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## INSOMNIA WITH ITS RELATED SYMPTOMS AND YOGIC PRACTICES - A CASE STUDIES ON REHABILITATION FROM THE DISORDER

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### ABSTRACT

*A client centered yogic programmed to rehabilitate the insomnia by proper yogic moderate diet with a series of yogic practices, the significant improvement was achieved. And in this complicated life the insomnia is very common to the individuals as well as to the sports persons. Here on this regard the study will help them to recover from the disorder.*

**KEYWORDS:** *Effect, yogic practice, insomnia, case study, symptoms, disorder, rehabilitation.*



### INTRODUCTION

Insomnia (sleeplessness) is somehow common to this complicated life. Now a day's so many people are suffering from these diseases. This type of case is totally based on the psychological factors which is in latter will move towards as the psycho-somatic disease and anxiety, depression, mental stress etc. are causes for this type of problem. This type of cases treatment based on metabolic correction, glandular regulation and to improvement of mental conditions. In this regard many experts reported about the importance of yoga towards functional disorder. They are as Swami Kuvalayananda (1924 and 1926), Vinekar (1963), Bhole (1976), Gharote *eat el.* (1987) and Oak *eat el.* (1987 and 1992).Yogic practice is very vital for handling this type of disorder in curative approach. Now a days in the field of sports and games this type of problem arising very often as well as general people also affected in the complicated life. For the general people this disorder will create an unhealthy status of life in the individual and for the sports persons this will create a decrease performance level of the sport standard and also leads to an unhealthy status of life as the general people suffer. Yogic way of life have an important approach towards the rehabilitation from this type of problem for the sports person and as well as to the general individuals.

### CASE REPORT:

The subject was a house-wife, age about 42 years plus, resident of panne village, P.O. - Lougram under the jurisdiction of Bankura district, West Bengal, India approached about her problem through her husband, a textile businessman (at kotalpur under same district and also was under the treatment of investigator about his lordosis with its related symptoms) with main complaints of very very less sleep throughout the days and nights and a restless state in physical and mental level. She was staying with her husband, with two daughters and one son.

**YOGIC TREATMENT:**

The subject was initially under 60 days of yogic treatment programmed for 30 minutes in morning and in the evening daily for 7 days in a week. Selected Yogic practices in simplified way were prescribed to her.

The selected yogic practices were:

a) Shavasana , Merudandasana, pavanamuktasana , viparita Karanimudra , yogamudra, chakrasana(side), vajrasana, Aradhpadmasana.

\*vajrasana was prescribed her for 10 minutes after lunch and dinner.

- b) kapalabhati
- c) Nadisodhan pranayama
- d) 'OM' kar Recitation
- e) Meditation

Beside this, the concept of Yama and Niyama of patanjali were discussed with her for mental stability and the other needed discussion was also included for her betterment.

**Diet:**

As per Hathapradipika, Mitahara(moderate diet ) was prescribed to her.

**DISCUSSION:**

On 6<sup>th</sup> day onwards the patients was felt comfort from her problem. On the 15<sup>th</sup> day onwards there was more comfort was felt. On 30<sup>th</sup> day onwards she was free from her problem at about 70% to 80%. From 45<sup>th</sup> day onwards she was 90% ok about her problem and up to 3 months she was under observation of the investigator. Thereafter she was about to free from her problem and then she was expressed that she was continuing with yogic practices and was enjoying a healthy state of life.

She was almost free from her problem due to the fact that she was a mental patient by which arising more adrenaline secretion was there from the adrenal gland which might have cause to an imbalance pitta Dosa(state of hot process ) to the body as well as to brain. And by continuous mental depression or anxiety the Hcl secretion in stomach also was high which led to an imbalance of the hot process to the abdominal region and which led a pressure through the nervous system to the brain. All this factors were the cause to the less sleep and mental restlessness to her. Here yogic practices led a balance state of metabolic condition which might have caused to regulate the hot process in a balance state throughout the body. In this regard specially the practice as Viparita Karani led a maximum supply of blood to the brain during practice which was the key to the coolness feeling of the brain with its lasting effects and that was a great cause to a deep sleep and ultimately towards free from insomnia.

**CONCLUSION:**

With the limitation of the clinical study it can be concluded that the proper integration of diagnosis and treatment procedure of insomnia might have caused to an early recovery from the insomnia. But further study in this light will established the truth of this study firmly. And this truth will be helpful to recover from the insomnia to the general as well as to the sports person who are affected with this disorder.

**REFERENCES:**

1. Bhole, M.V. (1976). Treatment of bronchial asthma by Yogic method –A report. *Yoga-Mimamsa* , 9,3,33-41.
2. Bhole, M.V.(1978).Yoga for the physical handicapped- A project report. *Yoga Mimamsa*, 26, 1,1-13.
3. Digambarji, S., & Jha,P. (1980). *Hatapradipaka*, Lonavla: Kaivalyadhama SMYM Samiti.
4. Digambarji, S., & Gharote, M.L. (1978). *Gherenda Samhita*. Lonavla: Kaivalyadhama SMYM Samiti.

5. Gharote, M.L., Bhole, M.V., & Bhagwat J.M. (1983). Effect of yogic treatment on autonomic balance in asthmatics – A pilot study. *Yoga –Mimamsa*, 22, 1&2, 73-79.
6. Karambalkar, P.V. (1987). *Patanjala yoga sutra*. Lonaval: Kaivalyadhama SMYM Samiti.
7. Kuvalayananda,S., & Vinekar, S.L. (1963).*Yogic Therapy- its basic principles and method*. New Delhi: Ministry of Health, Govt. of India.
8. Nagendra, H.R. (1980). *The basis for an integrated approach in yoga therapy*. Kanyakumari: Vivekananda Kendra Yoga Therapy and Research Centre, Report No. VKYTRC/002/KK/80.
9. Oak, J.P., & Bhole, M.V. (1987) Rehabilitation of patient with acute myocardial infarction and mild hypertension: Two case report. *Yoga Mimamsa*, 26, 2, 7-15.
10. Oak, J.P. & Bhagal, R. S. (1977) Treatment of coxalgia through Yoga: A client centered Therapy approach –A case study. *Yoga Mimamsa*, 32, 3, 39-52.
11. Rogers, C.R. (1951). Client centre therapy, In I.G. Sarason(ed.), *personality: An objective approach* (2<sup>nd</sup> ed.). New York: Wiley International Edition.
12. Tiwari, O.P., & Bhole, M.V.(1987). Rehabilitation of patients of acute myocardial infarction and mild arterial hypertension through yoga- A report. *Yoga Mimamsa*, 26, 2, 1-6.