

A CLINICAL STUDY ON GERIATRIC DISORDER - INSOMNIA WITH SHIROBASTI AND MANSYADIKWATHA

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ABSTRACT :

Insomnia is a sleeping disorder characterized by persistent difficulty in falling asleep or staying asleep despite the opportunity. It is one of the worrying problems in most of geriatric population. **Aim and Objective:** To evaluate and compare the relative efficacy *nidrakar* effects of the *Mansyadikwatha* and *Shirobasti* in Geriatric people suffering from insomnia.

Material and Methods: It was randomized controlled single blind clinical study. In this study, 30 clinically diagnosed cases of geriatric-Insomnia were selected randomly.

Discussion: In this clinical trial 30 patients of Insomnia were treated to see the effect of *shirobasti* and *mansyadikwatha*. During the description of *Nidranasha* it is evident that the *vata dosha*, *pitta dosha*, *Rajoguna* and *sandnyavahastrotas* play important role in the formation of *samprapti* of *Anidra*, so the vitiation of these factors leads to the disease *Anidra* in old people. **Conclusion:** After completion of clinical trial it was observed that there was a considerable improvement in feeling of wellbeing, physical and mental fitness in all the patients of in these two groups.

Key words: *Anidra*, *Mansyadikwatha*, *Shirobasti*, *Nidranasha*.

INTRODUCTION: Geriatrics an aging process that occurs in all human beings. In India more than 67yrs of age constitute 6.5 % of country's population. Psychiatric symptoms such as anxiety, depression, dementia insomnia are increasing due to several reasons in old age patients.¹ Geriatrics Insomnia is a sleeping disorder characterized by persistent difficulty in falling asleep or staying asleep despite the opportunity. It is one of the worrying problems all over the world. Statistics shows the 20 to 40 % adults encounter insomnia problem during the year time (most of them are old age people i.e. 50 to 80 yrs old) such patients leading to disability and burden to society.² The Ayurvedic therapy are comparatively safe in the management of insomnia in geriatric patients, Ayurveda bear great responsibility in preventing, treating the insomnia in old age people. If insomnia in geriatric people is left untreated it may

reduce mental capacity of an individual, reduce efficacy and ultimately it may drag the patients towards several psychosomatic disorders.³

NEED OF STUDY: For the treatment of insomnia in geriatrics various types of tranquilizers are being used by the modern medical science, constant use of these drugs for long period induces various toxic effects including drug dependency. In such scenario there is an immediate need for the efficient management of insomnia. Need has always been felt to develop certain Ayurvedic treatment modalities for the management of geriatrics insomnia which could safe, effective, readily available cost effective without any side effects. Ayurveda has potent approach towards the treatment of insomnia in geriatrics by both internal and external medications. Taking this background, an effort is made to evaluate the efficacy of herbal compound drug and the administration of *Shirobasti*

in a series of patients suffering from insomnia.

Insomnia: Insomnia is made from in=a soma=sleep. It is an uncommonly common disorder, caused primarily by an increase of *vata dosha* in mind. Insomnia is a cause or a complication factor in many other problems it may related to constipation.⁴ It may be a result of stress or being overtired or it may create fatigue lead to greater stress. Insomnia is a side effect of aging. It is likely to be a symptom for physical or emotional problem. In present era it has become a common problem not only in old age but in adult person too. Sleep is very important for happy and healthy life. Man can exist without food but cannot live without sleep. Food and sleep are the natural sources of our body. In Ayurveda life is supported by three sub pillars food, sleeps and limited sex. According to Charaka sleep has a property of *tamas guna* and *kaphadosha*.⁵ On other hand *rajous guna* and *vata dosha* are responsible for *Anidra*. In old age people vitiated *vata* is responsible for the *Anidra* (Insomnia). *Acharya Charaka* has described *Anidra* is one of the *vataj vikara*.⁶

AIM AND OBJECTIVE:

1. To evaluate *nidrakar* effects of the *Mansyadikwatha* and *Shirobasti* in a series of old patient suffering from Insomnia on various scientific parameters.
2. To compare the relative efficacy of *Shirobasti* and *Mansyadikwatha* on Geriatric people suffering from insomnia.

MATERIAL AND METHODS:

Study design: It is randomized controlled single blind clinical study.

