



International Research Journal of Ayurveda & Yoga

SJIF Impact Factor : 5.167  
 ISRA Impact Factor 0.415  
 ISSN : 2581-785X  
 Website : <http://irjay.com>  
 Email : [editor.irjay@gmail.com](mailto:editor.irjay@gmail.com)

Volume- 3, Issue- 4

Clinical study

**An Observational Clinical Study on Efficacy of *Brahmi Ghrita Nasya* in *Anidra* (Insomnia) Irrespective of Disease Condition.**

**Dr.Chintan J. Bhatt<sup>1</sup> Prof. Dr. Kalapi B. Patel<sup>2</sup>**

1- Lecturer, Panchakarma Department, J.S. Ayurveda Mahavidyalaya, Nadiad, Gujarat.

2- H.O.D., Principal & Superintendent Panchakarma Department, J.S. Ayurveda Mahavidyalaya, and P.D. Patel Ayurveda Hospital, Nadiad, Gujarat.

Article received on-8 April  
 Article send to reviewer on-  
 11 April  
 Article send back to author  
 on-20 April  
 Article again received after  
 correction on -26 April

Corresponding author-  
 Dr.Chintan J. Bhatt,  
 Lecturer, Panchakarma  
 Department, J.S. Ayurveda,  
 Gujarat, Email Id-  
[chintanbhat21@yahoo.com](mailto:chintanbhat21@yahoo.com)

### ABSTRACT-

Insomnia is the most common sleep related complaint with the prevalence of 10%-48% in general population. *Charaka Samhita* has considered *Nidra* as one of the *Trayopasthambha* which indicates the importance of the *Nidra*. *Aswapna* is *Vataja Nanatmaja Vikaras*. Anxiety is one of the most common causes of insomnia which is observed commonly in the patients having chronic illnesses. *Susruta samhita* and *Charaka Samhita* also mention mental distress and physical disorders as causes of

*Anidra*. *Brahmi ghrita* is used in the treatment of mental disorders. Hence *Brahmighrita* is used for the *Nasya* in the patients complaining *Anidra* in P.D. Patel *Ayurved Hospital*, Nadiad. The main aim of study is to evaluate the effect of *Brahmi Ghrita Nasya* in *Anidra* (insomnia) irrespective of disease condition. Considering role of *Manas* in *Anidra*; *Nasya* with *Brahmighrita* is preferred because of its *Medhya* property

**Key words:** *Brahmi Ghrita Nasya, Anidra* (Insomnia).

## INTRODUCTION:

Recently, the interest in the use of herbal products has grown dramatically in the western world as well as in developed countries. It is now becoming exceedingly apparent that available psychotherapeutics does not properly meet therapeutic demands of a vast majority of patients with mental health problems, and that herbal remedies remain to be the ultimate therapeutic hope for many such patients in the western world and elsewhere. The vast majorities of currently available psychoactive drugs as herbal remedies today seem to be a reflection of such a situation. In the folklore of Indian medicine, several medicines (herbs, ghees, minerals and metals) have been used traditionally as brain or nerve tonics. One of the most popular of this medicine is *Brahmi Ghrita* a well-known memory booster. This comprehensive review summarizes our current knowledge of the

major bioactivities and clinical efficacy of *Brahmi Ghrita*, one of the currently popular central nervous system (CNS) activating medicines. *Brahmi* being a *Medhya* drug is recommended for various psychosomatic and psychiatric disorders. Most of the formulations acting on mind are ghee based. It is well established that, the drugs to have its action on brain should have the capacity to cross the blood brain barrier and for that purpose ghee is the best drug vehicle.<sup>1</sup>

Life style Disorders are the outcome of the way we lead our lives. The life style disorders are the big challenge in present era. Insomnia is also one of the life style disorders. Insomnia is the most common sleep related complaint with the prevalence of 10%-48% in general population. The insomnia can be seen in youngsters as well as old age persons.

*Charaka Samhita* has considered *Nidra* as one of the *Trayopasthambha*<sup>2</sup> which indicates the importance of the *Nidra*. *Aswapna* is included in *Vataja Nanatmaja Vikaras*<sup>3</sup>. Anxiety is one of the most common causes of insomnia which is observed commonly in the patients having chronic illnesses like *Madhumeha*, *Vatavyadhis*, *Sthaulya*, *Yakrutvikars*, *Vrikkadosha*, etc. *Susruta Samhita* and *Charaka Samhita* mention mental distress and physical disorders as causes of *Anidra*. Irregularities in daily routine can also lead to *Anidra* by vitiating *Vata* and *Pitta Dosh*<sup>4</sup>. Ayurvedic management of *Anidra* includes *Abhyanga*, *Murdhnitaila*, *Samvahana*<sup>5</sup> etc.. *Shamana Nasya* is easy and effective therapy for *Anidra* which can be additionally applied along with the continuous treatment of the chronic disease condition. Considering

anxiety as major cause of *Anidra*, *Brahmi Ghrita* is selected for the *Nasya*. *Brahmi Ghrita Nasya* for *Anidra* is routinely used in indoor patients at P.D.Patel Ayurved Hospital, Nadiad.

