

Effect Of Isolated And Combined Practice Of Naturopathy And Yogasana On Psychological Variable Insomnia Among Migraine Patients

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ABSTRACT: *The purpose of the study was to find out effect of isolated and combined practice of naturopathy and yogasana on insomnia among migraine patients. The study was performed on 45 migraine patients. Totally three groups, namely experimental group I, II & III consisting of 15 migraine patients undergo twelve weeks practice in naturopathy, yogasana and combined. The insomnia was calculated before and after the carrying out tests using the standardized test to measure the insomnia analyzed by Analysis of Covariance (ANCOVA) and it was summarized that the naturopathy, yogasanas and combined practices had significant ($P < 0.05$) effect on the insomnia.*

Key words: *insomnia, naturopathy, yogasana, psychological, migraine, yoga, alternative medicine,*

1. INTRODUCTION

Migraine is a recurring headache which causes from mild to heavy and become extremely receptive towards light or noise also may include vomiting, nausea and pain. Yoga is a primordial system that encourages holistic living through a mixture of postures and breathing techniques. Yoga may be a harmonious technique to fight migraine. The simple yoga postures for few minutes a day will help prepare healthier for consequent migraine attack. Migraine attacks cause unbearable pain and may hamper one's personal also as business life. Explanation of the situation to family, friends, and colleagues will support ethical and emotional support from them. It'll also help them have an open-minded view of the condition. Yoga may be a means to form the resistance against migraine improved and will not be used as an alternate to medication. It's recommended to carry on the medication until the doctor advises otherwise. Following simple yoga postures will decrease the impact of a migraine attack and should eventually stop them enduringly. Naturopathy management of migraine begins with recognizing and treating the principal causes that contribute to headaches. Headaches and migraines, like all other disease, may be results of multiple factors adding up to the explanation for the headache. Naturopathy looks at the reasonable cause and therefore the trigger points. A crucial feature of Naturopathy cure is prevention and treatment by identifying which trigger could also be the principal aggravator. A naturopathic doctor takes an entire medical record of the family, cycle, bowel problem, vitamin deficiencies, hypertension, and diet before considering the explanation for migraines. Naturopathy treats the basis explanation for disease and not the symptom in isolation and offers protective

measures and ways aside from pills to beat pain. Migraine is often managed by lifestyle and dietary changes. Naturopathy encourages a holistic living and lays enormous importance on regulating and remarkable the mind-body balance through simple asanas, pranayama, and meditation.

Naturopathy and Yoga gives the person having migraine a chance to hamper and relax, and also improves the blood circulation throughout the body. Whenever you improve the circulation, at the end of the day it helps in lighten the pain and stress. Naturopathy and Yoga alters the body in such a method that the mind and body become more relaxed. It also helps to affect anxiety and depression, which are the causes of migraine. Migraine sufferers find immense benefits from massage treatment because it improves the standard of sleep. The research suggests if practiced for an extended time it reduces perceived stress and increases coping skills. It specially helps with tightness of tender muscles, like those within the back of the top, neck, and shoulders, and it boosts blood flow in those areas and thus it helps to affect headaches caused by muscle tensions. Both system aims in “Prevention is best than cure”. Headaches and migraines are neurological disorders hence suggested naturopathy treatments, asana, pranayama and kriya help to relieve the symptoms of a migraine.

Need of the Study

Both men and ladies do many works, aside from their family. They're always struggling for to try to some quite service of all kind of peoples. This may create enormous amount of stress, tension, anxiety and aggression. It requires certain relaxation and maintains the great health so as to measure healthier and happier. This study aims to supply the right yoga therapy and naturopathy and also good relaxation to the lads to scale back the headache alongside stress, anxiety, aggression and tension.

Purpose of the Study

The purpose of the study was to find out effect of isolated and combined practice of naturopathy and yogasana on insomnia among migraine patients.

