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, Manasooanuguna 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-VadamShravanam” 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 treating 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 Nidranasha in detail.
2. To study the insomnia in detail.
3. To study Manaso Anuguna Shabda Chikitsa in 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.
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.

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

Table 1: Insomnia severity index questions
Shubham Ram Kulkarni & Shital P. Antapurkar: Study Of Darbari Kanada Raga As A Manso Anuguna Shabda Chikitsa In The Management Of Nidranasha W.S.R, To Insomnia

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 Manso 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

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

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

**Table 4: Total scoring criteria wise effect of therapy**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Total scoring criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score, B.T.</td>
<td>14.63</td>
</tr>
<tr>
<td>Mean Score, A.T.</td>
<td>6.7</td>
</tr>
<tr>
<td>S.D. (+)</td>
<td>3.35</td>
</tr>
<tr>
<td>S.E. (+)</td>
<td>0.612</td>
</tr>
<tr>
<td>T</td>
<td>12.96</td>
</tr>
<tr>
<td>P</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Result</td>
<td>Significant</td>
</tr>
</tbody>
</table>

**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 Dosha 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, ParushitAhara, 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 & Pittaa Agni 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 *Vyayai, 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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