### AIMS AND OBJECTIVE:

The effect of *Brahmi Ghrita Nasya* in *Anidra* (insomnia) irrespective of disease condition

### MATERIALS & METHODS:

10 patients from the I.P.D of *Kayachikitsa* and *Panchakarma* departments, P.D.Patel Ayurveda Hospital, Nadiad having *Anidra* as associate symptom with their respective disease condition were selected for this study. The *Brahmi Grita* was prepared in the Sundar Ayurveda Pharmacy attached with J.S.Ayurveda Mahavidyalaya as per the reference of *Ayurveda Sar Sangrah*.

### Ingredients of *Brahmi Ghrita*:

Drug Name	Botanical Name	Part Used	Form	Quantity
<i>Brahmi</i>	<i>Bacopa monnieri(L)</i>	Whole Plant	Juice	01 part
<i>Vacha</i>	<i>Acorus calamus,Linn</i>	Rhizome	Powder	01 part
<i>Kustha</i>	<i>Saussurea lappa</i>	Rhizome	Powder	01 part

<i>Shankhapushpi</i>	<i>Convolvus pluricaulis</i>	Whole Plant	Powder	01 part
<i>Go-ghrita</i>	--	--	--	04 part

All the patients were given *Nasya* with *Brahmighrita* (8 drops in each nostril) after *Abhyanga* and *Svedana* on *Urdhva Jatru*. *Nasya* was given once a day in evening till the total stay of the patient in the hospital.

All patients were assessed before and after the treatment for Anidra with the Athens insomnia scale<sup>6</sup>.

#### Athens insomnia scale:

Sleep factors	Athens insomnia scale			
Sleep induction	0: No problem	1: Slightly delayed	2: Markedly delayed	3: Very delayed or did not sleep at all
Awakenings during the night	0: No problem	1: Minor problem	2: Considerable problem	3: Serious problem or did not sleep at all
Final awakening	0: Not earlier	1: A little earlier	2: Markedly earlier	3: Much earlier or did not sleep at all
Total sleep duration	0: Sufficient	1: Slightly insufficient	2: Markedly insufficient	3: Very insufficient or did not sleep at all

<b>Sleep quality</b>	<b>0: Satisfactory</b>	<b>1: Slightly unsatisfactory</b>	<b>2: Markedly unsatisfactory</b>	<b>3: Very unsatisfactory or did not sleep at all</b>
<b>Well-being during the day</b>	<b>0: Normal</b>	<b>1: Slightly decreased</b>	<b>2: Markedly decreased</b>	<b>3: Very decreased</b>
<b>Functioning capacity during the day</b>	<b>0: Normal</b>	<b>1: Slightly decreased</b>	<b>2: Markedly decreased</b>	<b>3: Very decreased</b>
<b>Sleepiness during the day</b>	<b>0: None</b>	<b>1: Mild</b>	<b>2: Considerable</b>	<b>3: Intense</b>

**RESULT:**

Statistical Test – Paired “ T” test

<b>SYMPTOMS</b>	<b>B.T.</b>	<b>A.T.</b>	<b>% of Improvement</b>	<b>S.D.</b>	<b>S.E.</b>	<b>t</b>	<b>P</b>
<b>Sleep Induction</b>	<b>2.4</b>	<b>0.8</b>	<b>66.66</b>	<b>0.51</b>	<b>0.16</b>	<b>9.80</b>	<b>&lt;0.001</b>
<b>Awakenings during night</b>	<b>2.6</b>	<b>0.6</b>	<b>76.92</b>	<b>0.66</b>	<b>0.21</b>	<b>9.49</b>	<b>&lt;0.001</b>
<b>Final awakening</b>	<b>2.4</b>	<b>0.9</b>	<b>62.50</b>	<b>0.52</b>	<b>0.16</b>	<b>9.00</b>	<b>&lt;0.001</b>
<b>Total sleep duration</b>	<b>2.6</b>	<b>0.8</b>	<b>69.23</b>	<b>0.63</b>	<b>0.20</b>	<b>9.00</b>	<b>&lt;0.001</b>

