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EFFECT OF KUPILU TAILA SHIROABHYANGA IN NIDRANASHA- A CLINICAL STUDY

[1]*Dr. Anusha M., [2]Dr. Krishnaprakash M. K., [3]Dr. Bhagyesha K.

[1]P.G Scholar, [2]Professor, [3]Professor and HOD

[1]Department of Kayachikitsa, K.V.G. Ayurveda Medical College and Hospital, Sullia, Dakshina Kannada, Karnataka, India.

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***Corresponding Author**

Dr. Anusha M.

P.G Scholar, Department of Kayachikitsa, K.V.G. Ayurveda Medical College and Hospital, Sullia, Dakshina Kannada, Karnataka, India.

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ABSTRACT

Nidranasha (insomnia) is one of the most commonly observed health problems in the present era, affecting both physical and psychological well-being. Sleep is a natural and essential physiological phenomenon that occupies nearly one-third of human life and plays a vital role in maintaining normal body functions, mental stability, and overall health. In *Ayurveda*, *Nidra* is considered one among the *Trayopastambha* (three sub-pillars of life), highlighting its importance in sustaining life and promoting longevity. Both Ayurvedic and modern sciences emphasize the restorative, rejuvenating, and recuperative functions of sleep. Proper sleep helps in maintaining physical strength, cognitive functions, emotional balance, and immunity. Therefore, understanding *Nidranasha* and its management through Ayurvedic principles is highly relevant in the current scenario for achieving holistic health and well-being. As mentioned in classics *Nidranasha* can manifest in varied patterns. It can manifest as an independent disease, as a *Lakshana* or it might be seen as an *Upadrava* also. But here for the present study we consider *Nidranasha* as an independent disease under *Vata Nanatmaja Vyadhi* which implies the meaning of disturbed sleep and loss of sleep. "*Vatam Snehena Mitravat*"as quoted by *Yogaratnakara*, aggravated *Vata* should be should be treated with *Snehana* only. Hence a *Sneha Yoga* was preferred for the present condition of *Nidranasha.* Here in this study *Kupilu taila* is used for *Shiroabhyanaga*. As *Kupilu* is one of the ingredient in *Vishatinduka Taila*, *Mahavishagarbha Taila*, *Vishamushti Taila*, while explaining the

indications the concerned authors appreciated this *Taila Yoga* for all types of *Vata Vvadhi*, which includes *Nidranasha* also. *Kupilu* is a non-controversial drug and it is effectively used in *Nidranasha* as folklore medicine.

KEYWORDS: *Nidranasha, Shiroabhyanga, Kupilu Taila.*

INTRODUCTION

Nidra is a fundamental biological necessity that supports equilibrium of the body and mind. *Nidra* being included under *Traya Upasthambha*[1], it plays a pivotal role in promoting happiness, physical growth, strength, sensory efficiency, and lifespan. However *Nidra* which is improper in terms of quality and duration affects the health by sadness, emaciation of the body, loss of vigor, impaired sensory perception and reduced life span.[2] Sleep is a universal biological necessity occupying nearly one-third of human life. Modern lifestyle factors such as stress, shift work, and urbanization have disrupted sleep patterns, leading to increased sleep disorders. Research confirms that adequate sleep is essential for cognitive function, emotional stability, endocrine balance, immune health, and prevention of serious health problems including obesity, diabetes, hypertension and depression.In contemporary medicine, sedatives, tranquilizers are commonly prescribed for sleep disorders, but their use is limited due to their hazardous and withdrawal effects.

