

AYURVEDIC MANAGEMENT OF ANIDRA (INSOMNIA) WITH NIDRAKAR CHURNA AND KSHEERBALA TAILA SHIROPICHU: A CASE REPORT

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ABSTRACT

Background: Insomnia is a common neuropsychological disorder affecting emotional stability, cognitive performance, and autonomic balance. Contemporary pharmacological therapies often provide temporary relief but may be associated with tolerance, residual sedation, cognitive impairment, and dependence. Ayurveda describes Anidra as a disorder characterized by predominant Vata-Pitta vitiation, Rajo Guna predominance, and Manovaha Srotodushti, which requires a holistic therapeutic approach that addresses both psychological and somatic aspects. **Aim:** To evaluate the clinical efficacy of Nidrakar Churna and Shiropichu with Ksheerbala Taila in the management of Anidra (Insomnia). **Materials and Methods:** A 45-year-old male presented with difficulty initiating sleep, frequent nocturnal awakenings, non-refreshing sleep, irritability, and reduced daytime efficiency for the past 8

months. Symptoms were aggravated by an irregular sleep schedule and prolonged exposure to late-night screens. The patient was treated with Nidrakar Churna ~ 4 Ratti twice daily after meals for 60 days, along with Shiropichu using Ksheerbala Taila for 7 consecutive days. Assessment was carried out using the Insomnia Severity Index (ISI), sleep parameters, and Ayurvedic classical features. **Results:** Significant improvement was observed in sleep latency, nocturnal awakenings, sleep quality, daytime functioning, and associated symptoms. The ISI score decreased from 20 (moderate insomnia) to 10 (subthreshold insomnia), without

any adverse effect. **Conclusion:** Nidrakar Churna, combined with Ksheerbala Taila Shiropichu, demonstrated substantial improvement in Anidra by addressing both neuropsychological and Doshic components of the disorder. This approach served as a safe and effective management strategy without any dependency-related adverse effect.

KEYWORDS: Anidra, Insomnia, Ayurveda, Nidrakar Churna, Ksheerbala Taila.

INTRODUCTION

Sleep is an essential neurophysiological process required for the proper functioning of cognitive, emotional, metabolic, immunological, and neuroendocrine systems.^[1] Disturbance in normal sleep architecture adversely affects both physical and mental health and may result in fatigue, impaired concentration, irritability, anxiety, mood disturbances, autonomic imbalance, and reduced quality of life.

In recent years, increasing psychosocial stress, excessive use of digital devices, occupational pressure, irregular lifestyle, altered dietary habits, and disruption of circadian rhythm have contributed to a considerable rise in sleep disorders worldwide. Among these, insomnia is one of the most common neuropsychiatric disorders encountered in clinical practice. It is characterized by difficulty in initiation of sleep, difficulty in maintenance of sleep, early morning awakening, or non-restorative sleep despite adequate opportunity for sleep.^[2] Epidemiological studies suggest that approximately one-third of adults experience symptoms, while approximately 10–15% of adults meet the diagnostic criteria for chronic insomnia disorder.^[3] Chronic insomnia is frequently associated with anxiety, depression, hypertension, obesity, diabetes mellitus, cardiovascular disorders, impaired immunity, cognitive decline, and psychosomatic conditions.^[4]

The physiology of sleep involves coordinated interaction between circadian rhythm mechanisms, hypothalamic sleep-wake centers, autonomic regulation, melatonin secretion, and inhibitory neurotransmitter systems, particularly the GABAergic pathways.^[1] Hyperarousal of the central nervous system, increased sympathetic activity, dysregulation of the hypothalamic-pituitary-adrenal axis, and altered neurotransmitter activity are considered important factors in the pathogenesis of insomnia.

According to Ayurveda, physiological sleep occurs when the mind and sensory organs withdraw from external stimuli and attain a state of rest.^[5] Nidra has been described among

the Trayopastambha and also as an Adharaneeya Vega, emphasizing its importance in the maintenance of health, strength, nourishment, intellect, emotional stability, and longevity.^[6,7] Disturbed sleep is described under Anidra or Nidranasha and is mainly associated with aggravation of Vata-Pitta Dosha, depletion of Tarpaka Kapha, and vitiation of Rajo Guna affecting Manovaha Srotas. Classical texts describe manifestations such as Angamarda, Glani, Jadya, Bhrama, Tandra, and other Vatika features associated with disturbed sleep.^[8]

Current management of insomnia commonly includes sedative and hypnotic medications, which may provide symptomatic relief but are often associated with tolerance, dependence, daytime sedation, cognitive impairment, and withdrawal symptoms after prolonged use. These limitations indicate the need for safer and more holistic therapeutic approaches for long-term management of insomnia.

