WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 21, 1775-1783. Review Article ISSN 2277–7105

A CLINICAL STUDY ON *ANIDRA* AND ITS MANAGEMENT WITH *SHIRODHARA* AND *MAMSYADI KWATHA*

Dr. Babendra Singh[1*], Dr. Krishan Kumar[2]

[1]Associate Professor, Department of Panchkarma, Bhartiya Ayurvedic Medical College, J. P. Nagar, Gajraula.

[2]Associate Professor, Department of Kayachikitsa, Sanjeevani Ayurvedic Medical College, J. P. Nagar, Gajraula.

Article Received on 05 Oct. 2026,
Article Revised on 25 Oct. 2026,
Article Published on 01 Nov. 2026

https://doi.org/10.5281/zenodo.23912565

***Corresponding Author**

Dr. Babendra Singh

Associate Professor, Department of Panchkarma, Bhartiya Ayurvedic Medical College, J. P. Nagar, Gajraula.

How to cite this Article: Dr. Babendra Singh[1]*, Dr. Krishan Kumar[2]. (2026). A Clinical Study on Anidra and its Management with Shirodhara and Mamsyadi Kwatha. World Journal of Pharmaceutical Research, 15(21), 1775–1783.
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ABSTRACT

Background: *Anidra*, commonly correlated with insomnia, is characterized by difficulty initiating sleep, maintaining sleep, or obtaining restorative sleep. Ayurveda considers *Nidra* an essential determinant of health and well-being. *Shirodhara* and *Mamsyadi Kwatha* have been investigated as therapeutic approaches for sleep disturbances. **Aim:** To review the Ayurvedic rationale and available clinical evidence concerning the management of *Anidra* with *Shirodhara* and *Mamsyadi Kwatha*. **Materials and Methods:** A narrative review was prepared using classical Ayurvedic concepts and published clinical studies on *Shirodhara*, *Mamsyadi Kwatha*, and insomnia. The review considered clinical study design, treatment duration, outcome measures, reported findings, and methodological limitations. **Results:** A clinical study published in 2009 evaluated 60 patients divided into four groups receiving zolpidem, *Mamsyadi Kwatha*, *Shirodhara*, or their combined Ayurvedic intervention. The investigators reported improvements in several sleep-related and associated symptoms. A randomized controlled trial published in 2023 evaluated *Mamsyadi Kwatha* in 50 patients with primary insomnia and found improvements in standardized sleep and psychological assessment measures. However, the evidence remains limited by study-specific methodological considerations and the need for independent replication. **Conclusion:** *Shirodhara* and *Mamsyadi Kwatha* represent promising areas of Ayurvedic research in

Anidra. Their therapeutic potential should be evaluated through adequately powered clinical trials using standardized diagnostic criteria, validated sleep assessment tools, and systematic safety monitoring.

KEYWORDS: *Anidra*, *Nidranasha*, Insomnia, *Shirodhara*, *Mamsyadi Kwatha*, *Nidra*.

1. INTRODUCTION

Sleep is a fundamental physiological process that supports physical restoration, cognitive functioning, emotional regulation, and overall well-being. Persistent sleep disturbance can affect daytime performance, concentration, mood, and quality of life. Insomnia is generally characterized by difficulty falling asleep, repeated awakenings, early morning awakening, or dissatisfaction with sleep despite adequate opportunity to sleep.

In Ayurveda, *Nidra* is described among the *Trayopastambha*, the three supporting factors of life, along with *Ahara* and *Brahmacharya*. Appropriate sleep contributes to the maintenance of health, strength, and mental well-being. Disturbance of sleep may be associated with changes in physical and psychological functioning.[1]

Anidra is traditionally discussed in relation to the disturbance of factors responsible for normal sleep, particularly *Vata* and *Pitta*, although the assessment must be individualized. Stress, irregular daily routines, excessive mental activity, unsuitable dietary habits, pain, medication effects, and underlying medical or psychiatric disorders may contribute to sleep disturbance.

Shirodhara is an Ayurvedic procedure in which a continuous stream of an appropriate liquid is directed over the forehead under controlled conditions. *Mamsyadi Kwatha* is a classical-style herbal decoction that has been investigated for its possible sleep-promoting effects. Both interventions have been evaluated in clinical research, individually and in combination. The present article reviews the available evidence and discusses the potential role of these interventions without assuming that traditional use alone establishes clinical efficacy.[2]

2. AIM AND OBJECTIVES

Aim

To evaluate the Ayurvedic rationale and published clinical evidence for the management of *Anidra* using *Shirodhara* and *Mamsyadi Kwatha*.

Objectives

1. To describe the Ayurvedic understanding of *Nidra* and *Anidra*.
2. To discuss the therapeutic rationale of *Shirodhara* and *Mamsyadi Kwatha*.
3. To review relevant clinical studies and their reported outcomes.
4. To identify important limitations and future research requirements.

