

EFFECTIVENESS OF AYURVEDIC INTERVENTION IN ANIDRA (INSOMNIA): A CLINICAL CASE STUDY

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ABSTRACT

Introduction: *Anidra*, referred to as Insomnia in contemporary medicine, is recognized in Ayurveda as a consequence of *doshas* imbalances, primarily involving *Vata*, with secondary disturbances in *Pitta* and *Kapha*. Habitual sleeplessness or simply inability to sleep for a minimum period, which is necessary for a sound mental and physical health, is called insomnia (*Anidra*). Acute insomnia is brief and typically occurs due to temporary life circumstances. **Aim and Objective:** To evaluate the efficacy of Ayurvedic management in *Anidra* (Insomnia) **Material and Method:** This is single case study of 28 years old female suffering from sleeplessness for 1 years, sleeping hours of two, this shattered her physical as well as mental condition. She had associated complaints of excessive thoughts, indigestion and headache. Patient sleep was markedly disturbed leading to stress and anxiety hence she

visited to our hospital. Treatment given was *Shirodhara* with *Ksheerbala Tail* for 45 min for 21 days along with *Shamana Chikitsa Saraswatarishta*, *Chitrakadi Vati* and *Smritisagar Ras*. **Results:** Patient showed marked improvement in sleep quality and duration. Associated symptoms such as excessive thoughts, stress, anxiety, headache, and indigestion were significantly reduced. **Discussion:** The significant improvement observed in this patient suggests that a combined Ayurvedic approach involving *Shamana chikitsa* and *Panchkarma* can effectively manage chronic insomnia and improve overall well-being. **Conclusion:** This

case study demonstrates the potential effectiveness of Ayurvedic management in the treatment of *Anidra* (insomnia). The integrated approach comprising Ayurvedic medications and *Shirodhara* with *Ksheerbala Taila* and selected Ayurvedic medications resulted in substantial improvement in sleep quality, reduction of associated symptoms, and enhancement of the patient's quality of life.

KEYWORDS: *Anidra, Insomnia, Shaman chikitsa, Shirodhara, Ksheerbala Taila.*

INTRODUCTION

Sleep is a fundamental biological process essential for maintaining physical health, cognitive performance, emotional stability, and overall quality of life. Both modern medicine and Ayurveda recognize sleep as a critical determinant of health. In Ayurveda, sleep (*Nidra*) is considered one of the three foundational pillars of life, alongside nutrition and regulated lifestyle practices, emphasizing its role in sustaining normal physiological and psychological functions. Emotional disturbance such as *chinta*, *bhaya*, *shoka*, *krodha* are also causative factors of *anidra*. Primarily, these cause derangement of *manodoshas*, leading to imbalance in *sharirika dosha* in later stage.

Approximately 30% of general population are affected from insomnia. One out of every twenty Indian suffers from sleep disorder. 16% of the population suffered from insomnia in India. Different findings suggest that, sleeplessness is an epidemic that affects an estimated 150 million in developing world. In 20 years, over 260 million people will experience sleep disorders. 5% to 6% of people aged 50 years and above are affected by sleep disorders in India. Insomnia is a common sleep disorder characterized by difficulty initiating sleep, maintaining sleep, or obtaining restorative sleep despite adequate opportunity to sleep. Persistent insomnia is associated with impaired concentration, mood disturbances, fatigue, reduced work performance, and an increased risk of chronic diseases. Epidemiological studies indicate that its prevalence increases with age and is influenced by various lifestyle and environmental factors, including excessive caffeine intake, alcohol use, smoking, psychological stress, irregular sleep schedules, and certain medications.

From an Ayurvedic perspective, insomnia (*Anidra*) is primarily linked to disturbances in the regulatory mechanisms represented by *Vata Dosha*, often accompanied by *Pitta* imbalance. These disturbances are believed to disrupt the natural sleep-wake cycle and impair the body's restorative processes. Modern scientific understanding similarly attributes insomnia to

dysregulation of neurophysiological systems involved in arousal, circadian rhythm control, and stress responses. Insomnia may occur as an independent disorder or as a secondary manifestation of neurological, psychiatric, metabolic, or medication-related conditions. Drug-induced insomnia is particularly relevant in patients receiving long-term pharmacological treatment for disorders such as migraine, depression, or chronic pain. Such sleep disturbances can negatively affect treatment outcomes and overall health status.