Review of Literature

- **Wei-Li Wang et.al., (2020)** studied the effect of yoga on sleep quality and insomnia in women with sleep problems: a systematic review and meta-analysis. To examine the effectiveness and safety of yoga of women with sleep problems by performing a systematic review and meta-analysis. Randomized controlled trials comparing yoga groups with control groups in women with sleep problems were included. Two reviewers independently evaluated risk of bias by using the risk of bias tool suggested by the Cochrane Collaboration for programming and conducting systematic reviews and meta-analyses. The main outcome measure was sleep quality or the severity of insomnia, which was measured using subjective instruments, such as the Pittsburgh Sleep Quality Index (PSQI), Insomnia Severity Index (ISI), or objective instruments such as polysomnography, actigraphy, and safety of the intervention. For each outcome, a standardized mean difference (SMD) and confidence intervals (CIs) of 95% were determined. Nineteen studies in this systematic review included 1832 participants. The meta-analysis of the combined data conducted according to Comprehensive Meta-Analysis showed a significant improvement in sleep (SMD = -0.327, 95% CI = -0.506 to -0.148, $P < 0.001$). Meta-analyses revealed positive effects of yoga using PSQI scores in 16 randomized control trials (RCTs), compared with the control group in improving sleep quality among women using PSQI (SMD = -0.54; 95% CI = -0.89 to

-0.19; $P=0.003$). However, three RCTs revealed no effects of yoga compared to the control group in reducing insomnia among women using ISI (SMD = -0.13; 95% CI = -0.74 to 0.48; $P=0.69$). Seven RCTs revealed no evidence for effects of yoga compared with the control group in improving sleep quality for women with breast cancer using PSQI (SMD = -0.15; 95% CI = -0.31 to 0.01; $P=0.5$). Four RCTs revealed no evidence for the effects of yoga compared with the control group in improving the sleep quality for peri/postmenopausal women using PSQI (SMD = -0.31; 95% CI = -0.95 to 0.33; $P=0.34$). Yoga was not associated with any serious adverse events. This systematic review and meta-analysis demonstrated that yoga intervention in women can be beneficial when compared to non-active control conditions in term of managing sleep problems. The moderator analyses suggest that participants in the non-breast cancer subgroup and participants in the non-peri/postmenopausal subgroup were associated with greater benefits, with a direct correlation of total class time with quality of sleep among other related benefits.

- **Palak Patel and Mia T. Minen (2019)** investigated the complementary and Integrative Health Treatments for Migraine. Migraine is a chronic disabling neurologic condition that can be treated with a combination of both pharmacologic and complementary and integrative health options. With the growing interest in the US population in the use of nonpharmacologic treatments, we reviewed the evidence for supplements and behavioral interventions used for migraine prevention. Supplements reviewed included vitamins, minerals and certain herbal preparations. Behavioral interventions reviewed included cognitive behavioral therapy (CBT), biofeedback, relaxation, the third wave therapies, acupuncture, hypnosis, and aerobic exercise. This article should provide an appreciation for the wide range of nonpharmacologic therapies that might be offered to patients in place of or in addition to migraine preventive medications.
- **Basak Karakurum Goksel (2013)** analyzed the Use of Complementary and Alternative Medicine in Patients with Migraine. Although many patients with migraine get positive benefits from conventional pharmacological treatments, many others do not benefit sufficiently or experience adverse effects from these treatments. For that reason, these patients usually seek complementary and/or alternative medical (CAM) treatments all over the world. In general, although CAM therapies are not recommended by neurologist in Turkey, most of migraine patients, who do not respond conventional medicine treatments, seek alternative therapy. Acupuncture, botulinum toxin, mind-body interventions, and nutraceutical options are the most popular treatments. In this review, the available evidence for all these treatments will be discussed.
- **Suzanne M et.al., (2012)** examined the use of Relaxation Techniques and Complementary and Alternative Medicine by American Adults with Insomnia Symptoms: Results from a National Survey. Though relaxation training is recommended for insomnia, national patterns of use remain unknown. Similarly, rates of complementary and alternative medicine (CAM) use by adults with insomnia are not well established. We sought to elucidate the patterns and reasons for use of relaxation techniques and CAM use by adults with insomnia symptoms. We used the 2007 National Health Interview Survey ($n = 23,358$) to estimate prevalence of use among adults by self-reported insomnia symptom status. Among adults reporting insomnia symptoms ($n = 4,415$), we examined reasons for use and disclosure to medical professionals. We employed logistic regression to determine the adjusted associations

between relaxation techniques use, CAM use, and insomnia symptoms. Among adults with insomnia symptoms, 23% used relaxation techniques and 45% used CAM annually. After adjustment, adults with insomnia symptoms had higher likelihood of using relaxation techniques (aOR 1.48, 95% CI 1.32, 1.66) and CAM (aOR 1.29, 95% CI 1.15, 1.44) compared with adults without insomnia. Deep breathing exercise was the most commonly used relaxation technique. Fewer than 2% of adults with insomnia used CAM specifically for insomnia. Only 26% of adults with insomnia symptoms disclosed their relaxation techniques use to medical professionals. Being male, lower educational and physical activity levels, income < \$20,000, living in South, and hypertension were associated with lower likelihood of relaxation techniques use among adults with insomnia symptoms. While adults with insomnia symptoms commonly use relaxation techniques and CAM, few are using for their insomnia. Facilitating discussions about relaxation techniques may foster targeted use for insomnia.

