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A Clinical Study to Evaluate the Therapeutic Effect of Drug *Tagaradi Kwath* in the Management of *Anidra* (Insomnia) – A Research Article

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ABSTRACT:

Anidra (Insomnia) is a type of sleep disorder in which individual feels difficulty in falling asleep, staying asleep or both. In Ayurveda, *Anidra* is indicated as *Vata Nanatmaja Vikara* by *Acharya Charaka*. Insomnia affects most of the people at any stage of life due to today's stressful day to day life. Allopathic hypnotic drugs are used to treat insomnia in acute stage, but long-term use can lead to dependency and withdrawal symptoms along with other side effects. In present study a polyherbal compound *Tagaradi kwath* consist extracts of *Tagara*, *Turagagandha*, *Parpati*, *Shankhpushpi*, *Tridasavitapi*, *Tikta*, *Bharti (brahmi)*, *Bhutakesi*, *Jaladhara*, *Krtamala*, *Cetaki* and *Gostana* is used to check its efficacy in the management of insomnia.

Aim: A clinical study to evaluate the therapeutic effect of drug *Tagaradi kwath* in the management of *Anidra* (Insomnia).

Materials and methods: Total 30 newly diagnosed patients of age group 15 to 70 years of insomnia who were not taking any other hypnotic medicine were selected and administered 50ml of *Kwath* at bedtime for 1 month. Assessment was done considering the overall improvement of sleep quality according to Athens Insomnia Rating Scale, improvement in associated complains, relieving of anxiety and depression.

Observations: The information gathered on the basis of observations was subjected to statistical analysis. The Paired 't' test was used to check the significance of objective criteria.

Results: The results showed that the trial drug had Significant effect on almost all the mentioned parameters of Insomnia.

Keywords: *Nidra*, *Anidra*, *Tagaradi kwath*, sleep, Insomnia

INTRODUCTION

Sleep is a natural state of physiology of the body, which is characterized by a temporary unconsciousness, withdrawal from the contact with the worldly objects and which maintains the nourishment or the anabolic activities of the body, relaxes the mind, refreshes the individual and keeps

him fit and which has been stated to enhance the longevity of the human beings. While Insomnia or sleeplessness is a sleep disorder in which people have trouble sleeping. They may have difficulty falling asleep, or staying asleep as long as desired. Insomnia can be short term, lasting for days or



weeks, or long term, lasting more than a month.

According to the statistics 20% - 40% adults, encounter insomnia problems during a year time.¹ Especially 15 to 55 years old are more affected. Further, Insomnia is 1.4 times more common in woman than in men and affects 1 in 3 people.²

The term insomnia is used in a selection of methods within the medical literature and popular press. Most usually, insomnia is described with the aid of the presence of a man or woman's file of issue with sleep. As an example, in survey studies, insomnia is described by a fantastic reaction to both questions, “Do you revel in trouble napping?” or “Do you have difficulty falling or staying asleep?” In the sleep literature, insomnia is occasionally used as a time period to describe the presence of polysomnographic evidence of disturbed sleep. For this reason, the presence of a long sleep latency, common nocturnal awakenings, or extended durations of wakefulness at some stage in the sleep period or even common transient arousals are taken as proof of insomnia. As a consequence, insomnia has been notion of both as a symptom and as a sign.

Ayurveda is an ancient science of life, which deals with body, mind and soul. Ayurveda has described two types of *Doshas* (Humoral factors) i.e. *Sharirik* and *Mansik* which are further subdivided into three *Sharirik doshas* i.e. *Vata*, *Pitta*, *Kapha* and two *Mansik doshas* i.e. *Tama* and *Raja*. While *Satva* is a *guna*, this humoral factor has only positive activity on the body.¹ If all of these factors are in equilibrium state that means an individual has healthy body and mind. But when these factors get vitiated then disease process starts.³

Aahara (food), *Nidra* (sleep), *Brahmacharya* (celibacy) are described to be the *Trayopasthambas* (three supportive pillars) of life and so, sleep is one of the essential factors to lead a healthy life.⁴ It has been rightly stated by *Acharya Charak* that happiness and misery, proper and improper growth, good strength and weakness, potency and sterility, knowledge and ignorance, life and death of an individual depends on the quality of sleep.⁵

Nidra- *Acharya Charaka* and the commentator *Chakrapani* explained that the man sleeps when his mind is exhausted and his exhausted sense organs detract from their objects.