3. MATERIALS AND METHODS

This article was prepared as a narrative review of published literature rather than as a newly conducted clinical trial. Relevant sources included classical Ayurvedic literature, a published clinical study evaluating *Shirodhara* and *Mamsyadi Kwatha*, a randomized controlled trial of *Mamsyadi Kwatha*, and clinical research on *Shirodhara* for insomnia.[3]

The review focused on the interventions used, patient populations, treatment duration, sleep assessment methods, reported clinical outcomes, and limitations. Results from published studies are attributed to their original investigators and are not presented as newly collected patient data.

4. Ayurvedic Concept of *Anidra*

Nidra is considered an important physiological function in Ayurveda. Charaka describes the contribution of appropriate sleep to happiness, nourishment, strength, vitality, knowledge, and longevity. Disturbance in sleep may therefore affect several aspects of health.

Anidra or *Nidranasha* may be understood clinically through complaints of insufficient sleep, interrupted sleep, difficulty initiating sleep, and inadequate refreshment after sleeping. Associated complaints may include fatigue, irritability, headache, reduced concentration, impaired memory, and diminished daytime functioning.[4]

From an Ayurvedic perspective, assessment may consider *Dosha* involvement, *Prakriti*, dietary habits, daily routine, mental state, disease chronicity, and associated symptoms. These considerations can guide individualized treatment planning. However, Ayurvedic assessment should complement, rather than replace, appropriate screening for medical and psychiatric causes of insomnia.

In contemporary clinical practice, chronic insomnia requires assessment of symptom duration, daytime impairment, sleep habits, medication use, substance use, and relevant comorbidities. A sleep diary and validated instruments such as the Pittsburgh Sleep Quality

Index (PSQI) and Insomnia Severity Index (ISI) can assist in documenting the severity of symptoms and monitoring treatment response.

5. Therapeutic Interventions

5.1 *Shirodhara*

Shirodhara is a therapeutic procedure involving the controlled, continuous pouring of a suitable liquid over the forehead. Depending on the clinical indication and the practitioner's assessment, different media may be considered.

In the published study by Sahu and Sharma, *Shirodhara* was administered using lukewarm milk. The study also included a combined-treatment group receiving *Shirodhara* alongside oral *Mamsyadi Kwatha*. The procedure was performed for approximately 45 minutes per session over 15 days.

Shirodhara may promote relaxation through the combined effects of a quiet therapeutic setting, warmth, sustained sensory stimulation, and practitioner attention. These possible explanations remain hypotheses and should not be treated as proven mechanisms for treating insomnia.[5]

The procedure requires appropriate temperature control, hygienic equipment, trained supervision, and consideration of patient comfort. It should not delay assessment of severe or persistent sleep disturbance.

5.2 Mamsyadi Kwatha

Mamsyadi Kwatha has been investigated as an orally administered Ayurvedic formulation for primary insomnia. A formulation described in the 2009 clinical study by Sahu and Sharma contained:

- *Jatamansi* (*Nardostachys jatamansi*)
- *Ashwagandha* (*Withania somnifera*)
- *Khurasani Ajwain* (*Hyoscyamus niger*).

The proportions reported in that study were 10 g, 2.5 g, and 1.5 g, respectively. These details refer to the specific historical study formulation and should not be assumed to represent every preparation marketed or prescribed under a similar name.

The ingredients have different pharmacological properties, and the effects of a multi-ingredient formulation cannot be attributed to any single constituent without appropriate investigation. In particular, *Hyoscyamus niger* contains potentially toxic tropane alkaloids and requires careful formulation, quality control, professional supervision, and assessment of contraindications. It should not be self-prepared or self-administered.

5.3 Combined approach

The rationale for combining *Shirodhara* with an oral formulation is to investigate whether procedural relaxation and internal medication provide complementary benefits. Whether the combination is more effective than either intervention alone must be established through comparative research with appropriate controls.

6. Review of Clinical Evidence

6.1 Clinical study by Sahu and Sharma

Sahu and Sharma published a clinical study on *Anidra* management using *Shirodhara* and *Mamsyadi Kwatha* in 2009. The study included 60 clinically diagnosed patients aged 18–60 years who were divided into four groups of 15 participants each.

The treatment groups received:

1. Zolpidem 10 mg at bedtime.
2. *Mamsyadi Kwatha* orally.
3. *Shirodhara* using lukewarm milk.
4. *Mamsyadi Kwatha* combined with *Shirodhara*.

Treatment continued for 15 days, with assessments during follow-up. The investigators recorded symptoms such as yawning, drowsiness, fatigue, headache, impaired concentration, digestive complaints, and constipation. Sleep diaries were also used to document sleep onset, awakenings, total sleep duration, daytime naps, irritability, and perceived sleep quality.

