

***STUDY OF DARBARI KANADA RAGA AS A MANSO ANUGUNA SHABDA CHIKITSA
IN THE MANAGEMENT OF NIDRANASHA w.s.r. TO INSOMNIA***

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ABSTRACT

The present study was a single open clinical trial wherein 30 patients of *Nidranasha* between the age group of 18-60yrs, who found it pleasant to listen to *Darbari Kanada Raga* were asked to listen it just once at desired routine time of sleep for 7 nights. Insomnia severity index was recorded before, during follow up and after listening to given music for 7 nights. Wilcoxon signed-rank test and Paired t test was applied to observations. As $p < 0.05$ i.e. at 95 % level of significance the result was significant; which shows that regular listening to *Darbari Kanada Raga* is very beneficial for the management of Insomnia.

Keywords: *Nidranasha, Manasoanuguna Shabdachikitsa, Insomnia, Music therapy*

INTRODUCTION

Ayurveda, the Life Science describes health as a balanced state of all the basic physical elements such as *Dosha, Dhatu, Mala, Agni* along with sound mind, *Indriyas* & soul[1].

Ayurveda is based on many basic principles. One of its important principle is principle of *Trayopsthamba* which states that *Ahar* (Diet), *Nidra* (Sleep), *Bramhacharya* (Celibacy) are three main supporting pillars of human health[2]. These three are highly important for healthy life. Out of these, *Nidra* has its own

importance. By getting satisfactory & quality sleep one can lead a long & healthy life. Sound sleep not only balances physical, emotional, mental state of a person but also increases one's work efficacy [3].

Now-a-days due to unhealthy diet, disturbed routine and stress many people are suffering from *Nidranasha* every now and then. In modern science Insomnia is the most common sleep disorder affecting millions of people worldwide. It has been defined as both a dis-

ease & a symptom which has gross effect on a society and a person.

Insomnia is affecting large no. of population day by day. It affects the persons overall health and routine by having medical, psychiatric, social & interpersonal consequences. According to a survey conducted by WHO in India, about 35% of respondents have reported mild to extreme difficulty associated with sleep [4]. Estimates of prevalence of Insomnia have widely varied from 10-40% [5].

Acharya Charaka have described *Nidranasha* in Sutrasthana where he has specifically mentioned that vitiation of *Vata & Pitta* is the main cause of *Nidranasha*[6]. While describing treatment of *Nidranasha*, Charaka have given *Manasoanuguna Shabdachikitsa* (listening to the sounds of one's own taste) as one of the treatment modality [7]. Further in *Vimansthana* he has specifically given "*Mansoanuguna Geet-VadanShravanam*" i.e. listening to pleasant music in the management of vitiated *Pitta* [8].

In India, music is originated from Gandharva Veda and it is still the base for all type of music. Since ancient time, music has been used for treating disorders. Even today especially classical music is being widely used for therapeutic purposes [9]. Different researchers have studied different Ragas from Ayurveda point of view and have suggested listening to Ragas in accordance with state of *Dosha*, various Diseases, on specific timings of day or night.

Darbari Kanada Raga is one of such therapeutic Ragas which have action on *Vata & pitta* and it is a Raga which is listened at the night time [10]. This Raga is advised in the management of Insomnia. It also has stress relieving action. There are many historic evidences of *Darbari Kanada* being used in treat-

ing Insomnia and showing eminent results [9,11]

Patient of *Nidranasha* who finds it pleasant to listen *Darbari Kanada Raga* can show positive results if it is given as *Mansoanuguna Shabda Chikitsa* in the management of disease.

People are preferring non pharmaceutical treatments these days, according to Charaka listening to pleasant music is one of the ways of treating *Nidranasha & Darbari Kanada Raga* is advised for therapeutic purpose in Insomnia [7,8,9,11]

Hence, to assess the effect of *Darbari Kanada Raga* as *Manaso Anuguna Shabda Chikitsa* in *Nidranasha* this topic has been chosen for the current study.

