



THE *Pancha Nidana* OF DYSANIA (Clinomania): AN *Ayurvedic* FRAMEWORK FOR UNDERSTANDING PATHOLOGICAL DIFFICULTY IN RISING FROM BED

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ABSTRACT

Background

Dysania (clinomania) is a persistent, pathological inability to rise after waking – lasting hours rather than the 15–30 minutes of normal sleep inertia – and marked by executive dysfunction, motor inhibition, and intense dread. This paper uses *Pancha Nidana* to interpret dysania and aims to link that *Ayurvedic* diagnostic framework with contemporary neurobiological evidence to create an integrative model.

Objective

This paper aims to interpret dysania using *Pancha Nidana*, *Ayurveda*'s five-part diagnostic framework, and to establish functional links between that classical model and contemporary neurobiological evidence.

Materials

content of this article is based on a review the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with evidence from journals and other credible online sources.

Methods

After read thoroughly *Ayurvedic* texts (*Charaka*, *Sushruta*, *Ashtanga Hridaya*) to identify syndromes resembling modern dysania and organized findings using the *Pancha Nidana* (five basic methods of diagnosis of disease). Then matched those descriptions to current peer-reviewed research to map overlaps and differences between *Ayurvedic* insights and modern biomedical evidence (e.g., brain activity, inflammation).

Result & Discussion

Dysania reflects *Kapha-Tamo Avarana* obstructing *Prana Vayu* – driven by heavy food, daytime napping, and chronic stress – which weakens *agni* and clogs the *Manovaha srotas*. Neurobiological parallels include delayed prefrontal reactivation, a blunted cortisol-awakening response, hypo-dopaminergic/adenosine-related lethargy, and cytokine-mediated “sickness behavior,” supporting integrated *Ayurvedic*-biomedical treatment hypotheses.

Conclusion

Viewed through *Pancha Nidana*, dysania stems from *Kapha-Tamo* occluding *Vata*, causing prolonged morning inertia. Integrating *Ayurveda* with neurobiology suggests interventions – timed bright light, warming/pungent foods or botanicals, and circadian realignment – to reactivate frontal networks, boost metabolism, and restore neurotransmission.

KEYWORDS: Clinomania, Dysania, *Kapha-Tamo Avarana*, *Tandra*, Prefrontal Cortical Hypoactivity.

1. INTRODUCTION

Dysania (pronounced dis-AH-nee-uh) is a chronic, pathological inability to get out of bed after waking. It is not listed as a separate disorder in the DSM-5-TR or ICD-11 but appears as a cross-diagnostic symptom across psychiatric and systemic illnesses.

Unlike normal sleep inertia—brief grogginess lasting about 15–30 minutes—dysania can last one to three hours or

longer. During this time people may be fully conscious yet have profound motor inhibition, impaired executive function, and a strong dread or reluctance to face the day^{1,2}.

In classical *Ayurveda*, the early morning is *Kapha Kala*, a naturally heavy period dominated by *Kapha dosha* and *Tamo guna*. This daily heaviness is usually adaptive, but when lifestyle factors, metabolic dysregulation, or psychological stress accumulate, it can become pathological. Excess *Kapha* and *Tamo*



can obstruct *Vata*—particularly *Prana Vayu* (cognitive alertness and neural signaling) and *Udana Vayu* (motor initiation)—leading to prolonged morning inertia. The *Pancha Nidana* framework provides a structured way to link these classical observations with modern neurobiological hypotheses.

2. METHODS

The study involve a qualitative, theoretical synthesis in three stages.

Ayurvedic literature review: We examined primary classical sources—mainly the *Charaka* and *Sushruta Samhitas*—to find descriptions matching prolonged morning motor inhibition, profound lethargy, and executive dysfunction. Concepts such as *Tandra*, *Klama*, and *Kaphaja Unmada* were assessed for their similarity to dysania.

Framework mapping: The Ayurvedic entities were organized to the *Pancha Nidana*—*Nidana* (causes), *Purvarupa* (prodromal signs), *Rupa* (clinical features), *Upashaya/Anupashaya* (treatment response/nonresponse), and *Samprapti* (pathogenesis)—to build a coherent diagnostic model for dysania.