Sleep-According to modern science various type of definitions are mentioned by the scientists like-

Sleep is defined as unconsciousness from which the person can be aroused by sensory or other stimuli.⁶

Sleep can be defined as a state of consciousness that differs from alert wakefulness by a loss of critical reactivity to

events in the environment with a profound alteration in the function of the brain.⁷

Anidra-*Acharya Charak* included the *Asvapna* in 80 *Nanatmaja vata vikaras*. *Acharya Sushruta* explained *vaikariki nidra* in chapter *Garbha vyakarana shariram* which can be correlated to sleep disorder.

In the context to relation between body and mind, Ayurveda emphasizes that *Sharira* and *Satva* –both interacts with one another in all spheres of life⁸. We find a rich material which establishes that the Ayurvedic approach to the disease is definitely psychosomatic in nature.

It has been shown that *Sharirik dosha* also affect the *Mansik* conditions. For example, with increasing *Vata* there happens *Anidra*⁹. On the other hand, the effects of psychic disorders on the body have been also mentioned: *Vayu* is provoked by *Kama*, *Shoka*, *Bhaya*, *Pitta* is deranged by *krodha*.¹⁰

The interplay between the body and mind is the core of *Samprapti* of every *Manasa roga*. Though, *Anidra* is considered under *Vataja Nanatmaja roga*, here it is better to consider it as *Vataja Manasika Nanatmaja roga*. Even though, it is *Vataja Vikara*, in the pathogenesis of *Anidra*, the *Manasika Doshas Rajas* plays an important role.

Broadly, the etiological factors of *Anidra* can be categorized in two headings, viz. *Sharirika* and *Manasika*. The former category comprises *Shodhana Atiyoga*, *Vyayama*, *Upavasa*, dietary articles and routine activities causing *Vata-pitta* vitiation etc. On account of mental dispositions such as *Chinta*, *Krodha*, *Bhaya* and *Shoka*, *Vata Prakopa* takes place in addition to the physical factors. The *Vata* vitiation occurs, due to both kinds of etiological categories.

In comparison to the therapeutic procedure of different systems of medicine, Ayurveda has a very good approach towards the treatment of *Anidra* (insomnia). The deeds of substances present in *Tagaradi kwath* which is selected for this study are like *Vata-Pitta hara (Draksa)*, *Vata hara (Tagar, Asvagandha, Devadaru)*, *Pitta hara (Parpata, Kutki, Brahmi, Mustaka, Aragvadha)*, *Tridosahara (Sankhapuspi, Jatamansi, Haritki)*, *Medhya (Sankhapuspi, Brahmi, Jatamansi)*, *Rasayana (Asvagandha, Haritki)*, *Anulomana (Haritki)*, *Balya (Asvagandha, Jatamansi)* etc. Due to above deeds *Samprapti* of *Anidra* can be broken down, Because of this *Tagaradi kwath* is selected to evaluate the therapeutic effect on management of *Anidra*. Therefore, the present study entitled “A Clinical Study to Evaluate the Therapeutic effect of Drug *Tagaradi kwath* in the management of *Anidra* (Insomnia)” has been under

taken.

The present study is planned with following Aim and Objectives-

AIM

A Clinical Study to Evaluate the Therapeutic effect of Drug *Tagaradi Kwath* in the management of *Anidra* (Insomnia).

OBJECTIVES

- 1- To evaluate the effect of *Tagaradi kwath* in the management of *Anidra*.
- 2- Etiopathogenesis of *Anidra* as per Ayurveda and Modern literature.
- 3- Time of the sleep
- 4- Evaluation for depression and anxiety
- 5- Athens Insomnia Scale

Study Design

This is randomized, observational, interventional and clinical study.

METHODOLOGY

Clinical Study Material

Patients suffering from *Anidra*.
Tagaradi kwath

Method Of Selection

Total 30 patients had selected to fulfilling the criteria for inclusion of *Anidra* from OPD and IPD of *Kayachikitsa*, Shubhdeep Ayurved Medical College and Hospital Indore. For diagnosis, a detailed medical history and physical examination of the patients according to both modern and ayurvedic clinical methods had done. A detailed interview had conducted to elucidate sleep problems, social problems, and other areas of functioning etc.

