Nidranasha* is a pathological condition characterized by loss of

sleep. Insomnia is difficulty in falling asleep even when a person has the chance to do so.<sup>[2]</sup> Insomnia is a serious health problem that affects millions of people. Population surveys have estimated the prevalence to be about 30%

to 50% of the general population, but estimates vary depending on the methods and definitions used to define insomnia.

About ¾ Of those who have trouble sleeping say that the problem is “occasional,” averaging about six nights per month. The other ¼ have frequent or chronic insomnia, averaging about 16 nights per month. The risk of sleep disorders increases with age, affecting approximately 20% to 40% of elderly adults at least a few nights per month.<sup>[3]</sup>

Drastic changes in lifestyles have an impact on psycho somatic disorders which can be due to

stress, anxiety and depression. Hence this article helps in understanding the *Nidra Nasha* its concept and literary accept said in our classics and in contemporary texts.

## REVIEW OF LITERATURE:

### Physiology of sleep in *Ayurveda*<sup>[5]</sup>

When the mind is in a state of fatigue, the faculties become inactive and they retire from their respective objects. As a result the person sleeps.

**Table1:** Synonyms:

Si. No	Samhita	Synonyms
1	Charaka Samhita	Nidra Nasha, Prajagarana, Anidra, Jagarana, Nasta Nidra, Nidra Vighata, Asvapna, Nidra Vighata
2	Sushruta Samhita	Nidra Nasha, Anidra, Alpanidra, Nidra Kshaya, Asvapna, Nidra dourbalaya
3	Astanga Hrudaya	Nidra Nasha, Anidra, Nidra Bramsha, Nasta Nidra, Nidra Kshaya, Prajagarana, Alpanidra, Asvapna, Jagarana, Veeta Nidra, Nishi Jagarana
4	Madhava Nidana	Nidra Vinasha, Nidra Viparyaya, Nidra Cheda, Nasta Nidra
5	Sharangadara Samhita	Nidra Nasha, Alpa Nidra, Prajagarana
6	Yogaratanakara	Nidra Nasha, Anidra, Asvapana, Prajagarana, Nasta Nidra, Nidra Vighata
7	Haritha Samhita	Nidra Nasha, Anidra, Veeta Nidra, Nishi Jagarana, Nidra Banga
8	Bhela Samhita	Anidra, Jagarana
9	Bhaisajaratnavali	Prajagarana

### Types of *Nidra*:<sup>[6]</sup>

*Nidra* has been primarily classified into two categories in all the *bruhatravees*.

1. *Swabhavika* (Normal)
2. *Aswabhavika* (Abnormal)

#### 1. *Swabhavika Nidra*:

It is a natural form of sleep that an individual gets every night. As it is a physiological sleep, it is considered beneficial to living beings and has been described as ‘*Bhoota dhatri*’ (care taker of living creatures).

#### 2. *Aswabhavika Nidra*:

The abnormal forms of sleep are further subdivided based on the causative factors.

1. ***Tamobhava Nidra***: The *tamobhava nidra* is particularly due to the excessive *tamas* causing sleep. When *satva* and *rajas* are diminished in excess and the seat of *atma* and *mana* i.e, *hridaya* is covered by the vitiated *tamas*, then the person becomes inert or inactive.
2. ***Sleshma samudbhava Nidra***: *Sleshma* and the *tamas* are having identical properties. When *sleshma* increases in the body by the similarity of the quality it also increases

*tamas* hence the sleep ensues. Therefore, it is called *sleshma samudbhava nidra*.

3. **Mana shrama sambhava Nidra:** The sleep is also said to be produced as a result of exertion. Due to excessive mental stress and strain, the mind gets tired and unable to perform its activities; as a result person gets sleep.
4. **Shareera shrama sambhava Nidra:** When a person indulges in excess physical activity he feels tired. The body and mind desires to take rest and agitate to work further and the person gets sleep.
5. **Agantuki Nidra:** This type of sleep itself is considered as a fatal sign.
6. **Vyadhi anuvartini Nidra:** It is the type of pathological sleep which occurs as a result of some diseases.