The authors reported improvement in several clinical symptoms and sleep diary measures across the groups. These findings provide preliminary clinical evidence that warrants further investigation. However, the small number of participants in each group and limitations in the reporting of some study details restrict the strength of conclusions that can be drawn. The findings should therefore be interpreted cautiously rather than as definitive proof of superiority of the combined treatment.

6.2 Randomized controlled trial of *Mamsyadi Kwatha*

Lad, Tubaki, and Shree published a randomized controlled trial in 2023 involving 50 patients with primary insomnia. Participants were assigned to receive either *Mamsyadi Kwatha* or *Tagaradi Kwatha* for 30 days.

The study assessed sleep quality, insomnia severity, daytime sleepiness, sleep diary variables, and symptoms of depression, anxiety, and stress. Assessments were conducted at baseline and during treatment follow-up.

The investigators reported significant within-group improvements in several sleep-related and psychological measures in both treatment groups. Overall effects were comparable between *Mamsyadi Kwatha* and *Tagaradi Kwatha*, although *Mamsyadi Kwatha* showed an additional advantage in the early improvement of total sleep duration. Laboratory assessments were also included to monitor selected safety parameters.[5]

This trial adds more recent evidence concerning *Mamsyadi Kwatha*. Nevertheless, its results cannot independently establish the efficacy of *Shirodhara* or prove that the combination of *Shirodhara* and *Mamsyadi Kwatha* is superior to either intervention alone.

6.3 Research on *Shirodhara*

Vinjamury and colleagues published a case series in 2014 examining *Shirodhara* with *Brahmi* oil in people with insomnia. Ten participants were enrolled, and nine completed the intervention. The authors reported improvement in Insomnia Severity Index scores at the end of treatment, although the sample was small and the study did not include a control group.

Pokharel and Sharma also evaluated *Shirodhara* and an herbal formulation in a clinical study published in 2010. Their findings suggested improvement in patients receiving the interventions, with the combined group showing favourable results.[6]

Collectively, these studies suggest that *Shirodhara* merits further evaluation as a supportive intervention for sleep disturbance. However, small samples, limited follow-up, differences in treatment protocols, and the difficulty of blinding procedural interventions limit certainty about its specific effects.

7. DISCUSSION

The available literature provides a preliminary basis for investigating *Shirodhara* and *Mamsyadi Kwatha* in the management of *Anidra*. The Ayurvedic emphasis on *Nidra* as a foundation of health supports the clinical importance of addressing sleep disturbance, while contemporary assessment tools allow changes in sleep quality and daytime functioning to be documented more systematically.[7]

The 2009 study by Sahu and Sharma reported improvement across four treatment groups, including those receiving *Mamsyadi Kwatha*, *Shirodhara*, and the combined intervention. However, the study's sample size and methodological limitations prevent firm conclusions regarding comparative effectiveness.

The 2023 randomized controlled trial provides additional evidence for *Mamsyadi Kwatha* as an intervention for primary insomnia. Its findings were broadly comparable with those of *Tagaradi Kwatha*, suggesting that further head-to-head and controlled studies are warranted. Importantly, this trial evaluated oral formulations rather than the combination of *Mamsyadi Kwatha* with Shirodhara.[8]

The potential benefits of *Shirodhara* may involve relaxation and the therapeutic context, but specific physiological mechanisms have not been conclusively established. Future research should distinguish the effects of the procedure from those of attention, warmth, expectation, and concurrent lifestyle changes.

A well-designed clinical trial should use an adequately justified sample size, clear diagnostic criteria, random allocation, predefined primary outcomes, validated instruments such as PSQI and ISI, systematic adverse-event reporting, and sufficient follow-up. It should also document the botanical identity, preparation method, dose, quality control, and safety profile of the herbal formulation.

8. Limitations

This article is a narrative review, not a new clinical trial. Its conclusions depend on previously published studies. The available evidence includes small studies and differing treatment protocols, which makes direct comparison difficult. The reviewed findings do not establish long-term effectiveness, and the specific combined use of *Shirodhara* and *Mamsyadi Kwatha* requires further controlled evaluation.

9. CONCLUSION

Anidra is an important health concern because persistent sleep disturbance can impair daily functioning and quality of life. Ayurvedic concepts emphasize the importance of appropriate *Nidra*, while *Shirodhara* and *Mamsyadi Kwatha* have been investigated as potential therapeutic approaches.

Published clinical studies report improvements in selected sleep-related outcomes following these interventions. However, the evidence remains preliminary, and the available research does not conclusively establish that combined *Shirodhara* and *Mamsyadi Kwatha* is superior to other treatments. Larger, methodologically rigorous studies with standardized formulations, validated outcome measures, longer follow-up, and systematic safety monitoring are necessary.

These interventions should be considered only under qualified professional supervision and should not replace appropriate assessment or established care for persistent insomnia.

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