Narasimha, in his commentary on the *Rasavaisheshika Sutra*, explains that a *Lakshana* may exist independently as a disease, or as a symptom, *Poorvaroopa*, or *Upadrava*/complication of another disorder.[3] Likewise, *Nidranasha* manifests variably—as an independent *Vataja Nanatmaja Vyadhi*[4], as a symptom in *Vataja Jwara*[5] *(Prajagara)*, and as an *Upadrava* in *Vatarakta*[6] *(Aswapna).* For the present study, it is considered an independent disease. Though terms such as *Asvapna* (Charaka Samhita and Astanga Sangraha), *Nidra Parikshaya* (Kashyapa Samhita), and *Nidranasha* (Sharngadhara Samhita, Madhava Nidana) mentioned in classical texts denote the same condition of disturbed sleep and loss of sleep. In *Brihatrayis* the treatment of *Nidranasha* is not mentioned. As per *Vaidyasara sangraha*, *Abhyanga* is considered to be one among the treatment protocol for *Nidranasha.*[7] *Yogaratnakra* quoted that aggravated *Vata* should be considered as an agitated friend and should be handled by friendship only (*Snehana*). Hence a *Sneha Yoga* was preffered for the present condition of *Nidranasha.* Here in this study *Kupilu taila* is used for *Shiroabhyanaga*. As *Kupilu* is one of the ingredients in *Vishatinduka Taila*[9], *Mahavishagarbha Taila*[10], *Vishamushti Taila*[11], while explaining the indications the concerned authors appreciated this

Taila Yoga for all types of *Vata Vyadhi*, which includes *Nidranasha* also. *Kupilu* is a non-controversial drug and it is effectively used in *Nidranasha* as folklore medicine. Hence **"A Clinical Study on the effect of *Kupilu Taila Shiroabhyanga* in *Nidranasha*"** may prove beneficial to society by providing a simple, cost-effective and easily adaptable treatment approach.

AIMS AND OBJECTIVE OF THE STUDY

- To know the individual action of *Kupilu* in *Taila* form in *Nidranasha*
- To know the comprehensive action of *Kupilu Taila Shiroabhyanga* in *Nidranasha* with respect to chronicity.
- To know the comprehensive action of *Kupilu Taila Shiroabhyanga* in *Nidranasha* with respect to severity.
- To understand the comprehensive action of *Kupilu Taila Shiroabhyanga* in *Nidranasha* with respect to causative factors for the disease (psychological or non-psychological).

MATERIALS AND METHODS

- **Literary Source**

All the classical texts, modern literatures, contemporary texts, journals, internet and previous research works about the disease and drug was reviewed and documented for the intended study.

- **Sample Source**

Patients will be diagnosed and selected from the OPD, IPD and Camp programs of KVG Ayurveda Medical College and Hospital, Sullia.

- **Drug Source**

Raw drugs were collected from local areas after proper identification and was prepared in department of *Rasashastra* and *Bhaishajya Kalpana*, K.V.G. Ayurveda Medical College and Hospital, Sullia.

METHODOLOGY AND COLLECTION OF DATA

1. **Study design:** An open clinical study
2. **Sample size:** Minimum number of 30 patients fulfilling diagnostic and inclusion criteria of either gender were selected.
3. **Selection criteria**

a) Diagnostic criteria: Diagnosis of disease was done based on symptomatology in the classics. Diagnosis here was purely subjective.

- *Angamarda*
- *Shiro gourava*
- *Jadyata*
- *Glani*
- *Shirobhrama*
- *Tandra*
- *Apakti*
- *Jrimbha*

b) Inclusion criteria

- Patients presenting with the *Lakshanas* of *Nidranasha*.
- Patients of either sex between the age group of 16-80 years.
- Both fresh and treated cases will be selected

c) Exclusion criteria

- *Nidranasha* as *Upadrava* and *Lakshana* of other disease
- Patients of either sex below the age 16 and above 80 years.

Method of assessment of clinical response

In Ayurveda, assessment is done purely based on *Roga Lakshana* (symptomatology). Even though for (academic point of view) convenience it is divided into two parameters, namely subjective parameter and objective parameter. In this disease all *Lakshana* comes under subjective parameters.

a) Subjective criteria

- *Lakshanas* of *Nidranasha.*

b) Objective criteria

- Athens Insomnia scale

DRUG REVIEW

Criteria for selection of the drug:

- Drug is purely herbal.

