



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 9, Issue, 4(I), pp. 26144-26145, April, 2018

**International Journal of
Recent Scientific
Research**

DOI: 10.24327/IJRSR

Research Article

A CONCEPTUAL STUDY OF ANIDRA w.s.r. TO INSOMNIA

*Pallavi Bhushan¹, Arun Kumar² and Neha Mamgain³

¹Department, Rishikul Campus, UAU Dehradun

²Department of Shalakyia, Main Campus, UAU Dehradun

³Department of Stree avam Prasuti Tantra, Main Campus, UAU Dehradun

DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0904.2001>

ARTICLE INFO

Article History:

Received 5th January, 2018

Received in revised form 20th
February, 2018

Accepted 8th March, 2018

Published online 28th April, 2018

Key Words:

Insomnia, Anidra

ABSTRACT

Insomnia is among the most prevalent complaints brought to the attention of primary-care physicians. Approximately 20% of patients seen by primary-care physicians report significant sleep disturbances.¹ Insomnia affects all segments of the population, including children and the elderly. While precise estimates vary as a function of definitions and methodology, approximately 40% of adults (≥ 18 years of age) report at least 1 symptom of insomnia 3 times per week, 20% are dissatisfied with their sleep, and about 10%-13% meet criteria for an insomnia disorder.^{2,3,4} Anidra is pathological state of sleep where a person does not get proper sound sleep which may be due to Vata vitiation.⁵

Copyright © Pallavi Bhushan *et al*, 2018, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Insomnia is an inability to obtain a sufficient amount of sleep to feel rested. It can be characterized either by difficulty falling or staying asleep. In addition, the sleep itself may be chronically of poor quality. In order to term that, the above difficulties must occur despite adequate opportunity to have sleep. In addition, the impairment must lead to problems with daytime functioning.⁶

Insomnia is the feeling of inadequate or poor quality sleep because of one or more of the following: trouble falling asleep (Initial Insomnia), trouble remaining asleep through the night (Middle Insomnia), waking up too early (Terminal Insomnia); or unrefreshing sleep for at least one month. These can all lead to daytime drowsiness, poor concentration and the inability to feel refreshed and rested upon awakening.⁷

Synonyms for Anidra

In *Ayurvedic* classics different words have been used to denote sleeplessness in different contents like *Asvapna*, *Alpanidra*, *Akalanidra*, *Avyavahita Nidra*, *Ratri Jagarana*, *Prajagarah*, *Mandanidra*, *Nidranasha*, *Nidraviparyaya* or *Nidrabhigata*.

Nidana (Etiology) of insomnia/Anidra

Ayurveda follows psychosomatic approach of health. According to *Ayurveda*, Psychic factors are involved in almost

all the disease processes along with physical disturbance as both are inter dependent. While describing psychological disorders, *Acharya Vagbhata* has quoted word *Chittodvega* along with *Kama*, *Krodha*, *Moha* and has mentioned these as cause for *Anidra*. *Ashtanga Hridaya* has stated that due to excess of *Kama*, *Nidrakshaya* occurs.⁸

According to *Acharya Charaka* excessive purgation, evacuation of head, emesis, fear, anxiety, anger, smoking, excessive physical exercise, excessive blood-letting, fasting, uncomfortable bed, predominance of *Satva* and suppression of *Tamas* can be consider as *Nidana* of *Anidra* along with over work, *Vatika* disorder, *Vatika* constitution and aggravation of *Vata* itself.⁹

Insomnia may present as a disorder on its own, but more frequently it presents in association with another medical or psychiatric disorder. Psychiatric co morbidity is particularly high with anxiety, mood, and substance abuse disorders. In the 2002 United States National Health Interview Survey, individuals with insomnia were more than 5 times as likely to present with anxiety or depression as individuals without insomnia. There is also evidence of high rates of co morbidity between insomnia and medical conditions such as pain, hypertension and congestive heart failure, diabetes, and obesity.¹⁰

*Corresponding author: Pallavi Bhushan
Department, Rishikul Campus, UAU Dehradun

Prakriti and sleep

The sleep according to *Prakriti* may be divided in to two groups according to *Sharirika Prakriti* and according to *Manasika Prakriti*. An individual of *Kapha Prakriti* gets good quality and quantity sleep, while *Vata Prakriti* person gets less and disturbed sleep. Similarly sleep is related to the age also, in *Balavastha Kapha* is dominant and in *Vrdhdhavastha Vata* is dominant so child sleeps more time and old aged gets less sleep.

Mind is always flickering by virtue of being governed by *Pranavayu*. It is subjected to moods, principally *Rajas* and *Tamas*. *Rajasika* and *Tamasika Prakritis* are more prone to psychosomatic disorders due to excess of *Rosha Ansha* and *Moha Ansha* respectively.¹¹ In the same way *Paittika* and *Vatika Sharirika Prakritis* are more prone to psychosomatic disorders as *Manasa* is easily affected by *Krodha*, *Kshobha* etc. in comparison to *Kaphaja Prakriti*.¹² There is direct relationship with psychosomatic disorders and insomnia, according to modern researches 50% of causes for insomnia is psychological origin.