2. METHODOLOGY

For the present study 45 migraine patients aged between 45 – 50 years were selected as the subjects. All the subjects were assigned to Experimental group I underwent naturopathy treatment, Experimental group II underwent yogasana practices, Experimental group III underwent combined practices (naturopathy with yogasana), each consisting 15 subjects. The experimental groups practiced the above five days a week for 12 weeks. The naturopathy practices given to the experimental group – I were incorporated cold forehead mud pack, Hot foot bath and head massage and Yogic practices given to the experimental group-II were incorporated Bhujangasana, Bramari, Nadi sudhhi, Relaxation and Om chanting. Experimental Group-III was incorporated combined practices (naturopathy with yogasana). The psychological variable is insomnia was measured by Insomnia severity index.

3. RESULTS AND DISCUSSIONS

The data related to the variables gathered from the three groups before and after the working out period were statistically analyzed by using Analysis of Covariance (ANCOVA). The following tables exemplify the numerical result of the effect of isolated and combined practice of naturopathy and yogasana on selected psychological variable of insomnia among migraine patients.

Table - I
Computation of Analysis of Covariance of Pre-Test, Posttest and Adjusted Post-Test on Insomnia of Isolated and Combined Practice of Naturopathy and Yogasana Groups

| | EX.GR I | EX.GR. II | EX.GR. III | SV | SS | df | MS | Obtained F |
|-----------------|------------|--------------|---------------|---------|--------|----|-------|---------------|
| Pre Test | | | | | | | | |
| Mean | 21.21 | 21.13 | 21.40 | Between | 0.58 | 2 | 0.29 | 0.02 |
| SD | 4.29 | 3.55 | 3.62 | Within | 663.73 | 42 | 15.80 | |

| Post Test | | | | | | | | |
|--------------------|-------|-------|-------|---------|---------|----|--------|--------------|
| Mean | 26.53 | 26.60 | 33.00 | Between | 413.91 | 2 | 206.96 | 6.39* |
| SD | 6.10 | 4.34 | 5.87 | Within | 1361.33 | 42 | 32.41 | |
| Adjusted Post Test | | | | | | | | |
| Mean | 26.53 | 26.64 | 32.94 | Between | 402.82 | 2 | 201.41 | 6.48* |
| | | | | Within | 1274.41 | 41 | 31.08 | |
| Mean Diff | 5.33 | 5.47 | 11.60 | | | | | |

*Significant Table F-ratio at 0.05 level of confidence for 2 and 42 (df) =3.22, 2 and 41 (df) 3.23.