Selection of patients: In this study, 30 clinically diagnosed cases of geriatric-Insomnia were selected randomly irrespective of sex from OPD and IPD of *Kayachikitsa* Department of GAC, Nagpur

on the basis of description available in Ayurvedic text.

Inclusion criteria:

1. Individuals between the age group 50 to 75 yrs of either sex having sign and symptoms of insomnia since minimum one month duration.
2. Patients of Insomnia with mild hypertension, mild depression and anxiety disorders without any complications of any disease.

Exclusion criteria:

1. Patients below 50 and above 75 yrs of age, patients with major psychiatric illness like schizophrenia, depressive psychosis, epilepsy etc were not registered; patients with alcohol dependency or drug dependency were excluded from study.
2. Patients having chronic illness like Asthma, Malignancies Liver cirrhosis, Chronic renal failure, Heart disease, Acute pain conditions were excluded.

Laboratory

Investigation: Haematological investigation like HB%, TLC, DLC, FBS, and PPBS, Urine routine examinations were done. Physiological parameters- Pulse rate and BP were also assessed before and after treatment.

Selection of drug: *Tiltaila* for *Shirobasti* external use; and *Mansyadikwatha* for internal use.

Proposed formulation:

1) *Shirobasti-*

a. **Poorvakarma:** The patients selected for the *shirobasti* were subjected to *shiroahyanga* and *swedan* prior to *shirobasti* as a *poorvakarma*. This karma was performed by *Tiltaila*.

b. **Pradhanakarma:** Before *Shirobasti* patients were advised to remove hairs on head, *Shirobasti yantra* was made up of leather measuring 12 finger heights and fixed on the head by applying

mashakalka and lukewarm *tilataila* was poured into it. The dose of *taila* varied from 1 lit. to 1.5 lit. after appearance of *samyaklakshana* the oil was taken out along with *Shirobasti yantra*.

c. Pashat karma: Then *yantra* removed from head and patients shoulder neck, forehead face were massaged after that advised to take a bath with hot water then patients were allowed to take meal. The total duration was 21 days.

2) **Mansyadikwatha** :-For internal use-

1) *Jatamansi* (*Nordystachys jatamansi*)-10 grams
2) *Ashwagandha* (*Withaniasomnifera*) -2.5 grams
3) *Khurasni ajwain* (*hyoscyamus niger*)-1.5 grams. All ingredients were taken into crude powder form by adding water made a *kwatha* by procedure and taken Luke worm orally 20 ml. b.i.d. for 21 days.

Administration of drug and treatment schedule:

OBSERVATION AND RESULTS

Table 1) Incidence of clinical features found in 30 patients of insomnia.

No.	Symptoms	Group A		Group B	
		No of pt.	%	No of pt.	%
1	<i>Angmarda and Angasada</i> (malaise)	13	86.6	14	93
2	<i>Arati and Klma</i> (fatigue)	14	93	13	86.6
3	<i>Ajirna</i> (indigestion)	10	66.6	09	60
4	<i>Jrimbha</i> (Yawning)	12	80	11	73
5	<i>Shirahshool</i> (Headache)	09	60	10	66.6
6	<i>Smritidaurbalya</i> (lack of memory)	05	33	07	46.6
7	<i>Manodaurbalya</i> (lack of concentration)	03	20	02	13
8	<i>Malbaddhata</i> (constipation)	11	73	12	80
9	<i>Tandra</i> (drowsiness)	06	40	07	46.6

Table 2) Effect of trial drug to clinical features found in 30 pts. of Insomnia.

Symptoms	Group	BT mean	AT mean	% Relief	SD	P value	Remark
<i>Angmard and Angasad</i>	Gr-A	1.73	0.53	69.23	0.41	<0.001	HS
	Gr-B	2.2	0.6	72.72	0.50	<0.001	HS
<i>Arati and Klama</i>	Gr-A	1.66	0.93	44.00	0.59	<0.001	HS
	Gr-B	2.00	0.66	66.66	0.48	<0.001	HS
<i>Ajirna</i>	Gr-A	2.00	1.07	46.42	0.73	<0.001	HS

Group A:- It included 15 patients and recommended lukewarm *Mansyadikwatha* 20 ml bid.

Group B:- In this group,15 patients were recommended both *Mansyadikwatha* and *Shirobasti* for 21 days.

Criteria of assessment:All the patients under trial were specifically asked improvement in their feeling of well being either mentally or physically. As well as patients were assessed on symptomatic relief.