#### Impact of doshas on nidra:<sup>[7]</sup>

As a rule of nature, sleep is a quality of night because night is predominant of *tamo guna* among the three *mahagunas*. Due to this reason it has been described as *tamo mula* (source of which is *tamas*) *tamo maya* (occupied by *tamas* in total) during night, the predominance of *kapha* causes the blockage of *sanjnavaha srotas*. *Kapha* as a *shareerika dosha* and *tamas* as a *manodosha* share common qualities. This causes mutual loss of contact between the different factors which are responsible for perception. This process describes the normal physiological sleep which has been termed as *Swabhavika nidra* or *ratri swabhava prabhava*.

While *kapha dosha* and *tamo guna* are responsible for natural sleep, the involvement of *rajo guna* and other physical *doshas* induces a pathological sleep. In the psychological level *satva* and *rajas* are responsible for the state of awakening (*jagruta avastha*). High predom-

inance of *satva guna* causes a non-pathological form of awakening observed in achievers (*satva oudarya*) and predominance of *rajas* has an impact on quality and quantum of sleep.

#### Nidana:<sup>[8][9]</sup>

Types of *Nidana's* :<sup>[10][11][12][13]</sup>

##### Ahara Janya Nidana's

1. Yava anna sevana
2. Ahita anna
  - a) Guru ahara sevana
  - b) Madhura ahara sevana
  - c) Sheetalahara sevana
  - d) Snigda ahara sevana
  - e) Navanna sevana
  - f) Nava madya sevana
  - g) Dadi sevana
  - h) Sarpi sevana
  - i) Mamsa sevana
  - j) Shali sevana
  - k) Masha sevana
  - l) Ikshu sevana
  - m) Godooma sevana
  - n) Bhojanottara jalapana

##### Vihara Janya Nidana's

1. Vyayama (Exercise)
2. Upavasa (Fasting)
3. Asukha shayya (Unhappy Sleeping)
4. Kshudha
5. Ati Maithuna
6. Trishna

##### Manasika Nidana's

1. Bhaya
2. Chinta
3. Krodha
4. Manastapa
5. Shoka
6. Vyatha

7. Lobha

**ChikitsaJanya Nidana's**

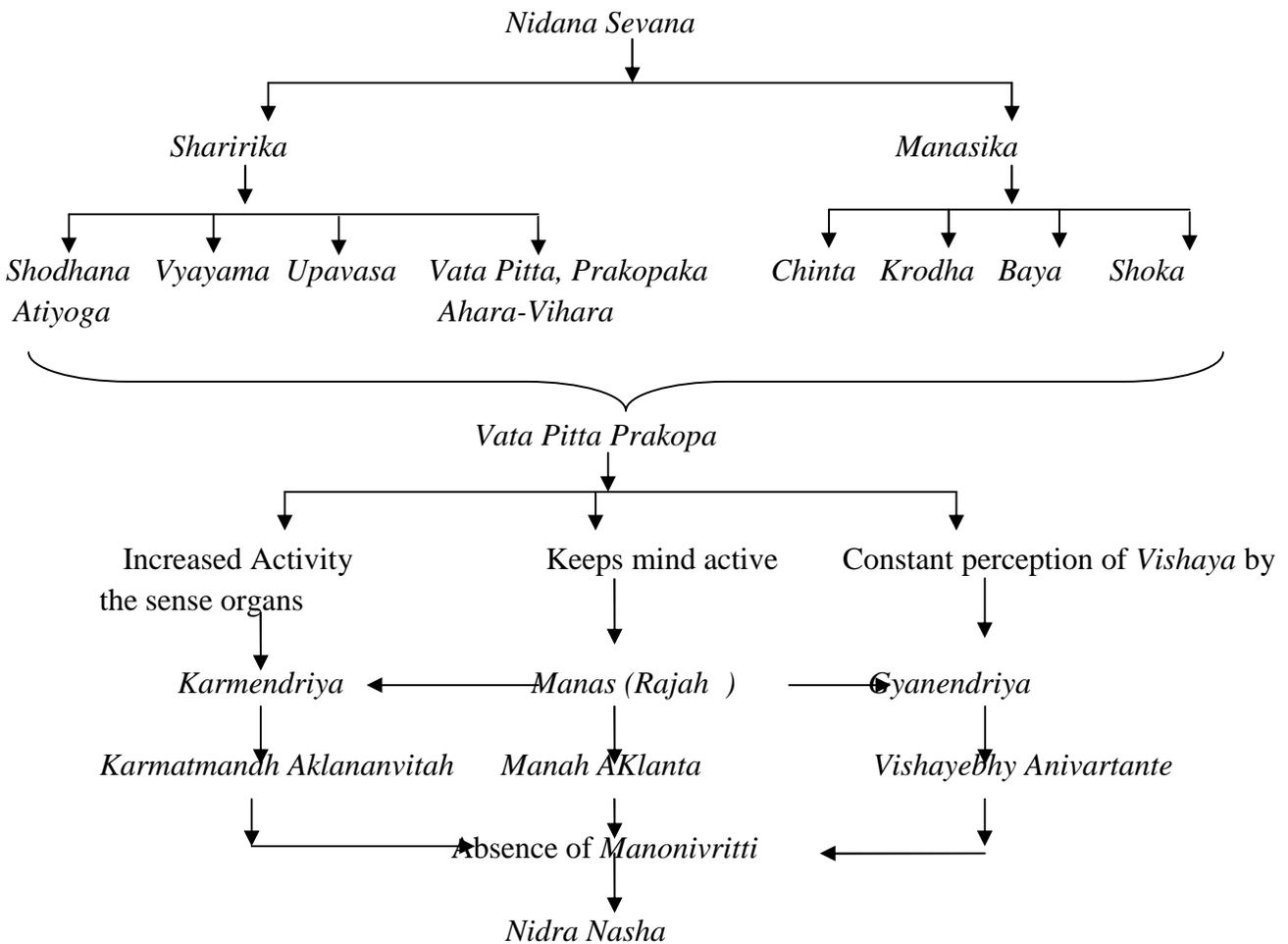
1. Virechana
2. Vamana
3. Shirovirechana
4. Nasya
5. Raktamokshana
6. Dhoomapana
7. Sweda
8. Anjana
9. Langana