Anidra Samprapti

Anidra is not explained as a separate disease in *Ayurveda*, thus no where the *Samprapti* is available. Depending upon the *Dosha*, *dushya* involvement *Anidra* is emphasized. *Anidra* is mentioned as *Vata Vikara* with *Pitta Vriddhi*.¹³

Retrospectively one can postulate the *Samprapti* of *Anidra* from the definition of *Nidra* as explained in *Charaka Samhita*. Whenever there is increased *Rajo Guna* of *Manasa*, increased *Vata* and *Pitta Sharira Dosha*, *Rasa Dhatukshaya* persistently provokes for continuous thinking and prevent the break in *Gnyana Pravritta* of *Indriya* and *Mana* then it leads to 'Insomnia'.

When the person feels threatened (*Bhaya* like condition), the brain reduces the availability of the opiod neurotransmitters and also the neurotransmitter GABA (gamma-aminobutyric acid). This makes us feel a sense of urgency as well as anxiety (*Udvega*). Then the brain releases neither dopamine which gives a feeling of invincibility and also a neurotransmitter called nor epinephrine. It also causes adrenaline to be released which causes oxygen and energy to be sent from the internal organs to the muscles to assist with the "fight or flight". The norepinephrine causes the neurotransmitter serotonin (that enables sleep), to be less available and this is what allows you to stay awake for extended periods of time when under stress. The reduction of serotonin causes a further reduction in the opiod neurotransmitters and there he has a cycle which is known as the Stress Cycle.

CONCLUSION

Nidra is one of the *Trayoupastambha* i.e. basic supporting foundation or pillar of the life. As pleasure and sorrow, health and disease, strength and weakness, capacity to take knowledge and ultimately life of an individual is concentrated at *Nidra*. *Nidra* is very essential to replenish the energy level, to relieve the mental stress and settle down the physiological function in the rhythm or harmony. *Anidra* losses this rhythm of all physiological and psychosomatic process of person and produces various disease condition like very simple body ache

to severe like neurological complication. *Nidra* increases the *Prakrita Shleshma*, reduces the *Raukshya* and *Chalatva* of *Vayu* and regulates the *Pitta Udirana* in *Koshtha* at *Doshika* level. *Nidra* replenish the all *Dhatus* in fact essential for *Dhatu parinamana* and increase in the bulk of being. Hence the *Pushti Karshya*, *Bala Abala*, *Sukha Dukha*, *Gyana*, *Agyana*, *Vrishta Klaibya* and *Ayu* or *Jivita* is depending on the *Nidra*.

References

1. Simon GE, VonKorff M. Prevalence, burden, and treatment of insomnia in primary care, *Am J Psychiatry*, 1997; 154(10):1417-1423.
2. Morin CM, LeBlanc M, Belanger L, Ivers H, Merette C, Savard J. Prevalence of insomnia its treatment in Canada. *Can J Psychiatry*. 2011;56(9):540-548
3. Morin CM, LeBlanc M, Daley M, Grégoire JP, Mérette C. Epidemiology of insomnia: Prevalence, self-help treatments, consultations and determinants of help-seeking behaviors. *Sleep Med*. 2006;7(2):123-130
4. Ohayon MM. Epidemiology of insomnia: What we know and what we still need to learn. *Sleep Med Rev*. 2002; 6(2):97-111.
5. Agnivesha, Charaka samhita text with english translation & critical exposition based on Chakrapanidatta's 'Ayurvedadipika', Sharma R K, Dash B. Reprint, 2009. Chowkhamba Sanskrit Series Office, Varanasi: Sutra Sthana, Chapter XI, Sloka 35; .p. 220.
6. Roth T. Insomnia: Definition, prevalence, etiology, and consequences. *Journal of clinical sleep medicine: JCSM* 2007; official publication of the American Academy of Sleep Medicine 3 (5 \ Suppl): S7-10. PMC 1978319, PMID 17824495, Available from: //www.ncbi.nlm.nih.gov/PMC/articles/PMC1978319
7. Available from: <http://www.psychologytoday.com/conditions/insomnia?tab=Treatments>
8. Vagbhata's, Astanga Hridayam, translated by Srikantha Murthy K.R, seventh edition, 2010. Volume 01, Chowkhamba Krishnadas Academy Varanasi, Nidanastana, Chapter II Sloka 42; p.19.
9. Agnivesha, Charaka samhita text with english translation & critical exposition based on Chakrapanidatta's 'Ayurvedadipika', Sharma R K, Dash B. Reprint, 2009. Chowkhamba Sanskrit Series Office, Varanasi: Sutrasthana, Chapter XXI, Sloka 55-56; .p. 385
10. Morin CM, LeBlanc M, Belanger L, Ivers H, Merette C, Savard J. Prevalence of insomnia and its treatment in Canada. *Can J Psychiatry*. 2011;56(9):540-548
11. Agnivesha, Charaka samhita text with english translation & critical exposition based on Chakrapanidatta's 'Ayurvedadipika', Sharma R K, Dash B. Reprint, 2009. Chowkhamba Sanskrit Series Office, Varanasi: Vimanasthana, Chapter VII, Sloka 96-98; .p. 263266.
12. Agnivesha, Charaka samhita text with english translation & critical exposition based on Chakrapanidatta's 'Ayurvedadipika', Sharma R K, Dash B. Reprint, 2009. Chowkhamba Sanskrit Series Office, Varanasi: Sutra Sthana, Chapter VII, Sloka 23; .p.150 .
13. Anonymous, Susruta Samhita with English translation of text and Dalhana's commentary along with critical notes, Sharma P V. Reprint, 2005. Chowkhamba Visvabharati, Varanasi: Sutra Sthana, Chapter IV, Sloka 42; .p. 311.