Sleep quality	2.8	0.9	67.80	0.31	0.10	11.1	<0.00
Well being during the Day	2.6	1.2	53.84	0.51	0.16	8.57	<0.00
Functioning capacity during day	2.6	0.6	76.92	0.48	0.14	13.4	<0.00
Sleepiness during the day	2.6	0.9	65.38	0.48	0.15	11.1	<0.00

With “Paired T” test it is found that quality and duration of the sleep was improved in all the patients after the administration of *Brahmi Ghrita Nasya*. Sleep induction was improved by 66.66% and awakening during night was reduced by 76.92% with reduction in final awakening by 62.50%. Total sleep duration was improved by 69.23% whereas quality of sleep was improved by 67.80%. Patients well being during the day was improved by 53.84%, and functioning capacity during day was also improved by 76.92% whereas sleepiness during the day was reduced by 65.38%. All these results were statistically highly significant (P<0.001).

## DISCUSSION:

*Charaka Samhita* mentions that when *Manas* becomes inactive and because of that *Indriyas* also do not receive their *Arthas*, then

a person falls in to *Nidra*<sup>7</sup>. *Anidra* is considered as *Nanatmaja Vikara* of *Vata Dosha*<sup>8</sup>. When *Vata Dosha* gets aggravation by anxiety and other causes it do not allow *Manas* to become relax and ultimately causes *Anidra*. *Nasya* is the procedure which is used to pacify or eradicate the *Doshas* from the *Shira*. Because *Anidra* is *Vataja*<sup>9</sup> disorder *Shaman Nasya* should be used . Considering role of *Manas* in *Anidra Nasya* with *Brahmighrita* is preferred because of its *Medhya* property. *Brahmighrita Nasya* was given every day in evening to the patients till their hospital stay. During this study there were no adverse drug reaction was observed.

## Probable Mode Of Action Of *Nasya Karma*:

In classics it is mention that *Nasa* is the gateway to *Shira*, the drug administered through nostrils reaches *Shrungataka Marma*

through *Nasa Srotas*, spreads in the *Murdha* taking *Marma* of *Netra*, *Karna*, *Kantha* *Siramukha*, scratches the morbid *Dosha* in supraclavicular region and expels them from *Uttamanga*..

The olfactory nerve cells are in direct contact with both the environment and the CNS anatomically, a great deal of interest has recently been focused on the exploitation of the intranasal route for the delivery of drugs to the brain via the olfactory mucosa. The blood-brain barrier (BBB) has impeded the development of many potentially interesting CNS drug candidates due to their poor distribution into the CNS. Owing to the unique connection of nose and the CNS, the intranasal route can deliver therapeutic agents to the brain bypassing the BBB Via intranasal delivery. The adjacent nerves called terminal nerves which run along the olfactory are reconnected with limbic system of brain including hypothalamus. Thus certain drugs administered through nose may have an impact on immediate psychological functions by acting on limbic system through olfactory nerves.(Cowley et.all.1975).

### **Ethnopharmacology of *Bacopa monnieri* and other drugs of Brahmi Ghrita:**

It is astringent, bitter, having cooling properties and is reported to improve the intellect. It is widely used for the treatment of asthma, hoarseness, dermatitis, anaemia, diabetes, cardiac disorders, insanity, and epilepsy. It is also used in boils as blood purifier, used in cataract complaints. Whole plant is used for medicinal purpose like juice of the leaves for relief in bronchitis and diarrhea given to children, paste of the leaves is used as a remedy for rheumatism, leaves and tender stalks are reported to be eaten in the west Bengal and decoction of leaves is used in cough disorders. It is also observed that it is safe cardiac tonic, gives relief to patients from anxiety neurosis if given with ginger juice, sugar and bark extracts of *Moringa oleifera*. It was reported as a potent antioxidant and bronco-vasodilator. *Bacopa monnieri*, traditional Ayurvedic medicinal plant has been used for centuries as a memory-enhancing, antiinflammatory, analgesic, antipyretic, sedative, and antiepileptic agent<sup>10</sup>.

