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## An observational retrospective survey study to assess the prevalence of *Nidra Viparyaya* (*Divaswapna* and/or *Ratrijagarana*) as a causative factor of *Aamavata* (Rheumatoid Arthritis)

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### Abstract:

**Introduction:** *Ayurveda* proposes *Triskanda* theory (*Hetu, Linga, Aushadha* theory).<sup>1</sup> where in the *Hetu* is placed at the prime position in *Triskanda*. *Nidra* being one of the three subsidiary pillars (*Trayopasthambha*) of healthy life<sup>2</sup>, disturbance in sleep habit leads to *Nidra Viparyaya* (*Divaswapna* and/or *Ratrijagarana*) as per *Ayurveda*. The term *Nidra Viparyaya* can be understood as it is either *Divaswapna* (sleep at day time) or *Ratrijagarana* (staying awake at night time in which people should sleep) or both. *Aamavata* (Rheumatoid Arthritis) is a common chronic debilitating disease of autoimmune aetiology. As there is no effective medicine for its curative treatment; prevention would be the most effective strategy for *Aamavata*. There is scarcity of evidence to establish the causal relation between *Nidra Viparyaya* and *Nidana* of *Aamavata*. So, more research needed to gather evidence on relationship between *Nidra Viparyaya* and *Nidana* of *Aamavata* based on which we can make people aware about the importance of *Nidra Viparyaya* in causation of *Aamavata*.

**Material and Methods:** This is an Observational retrospective survey study, conducted at All India Institute of Ayurveda (AIIA), New Delhi over 18-month period after (January, 2021- June, 2022) after approval from Institutional Ethics Committee of the institution. Inclusion Criteria were- all diagnosed case of *Aamavata*, within 5 years of diagnosis and in the age of 20 - 65years. The exclusion Criteria were- refusal for participation in the study, severely ill patients, patients with psychiatric disorders, patients with metabolic disorders like Diabetes, Thyroid disorders, Osteoporosis, Neuropathies etc. and other associated comorbidities. Total 100 cases were included in this study. **Study flow:** This study was conducted in following steps: development of questionnaire, validation of questionnaire, survey of the patients using validated questionnaire, analysis of data, and results.

**Results:** Out of 100 patients, 76% cases were female, 82% were married, 90% belonged to Hindu religion. All the patients had pain as their chief complain; whereas swelling was present in 85% patients and morning stiffness was present in 73% of cases. In this study cohort, 78% cases were found to have *Divaswapna* and 66% cases were found to have habit of *Ratrijagarana*. The patients having habit of *Divaswapna* are significantly associated with various *Lakshana* of *Aamavata* as compared to patients not having habit of *Divaswapna* as follows: *Angamarda* ( $p=0.0001$ ); *Aruchi* ( $p=0.008$ ); *Trishna* ( $p=0.001$ ); *Gaurava* ( $p=0.007$ ), *Jwara* ( $p=0.009$ ), and *Angashunata* ( $p=0.001$ ). Similarly, the various *Lakshana* of *Aamavata* were more prevalent in patients having habit of *Ratrijagarana* as compared to patients not having habit of *Ratrijagarana* as follows: *Angamarda* ( $p=0.0001$ ); *Trishna* ( $p=0.005$ ); *Gaurava* ( $p=0.04$ ), *Jwara* ( $p=0.02$ ), and *Angashunata* ( $p=0.03$ ).

**Conclusion:** The *Lakshana* of *Aamavata* were more severe in patients having habit of *Divaswapna* and/or *Ratrijagarana* as compared to the patients not having these habits.

**Key Words:** *Divaswapna, Ratrijagarana, Aamavata, Ayurveda*

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