ISSN:3139-0935(Online)

Intemed: International Journal of Research in Integrated Medical Sciences (IJ-RIMS)

Journal homepage: www.intemed.in

Vol.: 2 | Issue: 8 | August 2026

Article History: Received: 26-08-2026 Accepted: 28-08-2026 Published:30-08-2026

DOI: doi.org/10.68108/intemed.v2.i8.13

Review Article

AN EXPLORATORY CLINICAL TRIAL TO EVALUATE THE ROLE OF *RAGA BAGESHREE* ON *BASURI* AS *MANASOANUGUN SHABDA CHIKITSA* IN *ANIDRA*

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Abstract

Ayurveda extends beyond a mere medical system; it represents a holistic way of life aimed at physical, mental, and spiritual well-being. Modern lifestyles, characterized by intense competition and chronic stress, have severely impacted basic biological needs like diet and sleep. Consequently, over half of the adult population experiences sleep disturbances[1], with insomnia being the most prevalent. In Ayurveda, this condition correlates with "*Anidra*".

According to Ayurvedic principles, Diet (*Aahar*), Sleep (*Nidra*), and Celibacy (*Brahmacharya*) are the three foundational pillars (*Upastambha*) of health[2]. Sleep occurs naturally when the mind (*Mana*) and sensory organs (*Indriya*) detach from their objects due to fatigue[3]. Conversely, insomnia arises from the aggravation of *Vata* and *Pitta doshas*, mental distress, trauma, or tissue depletion (*Dhatu kshaya*).

To counter this, ancient texts advocate for "*Manasoanugun Shabda Chikitsa*"—the therapeutic use of pleasant, customized sounds or music[4]. Indian philosophy posits that the universe is vibrating with sound (*Nada*). Outer sounds (*Ahata nada*) received by the ears can profoundly influence physiological and psychological states. Certain musical frameworks, known as *Ragas*, generate specific therapeutic vibrations when played at their designated times (*prahar*). *Raga Bageshree*, an evening melody (2nd *prahar* of the night) [5], is characterized by the dominant notes "Ma" (Vadi) and "Sa" (Samvadi). Given its inherent calming properties, this study specifically utilized a flute rendition of *Raga Bageshree* to evaluate its efficacy in inducing sleep.

AIM AND OBJECTIVE

To evaluate the clinical efficacy of listening to a flute rendition of *Raga Bageshree* for 30 minutes daily (before bedtime) over a 60-day period as a music therapy intervention (*Manasoanugun Shabda Chikitsa*) for managing *Anidra* (Insomnia).

MATERIALS AND METHODS

Materials

1. Patients having Anidra
2. Basuri nada comprising of Bageshree Raga.
3. Informed consent and case record form.

Inclusion Criteria:

1. Patient suffering from signs and symptom of *Anidra* who likes listening to *Raga Bageshree* on *Basuri*.
2. Patients of age group between 18 to 60 years.
3. Patients were selected without any bar of race, religion and sex.
4. Patient willing to participate in the trial and ready to give written consent.
5. After Screening for COVID-19 in COVID-19 screening OPD, Patients was selected.

Exclusion Criteria:

1. Patients having *Anidra* due to severe illness like Cardiac diseases,
2. Hypertension, Diabetes, Malignancy, Bronchial Asthma, pain, Orthopenia.
3. Patients with Alcoholism, Psychiatric illness (Schizophrenia), Acute systemic pathological conditions like Jwara associated with anidra. Patients having neurological disorders like Epilepsy, Stroke.
4. Pregnant woman, Night workers.
5. Patient on any type of sedative treatment.
6. Patients who have a hearing problem.

Sampling technique: Purposive sampling technique

Study Protocol

Following ethical clearance and written informed consent, participants underwent detailed medical screening. An authenticated flute recording of *Raga Bageshree* (authenticated by *Gandharva Mahavidyalaya*, Pune) was distributed via digital links. Participants were instructed to listen to the 30-minute track nightly before sleep. Clinical follow-ups occurred every 15 days, resulting in a total of four assessments over the 60-day trial.

Assessment and Withdrawal Criteria

Patient outcomes were evaluated using symptom grading based on *Anidra Lakshane* and the Pittsburgh Insomnia Rating Scale. Non-compliance (missing 7 consecutive days of therapy) or development of adverse complications warranted withdrawal. Ultimately, 34 patients completed the trial (1 dropout).

RESULTS

Data analysis utilized Wilcoxon signed-rank and Friedman tests for qualitative variables, and Paired-t and Repeated Measures ANOVA for quantitative metrics. A P-value < 0.05 was considered statistically significant.

Impact on Ayurvedic Symptoms (*Anidra Lakshana*)

Statistically significant improvements ($P < 0.001$) were observed across core symptoms, including body ache (*Angamarda*), heaviness in the head (*Shirogaurava*), excessive yawning (*Jrimbha*), sluggishness (*Jadya*), and exhaustion (*Glani*). Symptoms such as dizziness (*Bhrama*) and indigestion (*Apakti*) were mostly absent at baseline, though clinical reductions were still noted overall, shown in table 1.