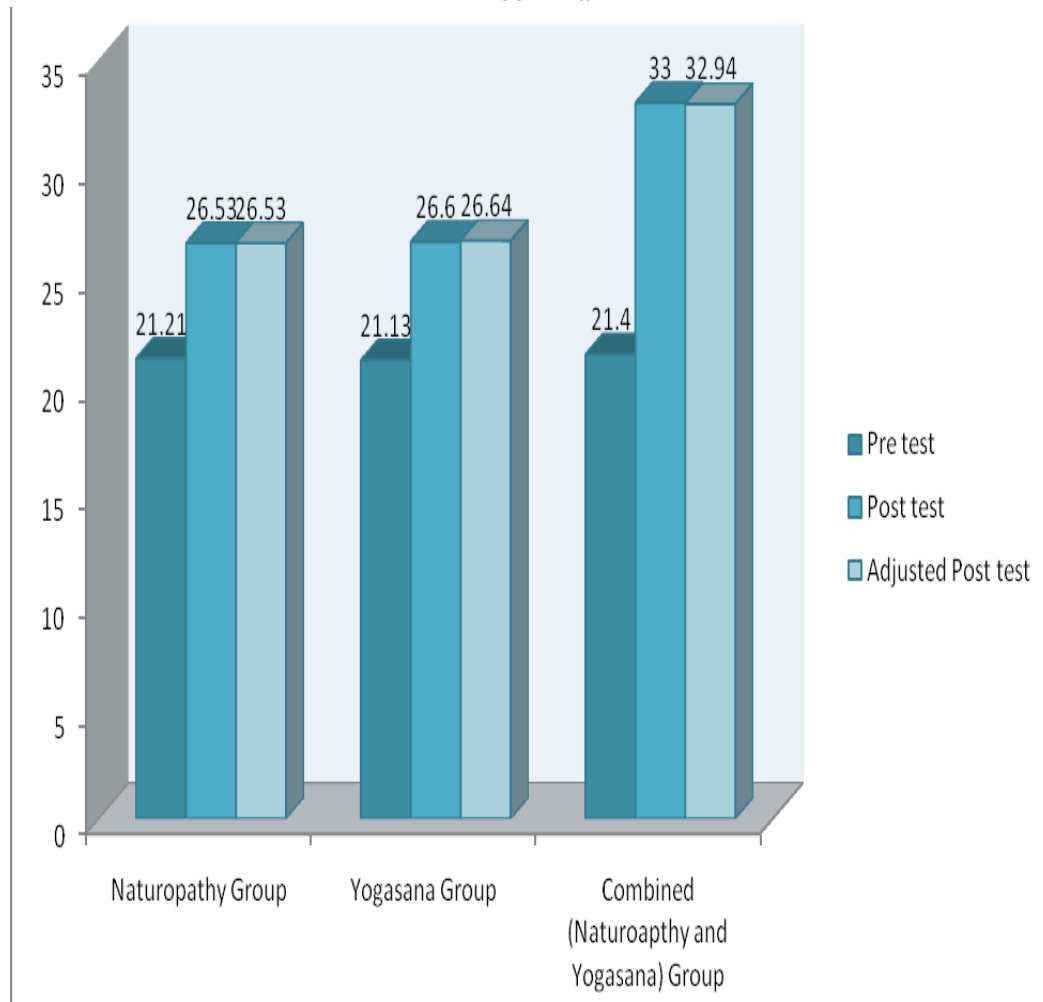
Table - II

Ordered Adjusted Insomnia Means, Differences between Means and Scheffe's Post-Hoc Test F-Ratio of Isolated and Combined Practice of Naturopathy and Yogasana Groups

| Ex. Gr - I | Ex. Gr - II | Ex. Gr - III | Mean difference | Required C.I |
|------------|-------------|--------------|-----------------|--------------|
| 26.55 | 26.64 | -- | 0.09 | 5.17 |
| -- | 26.64 | 32.94 | 6.30* | 5.17 |
| 26.55 | -- | 32.94 | 6.39* | 5.17 |

*Significant

Figure - 1
 Bar graph showing Mean Values of Naturopathy, Yogasana and Combined groups of Insomnia



4. RESULTS OF INSOMNIA

The analysis of covariance of insomnia data between pre-test and post-test of the four groups have been presented in Table I. Table I shows the analysis of covariance of insomnia. The pre-test means of naturopathy group, yogasana group and combined group were 21.21, 21.13 and 21.40 respectively. Since the obtained F-ratio of 0.02 is lower than the table value, F-ratio of 3.22, the pre-test means were not significant at 0.05 level of confidence with the degrees of freedom 2 and 42. The post test means of naturopathy training group, yogasana group and combined group were 26.53, 26.60 and 33.00 respectively. The obtained F-ratio of 6.39 is seen to be higher than the table F-ratio of 3.22. Hence, the differences among the post-test means were significant at 0.05 level of confidence with degrees of freedom 2 and 42. The adjusted post-test means of naturopathy group, yogasana group and combined group were 26.53, 26.64 and 32.94 respectively. Since the obtained F-ratio of 6.48 is higher than the table F-ratio of 3.23 the adjusted post-test mean difference among the three groups was significant at 0.05 level of confidence with the degrees of freedom 2 and 41. Scheffe's post-hoc test was

resorted-to, to find out the significance of ordered adjusted final means difference among the groups. The ordered adjusted insomnia means, differences between means and Scheffe's Post Hoc test F-ratio of naturopathy group, yogasana group and combined group were tested for significance against Scheffe's post-hoc test F ratio.

5. CONCLUSION

Based on the results obtained, the following conclusion was drawn: It was concluded that Combined group (naturopathy and yogasana) was slightly effective than the Naturopathy, Yogasana in increasing the psychological variable insomnia among migraine patients.

6. REFERENCES

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