Ayurvedic management of Anidra includes Nidana Parivarjana, Satvavajaya Chikitsa, Ahara-Vihara modification, Bahya Upachara, and Aushadha Chikitsa. Nidrakar Churna, mentioned in Bhaishajya Ratnavali, contains Pippalimoola and Guda. Pippalimoola possesses Deepana, and Vatahara properties and has shown central nervous system depressant and anxiolytic activity possibly mediated through GABAergic neurotransmission.^[9] Guda, due to its Madhura Rasa and Snigdha Guna, contributes to Vatapittahara and Brimhana effects, thereby promoting mental and physical relaxation.

Ksheerbala Taila is a classical formulation known for its Vata shamaka, Balya, Brimhana, and Rasayana properties.^[10] Application of Ksheerbala Taila in the form of Shiropichu over Brahmarandhra may help promote relaxation, autonomic balance, ultimately facilitating physiological sleep.

Considering the multifactorial nature of insomnia and the therapeutic potential of Ayurvedic interventions targeting both physical and psychological aspects, the present case study was undertaken to evaluate the clinical outcome of Nidrakar Churna in combination with Ksheerbala Taila Shiropichu in the management of Anidra.

CASE REPORT

Patient information

A 45-year-old male presented to the Outpatient Department of Kayachikitsa, Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar, with complaints of disturbed sleep and associated symptoms.

Chief Complaints

Complaint	Duration
Difficulty initiating sleep	8 months
Frequent nocturnal awakenings	6 months
Irritability and reduced concentration	5 months
Daytime fatigue	4 months
Heaviness in the eyes with occasional headache	3 months

History of Present Illness

The patient was apparently asymptomatic until 8 months before presentation, when he gradually developed difficulty initiating sleep, with a sleep latency of approximately 46-60 minutes. Initially, the symptoms were intermittent; however, they progressively increased in frequency and severity. Over the subsequent months, he experienced 3-4 nocturnal awakenings per night, often accompanied by difficulty resuming sleep, resulting in non-restorative sleep and persistent daytime fatigue.

As the illness progressed, he developed irritability, reduced concentration during routine activities, heaviness in the eyes, and occasional headaches, which adversely affected his daily functioning and quality of life. He had an irregular sleep-wake schedule, irregular meal timings, mild psychosocial stress, and increased behavioural arousal before sleep. He also reported intake of two cups of tea daily and usually retired to bed within 30 minutes after dinner.

There was no history of psychiatric illness, seizure disorder, thyroid dysfunction, substance abuse, or prolonged use of sedative-hypnotic medications.

General examination

- **Built:** Moderate
- **Nourishment:** Moderate
- **Pallor:** Absent
- **Clubbing:** Absent
- **Cyanosis:** Absent
- **Icterus:** Absent

- **Edema:** Absent
- **BMI:** 25 kg/m²

Vital Signs

- **Pulse:** 78 bpm
- **Blood Pressure:** 120/80 mm Hg
- **Respiratory rate:** 18/ min
- **Temperature:** Afebrile

Asthavidha Pariksha

- **Nadi:** Vata-Pittaja
- **Mala:** Nirama
- **Mutra:** Prakrit
- **Jihva:** Alipa
- **Shabda:** Spastha
- **Sparsa:** Prakrit
- **Drik:** Prakrit
- **Akriti:** Madhyama

Dashvidha Pariksha

- **Prakriti:** Vata-Pittaja
- **Vikriti:** Vata-Pittaja
- **Sara:** Madhyama
- **Samhanana:** Madhyama
- **Satmya:** Madhyama
- **Satva:** Madhyama
- **Ahara Shakti:** Madhyama
- **Vyayama Shakti:** Madhyama
- **Vaya:** Madhyama

DIAGNOSIS

Ayurvedic Diagnosis: Anidra due to Vata-Pitta Prakopa with Rajo Guna predominance.

Modern Diagnosis: Chronic Insomnia Disorder (DSM-5-TR diagnostic criteria)

SAMPRAPTI

The identified Nidana led to aggravation of Vata and Pitta Dosha along with Rajo Guna predominance. Aggravated Vata disturbed the physiological sleep mechanism, while Pitta promoted heightened mental activity and difficulty in initiating and maintaining sleep. Functional diminution of Tarpaka Kapha is considered to contribute in further impairing mental calmness, leading to manifestation of Anidra associated with Tandra, Angamarda, Klama, Shirashoola, Jrumbha, Akshigaurava, and Arati.

TREATMENT PROTOCOL

Internal Medication

Nidrakar Churna^[11]

Ingredient	Botanical Name	Source	Used Part	Proportion
<i>Pippalimoola</i>	<i>Piper longum</i> Linn.	-	Dried mature root	1 part
<i>Guda</i>	-	<i>Saccharum officinarum</i> Linn. derivative	Purified jaggery	1 part

Dose: ~ 4 Ratti twice daily after meals for 60 days.