- Ingredients are easily available and cost effective.

Rasapanchaka* of *Kupilu

- *Rasa* - *Katu, Tikta*
- *Guna* - *Tikshna, Guru*
- *Veerya- Ushna*
- *Vipaka* - *Katu*
- *Doshagnata- Kaphavatahara*

Rasapanchaka* of *Narikela Taila

- *Rasa* - *Madhura*
- *Guna* - *Guru*
- *Veerya- Sheetha*
- *Vipaka* - *Madhura*
- *Doshagnata- Vatapittahara*

Table No. 1: Proportions of drugs.

Sr.No.	*Sanskrit Name*	Botanical Name	Proportion
01	***Kupilu Kwatha***	*Strychnos nux-vomica*	16 part
02	***Kupilu Kalka***	*Strychnos nux-vomica*	1 parts
03	***Narikela Taila***	*Cocos nucifera*	4 parts

STEPS OF PREPARATION

- Raw drug *Kupilu twak* was collected from local areas after proper identification.
- *Kupilu twak* were cleaned and dried properly.
- *Kupilu twak* were cut into small pieces and was pounded in *Khalva Yantra* into *Yavakuta Choorna* (coarse powder) form.
- A large vessel was taken, 32L of water was added and 2L of *Yavakuta Churna* of *Kupilu twak* was added and boiled at moderate temperature (*Mandagni*) to prepare *Kashaya*.
- The *Kashaya* was reduced to $1/4^{th}$ i.e 8L and then filtered.
- A wide-open steel vessel was selected for *Taila* preparation.
- 2L *Narikela Taila* was added along with prepared 8L *Kupilu Twak Kashaya* and later 500ml of *Kupilu Twak Kalka* was added to it.
- The preparation was monitored with continuous stirring and kept on *Mandagni* till it attained *Sneha Siddha Lakshana*.

- After the assessment of *Sneha Siddha Lakshana*, flame kept off.
- The preparation was then left for three days before filtration to increase the quality of drug added to *Taila*, as absorption of drugs to *Taila* will increase with course of time.
- After three days, filtration of *Taila* was done, measured and collected in airtight container.
- Total amount of *Sneha* obtained was about 1.8L.

ASSESSMENT CRITERIA

Statistical assessment of results – The symptoms observed for the study among trial were carefully recorded for all the 30 patients. The signs and symptoms before and after treatment are also recorded. The mean standard deviation before treatment of each symptom was compared with after treatment. The paired t-test was used for the purpose of test of significance. The effectiveness of the trial drug to different symptoms were assessed through p-value**.**

Clinical parameters

1. Angamarda

Absent	Grade 0
Occasional angamarda with unaccustomised activities - Mild	Grade 1
Angamarda with accustomised activities but not interfering daily activities -Moderate	Grade 2
Severe angamarda throughout disturbing daily activities	Grade 3

2. *Jrimbha*

Absent	Grade 0
Occasional bouts of jrimbha - Mild	Grade 1
Frequent bouts with accustomised activities but not interfering daily activities -Moderate	Grade 2
Frequent bouts of jrimbha disturbing daily activities - severe	Grade 3

3. *Jadya*

Absent	Grade 0
Occasional jadya with unaccustomised activities – Mild	Grade 1
Jadya present throughout the day but accustomised to daily activities - Moderate	Grade 2
Present throughout the day disturbing daily activities – severe	Grade 3

4. *Glani*

Absent	Grade 0
Occasional - Mild	Grade 1
Frequent but accustomised to daily activities -Moderate	Grade 2
Present throughout the day disturbing daily activities - severe	Grade 3

5. *Bhrama*

Absent	Grade 0
Occasional – Mild	Grade 1
2-3times per week -Moderate	Grade 2
More than 3 times a week- severe	Grade 3

6. *Apakti*

Absent	Grade 0
Occasional - Mild	Grade 1
Moderate and affecting the abhyavaharana shakti with decreased intake of food – moderate	Grade 2
Severe and Present to the extent of skipping meals in between - severe	Grade 3