Ayurvedic management of insomnia focuses on restoring physiological balance through a combination of lifestyle modifications, dietary regulation, relaxation therapies, and individualized therapeutic interventions. These interventions may contribute to reducing stress, enhancing parasympathetic activity, and supporting natural sleep mechanisms. Overall, insomnia is a multifactorial disorder with significant physical and psychological consequences.

CASE REPORT

This is single case study of 28 years old female (IPD Reg. No.20240086728) suffering from sleeplessness for 1 years. She had associated complaints of excessive thoughts, Constipation, tiredness and headache. Patient sleep was markedly disturbed leading to excessive stress and anxiety hence she visited to the allopathic hospital and started anti-psychotic and sedatives drugs. Patient took medication regularly for 1 years but the symptoms didn't get subsided. Hence patient came for the Ayurveda treatment and visited the Kayachikitsa OPD, Pt. KLS Ayurveda College and Institute Bhopal. There was no any significant past history of HTN, DM II, traumatic injury etc.

Astavidha Pariksha [Table No.1], Manas Bhav Pariksha [Table No. 2] systemic examination [Table No. 3] was done.

Table No. 1: Astavidha Pariksha.

Nadi	74bpm
Mutra	Samyaka
Mala	Aama
Jivha	Aama
Shabda	Spasta
Sparsha	Samshitoshna
Drik	Spasta
Akriti	Madhyam

Table No. 2: Manas Bhav Pariksha.

Bhaya	Absent
Krodha	Present
Shoka	Absent
Chinta	Present

Table No. 3: Systemic examination.

Blood Pressure	126/80 mmHg
Temperature	98.6 ^o F
Pulse	74/bpm
Respiratory Rate	18/min
Weight	53 kg
Height	5'3"
Gait	Normal
Oedema	Absent

Investigation - Haematological investigation was within normal limit. The case was diagnosed as

Anidra (Insomnia) on the basis of signs and symptoms. Patient was admitted at female IPD ward, Kayachikitsa department of Ptkls, Bhopal. The treatment was given according to Ayurveda principles.

Intervention

Shamana Chikitsa along with the *Shirodhara* was given to the patient [Table no. 4]. *Shirodhara* is a type of *Murdhani taila* that involves gentle pouring of warm liquids over the forehead. It is the process in which medicated oil is poured in a continuous stream of drip on the forehead in a specific manner and height. *Shirodhara* therapy is extensively used for alleviation of psychic and psycho-somatic ailments. In this study *Ksheerbala Tail* was used for the *Shirodhara* procedure.

Before initiating the treatment, the patient was thoroughly counseled regarding the procedure, and baseline vital signs were assessed and documented. The therapy was carried out during the morning hours. *Ksheerbala Taila* was placed in the *Dharapatra* for administration. To protect the eyes from accidental oil entry, they were covered with cotton pads and secured with a bandage. The medicated oil was allowed to flow continuously over the forehead at a uniform pace, avoiding both excessive and insufficient flow. Throughout the procedure, the oil was maintained at a lukewarm temperature.

The *Dharapatra* was gently moved in a pendulum-like motion from one side of the forehead to the other to ensure even distribution of the oil. The oil draining from the forehead was collected in a separate container and reused to replenish the *Dharapatra* whenever necessary. The treatment was administered for 45 minutes daily over a period of 21 consecutive days. Fresh *Ksheerbala Taila* was used every seventh day, with a total of 2 liters consumed during the entire course of therapy. *Shamana Chikitsa* was continued throughout the 21 day treatment period and was further maintained during the follow-up phase after completion of the procedure.

Table No. 4: Shaman chikitsa.

S.No.	Date of Start	Drug	Dose	Frequency
1.	25/11/2025	<i>Saraswatarishta</i>	20 ml	1BD After meal
2.		<i>Smritisagar Ras</i>	150mg	1BD After meal
3.		<i>Chitrakadi Vati</i>	250mg	2BD Before meal
4.		<i>Ksheerbala oil</i> (For <i>Shirodhara</i>)	2 ltr	At morning time

Assesment

The evaluation was carried out after the completion of the procedure. Both subjective feedback and clinical findings were considered to determine the effectiveness of the intervention. All selected symptoms were carefully assessed for changes, and the severity of each symptom was recorded before and after the treatment. A grading system was used to measure the extent of improvement [Table 6]. The patient's condition was evaluated using subjective assessment criteria [Table 5] as well as the PSQI scale [Table 7].

Table No. 5: Assessment after treatment and follow up.