AIM:-

To study the role of *Darbari Kanada Raga* as *Manaso Anuguna Shabda Chikitsa* in the management of *Nidranasha* w.s.r. to Insomnia

OBJECTIVES

1. To study the *Nidranashain* detail.
2. To study the insomnia in detail.
3. To study *Manaso Anuguna Shabda Chikitsain* detail.
4. To study the effect of *Darbari Kanada Raga* on the quality of sleep.

MATERIALS & METHODS;

Patient of Insomnia who found it pleasant listening to *Darbari Kanada Raga* were taken from OPD & IPD of C.S.M.S.S. Ayurved hospital, Aurangabad. 30 patients were selected by random sampling according to inclusion & exclusion criteria.

INCLUSION CRITERIA-

1. Patient between age group of 18-60 years of either sex.
2. Patients with complain of Insomnia or Known cases of insomnia irrespective of their cause; who finds it pleasant listening to *Darbari Kanada Raga*.
3. Patient willing to trial & giving written consent.

EXCLUSION CRITERIA-

1. Insomnia due to metabolic disorders.
2. Patient of uncontrolled DM & Hypertension.
3. Neurological disorders like Epilepsy, strokes, unconscious patients.
4. Patient suffering from any malignancy.
5. HIV positive patients.
6. Patient suffering from critical disorders like- congestive cardiac failure, pulmonary edema, MI.
7. Patient not willing for trial and not giving written consent.
8. Patient on any type of sedative treatment (Allopathic, Ayurvedic, Homeopathic and Naturopathic).

WITHDRAWL CRITERIA-

1. Patient willing to discontinue during trial.
2. Patient not following the given instructions to the point.
3. Any other physical/ mental condition not allowing the patient to follow/ continue the regime.

PHASES OF TRIAL:-

1. DIAGNOSTIC PHASE
2. INTERVENTION PHASE.
3. ASSESSMENT PHASE.

1. DIAGNOSTIC PHASE-

Patients of *Nidranasha* w.s.r. To Insomnia was diagnosed, criteria adopted for study was Insomnia Severity Index.

ASSESSMENT CRITERIA- INSOMNIA SEVERITY INDEX[12]

The Insomnia Severity Index has seven questions. The seven answers are added to get a total score. After getting total score interpretation is done according to guideline given below to see where Insomnia of patient fits.

Table 1: Insomnia severity index questions

Sr.No	Insomnia Problem	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
1	Difficulty falling asleep?	None	Mild	Moderate	Severe	Very Severe
2	Difficulty staying asleep?	None	Mild	Moderate	Severe	Very Severe
3	Problems waking up early?	None	Mild	Moderate	Severe	Very Severe
4	How SATISFIED/DISSATISFIED are you with your current sleep pattern?	Very satisfied	Satisfied	Moderate Satisfied	Dissatisfied	Very Dissatisfied
5	How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?	Not at all	A little	Somewhat	Much	Very Much
6	How WORRIED/DISTRESSED are you about your current sleep problem?	Not at all	A little	Somewhat	Much	Very much
7	To what extent do you consider your sleep problem to INTERFERE with your daily functioning	Not at all	A little	Somewhat	Much	Very much

(e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood etc.) CURRENTLY?					
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Guidelines for Scoring/Interpretation-

- For each question note the number that best describes answer.
- Add the scores for all seven questions (Question 1+2+3+4+5+6+7) = Total score.

Total Score Categories:-

0-7= No clinically significant Insomnia.

8-14=Sub threshold Insomnia

15-21=Moderate Insomnia

22-28=severe Insomnia

2. INTERVENTION PHASE-

Included patients for the study were given recorded *Darbari Kanada Raga* in their cell phones. (If patients were not having cell phone, recording was given in their family members cell phones).

Full counseling regarding treatment was done to the patients & their family members.

Patients were asked to listen the recording just once at desired routine time of sleep at night

and were asked to give follow up as per schedule.

Follow up schedule-

- 1) Patients were called for first visit after 3 days of screening visit.
- 2) 2nd and 3rd follow up observation was taken on day 4 and day 8.

3. ASSESSMENT PHASE-

The effect of *Darbari Kanada Raga* as *Manaso Anuguna Shabda Chikitsa* in the management of *Nidranasha w.s.r.* to Insomnia was assessed on the basis of clinical signs and symptoms as well as insomnia severity index of before and after treatment.