7. *Tandra*

Absent	Grade 0
Occasional with unaccustomised activities- Mild	Grade 1
Frequently present with accustomised activities -Moderate	Grade 2
Present even at rest- severe	Grade 3

8. *Shirogourava*

Absent	Grade 0
Occasional shirogourava- Mild	Grade 1
Shirogourava troublesome and frequent-Moderate	Grade 2
Shirogourava distressing most of the time disturbing daily activities - severe	Grade 3

9. *Nidra Alpata* (Delayed Sleep induction and earlier final awake)

No problem	Grade 0
Minor problem	Grade 1
Considerable problem	Grade 2
Serious problem or did not sleep at all	Grade 3

10. *Nidra Cheda* (Awakenings during the night)

No problem	Grade 0
Minor problem	Grade 1
Considerable problem	Grade 2
Serious problem or did not sleep at all	Grade 3

11. *Anidra* (Complete loss of sleep)

Absent	Grade 0
Present	Grade 1

ATHENS INSOMNIS SCALE

1. Sleep induction (time it taken you to fall asleep after turning off lights)

No problem	Grade 0
Slightly delayed	Grade 1
Markedly delayed	Grade 2
Very delayed or did not sleep at all	Grade 3

2. Awakenings during the night

No problem	Grade 0
Minor problem	Grade 1
Considerable problem	Grade 2
Serious problem or did not sleep at all	Grade 3

3. Final awakening earlier than desired

Not earlier	Grade 0
Little earlier	Grade 1
Markedly earlier	Grade 2
Much earlier or did not sleep at all	Grade 3

4. Total sleep duration

Not earlier	Grade 0
Little earlier	Grade 1
Markedly earlier	Grade 2
Much earlier or did not sleep at all	Grade 3

5. Overall quality of sleep (no matter how long you slept)

Satisfactory	Grade 0
Not Satisfactory	Grade 1
Markedly unsatisfactory	Grade 2
Very unsatisfactory or did not sleep at all	Grade 3

6. Sense of wellbeing during the day

Normal	Grade 0
Slightly decreased	Grade 1
Markedly decreased	Grade 2
Very decreased	Grade 3

7. Functioning (physical and mental) **during the day**

Normal	Grade 0
Slightly decreased	Grade 1

Markedly decreased	Grade 2
Very decreased	Grade 3

8. Sleepiness during the day

Mild	Grade 0
Moderate	Grade 1
Considerable	Grade 2
Intense	Grade 3

Athens insomnia scale	Before treatment	After treatment	Follow up

Grading for above variables associated with *Nidranasha*

1-24 Score: Mild (*AvaraVyadhibala*)

25-49 Score: Moderate (*MadhyamaVyadhibala*)

50-74 Score: Severe (*PravaraVyadhibala*)

OBSERVATION

In the present study, 30 patients fulfilling the inclusion criteria were randomly selected and studied. Each patient was observed thoroughly and the observations are recorded with necessary charts and graphs.

Maximum numbers of patients were obtained in the age group of 41 to 60 years i.e 26.66% patients were recorded. Total no. of 53.33 % of Male patients were registered in comparison of 46.67 % of Female patients. This study showed incidence of *Nidranasha* in patients of Middle class i.e 36.66%, Lower middle class i.e. 50 %, Upper middle class 13.33%. Out of 30 patients, majorly seen patients were housewives and agriculturists. Among of 30 patients, 60% patients fall under chronicity of more than 1 year and 40% patients had chronicity of less than 1 year. Analysis of Prakruthi of 30 patients shows, maximum of i.e. 21% of patients with *Kaphapitta Prakruthi*. Out of 30 patients, 60% patients had *Madhyama Vyadhi Bala* and 40% patient had *Pravara Vyadhi Bala.* As it was randomized study and with small sample was selected, actual conclusion on these criteria and the disease condition cannot be analysed.