S.No.	Symtoms	BT	AT
1.	Jrimbha (Yawning)	2	1
2.	Tandra (Drowsiness)	3	2
3.	Angmard (Bodyache)	2	1
4.	Shirashoola (Headache)	2	1
5.	Apakti (Indigestion)	2	1

Table No. 6: Grading.

Sleep Gradation	Gradation
No sleep	0
Mild sleep (1-3 hr)	1
Moderate sleep (4-5 hr)	2
Good Sleep (More than 6 hr)	3

Table No 7: Sleep quality index (PSQI Scale).**Component of PSQI scale**

Component	Interpretation	BT	AT
C1	Subjective sleep quality	2	1
C2	Sleep latency	3	2
C3	Sleep duration	2	2
C4	Sleep efficiency	3	2
C5	Sleep disturbances	3	2
C6	Use of sleep medication	2	1
C7	Day time dysfunction	2	1

Global PSQI scale is the sum of all the seven components of PSQI. The total score of “5” or greater is indicative of poor sleep quality.

DISCUSSION

Insomnia is a sleep disorder in which people have trouble to sleep. Physiologically it can be defined as the state of decrease functioning of thalamus and basal fore brain. Pharmacological studies suggest the role of different neurotransmitter for the disturbance of sleep, Catecholamine and serotonin level plays the vital role in the promotion of sleep. The therapeutic effect of *Shirodhara* in insomnia may be explained by the combined influence of mechanical, thermal, and psychological stimulation.^[6] The continuous flow of warm medicated oil over the forehead provides gentle tactile and thermal stimulation, which may activate cutaneous sensory receptors and produce a calming effect on the autonomic nervous system. This may reduce sympathetic overactivity and promote parasympathetic dominance, resulting in decreased stress, mental relaxation, and improved sleep. The rhythmic stimulation during *Shirodhara* may also enhance the release of endogenous relaxation mediators and reduce cortisol levels, thereby facilitating the initiation and maintenance of sleep.

From the Ayurvedic perspective, *Anidra* is predominantly caused by the aggravation of *Vata Dosha*, particularly *Prana Vata*, which governs higher mental functions. *Shirodhara* nourishes the *Shiras (head)*, pacifies *Vata*, and stabilizes the *Manas (mind)*. The use of medicated oils such as *Ksheerbala oil* is one of the most widely used *Vata Shamaka* medicated oils in Ayurveda. It contains *Bala* (*Sida cordifolia*), *Ksheera* (cow's milk), and *Tila Taila* (sesame oil), which possess *Snigdha* (unctuous), *Sheeta* (cooling), *Balya* (strengthening), and *Brimhana* (nourishing) properties. *Chitrakadi Vati* were given to correct the *Agni* of the patient and to improve digestion. *Saraswatarishta* acts as a *Medhya*

Rasayana, promoting *Vata Shamana*, enhancing *Satva Guna*, and alleviating *Rajas*, thereby calming the mind and facilitating natural sleep. Its ingredients, particularly *Brahmi* and *Ashwagandha*, have demonstrated anxiolytic, adaptogenic, and neuroprotective effects that reduce stress and improve sleep quality. It plays a significant role in the management of *Anidra* by restoring mental equilibrium, reducing psychological stress, and promoting physiological sleep.

Smritisagar Rasa is an effective *Medhya* formulation that addresses both the psychological and neurological aspects of insomnia. It pacifies aggravated *Vata Dosha*, calms the mind, and strengthens *Manovaha Srotas*, thereby reducing anxiety, mental fatigue, and disturbed sleep. Its *Rasayana* effect improves mental resilience and supports normal neurophysiological functioning. By restoring the balance of body and mind, it enhances sleep quality and overall psychological well-being. Therefore, *Smritisagar Rasa* can be considered a promising Ayurvedic therapeutic agent for the comprehensive management of *Anidra* (insomnia).

CONCLUSION

Ayurvedic medicines used in the treatment of insomnia, mainly acts by rejuvenating or nourishing brain cells and complete nervous system rather than causing side effects like tingling, dizziness, peripheral neuritis associated with allopathic sleeping pills. So, Ayurveda has a great potential and can be a promising alternative in insomnia. And here, overall assessment it was found that *Shamana Chikitsa* along with *Shirodhara* with *ksheerbala Taila* have beneficial role for the management of *Anidra* (Insomnia). The patient get better mental relaxation, improved daily functioning, and an overall enhancement in quality of life.

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