To assess the Psychological intactness, the mental status examination had carried out. To confirm or exclude the other medical disorders, routine hematological and urine investigations had carried out. A special proforma had prepared with a gradation of symptoms and scoring had done by adopting **Athens Insomnia Scale**.

Inclusion Criteria

- 1) Patients of *Anidra* suffering upto 6 months of duration.
- 2) Patients of either sex between the age group 15 to 70 years.
- 3) *Nidranasha* with generalized anxiety mild or moderate according to Athens Insomnia Scale.
- 4) Patients without any complication of other diseases had

included in this study.

Exclusion Criteria

- 1) *Anidra* (insomnia) due to other conditions such as *Madatyaya* (alcoholism), *Abhighata* (injury), and other systemic diseases.
- 2) Patients on hypnotic medicine or other drugs known to cause drowsiness.
- 3) Patients with acute illness like myocardial infraction (MI), Congestive cardiac failure (CCF), COPD, Meningitis, acute pain condition and similar other disease.
- 4) Patients with major psychiatric illness like epilepsy, schizophrenia, major depressive psychosis etc.
- 5) Patients having chronic disease like liver cirrhosis, asthma, malignancies, Diabetes, Hypertension and Chronic renal failure.

Trial Drug Details:

Drug and Posology: *Tagaradi Kwath* (Table No. 1)

Intake of the decoction of *Tagara*, *Turagagandha*, *Parpati*, *Shankhpushpi*, *Tridasavitapi*, *Tikta*, *Bharti* (*brahmi*), *Bhutakesi*, *Jaladhara*, *Krtamala*, *Cetaki* and *Gostana cures Pralapaka* (*sannipataja* fever) very soon.¹¹.

Quantity- Each ingredient had taken in equal amount and *kwath* had prepared according to *kwath kalpna* described in *Sharangdhara*.

Kwath Preparation- Take 5gm of *Kwath dravya* and boiled with 200ml of water, reducing till 50ml, filtered it, and takes it lukewarm at the time of bed.

Research Methodology

- 1) STUDY TYPE: open clinical trial
- 2) SAMPLE SIZE: 30 subjects
- 3) NO. OF GROUP: 1
- 4) STUDY SITE: OPD and IPD of *Kayachikitsa* Department of Shubhdeep Ayurved Medical College & Hospital (P.G. Institute), Village- *Datoda*, Khandwa rode Indore (M.P.) 452020.
- 5) DIET ADVICE: *Pathya Aahar*

Sample Size

Total 30 patients

Ethical clearance no. EC/2020/03 dated-13/01/2020

CTRI no:- CTRI/2021/09/036371

Procedure Planned

After randomly selection of patients, drug had given to every patient for 30 days and patient had followed every 15 days to see the effect of *Tagaradi kwath* in *Anidra*.

Investigation

EEG (If necessary)
CBC (if necessary)

Data Collection And Method

Depending upon subjective and objective parameters, assessment of response had made based on gradation index mentioned below, before and after treatment.

Subjective Criteria-

It has been taken according to *Vagbhata*¹²

- 1) *Angmarda*
- 2) *Sirogaurva*
- 3) *Jrumbha*
- 4) *Jadyata*
- 5) *Bhrama*
- 6) *Tandra*

Objective Criteria

- 1) Time of the sleep
- 2) Evaluation for depression and anxiety
- 3) Athens Insomnia Scale

Criteria Of Assessment (Table No. 2)

A multidimensional scoring pattern had adopted for the sign and symptoms of *Nidranasha* mention in Ayurvedic texts.

Statistical Analysis Plan

Appropriate statistical test had applied as per requirement. The information collected on the basis of observation made during the treatment are analyses on a Statistical criteria in terms of mean score (B.T. & A.T.), Standard Deviation (S.D), Standard Error (S.E.) and **Paired T Test** was carried at the significance level of 0.05, 0.01, 0.001, thus the obtained results were interpreted as:

- P> 0.05 Insignificant
- P< 0.05 Significant
- P< 0.01 Highly Significant
- P< 0.001 Extremely significant