The treatment was given for 14 days with *Kupilu Taila Shiroabhyanga* which had a significant result. The treatment modalities are safe and are of therapeutic value. The outcome of the treatment indicates that patients have shown marked improvement in all criteria of assessment of *Nidranasha*.

DISCUSSION

In Ayurveda, the mode of action of a single-drug remedy can generally be explained on the basis of *Rasa, Guna, Veerya*, and *Vipaka*. However, justification of the mode of action of a compound *Yoga* solely through these parameters is often difficult. Supporting this view, *Chakrapani* states that only the *Rishis* (versatile scholars) are capable of understanding the specific actions produced by the combination of drugs in a *Yoga* (compound formulation).[12] The ultimate aim of treatment is to break the *Samprapti* and restore *Dosha* and *Dushya* to normalcy. Keeping these principles in mind, a sincere attempt has been made here to understand the probable mode of action of *Kupilu Taila* in *Nidranasha*. Even though *Kupilu* is traditionally interpreted through the framework of *Rasa, Guna, Veerya*, and *Vipaka*, the therapeutic efficacy observed in *Nidranasha* cannot be fully explained solely on the basis of these classical pharmacodynamic attributes. As mentioned by the commentator *Shivadasa Sena* in *Dravya Guna Sangraha* of *Chakradatta* that the Guna of a Dravya can often be understood only by inference based on its *Karma* (therapeutic action).[13] Thus, the clinical action of *Kupilu* in *Nidranasha* appears to extend beyond the conventional attributes and may be better understood through the concept of *Visha Guna*, especially *Tikshna, Sookshma, Vyavayi*, and *Vikashi*.[14] *Tikshna* and *Sookshma Gunas* enable the drug to act rapidly and penetrate into minute *Srotas*[15], particularly *Manovaha Srotas*. *Vyavayi Guna* facilitates quick systemic diffusion of the drug throughout the body.[16] *Vikashi Guna*[17] may help in withdrawing and relaxing the Manas and Indriyas from excessive engagement with *Vishayas* (sensory objects), thereby reducing the excessive sensory and mental activity produced by the *Chala Guna of* aggravated *Vata*, which interferes with sleep initiation. This may facilitate the state described as "*Vishayebhyo Nivarthante Tada Swapiti Manavaha*", ultimately promoting sleep.

Although *Visha* is generally considered harmful, when administered in proper dosage and after appropriate purification, it acts like *Amrutha*[18], as mentioned in *Ananda Kanda*. Furthermore, *Visha Dravyas* are generally described as *Vatahara* in action.[19] *Kupilu*, being *Vatahara*[20], is capable of alleviating *Vata Vyadhis*, including *Nidranasha*.

Hence, the efficacy of *Kupilu* in *Nidranasha* may be understood as the controlled therapeutic expression of its *Vikashi Guna* acting upon the disturbed *Manas* and aggravated *Vata*, thereby facilitating stabilization of neuropsychological activity and restoration of normal sleep patterns. *Narikela Taila* possesses *Madhura Rasa, Guru Guna*, and *Madhura Vipaka*[21],

which help to pacify the *Rooksha* and *Laghu Gunas of Vata*. Taila itself is *Vatahara*, nourishing (*Balakara*), and stabilizing in nature, thereby helping to bring about *Sthiratva* or continuity of sleep by subsiding the *Chala Guna* of *Vata*. Further, by the principle of "*Samskaraat Sarvarogajit*"[22] *Kupilu* processed in *Narikela Taila* attains enhanced therapeutic efficacy. Hence, *Kupilu Taila Shiroabhyanga* helps in *Nidranasha* by pacifying *Vata*, calming the mind, promoting sensory relaxation, and inducing sound and continuous sleep.

Effect on Nidra Alpata (delayed sleep induction and earlier final awake)

Statistical analysis showed that the mean score which was 1.70 before treatment, was reduced to 0.83 after treatment and reduced to 0.63 after follow up with 62.94% improvement, and there is a statistically significant change. ($P<0.05$).