Neurobiological correlation: Peer-reviewed research in neuroscience, psychiatry, and sleep medicine to identify physiological processes behind pathological morning inertia such as delayed prefrontal reactivation, a blunted cortisol awakening response, neurotransmitter imbalances, and neuroinflammatory changes. These findings were matched to elements of the *Pancha Nidana* to draw conceptual parallels and produce integrative hypotheses.

3. The Pancha Nidana view of dysania

Nidana (causes)

Dietary (*Aharaja*): Regular intake of heavy (guru), oily (*snigdha*), and cold (*shita*) foods especially late at night can weaken *agni* (digestive/metabolic fire) and encourage accumulation of *ama* (metabolic residue).

Lifestyle (*Viharaja*): Daytime napping (*diva-swapna*), irregular or fragmented nocturnal sleep (*ratri-jagaran*), and low physical activity lower overall physiological activation and increase risk of morning inertia.

Psychological (*Manasika*): Chronic worry (*chinta*), grief or low mood (*shoka*), and other states that raise *Tamo guna* produce mental heaviness and make *Kapha*-driven stagnation more likely.

Purvarupa (prodromal symptoms)

A rising sense of heaviness (*gaurava*) that starts before going to bed.

Poor or non-restorative sleep (*nidrādhikya*), so the person wakes unrefreshed.

A creeping dread or anxious anticipation about getting up the next morning.

Rupa (manifest clinical features)

***Gatrastambha*:** pronounced limb heaviness and stiffness; patients commonly describe feeling “glued” or “cemented” to the mattress.

***Acheshtata*:** Almost complete inability to initiate voluntary movements.

***Manas-avasada*:** Strong emotional despair and resistance that makes rising feel unbearable.

***Chetana-avarodha*:** a breakdown between intention and action, where the desire to move fails to produce movement.

Upashaya and *Anupashaya* (differential diagnostic factors)

***Upashaya* (relieving factors):** Symptoms often improve with early-morning bright light (*Aatapa sevan*), warming/pungent herbal or dietary stimulants (for example *Trikatu*—*ushna/katu dravya*), and gentle movement or exercise (*vyayama*).

***Anupashaya* (aggravating factors):** Symptoms worsen in dark, cold settings, when the person remains in bed, or after eating cold and heavy breakfasts.

***Samprapti* (pathogenesis):** The condition is characterized by *Kapha* dominance—particularly *Tarpaka* and *Avalambaka Kapha*—leading to heaviness and slowed cognition. The main tissues involved are *Rasa dhatu* (nutritive fluid) and *Manas* (mental functions), driven by *Tamo guna* (mental dullness). The affected channels include the *Manovaha srotas* (mental pathways) and *Rasavaha srotas* (circulatory/nutritional pathways). At the root is *Mandagni* (reduced digestive/metabolic fire), which permits *Ama* (metabolic residue) to accumulate and obstruct *Vata*—especially *Prana* and *Udana vayus*—resulting in prolonged morning inertia.

- Neuroimaging studies (PET and fMRI) indicate that while subcortical areas like the thalamus and brainstem resume activity soon after sleep, the prefrontal cortex—critical for executive functions, decision-making, and initiating movement—remains relatively underactive in cases of prolonged morning inertia. In Ayurvedic terms, *Prana Vayu*, situated in the head (*murdha*), governs neural signaling and cognitive alertness; classical accounts of its obstruction by heavy *Kapha* and *Tamo* provide a useful analogue for the observed delayed reactivation and reduced perfusion of the prefrontal cortex upon waking³.
- In healthy people, cortisol typically rises sharply—roughly 50–100%—within 30–45 minutes of waking (the cortisol awakening response), helping to mobilize energy for the day. In disorders associated with dysania, like depression and ME/CFS, this morning surge is often flattened. Ayurvedically, this pattern fits with *Mandagni* (weakened metabolic/digestive fire) and excess *Kapha*: the body fails to generate the necessary “heat” and activation to initiate movement and motivation on awakening⁴.
- When sleep is poor, adenosine accumulates; coupled with diminished mesolimbic dopamine transmission (ventral tegmental area to nucleus accumbens), this produces marked lack of motivation and drive. The Ayurvedic notion of *Tamo guna*—characterized by mental dullness, inertia, and passivity—provides a classical analogue for this hypo-dopaminergic, low-motivation state¹.
- During prolonged stress or illness, pro-inflammatory cytokines such as IL-6, TNF- α , and IL-1 β can enter the brain