OBSERVATIONS

It was found that maximum number of patients i.e. 40 % belonged to age group of 41–50 years, followed by 26.66% 31-40 years, 16.66% of patients to each in 17-30 years and 51-60 years age group. In this study, the majority of the patients were male i.e. 53.33%, while the remaining i.e. 46.66% were female. Maximum i.e. 90% of patients were Hindus, 6.66% were Muslim and 3.33 were *Sikha*. It was found that maximum number of patients i.e. 92.5% were married, while 7.5% Patients were Unmarried. Amongst 30 patients 16.66% were having secondary level and higher secondary of education and 43.33% were having graduate education, 6.66% were having uneducated. Maximum i.e. 40.00% of patients were belonging to middle class, 26.66% were from lower middle class and minimum 13.33% were

belonging to poor of society. The data of the present study shows that most of the patients, i.e. 70% were belonging to rural habitat while remaining 30% were from urban habitat. Maximum i.e. 53.33% patients were mixed; while 46.66% were habituated to vegetarian type of diet. Dietary habit of 30 Patients, Among them 33% of Patients were taking in *Adhyashana* diet, while 6.66% were having *Samashana* and 20% were having *Visamashana*, *Anashana* and *Viruddha Ahara* respectively. Majority of the patients i.e. 53.33% were of *Mandagni*, and 46.66% of patients were observed to having *Vishamagni*. Maximum i.e. 100% of patients were from *Sadharana Desha* followed by 00% patients were from *Jangala* and *Anup*. In the present study, the available data reveals that maximum numbers of patients i.e. 80.00% were having addiction of tea, 26.66% were having addiction of smoking, 33.33% were having addiction of tobacco and 20% were having addiction of alcohol. Out of 30 patients, 80% patients were having regular bath habits whereas 20% patients were having irregular bath habit. Data reveals that maximum patients were doing no exercise, 20% were doing regular exercise and 80% irregular exercise in their routine habit. Among the 30 patients, 80% patients were of *Vata pitta Prakriti*, 13.33% were *Vata Prakriti* and 6.66% patients were *Vata kapha Prakriti*. Out of 30 patients, 66.66% patients were *Madhyama Samhanana* whereas 33.33% patients were *Avara Samhanana*, *Pravara Smahanana* was not found in any patient. Majority of the patients 86.66% were *Madhyama* in *Pramana* 13.33% patients were *Avarapramana*. Out of the 30 patients of *Anidra*, 60% patients were having *MadhyamaSatva*, 33.33% *AvaraSatva* and 6.66% patients were having *PravaraSatva*. The data shows that, maximum i.e. 86.66% patients were *Madhyamsatmya* and 13.33% patients were *Avarasatmya*.

Outcomes With In All Likelihood Explanation Of Mode Of Movement Of *Tagaradi Kwath*

Effect of *Tagardi kwath* on Subjective Criteria (Table No. 3)

Effect on *Angmarda*: The mean initial score of *Angamarda* was 1.267, which reduced to 0.700 after treatment. There is relief of 44.73% in *Angamarda*. Statistical analysis shows that result was significant at the level P <0.0001 with ‘t’ value 5.461. *Tagaradi kwath* does *Suddhi* of *Koshtha* due to its *Anuloman* property, when the *Kostha* is purified, *Srotosang* disappears and *Vata* moves freely in *koshtha*, so *Angamarda* disappears. **Effect on *Sirogaurava*:** In the initial phase the mean score was 1.800, which showed diminution to 0.833 after the therapy. There is relief of 53.70% in *Sirogaurava*. Statistical manipulation