Excellent relief: More than 70 % cure of symptoms and signs.

Moderate relief: 50 to 70 % cure of symptoms and signs

Mild relief: 30 to 50 % cure of symptoms and signs

No relief : < 30 % or no change in symptoms and signs

	Gr-B	1.58	0.58	63.15	0.60	<0.001	HS
<i>Jrimbha</i>	Gr-A	2.33	0.86	62.85	0.74	<0.001	HS
	Gr-B	2.06	0.66	67.74	0.50	<0.001	HS
<i>Shirahshool</i>	Gr-A	1.81	1.18	35.00	0.50	<0.001	HS
	Gr-B	1.57	0.71	54.54	0.37	<0.001	HS
<i>Smritidaurbalya</i>	Gr-A	1.50	1.00	33.33	0.56	<0.05	S
	Gr-B	1.75	1.12	35.71	0.51	<0.001	HS
<i>Manodaurbalya</i>	Gr-A	1.60	1.10	31.25	0.21	<0.05	S
	Gr-B	1.45	0.27	81.25	0.60	<0.001	HS
<i>Malbaddhata</i>	GA	1.21	0.71	41.17	0.51	<0.001	HS
	GB	1.72	0.72	57.89	0.63	<0.001	HS
<i>Tandra</i>	GA	1.86	0.80	57.14	0.45	<0.001	HS
	GB	1.86	0.53	71.42	0.61	<0.001	HS

HS-Highly significant, S-significant.

From the Table no 1) observation clinically most endorsed symptoms were *klama*, *Angamarda*, and *Angasada* in 90 % patients. Followed by *jrimbha* in 80 % patients. While least no of patients were observed with *manodaurbalya* i.e. 13 %.

Table 3 Overall effect of clinical trial in 30 patients of Insomnia.

Total effect	Group A		Group B		Total	
	No of pt	%	No of pt	%	No of pt	%
Excellent relief	----	----	02	11.11	02	06.67
Moderate relief	10	83.33	12	66.67	22	73.33
Mild relief	02	16.67	02	11.11	04	13.33
No relief	--	--	02	11.11	02	06.67
Total	12	100	18	100	30	100

TOTAL EFFECT OF THERAPY: Amongst total 30 patients 6.67 % showed maximum improvement, 73.33 % patients perceived moderate relief, 13.33 % patients were mild improved and only 6.67 % of patients were unchanged.

DISCUSSION: In this clinical trial 30 patients of Insomnia were treated to see the effect of *shirobasti* and *mansyadikwatha*. Ayurveda has incredibly good approach towards the treatment of *Anidra* in old age people by both internal as well as external medication. During the description of *Nidranasha* it is evident that the *vatadosha*, *pittadosha*, *Rajoguna* and *sandnyavahastrotas* play important role in the formation of *samprapti* of *Anidra*, so

the vitiation of these factors leads to the disease *Anidra* in old people.

Shirobasti :⁷ It is a unique procedure which increases the peripheral blood circulation of head. It is a sort of relaxation therapy which reduced mental tension, causes tranquility of mind induces natural sleep. With constant *snehana* on *shiravata* and *pitta dosha* get suppressed and induces a sleep.

Mansyadikwatha:⁸ It contains *Jatamamsi*, *Ashwagandha*, *Khurasni Ajwain* having mainly *Ushnaguna tikta rasa*, *Ushnavirya*, *Pittashamak*, *Vatashamak*, *Nidrakar*, *Mastishkashamak prabhav*. By combined action of these properties the trial drug *Mansyadikwatha* produces

desirable effects in the management of Insomnia in old age people.

CONCLUSION: After completion of clinical trial it was observed that there was a considerable improvement in feeling of wellbeing, physical and mental fitness in all the patients of in these two groups.

On the basis of clinical manifestation and symptoms produced Insomnia in old people may be correlated with term *Anidra* or *Nidranash*.

Mansyadi kwatha is a safe without any adverse effects, economical effective remedy for the management of *Anidra*. *Shirobasti* procedures with *tilataila* and orally *Mansyadikwatha* combined therapy group have synergistic effect in the management of Insomnia in old people. Therefore it can be concluded that *Mansyadikwath* orally and *shirobasti* with *tila taila* is very safe and effective treatment modalities and can effective in the management of Insomnia in old people.

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