and induce “sickness behavior” — lethargy, reduced activity, and social withdrawal. *Ayurveda* describes a similar process as *Rasa dhatu mandata* and *Klama*, where accumulation of *Ama* (metabolic waste) in the nutritive fluid (*Rasa dhatu*) depletes tissue vitality and produces comparable fatigue and withdrawal⁵.

4. RESULTS

4.1 Classical Ayurvedic Parallels

A. *Tandra* (stupor / prolonged grogginess)

इन्द्रियार्थेष्वसम्प्राप्तिगौरवं जुम्भणं क्लमः । निद्राऽऽर्त्तस्येव यस्येहा तस्य तन्द्रां विनिर्दिशेत् ॥ (Su. Śa. 4/48)⁶

Several classical passages describe *Tandra* as a condition in which a person is awake but cannot carry out cognitive tasks (*jñāna*) or physical actions (*karma*), accompanied by frequent yawning (*jrumbhana*) and pronounced fatigue (*klama*). This depiction corresponds closely to dysania: the person remains conscious but cannot summon the capacity to get out of bed.

B. *Klama* (exhaustion without effort)

योऽनायासः श्रमो देहे प्रवृद्धः श्वासवर्जितः । क्लमः स इति विज्ञेय इन्द्रियार्थप्रबाधकः ॥ (सु शा ४/५०)⁶ ॥

The classical verse (Su. Śa. 4/50) describes *Klama* as intense tiredness and heaviness that appears without physical effort (*anāyāsa*) and may include shallow breathing. This mirrors the deep fatigue and limb-heaviness experienced by people with dysania, who feel exhausted before they even try to move.

C. *Glanī*

वक्त्रे मधुरता तन्द्रा हृदयोद्वेष्टनं भ्रमः । न चान्नभमिकाङ्क्षेत ग्लानिं तस्य विनिर्दिशेत् ॥ (सु. शा. ४/५३)⁶ ॥

The verse lists symptoms such as a sweet taste in the mouth, drowsiness (*tandra*), chest tightness, giddiness, reduced appetite, and profound fatigue—a pattern that closely matches dysania, characterized by excessive sleepiness, low energy, and trouble becoming fully alert upon waking. *Ayurveda* also highlights additional signs like the sweet taste and chest constriction, indicating that a dysania-like state may reflect a deeper, systemic imbalance.

D. *Kaphaja Unmada* (psychomotor retardation)

वाक्चेष्टितं मन्दमरोचकश्च नारीविविक्तप्रियताऽतिनिद्रा।छर्दिश्च लाला च बलं च भुङ्क्ते नखादिशौक्ल्यं च कफात्मकस्य ॥ (च. चि. १/१४)⁷ ॥

The *Charaka Samhita* (Ch. Ci. 9/14) describes *Kapha* aggravation with slowed speech and movements (*manda vāg-ceṣṭita*), excessive sleep (*ati-nidrā*), loss of interest or appetite (*arocaka*), social withdrawal (*vivikta-priyatā*), and diminished vitality (*klama*). These features closely match dysania’s clinical picture: *Kapha* dominance with increased *Tamo guna* produces

psychomotor slowing and difficulty initiating activity even after adequate sleep.

5. DISCUSSION

This synthesis argues that the *Pancha Nidana* model offers a coherent, dynamic account of dysania (clinomania). While modern terminology groups its signs as a symptom cluster, the Ayurvedic framework helps explain the specific mechanisms—the “why” and “how” behind prolonged morning inertia.