shows to be significant with ‘t’ value of 9.522 at the level of $P < 0.0001$. *Tagara* has pharmacological action on nervous system as analgesic or anodyne, anticonvulsant, brain tonic and pacifying as well as tranquilizer agent, and the rhizomes are hence, orally given in the ailments of mental unrest, insomnia, insanity and other mental as well as psychic problems in Ayurvedic system of medicine. Due to sedative effect of *Jatamansi*, *Shankhpushpi* and *Bramhi* its release mental pressure so removes *Sirogaurav*. **Effect on *Jrumbha*:** The mean score at preceding the treatment was 0.433 which regressed to 0.2661 after treatment. There is relief of 38.46% in *Jrumbha*. The difference was found to be significant at the level of $P = 0.0029$ with ‘t’ value of 2.408. *Tagaradi kwath* does *Srotosuddhi* and *Anulomana* of *Vata* which removes insomnia and also *jrumbha*. **Effect on *Jadyata*:** The mean score at preceding the treatment was 1.033, which regressed to 0.433 after treatment. There is relief of 50.66% in *Jadyata*. The difference was found to be significant at the level of $P < 0.0001$ with ‘t’ value of 4.871. *Tagaradi kwath* have Antiarthritic, *Rasayan* agent like *Ashwagandha*, Appetizer, *Yakruttejaka*, *Bhedaniya* agent like *Katuka*, *Anulomaniya* agent like *Haritki* which done *Aampachana* and *kostha sothana*, which removes *jadyata*. **Effect on *Bhrama*:** The mean score at preceding the treatment was 0.733, which regressed to 0.400 after treatment. There is relief of 45.45% in *Bhrama*. The difference was found to be significant at the level of $P = 0.0099$ with ‘t’ value of 2.763. *Tagaradi kwath* ingredients like *Tagar*, *Bramhi*, *Ashwagandha*, *Jatamansi* and *Shankhpushpi* have *Medhya*, Nervine tonic and also sedative properties which removes *Bhrama*. **Effect on *Tandra*:** The mean score at preceding the treatment was 0.700, which regressed to 0.333 after treatment. There is relief of 52.54% in *Tandra*. The difference was found to be significant at the level of $P < 0.0001$ with ‘t’ value of 4.097. *Tagaradi kwath* ingredients like *Tagar*, *Parpat*, *Bramhi*, *Ashwagandha*, *Jatamansi* and *Shankhpushpi* have *Medhya*, Nervine tonic and also Sedative properties and *Kutki* have *Rechana* or *Haritki* have *Anulomana* properties which removes *Srotosang* due to which sleep comes and *Tandra* is removed.

Effect of *Tagaradi Kwath* on Athens Insomnia Scale (Table No. 4)

Effect on Sleep Induction: The mean score at preceding the treatment was 0.8667, which decreased to 0.500 after treatment. There is relief of 42.30% in Sleep Induction. The difference was found to be significant at the level of $P < 0.0028$ with ‘t’ value of 3.266. Sedative properties of *Tagar*, *Parpat*, *Bramhi*, *Ashwagandha*, *Jatamansi* and

Shankhpushpi remove anxiety and depression and helpful in sleep induction. **Effect on Awakenings During The Night:** The mean score at preceding the treatment was 0.700, which decreased to 0.500 after treatment. There is relief of 28.57% in Awakenings During The Night. The difference was found to be significant at the level of $P < 0.0314$ with ‘t’ value of 2.262. Sedative, nervine tonic, and also tranquilizer properties of *Tagar*, *Parpat*, *Bramhi*, *Ashwagandha*, *Jatamansi* and *Shankhpushpi* remove anxiety and depression and helpful to reduce awakening during the night. **Effect on Final Awakening Earlier Than Desired:** The mean score at preceding the treatment was 0.633, which increased to 0.400 after treatment. There is relief of 38.84% in Final Awakening Earlier Than Desired. The difference was found to be significant at the level of $P < 0.0059$ with ‘t’ value of 2.971. Sedative properties of *Tagar*, *Parpat*, *Bramhi*, *Ashwagandha*, *Jatamansi* and *Shankhpushpi* remove anxiety and depression and effective in final awakening earlier than desired. **Effect on Total Sleep Duration:** The mean initial score of Total Sleep Duration was 1.400, which reduced to 0.633 after treatment. There is relief of 54.76% in Total Sleep Duration. Statistical analysis shows that result was highly significant at the level $P < 0.0001$ with ‘t’ value 6.707. Sedative, nervine tonic, and also tranquilizer property of *Tagar*, *Parpat*, *Bramhi*, *Ashwagandha*, *Jatamansi* and *Shankhpushpi* removes *Anidra* and improves total sleep duration. **Effect on Overall Quality Of Sleep:** In the initial phase the mean score was 1.367, which showed diminution to 0.600 after the therapy. There is relief of 56.97% in Overall Quality Of Sleep. Statistical manipulation shows to be highly significant with ‘t’ value of 8.332 at the level of $P < 0.0001$. Sedative, nervine tonic, and also tranquilizer properties of *Tagar*, *Parpat*, *Bramhi*, *Ashwagandha*, *Jatamansi* and *Shankhpushpi* removes *Anidra* and improve overall quality of sleep. **Effect on Sense of Bell-Being During The Day:** The mean score at preceding the treatment was 0.466, which increased to 0.266 after treatment. There is relief of 42.85% in Sense Of Bell-Being During The Day. The difference was found to be significant at the level of $P < 0.0117$ with ‘t’ value of 2.693. *Rasayan guna* of *Ashwagandha* removes general disability and sedative, nervine tonic, and tranquilizer property of *Tagar*, *Parpat*, *Bramhi*, *Jatamansi* and *Shankhpushpi* removes *Anidra* and he/she feel fresh, energetic and sense of bell-being during the day. **Effect on Functioning During The Day:** The mean initial score of Functioning During The Day was 0.8667, which reduced to 0.600 after treatment. There is relief of 30.76% in