**Rasapanchaka<sup>11</sup>:**

<i>Drug</i>	<i>Rasa</i>	<i>Guna</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Prabhav</i>
<i>Brahmi</i>	<i>Tikta</i>	<i>Laghu,Sara</i>	<i>Shita</i>	<i>Madhura</i>	<i>Medhya</i>
<i>Vacha</i>	<i>Katu, Tikta</i>	<i>Laghu,Sara, Teekshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Medhya</i>
<i>Kustha</i>	<i>Tikta,Katu,Madhura</i>	<i>Laghu,Ruksha, Teekshna</i>	<i>Ushna</i>	<i>Katu</i>	---
<i>Shankhapushpi</i>	<i>Tikta</i>	<i>Snigdha,Pichhila</i>	<i>Shita</i>	<i>Madhura</i>	<i>Medhya</i>
<i>Go-ghrita</i>	<i>Madhura</i>	<i>Guru,Snigdha</i>	<i>Shita</i>	<i>Madhura</i>	<i>Medhya</i>

**CONCLUSION:**

From the above results, discussion which includes the ethno pharmacology, *Rasapanchak* of *Dravyas* it can be concluded that *Brahmighrita Nasya* is effective in the

management of *Anidra* with irrespective of diseases. It improves duration and quality of sleep.



**REFERENCE:**

1. Sparreboom A, Cox MC, Acharya MR, Figg WD. Herbal remedies in the United States: potential adverse interactions with anticancer agents. J Clin Oncol 2004;22:2489-503.
- Husain GM, Mishra D, Singh PN, Rao ChV, Kumar V. Ethnopharmacological review of native traditional medicinal plants for brain disorders. Pharmacog Rev 2007;1:20-8.)
2. Vaidya Yadavji Trikamji Acharya, Shri Chakrapanidatt, Caraka-Samhita of Agnivesha, Elaborated by Caraka and Dridhabala with Ayurvedadipika commentary, Varanasi. 14<sup>th</sup> edition published by Chaukhamba surbharti Prakashan, sutrasthan ,chapter 11<sup>th</sup>/ 34<sup>th</sup> shloka,
3. Vaidya Yadavji Trikamji Acharya, Shri Chakrapanidatt, Caraka-Samhita of Agnivesha, Elaborated by Caraka and Dridhabala with Ayurvedadipika commentary, Varanasi. 14<sup>th</sup> edition published by Chaukhamba surbharti Prakashan. sutrasthan chapter 20<sup>th</sup> / 11<sup>th</sup> shloka
4. Acharya priyavat Sharma and edited/translated by Dr Anant Ram Sharma, Shushrut Samhita of maharsi sushruta part 1, published by Chaukhamba surbharti Prakashan, Sharirsthan chapter 4<sup>th</sup>/41<sup>st</sup> shloka
5. Acharya priyavat Sharma and edited/translated by Dr Anant Ram Sharma, Shushrut Samhita of maharsi sushruta part 1, , published by Chaukhamba surbharti Prakashan, Sharirsthan chapter 4<sup>th</sup> /43<sup>rd</sup> shloka
6. <http://www.sleepontario.com/docs/scales/Athens-Insomnia-Scale/Athens-Insomnia-Scale-English.pdf>
7. Vaidya Yadavji Trikamji Acharya, Shri Chakrapanidatt, Caraka-Samhita of Agnivesha, Elaborated by Caraka and Dridhabala with Ayurvedadipika commentary, Varanasi. 14<sup>th</sup> edition published by Chaukhamba surbharti Prakashan sutrasthan chapter 21<sup>st</sup> / 35<sup>th</sup> shloka,.

8. Vaidya Yadavji Trikamji Acharya, Shri Chakrapanidatt, Caraka-Samhita of Agnivesha, Elaborated by Caraka and Dridhabala with Ayurvedadipika commentary, Varanasi. 14<sup>th</sup> edition published by Chaukhamba surbharti Prakashan, sutrasthan chapter 20<sup>th</sup> / 11<sup>th</sup> shloka,.
9. Vaidya Yadavji Trikamji Acharya, Shri Chakrapanidatt, Caraka-Samhita of Agnivesha, Elaborated by Caraka and Dridhabala with Ayurvedadipika commentary, Varanasi. 14<sup>th</sup> edition published by Chaukhamba surbharti Prakashan, siddhisthan chapter 2<sup>nd</sup> / 22<sup>nd</sup> shloka,.
10. Yadav kapil deo, Reddy KRC, Critical review on pharmacological properties of brahmi, IJAIM, 2013, [cited on 2020 april 09] vol 4 issue 2 pg number 92-99, <http://www.ijam.co.in/index.php/ijam/article/viewFile/238/176>
11. P.V. Sharma, Dravyaguna Vijnana Part- II, III, reprint-2006/2002, Published by Chaukhamba bharti academic,.