1. Jrumbha
2. Angamarda
3. Tandra
4. Shiroroga
5. Shirogaurava
6. Akshigaurava
7. Jadya
8. Glani
9. Bhrama
10. Apakti
11. Apatantraka
12. Akshepaka

**Roopa (Symptoms):**<sup>[14][15][16][17]</sup>

**Samprapti:**<sup>[18][19][20]</sup>

Flow chart no.1



## **Contemporary View:**

### **Definition:**<sup>[21]</sup>

World health organization (WHO) defines insomnia as a problem initiating and or maintaining sleep or the complaint of non – restorative sleep that occurs on at least three nights a week and is associated with daytime distress or impairment.

### **Types:**

#### **Based on Patterns of Insomnia:**<sup>[22]</sup>

##### **A. Sleep onset insomnia:**

Difficulty in falling asleep at the beginning of the night

##### **B. Sleep maintenance insomnia:**

Frequent or sustained awakenings

##### **C. Sleep offset insomnia:**

Early morning awakenings

##### **D. Nonrestorative Sleep:**

Persistent sleepiness/fatigue despite sleep of adequate duration

#### **Based on duration of illness:**<sup>[23]</sup>

1. **Transient insomnia:** An insomnia complaint lasting one to several nights (within a single episode) is termed as transient insomnia and is typically the result of situational stress or a change in sleep schedule or environment (Example :jet lag disorder)

2. **Short term insomnia:** It lasts from a few days to 3 weeks. Disruption of this duration is usually associated with more protracted stress, such as recovery from surgery or short-term illness.

##### **3. Long term insomnia or chronic insomnia:**

It lasts for months or years and, in contrast with short-term insomnia, requires a thorough

evaluation of underlying causes. Chronic insomnia is often a waxing and waning disorder, with spontaneous or stressor-induced exacerbations.

#### **Based on cause:**<sup>[24]</sup>

1. Primary insomnia

2. Secondary insomnia

##### **1. Primary Insomnia:**

Primary insomnia is diagnosed when the chief complaint is nonrestorative sleep or difficulty in initiating or maintaining sleep, and the complaint continues for at least a month. The term primary indicates that the insomnia is independent of any known physical or mental condition.