Functioning During The Day. Statistical analysis shows that result was significant at the level $P < 0.0029$ with ‘t’ value 0.0029. When *Anidra* and General disability are over, the person’s ability to work increases during the day. **Effect on Sleepiness During The Day** In the initial phase the mean score was 0.2667, which showed diminution to 0.1667 after the therapy. There is relief of 37.5% in Sleepiness During The Day. Statistical manipulation shows to be insignificant with ‘t’ value of 1.361 at the level of $P < 0.1841$. When patient’s sleep is complete at night, he/she feel fresh and energetic during the day so his sleepiness ends.

Overall effect of treatments (Table No. 7) In this study 13 patient’s attained moderate improvement while 12 patients attained mild improvement and 5 patients attained no improvement.

DISCUSSION

Anidra (Insomnia) as explained in Ayurveda classical texts is evidently a disease of *Vata Natatmaj Vikara*, disease of *Manovaha shrotasa* and it is a psychosomatic disease. *Vata-Pitta* along with *Rajasa* play a key role in the etiopathogenesis of *Anidra Manasika Nidanas* as well as psychic stress are the main causative factors of the disease *Anidra. Nidra*– An essential phenomenon for maintenance and restoration of the life, which is considered under *Trayopastambha*. Proper sleep provides balance of the body constituents, alertness, good vision, good complexion, fired digestive power as well as happiness, vigor, virility, nutrition and long life. *Tagaradi kwath* is a complex form of all an anti-anxiety and anti-stress drug with adoptogenic properties resulting in producing better sleep and important work performance. The deeds of substances present in *Tagaradi kwath* which is selected for this study are like *Vata-Pitta hara (Draksa)*, *Vata hara (Tagar, Asvagandha, Devadaru)*, *Pitta hara (Parpata, Kutki, Brahmi, Mustaka, Aragvadha)*, *Tridosahara (Sankhapuspi, Jatamansi, Haritki)*, *Medhya (Sankhapuspi, Brahmi, Jatamansi)*, *Rasayana (Asvagandha, Haritki)*, *Anulomana (Haritki)*, *Balya (Asvagandha, Jatamansi)* etc. Due to above actions, the *Samprapti* of insomnia was broken. Out of 30 patients, 13 patient’s attained moderate improvement while 12 patients attained mild improvement and 5 patients attained no improvement. Most of the patients responded to the treatment with significant improvement in both subjective and objective parameters. There was no adverse drug reactions (ADR) and LAMA found during the study. On the basis of clinical study we

can conclude that *Tagaradi kwath* is clinically effective in the management of *Anidra*.

CONCLUSION

Tagaradi kwath is a complex form of all an anti-anxiety and anti-stress drug with adoptogenic properties resulting in producing better sleep and important work performance. All the drugs chosen for the study were having *Vednasthapak*, *Vata dosha avasadak*, Rejuvenating, Adaptogenic and Antistress properties in nature. The drugs are easily available, cheaper and with no side and adverse effect. There is sufficient evidence provided by this study that *Tagar*, *Ashwagandha* and *Jatamanshi* have positive role in the management of *Anidra. Tagaradi Kwath* has shown better results in the overall recovery of the patient may be due to tranquilizing effect of *Tagaradi kwath*. On the basis of clinical study, we can conclude that *Tagaradi kwath* is clinically effective in management of *Anidra*.