FOLLOW UP- Screening visit (-3), 0th day (baseline), 4th Day, 8th Day

DURATION OF WORK-8 Days

ETHICAL CONSIDERATION-

No objection from the institutional ethics committee was obtained. IEC No.-58/2016 Informed written consents of patients were taken prior to initiation of the study.

OBSERVATIONS

Table 2: Observations

Observations	Pervasiveness	Percentage
Age	18-30	30%
Gender	Female	53.33%
Religion	Hindu	96.67%
Marital Status	Married	66.67%
Economical Status	Middle Class	46.67%
Occupation	Student	20%
Habitat	Urban	63.33%
<i>Prakruti</i>	<i>Vata-Pitta</i>	46.67%
<i>Satva</i>	Madhyam	43.33%
<i>Agni</i>	<i>Tikshna & Vishama</i>	36.67%
Diet	Mix Diet	50%

Dreams	Occasional	63.33%
Addiction	No Addiction	67%
Chronicity	Upto 1 year	86.66%

The observations revealed maximum pervasiveness in 18 to 30 years of age, more in female, belonging to Hindu religion, mostly married middle class. Patients were mostly Students, from urban habitat, of *Vata-Pitta Prakruti* and *Madhyam Satva* & were having *Tikshna* & *Vishama Agni*, of mixed diet intake, having occasional dreams, many of them had no addiction and were having chronicity of disease up to 1 year.

Statistical Analysis:-

Observations made and results obtained were computed statistically by using Wilcoxon signed-rank test and Paired t test respectively. Statistical analysis of every symptom is described separately in the following tables.

P value

- P>0.05 – Not significant
- P<0.05 – Significant
- P<0.001- Very significant
- P<0.001- Extremely significant

Table 3: Question wise effect of therapy

Seven questions of Insomnia Severity Index	Mean B.T.	Mean A.T.	S.D. (+), B.T.	S.D. (+), A.T.	S.E. (+), B.T.	S.E. (+), A.T.	W	Z	P	Result
1	3.2	0.867	0.846	1.196	0.154	0.218	406	-4.622	P<0.05	Significant
2	2.633	1	0.964	1.174	0.176	0.214	406	-4.62	P<0.05	Significant
3	1.433	0.9	1.222	1.155	0.223	0.21	120	-3.4	P<0.05	Significant
4	2.633	1.3	0.927	1.291	0.169	0.235	351	-4.45	P<0.05	Significant
5	1.067	0.633	1.143	1.129	0.208	0.206	79	-2.76	P<0.05	Significant
6	2.367	1.233	1.067	1.278	0.194	0.233	325	-4.37	P<0.05	Significant
7	1.3	0.8	1.123	1.12	0.225	0.205	66	-2.93	P<0.05	Significant

Table 4: Total scoring criteria wise effect of therapy

Symptom	Total scoring criteria
Mean Score, B.T.	14.63
Mean Score, A.T.	6.7
S.D. (+)	3.35
S.E. (+)	0.612
T	12.96
P	<0.05
Result	Significant

Result:

Role of *Darbari Kanada Raga* as *Manaso Anuguna Shabda Chikitsa* is proved to be statistically significant where $p < 0.05$ i.e. at 95

% level of significance in the management of *Nidranasha* w.s.r. to Insomnia.

DISCUSSION

Darbari Kanada or simply *Raga Darbari*, is a raga in the Kanada family, which is thought to have originated in Carnatic music and brought into North Indian music by Miyan Tansen, the legendary 16th century composer in emperor Akbar's court. This tradition is reflected in the name itself; Darbar is Persian derived word in Hindi meaning "court". As the most familiar raga in the Kanada family. It is also sometimes written as *Durbari* and *Durbari Kanada*. **In Hindustani classical music** Darbari is a grave raga, played deep into the night and with potential for profound emotional impact. **Health Benefits of Raga Darbari Kanada:** Helps settle mental activity, Supports head comfort, mental ease and calmness and normal breathing, Restful quality of sleep, *Raga Darbari* is reputed to cure insomnia and induce sleep, *Darbari Kanada Raga* have action on Vata & pitta. [10,13,14,15]