Table 1: Effect on symptoms of *Anidra*

Symptoms of *Anidra*[6]		**Before and after treatment result**		**Follow up wise result**	
		Test statistic	**P value**	**Test statistic**	**P value**
1.	*Angamarda*	-4.512	< 0.001	83.047	< 0.001
2.	*Shirogaurava*	-4.730	< 0.001	88.165	< 0.001
3.	*Jrimbha*	-4.667	< 0.001	89.723	< 0.001
4.	*Jadya*	-3.834	< 0.001	60.804	< 0.001
5.	*Glani*	-4.901	< 0.001	104.663	< 0.001

6.	*Bhrama*	-1.414	0.157	6.400	0.171
7.	*Apakti*	-1.000	0.317	4.000	0.406
8.	*Tandra*	-1.890	0.059	13.412	0.009

Pittsburgh Insomnia Rating Scale Outcomes

Significant improvements ($P < 0.01$) were recorded in 27 out of 29 parameters on the scale. Notably, patients experienced a profound reduction in difficulty falling asleep, nocturnal awakenings, premature morning awakening, daytime fatigue, and sleep-related anxiety. Total sleep duration increased significantly across all follow-up stages, and total sleep disturbance scores saw a sharp decline. After 60 days, 100% of the active participants demonstrated complete remission of their primary insomnia complaints, shown in table 2.

Table 2: Pittsburgh Insomnia Rating Scale[7] scoring:

No.	**Complain**	**Before and after treatment result**		**Follow up wise result**	
		Test statistic	**P value**	**Test statistic**	**P value**
1.	Difficulty getting to sleep at bed time	-5.163	< 0.001	122.044	< 0.001
2.	Awakenings after getting sleep	-5.039	< 0.001	104.321	< 0.001
3.	Waking up too early in the morning	-4.903	< 0.001	97.636	< 0.001
4.	Not getting enough sleep	-5.321	< 0.001	117.631	< 0.001
5.	Different sleep patterns from one night to the next	-	-	-	-
6.	Sleep occurring at odd times or not at all	-3.286	0.001	41.320	< 0.001
7.	Sleep disturbed by dreams	-4.463	< 0.001	68.139	< 0.001
8.	Sensations during the sleep	-3.866	< 0.001	53.576	< 0.001
9.	Physical tension at night	-2.913	0.004	29.462	< 0.001
10	Moving too much in bed	-3.271	0.001	37.189	< 0.001
11	Anxiety or worries about getting to sleep	-5.031	< 0.001	99.882	< 0.001
12	Anxiety or worries about lack of sleep	-5.096	< 0.001	102.688	< 0.001

13	Anxiety or worries about What might happen during sleep	-1.633	0.102	10.316	0.035
14	General nervousness and stress	-4.179	< 0.001	60.107	< 0.001
15	Mind not slowing down at bed time	-4.703	< 0.001	94.147	< 0.001
16	Loss of desire for sex	-2.810	0.005	28.698	< 0.001
17	Doesn't fully refresh after sleep	-5.266	< 0.001	116.950	< 0.001
18	Difficulty waking up	-5.030	< 0.001	105.503	< 0.001
19	Poor alertness in day time	-3.742	< 0.001	41.026	< 0.001
20	Mind not slowing down day time	-3.834	< 0.001	55.783	< 0.001
21	Difficulty remembering things	-2.449	0.014	17.000	0.002
22	Difficulty thinking clearly	-2.449	0.014	18.353	0.001
23	Tiredness or fatigue	-3.879	< 0.001	55.243	< 0.001
24	Dozing off	-3.286	0.001	41.367	< 0.001
25	Bad moods	-3.448	0.001	42.098	< 0.001
26	Irritation with people	-2.889	0.004	31.503	< 0.001
27	Difficulty controlling emotions	-3.397	0.001	46.474	< 0.001
28	Lack of energy	-3.704	< 0.001	47.241	< 0.001
29	Feeling physically ill	-2.530	0.011	19.484	0.001

DISCUSSION

Insomnia represents a disruption of one of the body's core pillars, leading to cascading health deficits. Ayurvedic literature firmly links *Anidra* to exacerbated *Vata* and *Pitta doshas*. The intervention, *Raga Bageshree*, addresses this imbalance directly through its musical structure.

The primary note (*Vadi*) "*Ma*" inherently pacifies *Vata dosha*, while the secondary note (*Samvadi*) "*Sa*" mitigates *Pitta dosha*. Furthermore, listening during the second *prahar* of the night—a time naturally dominated by *Pitta*—maximizes the therapeutic resonance of the *raga*. The acoustic properties of the flute deliver a soothing (*Shant rasa*) effect, counteracting modern stressors, reducing cortisol levels, and shifting the autonomic nervous system from a sympathetic "fight or flight" state to a

parasympathetic "rest and digest" state. This holistic harmonization effectively restores natural sleep cycles without the side effects commonly associated with pharmacological sedatives.

CONCLUSION

The daily application of *Raga Bageshree* rendered on a flute for 30 minutes prior to sleep over 60 days serves as a highly effective, safe, and non-invasive music therapy (*Manasoanugun Shabda Chikitsa*) for managing insomnia (*Anidra*). The intervention yielded a 100% remission rate in the study cohort with zero reported adverse effects.

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