A key point is the *Kapha–Tamo* interaction. Modern neurobiology highlights the dopaminergic reward system and the HPA axis as central to motivation and energy. *Tamo* (mental dullness and inertia) conceptually aligns with reduced dopamine signaling, whereas *Kapha*’s heavy, obstructive qualities resemble neuroinflammatory processes and HPA-axis dysregulation seen in ME/CFS and atypical depression—conditions often associated with dysania.

The Ayurvedic idea of *Avarana* (occlusion) reframes the problem from mere excess to blockage: dysania is not only too much sleep (*atinidrā*) but an obstruction of motivating forces (for example, *Udana* and *Prana vayu*) needed for wakeful action. Clinically, this implies that stimulants alone may give temporary benefit, but unless the occlusion is cleared (*srotoshodhana*) and *Kapha/Tamo* are pacified (*shamana*), improvements will likely be incomplete or short-lived.

Pancha Nidana also foregrounds the mind (*Manas*) in disease progression. Many cases show an initial phase of *Rajas* (overactivation, chronic stress, burnout) that exhausts mental energy and collapses into *Tamas* (inertia, depressive withdrawal). This two-stage trajectory—hyperarousal followed by exhaustion and occlusion—offers a more refined view than a single diagnosis of depression and supports staged treatment: first address stress recovery, then clear channels and restore metabolic drive.

Overall, these cross-disciplinary parallels produce testable hypotheses and point to integrative interventions: chronobiological therapies (timed light, sleep scheduling), metabolic activation (warming, stimulating agents, diet), graded behavioral activation, and, where appropriate, anti-inflammatory or *srotoshodhana* measures. Empirical studies should evaluate whether this combined Ayurvedic–neurobiological approach outperforms treatments that target symptoms alone.

The *Pancha Nidana* model implies a multimodal treatment strategy rather than a single remedy. Main elements include:

Reduce *Kapha* and clear channels (*langhana* & *srotoshodhana*).

Start by lowering *Kapha* through dietary lightening (e.g., simpler, less heavy meals), short, supervised periods of restricted intake when appropriate, and, where clinically indicated, cleansing procedures (for example, *Panchakarma* methods such as *Vamana* or *Virechana*).

Activate *Udana Vata* (restore upward, activating drive).

Use interventions that promote wakefulness and motor initiation, such as *Nasya* (nasal application of stimulating herbal formulations), *Abhyanga* with warming/stimulating oils (e.g., sesame or mustard-based preparations when suitable), and



early-morning movement routines like *Surya Namaskara* or gentle graded exercise.

Treat *Tamas* with psycho-behavioral and spiritual supports.

Counter mental inertia through structured daily routines (*Sadvritta*), counseling to rebuild purpose and meaningful goals (aligning *Artha* and *Kama* with *Dharma*), and interventions that safely increase motivational drive (*Rajas*) without triggering burnout.

Limitations

This study was conceptual and not supported by clinical trial data.

Pancha Nidana is a diagnostic framework, not a one-size-fits-all treatment protocol; interventions should be individualized and used alongside conventional care.

Controlled clinical studies (observational cohorts and randomized trials) are needed to evaluate the safety and effectiveness of treatments based on this integrative model.

6. CONCLUSION

Dysania is a multifaceted behavioral condition rooted in several interacting neurobiological systems. Interpreted through the *Pancha Nidana* framework, these factors coalesce into a consistent picture: *Kapha-Tamo* occluding *Udana Vayu*, where metabolic and mental heaviness obstruct the upward, activating functions of *Vata*. Aligning contemporary findings—prefrontal underactivity, a reduced cortisol awakening response, and neuroinflammation—with classical notions like *Prana avarodha*, *Mandagni*, and *Klama* suggests integrated treatment pathways. Interventions to evaluate in clinical trials include timed bright-light therapy (*Aatapa sevan*), warming/pungent metabolic stimulants (*katu/ushna dravya*), and circadian-based approaches to restore morning activation.

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