Relevance of Diwaswap in Metabolic Disorders

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Abstract:
Background: Sleep is said to be crucial component of human life which plays key role for the maintenance of good health and well-being of the individual. In ayurvedic science ahar, nidra and brahmacharya are named as trayopstambha by which human life is maintained in equilibrium. This further suggests that sleep has its own significance in maintaining harmony among dhosh, dhatu and mala for good health. For the safe guard of mental, physical and social health adequate sleep is must. However, daytime sleeping i.e., diwaswap may be serious concern for good health. It is not that inadequate sleep at night alone, but also excessive daytime sleep i.e., diwaswap with exception of grishma rutu may increase the probability of different metabolic disorders. Various aurveda acharyas have mentioned few symptoms and diseases as the side effect of the diwaswap. It is said to be an abnormality and as such one who sleeps in daytime become more prone of wickedness and elevation of doshas. It seems that agnidhushti and aannavahstrotas dushti are the outcomes of diwaswap, which further leads to various metabolic abnormalities such as hypertension, obesity, diabetes, cardiovascular events, mortality, stroke, hyperlipidaemia, myocardial infarcts, mood disorder etc. So, it has been proved that behavioral change in daily routine is needed to overcome these conditions and to improve quality of life. Therefore, it is necessary to focus on role of diwaswap in metabolic disorders and increase awareness of sleep-in health and disease.

Keywords: Nidra, diwaswap, metabolic disorders

How to cite this article: Deshmukh S H., Waghulade H. Relevance of Diwaswap in Metabolic Disorders. Int J Ind Med 2022;3(3):1-4 http://doi.org/10.55552/IJIM.2022.3301
Introduction:
Aahara (diet), Shayan (Nidra) and Bramhacharya are named as trayopstmbha. These three pillars hold the body as like the house supported by the pillars. Out of these Aahara (diet) is one the useful pillars of the life of human being. Aahara (diet) taken at right time and in appropriate quantity maintains the health and power of man. Nidra is the second useful pillar amongst the trio, because it holds the key of life. It restores the energy and enhances the man to remain active and fresh the next day as he was in past. Nidra gives rest to sensory organs, the mind and to the body also.

Material and Method: This study is based on literary review compiled from ayurvedic texts and journals.

Review of literature:
As per Charak sutra 21/36 and Ashtang Hruday sutra 7/53, Samyak nidra gives us sukha, pushti, bala, vrushta, gyan and jivan. Asamyak nidra causes dukha, karshya, abala, klibata, agyan and ajivit. In the above quote of Acharya Charaka and Acharya Vagbhata mentioned merits and demerits of sleep. Sushruta explains in detail chikistashtan 24/88, Nidra taken at proper time gives us pushti (good physique), varna (glowness of skin), bala (power), utsaha, agnidipti and dhatu samya. According to Acharya Charaka there is necessity of diwaswapa (day sleep) in grisha rutu. In grisha rutu night becomes sankshep (short) and vata gets aggrevated in the sharir (body) due to the adana. As a consequence, during this rutu diwaswapa (day sleep) is advocated for all. Hence to maintain doshasamya, the person should take diwaswapa (day sleep). Other than this season nidra taken in day time may increase the kapha and pitta dosha of the body causing various diseases. These are like Halimaka (chlorosis), shirshula (headache), staimitya (cold sensation), gurugatrata (heaviness of body organs), angamarda (bodychae), agninasha (loss of appetite), feelings of as like plastering of heart, shopha (oedema), rochaka (anorexia), hrullas (nausea), pinasa (rhinitis), ardhahedka(migraine), kotharu (Urticarial patches), pidaka(pustules and boils), kandu(itching) tandra (drowsiness), kasa (cough), disorder of throat, sanrodha (obstruction of channels), derangement of memory and intelligence. However, daytime sleep has been consistently reported to be associated with various health related conditions such as hypertension, diabetes, cardiovascular events or mortality and stroke. Hence various studies can be summarized to show association between diwaswap and metabolic disorders. [1-4]

Flowchart Showing pathogenesis of Metabolic Disorders:

1. Diwaswap (Daytime Sleeping)
2. Tridoshprakop (Alteration in Circadian Rhythm)
3. Agnidushti (Impairment of Digestion)
**AmaUtapatti** (toxic undigested food matter)

**AmaSanchiti**
(Triggering Lipogenesis)

**No proper Dhatuposhana**
(No healthy tissues)

**Srotavarodh**
(blockage of channels)

**Dushit Medosanchiti**
(Increased Adipocytes)

**AmajVikara** (toxic disorders)

**StaulyadiMedojVikara** (Metabolic Disorders)

**Discussion:**
In the modern era, lifestyle changes have major impact on the health and behavior of the person. *diwaswap* is an outcome of this lifestyle changes in one’s life. There are various inducing factors of *diwaswap*. Some of them are emotional disturbances in the family, lack of exercise, dietary habits, age, retired life, adolescent and pregnant women, people with high socioeconomic status group. Also, in those who are on medications such as barbiturates, benzo diazepam, anti-epileptic drugs, alcohol and opiates. There are few conditions such as obstructive sleep apnea, altered sleep phase etc. Even neurological and psychological conditions such as hypersomnia, mood disorder, depression leading to *diwaswap*. Daytime sleeping leads to caused disturbances in the equilibrium of *Dosha*, *Dhatu* and *Mala*. It leads to *Tridoshaprakop* (~alteration in circadian rhythm) which is a root cause in the Pathogenesis of various disorders. Vitiation of all of the three *Doshas* further lead to *Agnidushti* (~disregulation of digestive enzymes) which causes improper digestion of the food material which is further responsible for generation of *Ama*. Or in other way, it can be said as food cannot be assimilated into micro permeable particles which are responsible for generation of adipocytes and storage of unutilized fats in the body on long term continuity of this process. Adipocytes comprise the adipose tissues which are stored in the vascular beds, stromal compartment in the body, subcutaneous tissue, skeletal muscles, internal organs such as liver, kidney, heart. This can be correlated as storage at various *Srotas* (~various channels) leading to *Srotavarodh* (blockage of various channels). Adipocytes further release endocrine regulating molecules. These molecules include energy regulatory hormone (leptin), cytokines (TNF-α, interleukins), insulin sensitivity regulating agents (adiponectin, resistin, RBP4), prothrombotic factors (plasminogen activator inhibitor) and blood pressure regulating agents (angiotensinogen). These metabolic changes are further responsible for various metabolic disorders. like hyperinsulinemia obesity, type 2 diabetes mellitus, hypertension, hyperlipidemia, hyperlipoproteinemia, nonalcoholic fatty liver disease, cholelithiasis, hypoventilation.
syndrome, rheumatoid arthritis, carcinoma etc. [7-11]

CONCLUSION:
As a result of diwaswap, impairment in tridoshas leads to agnidushiti which is further responsible for generation of ama that supplements to strotavrodh. Strotorodh seems to be a multiplex threat that appears from insulin resistance accompanying abnormal adipose deposition and function. Adipocytes later release endocrine regulating molecules such as energy regulating hormone, cytokines, insulin sensitivity and blood pressure regulating agents, prothrombic factors. These further provokes metabolic disorders. Thus, considering lifestyle changes in the current era, it is need of the day to review the concept of diwaswap for better health of an individual.

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Source of Support : None declared
Conflict of interest : Nil

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