Effect on Nidra Cheda: (night awakenings)

Statistical analysis showed that the mean score which was 1.60 before treatment, was reduced to 0.87 after treatment and reduced to 0.63 after follow up with 60.62% improvement, and there is a statistically significant change. ($P<0.05$).

Effect on *Angamarda*

Statistical analysis showed that the mean score which was 1.63 before treatment, was reduced to 0.67 after treatment and reduced to 0.60 after follow up with 63.19% improvement, and there is a statistically significant change. ($P<0.05$).

Effect on *Jrimbha*

Statistical analysis showed that the mean score which was 1.3 before treatment, was reduced to 0.43 after treatment and reduced to 0.33 after follow up with 74.61% improvement, and there is a statistically significant change. ($P<0.05$)

Effect on *Jadya*

Statistical analysis showed that the mean score which was 1.43 before treatment, was reduced to 0.57 after treatment and reduced to 0.50 after follow up with 67.83% improvement, and there is a statistically significant change. ($P<0.05$)

Effect on *Glani*

Statistical analysis showed that the mean score which was 1.27 before treatment, was reduced to 0.6 after treatment and reduced to 0.5 after follow up with 65.35% improvement, and there

is a statistically significant change. (P<0.05)

Effect on *Bhrama*

Statistical analysis showed that the mean score which was 0.33 before treatment was reduced to 0.13 after treatment and reduced to 0.1 after follow up with 69.69% improvement, and there is no statistically significant change. (P>0.05)

Effect on *Apakti*

Statistical analysis showed that the mean score which was 1.07 before treatment was reduced to 0.47 after treatment and reduced to 0.27 after follow up with 74.76% improvement, and there is a statistically significant change. (P<0.05)

Effect on *Tandra*

Statistical analysis showed that the mean score which was 0.90 before treatment was reduced to 0.37 after treatment and reduced to 0.30 after follow up with 66.66% improvement, and there is a statistically significant change. (P<0.05)

Effect on *Shirogourava*

Statistical analysis showed that the mean score which was 1.13 before treatment was reduced to 0.46 after treatment and reduced to 0.33 after follow up with 70.79% improvement, and there is a statistically significant change. (P<0.05)

Effect on Athens Insomina Scale

Statistical analysis showed that the mean score of 12.86 before treatment was reduced to 7.6 after treatment and 4.6 after follow up with 64.23% improvement on follow up and the result is statistically highly significant at p<0.001.

Effect of treatment according to Chronicity

In the study among 30 patients, 12 patients were observed with chronicity below 1 year, 2 patients got moderate relief (i.e mean 57.5%), 9 patients got marked relief (i.e. mean 68.92%) and 1 patient got complete relief. In second group with chronicity (1 year and above) among 18 patients, 14 patients got moderate relief (i.e., mean 48.72%) and 4 patients got marked relief (i.e. mean 65.49%).

Effect of treatment according to Severity

In the present study, 14 patients were observed with Avara Vyadhi bala, among them 3

patients got moderate relief (i.e mean 53.4%) and 10 patients got marked relief (i.e. mean 68.89%) and 1 patient got complete relief. In second group of 16 patients with Madhyama Vyadhi bala, 11 patients got moderate relief (i.e. mean 47.30%) and 5 patients got marked relief (i.e. mean 63.89%).

Effect of treatment based on causative factors (Psychological and Non Psychological)

In the study conducted maximun number of patients were obtained with *Manasika Nidana Chinta* and *Kshobha.* Among them 17 patients got moderate relief (i.e mean 48.96%) and 3 patients got marked relief (i.e mean 66.22%). Among 10 patients with non-psychological causative factors, 1 patient got complete relief, 8 patients got marked relief (i.e mean 60.45%) and 1 patient got moderate relief (i.e mean 46.87%).