In the present study out of total 30 patients of *Nidranasha* majority of the patients belonged to age group between 18-30 yrs, other age groups of 40-50 yrs, 30-40yrs & 50-60yrs followed closely. This study shows a greater occurrence of *Nidranasha* in young age mainly, its maybe due to the changing lifestyle, stress & natural Pitta Dosh Aggravation in *Youvana*(young age). Other age groups also showed high occurrence of the disease. So, It can be said that despite of any age *Nidranasha* can occur in anyone who is doing *Hetusevana*. Majority of the patients i.e. 16 (53.33 %) were Females, and 14 (46.67 %) patients were Males. Females are said to be more affected by *Nidranasha* than Males. And that was also observed in present study.

Females tend to worry more than males, also fasting, intake of Sheeta, Parushit Ahara, regular hormonal changes can also cause the vitiation of Doshas. This maybe the reason that females has higher incidence of *Nidranasha* than males.

Majority of the patients i.e. 20 (66.67%) were married.

Maximum patients belonged to Middle & lower economical class; 14 (46.67 %) & 10 (33.33 %) respectively. Here study reflects the incidence of disease according to socioeconomic status.

Majority of the patients i.e. 6(20%) were students, followed by housewives i.e. 4(13.33 %) rest of patients were of different occupations such as teacher, driver, watchmen, dentist, farmer, vendors, laborer etc. Students can be affected by *Nidranasha* due to disturbed routines, travelling, *Dosha* predominance's of this age and stress of study.

Maximum patients belonged to urban area. Majority 14(46.67%) patients were having *Vata-pitta Prakruti*, followed by 7(23.33 %) patients were having *Pitta-vata Prakruti*.

Thus, it can be concluded that *Vata & Pitta* predominant patients suffer more from *Nidranasha*; since, Vitiation and *Prakopa* of these two *Doshas* is the cause of *Nidranasha*.

Majority 11 (36.67 %) patients were having *Visham* type of *Agni*, same number of patients i.e. 11 (36.67 %) were having *Tikshan* type of *Agni*. *Visham & Tikshna Agni* are said to be due to *Vata & Pitaa Dosh* respectively, these *Dosha* showed dominance in *Prakruti* of patients too and are *Dosha* involved in pathogenesis of *Nidranasha*. Majority of patients i.e. 19 (63.33 %) patients were having Occasional dreams during sleep and 11 (36.67 %) patients were having Regular dreams during

sleep. Dreams can lead to disturbed sleep, can cause fear, anxiety in the patient and hence can increase the severity of the disease. Types of dreams should be studied to see *Dosha* predominance though.

Maximum 20 (67%) patients were did not have any type of addiction, In majority of patients who was not addicted to anything causes can be different. But in those patients, who are addicted to tobacco, smoking, alcohol etc., these substances are *Vyavayi*, *Ushna*, *Ruksha* these *Guna* vitiates *Vata Dosha* and hence they can be the cause of *Nidranasha* in addicted patients.

Majority of patients had chronicity up to 1 year; 13% patients were having chronicity of more than one year; these patients showed slow results than other ones. It can be said that chronic insomnia takes more time to get cured than newer one.

On the basis of seven questions of insomnia severity index patients and their disease was assessed in the gradation of 1 to 4. It was observed that difficulty falling asleep showed early result than others.

Patients seemed more satisfied and less distressed/ worried at the end of study. Patients also reported that they felt more relaxed and fresh than before.

Darbari Kanada Raga showed a complete cure in newer insomnia and low grade insomnia. In severe insomnia also it showed decrease in severity of symptoms. In patient with severe insomnia and with chronicity haven't got much relief.

This therapy can show more relief if it is given for longer duration in chronic and severe cases. Results can be seen after giving this therapy according to cause, season, duration, age etc. In such different aspects, effect of this

Raga therapy needs to be studied more because it is certainly a good alternative therapy for *Nidranasha*.

CONCLUSION:

Darbari Kanada Raga plays an important role and gives relief as *Manasoanuguna Shabda Chikitsa* in the management of *Nidranasha* w.s.r. to insomnia.

No any adverse effects were found during or after treatment.

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