External Therapy

Shiropichu with Ksheerbala Taila^[12]

Ingredient	Botanical Name	Source	Used Part	Proportion
<i>Balamoola Kashaya</i>	<i>Sida cordifolia</i> Linn.	-	Root	16 parts
<i>Balamoola Kalka</i>	<i>Sida cordifolia</i> Linn.	-	Root	1 part
<i>Tila Taila</i>	<i>Sesamum indicum</i> Linn.	Seeds	Fixed oil	4 parts
<i>Godugdha</i>	-	Cow's milk	Milk	4 parts

Procedure of Shiropichu

- Poorvakarma

The patient was advised to empty the bladder and bowel before the procedure. Mild relaxation and a comfortable sitting posture were ensured.

- Pradhanakarma

A sterile cotton pad adequately soaked in lukewarm Ksheerbala Taila was placed over Brahmarandhra after securing with a bandage. The oil was maintained for 30 minutes.

- Paschatkarma

The cotton pad was removed after the procedure, and the patient was advised to rest for some time.

Duration: 7 consecutive days administered in the morning

ASSESSMENT CRITERIA

1. Ayurvedic Subjective Parameters

Assessment of subjective parameters was performed using a grading scale developed from classical Ayurvedic descriptions of Anidra, including Tandra, Akshigaurava, Shirashoola, Angamarda, Arati, Klama, and Jrumbha. Severity of each symptom was graded as:

Grade 0 – Absent

Grade 1 – Mild

Grade 2 – Moderate

Grade 3 – Severe

2. Insomnia Severity Index (ISI)^[13]

Score Range	Interpretation
0–7	No clinically significant insomnia
8–14	Subthreshold insomnia
15–21	Moderate insomnia
22–28	Severe insomnia

RESULTS

• Effect on Subjective Parameters

Symptom	Baseline	30 th Day	60 th Day
<i>Tandra</i>	3	2	1
<i>Akshigaurava</i>	3	2	1
<i>Shirashoola</i>	2	1	0
<i>Angamarda</i>	0	0	0
<i>Arati</i>	3	2	1
<i>Klama</i>	3	2	1
<i>Jrumbha</i>	2	1	0

• Effect on Sleep Parameters

Parameter	Before Treatment	After Treatment
Sleep onset latency	46-60 minutes	20 minutes
Total sleep duration	4-5 hours	6-7 hours
Night awakenings	3-4 times/night	1 time/night
Sleep quality	Poor	Improved
Daytime functioning	Severely affected	Mildly affected

• Effect on ISI Score

Assessment	Score
Before Treatment	20
After Treatment	10

DISCUSSION

Anidra is predominantly a Vata-Pittaja disorder involving Manovaha Srotodushti and Rajo Guna predominance. Excessive psychological stress, irregular sleep schedule, sensory overexposure, and mental overactivity contribute to hyperactivation of the nervous system and disturbance of physiological sleep mechanisms.

The present case demonstrated classical manifestations of Vata-Pitta aggravated Anidra, including difficulty in sleep initiation, frequent nocturnal awakenings, irritability, fatigue, Shirashoola, Akshigaurava, and Klama.

Nidrakar Churna acts mainly through Vatahara, Nidrajanana, and Manasaprasadana properties. Pippalimoola possesses Deepana, Vatahara, and CNS-calming activity. Experimental studies on Piperine present in Pippalimoola has been reported to modulate GABAergic neurotransmission and produce sedative effects. Guda, due to Madhura Rasa and Snigdha Guna, pacifies Vata and contributes to nourishment and stabilization.

Ksheerbala Taila is a classical Vatashamaka and Rasayana formulation. Bala provides Balya and Brimhana effects while Ksheera and Taila provide Snigdhata along with neuroprotective, and nourishing effects. Application through Shiropichu over Brahmarandhra may facilitate relaxation of sensory and autonomic activity, and reduce stress response.

The combined therapy demonstrated marked improvement in sleep latency, sleep duration, headache, heaviness in the eyes, fatigue, and daytime functioning. A significant reduction in the ISI score from 20 to 10 further substantiates the effectiveness of the intervention.

No adverse reactions or complications were observed during the treatment period.

CONCLUSION

The present case study demonstrates that Nidrakar Churna along with Shiropichu using Ksheerbala Taila suggests potential effective, safe, and holistic therapeutic approach in the management of Anidra (Insomnia). Significant improvement was observed in sleep quality, sleep duration, daytime functioning, and associated symptoms without adverse effects.

Further randomized controlled studies with larger sample sizes are recommended to validate these findings.

Limitations of Study

- Single case study design
- Short duration of follow-up
- Lack of objective sleep assessment, such as polysomnography.

Ethical Consideration

The study was conducted in accordance with the Declaration of Helsinki and institutional guidelines.

Patient Consent

Written informed consent was obtained from the patient before commencement of treatment and publication of clinical details.

Conflict of Interest

None declared.

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