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Table No. 1: showing part used of ingredients taken in *tagaradi kwath*

S.NO	INGREDIENT	LATIN NAME	PART USED
1	<i>Tagar</i>	<i>Valeriana wallichii</i>	<i>Mool</i>
2	<i>Ashwagandha</i>	<i>Withania somnifera</i>	<i>Mool</i>
3	<i>Pittapapda</i>	<i>Fumaria parviflora</i>	<i>Panchaang</i>
4	<i>Sankhapushpi</i>	<i>Convolvulus pluricaulis</i>	<i>Panchaang</i>
5	<i>Devdaru</i>	<i>Cedrus deodara</i>	<i>Kaandsar</i>
6	<i>Kutki</i>	<i>Picrorhiza kurroa</i>	<i>Mool</i>
7	<i>Bramhi</i>	<i>Centella asiatica</i>	<i>Panchang</i>
8	<i>Jatamansi</i>	<i>Nordostachys jatamansi</i>	<i>Mool</i>
9	<i>Nagarmotha</i>	<i>Cyperus rotundus</i>	<i>Kaand</i>
10	<i>Amaltas</i>	<i>Cassia fistula</i>	<i>Phal majja</i>
11	<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Phal</i>
12	<i>Draksha</i>	<i>Vitis vinifera</i>	<i>Phal</i>

(Table No. 2)-CRITERIA OF ASSESSMENT

A multidimensional scoring pattern had adopted for the sign and symptoms of *Nidranasha* mention in Ayurvedic texts

Absence of symptoms	0
Mild degree	1
Moderate degree	2
Severe	3

Table No. 3: Effect of *Tagardi kwath* on subjective criteria

Sign& Symptoms	Mean Score		% Of Relief	S.D.	SE	T	N	P	Df
	B.T.	A.T.							
<i>Angamarda</i>	1.800	0.833	44.73	0.5683	0.1038	5.461	30	<0.0001	29
<i>Sirogaurava</i>	1.800	0.833	53.70	0.5561	0.1015	9.522	30	<0.0001	29
<i>Jrumbha</i>	0.433	0.2661	38.46	0.3790	0.0692	2.408	30	0.0029	29
<i>Jadyata</i>	1.033	0.433	58.66	0.6747	0.1232	4.871	30	<0.0001	29
<i>Bhrama</i>	0.733	0.400	45.45	0.6609	0.1207	2.763	30	0.0099	29
<i>Tandra</i>	0.700	0.333	52.54	0.4901	0.0894	4.097	30	<0.0001	29

Table No. 4: Effect of *Tagaradi Kwath* on Athens Insomnia Scale

Objective Criteria	Mean Score		% Of Relief	S.D.	SE	T	N	P	Df
	B.T.	A.T.							
Sleep Induction	0.8667	0.500	42.30	0.6149	0.1123	3.266	30	0.00028	29
Awakenings During The Night	0.700	0.500	28.57	0.4842	0.0884	2.262	30	0.0314	29
Final Awakening Earlier Than Desired	0.6335	0.400	36.84	0.4302	0.0785	2.971	30	0.0059	29
Total Sleep Duration	1.400	0.6333	54.76	0.6261	0.1143	6.707	30	<0.0001	29
Overall Quality Of Sleep	1.367	0.600	56.97	0.5040	0.0922	8.332	30	<0.0001	29
Sense Of Well-Being During The Day	0.4067	0.2667	42.85	0.4068	0.0742	2.693	30	0.0117	29
Functioning During The Day	0.8667	0.600	30.76	0.4498	0.6822	3.247	30	0.0029	29
Sleepiness During The Day	0.2667	0.1667	37.50	0.4026	0.0735	1.361	30	0.1841	29

Table No. 5: Percentage of Relief In Subjective Criteria

Sign & Symptoms	Percentage Of Relief
<i>Angamarda</i>	44.73
<i>Sirogaurava</i>	53.70
<i>Jrumbha</i>	38.46
<i>Jadyata</i>	58.66
<i>Bhrama</i>	45.45
<i>Tandra</i>	52.54

Table No. 6: Percentage of Relief In Objective Criteria

Sign & Symptoms	Percentage Of Relief
Sleep Induction	42.30
Awakenings During The Night	28.57
Final Awakening Earlier Than Desired	36.84
Total Sleep Duration	54.76
Overall Quality Of Sleep	56.97
Sense Of Well-Being During The Day	42.85
Functioning During The Day	30.76
Sleepiness During The Day	37.50

Table No. 7: Overall effect of treatments:

Status	Effect of Tagaradi Kwatha	
	No. of Patients	Percentage
Complete remission	0	0%
Markedly improved	0	0%
Moderately Improved	13	43.33%
Mild improved	12	40%
No improvement	5	16.66%

Graph No. 1: showing overall effect of therapy