Overall effect of treatment

Table No. 4: Showing Overall effect of treatment on *Nidranasha.*

OVERALL EFFECT OF TREATMENT		
GRADING	**RELIEF IN PERCENTAGE**	**RELIEF IN PATIENTS**
No Improvement	0%	0
Mild Improvement	1-30%	0
Moderate Improvement	31-60%	14
Marked Improvement	61-99%	15
Complete Remission	100%	1

In Overall effect of treatment in *Nidranasha*, out of 30 patients in this study, 14 patients (46.6%) got moderate improvement, 15 patients (50%) got Marked improvement and 1 patient (3.33%) got complete relief. Overall effect of the treatment is 61.08%.

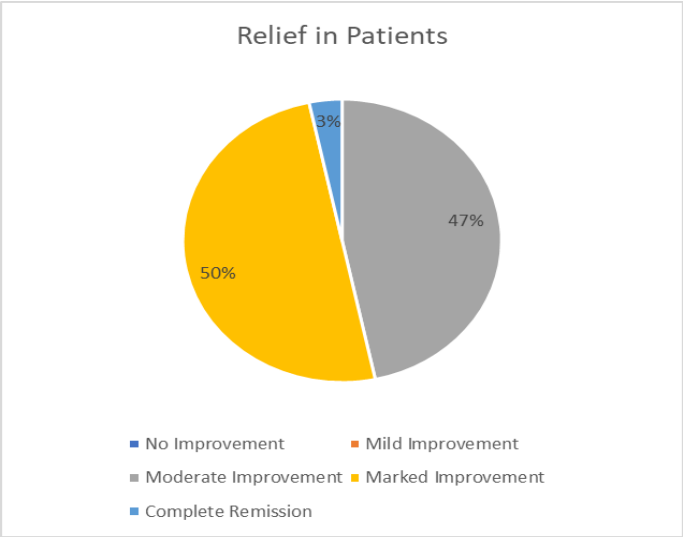


Fig. No. 1: Showing overall effect of the treatment.

CONCLUSION

1. On analyzing the *Nidana* along with *Aharaja, Viharaja Nidana, Manasika Nidana* like *Chinta* and *Shoka* was found to be associated with the disease *Nidranasha* which shows the role of psychological factors in the manifestation of disease.
2. In this study age group between 41-60years (26.66%) was more affected with *Nidranasha*.
3. The *Yoga* is more effective in the younger group of patients than the older age group with *Nidranasha*.
4. It is found that *Kupilu taila Shiroabhyanga* is more effective in patients with *Avara Vyadhibala* than *Madhyama Vyadhibala based* on the severity of the disease.
5. *Kupilu taila Shiroabhyanga* is more effective in disease of recent origin than that of Chronicity above 1 year.
6. *Kupilu taila Shiroabhyanga* is more effective in *Nidranasha* cases with the non psychological causes than the *Nidranasha* cases with the psychological causes.
7. *Kupilu* is well known for its *Vatahara* action, and its beneficial effect on *Nidranasha* has been confirmed through this study.
8. Overall the treatment *Shiroabhyanga* with *Kupilu taila* showed effective result of 61.08% in improving *Nidra,* showing statistically significant result (P Value <0.05) on symptoms like *Angamarda, Jrimbha, Jadya, Glani, Apakti Tandra, Shirogourava* except in *Bhrama*.

LIMITATIONS OF THE STUDY

- Sample size is small.
- Period of study was limited.
- Due to the unavailability of cases with *Pravara Vyadhi bala* (Complete loss of sleep), the effect of *Kupilu Taila Shiroabhyanga* in patients with *Pravara Vyadhi Bala* could not be assessed.

SUGGESTIONS FOR THE FUTURE STUDY:

- The study should be conducted in a large sample to get a convenient result.
- The study should be conducted for a longer duration so as to know the lasting of the clinical effects.
- As the majority of patients had psychological factors, the adoption of *Satvavajaya Chikitsa* (Counselling) along with *Kupilu Taila Shiroabhyanga* may provide better results, and this can be incorporated in future studies.

DECLARATION OF PATIENT CONSENT

Authors certify that they have obtained patient consent form, where the patient/caretaker has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/caretaker understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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