Primary insomnia is often characterized both by difficulty falling asleep and by repeated awakening. Increased night time physiological or psychological arousal and negative conditioning for sleep are frequently evident. Patients with primary insomnia are generally preoccupied with getting enough sleep.

##### **2. Secondary Insomnia:**<sup>[25]</sup>

The difficulty in sleeping is not the most dominant problem. Here the complaint of insomnia occur secondary to different medical or psychiatric disorders.

#### **COMMON CAUSES OF INSOMNIA:**

Insomnia is a general clinical term that refers to the difficulty in initiating or maintaining sleep. It may present as an independent problem (primary insomnia) or as part of a coexisting medical or psychiatric condition (secondary insomnia).

#### **SYMPTOMS:**<sup>[26]</sup>

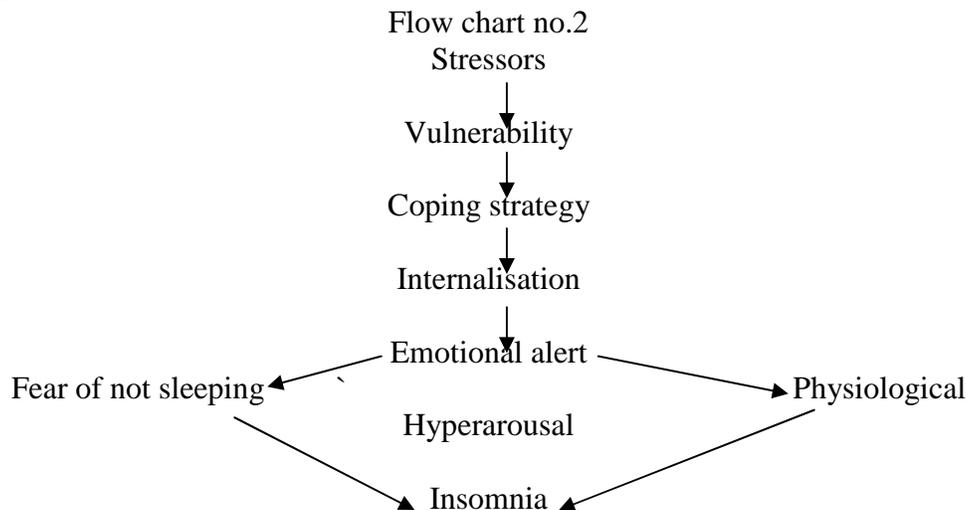
Insomnia refers to difficulty in initiation and maintenance of sleep which results in reduced quantity or poor quality of sleep.

The effects of sleep deprivation can be felt both physically and mentally

- Increased incidence of obesity, diabetes mellitus, illness in general, high blood pressure, and heart disease
- Impaired memory, concentration, and ability to learn
- Physical impairment, poor coordination, delayed reaction time

- Anxiety, depression, and other emotional problems
- Magnification of the effects of alcohol on the body
- Exacerbation of the symptoms of Attention deficit hyperactivity disorder (ADHD) such as impulse control, irritability, and lack of concentration.
- Poor decision-making, poor judgement, increased risk-taking
- Poor performance on the job
- Impaired driving performance and more accidents.

### Ethiopathogenesis of Insomnia:<sup>[27]</sup>



### DISCUSSION

- There is clear description of *nidranasha* as *vata nanatmaja vyadhi* in classics and also in the contemporary science detail description about insomnia including the prevalence rate is been described in the present era
- The types of *nidra* and its importance and impact of *doshas* on *nidra* has been clearly stated in classics and in contemporary science also there is detailed explanation

of types of insomnia based on the different causes

- Detailed explanation of *nidana* and *lakshanas* is said in all the *bruhatryies* and *laghutryies* and In modern science there is importance given for the causes and symptoms of insomnia
- In *Ayurveda* the *samprapti* of *nidranasha* has been given prime importance in understanding the disease in detail and Insomnia aetiopathogenesis has been explained in

detail for better understanding of the disease in contemporary science

## CONCLUSION

Hence there is an effort made in this article to enlighten the knowledge on *nidranasha* vis – a – vis insomnia in detail as said in the Classics and in the modern parlance which helps in the better understanding of the disease.

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