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AYURVEDIC MANAGEMENT OF NIDRANASHA (INSOMNIA): A CASE REPORT

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ABSTRACT

Sleep is an important factor in maintaining physical and psychological wellbeing. In Ayurveda, Nidra is considered one of the Trayopastambha, and its disturbance is described as Nidranasha. A 53-year-old female presented with difficulty in sleep initiation, frequent nocturnal awakenings and early morning awakening for six months, along with non-restorative sleep, daytime fatigue, irritability, burning sensation and hot flashes. Based on the clinical presentation, the condition was diagnosed as Nidranasha with Vata-Pitta predominance. The patient was treated with a combination of Ayurvedic internal medications, external therapeutic procedures and Satvavajaya Chikitsa, along with counselling and supportive practices including Yogasanas, Pranayama, Jacobson's Progressive Muscle Relaxation and Electrosleep Therapy. The Insomnia Severity Index was used to assess the severity of insomnia before and after treatment. The ISI score reduced from 20 before treatment to 6 after treatment. Improvement was observed in sleep initiation, sleep continuity, early morning awakening and associated symptoms such as daytime fatigue, irritability and mental restlessness. The improvement in sleep quality was maintained during follow-up, with no recurrence of the reported complaints. The present case indicates that the combined application of Ayurvedic therapeutic measures and psychological interventions may have a beneficial role in the management of Nidranasha

INTRODUCTION

Sleep *(Nidra*) plays a vital role in maintaining physical health, mental stability, and overall wellbeing. Ayurveda recognizes Nidra as one of the *Trayopastambha,*[1]the three fundamental supports of life, emphasizing its importance in sustaining normal physiological and psychological functions. Adequate and timely sleep promotes strength, nourishment, clarity of mind, and longevity, whereas disturbed or insufficient sleep leads to imbalance in bodily systems and deterioration of health. The condition characterized by loss or disturbance of sleep is described in Ayurveda as *Nidranasha*.[2] It is primarily associated with aggravation of Vata dosha,[2,3] often accompanied by Pitta vitiation and depletion of *Kapha,* which normally facilitates the initiation and maintenance of sleep. Since Vata governs the functions of the mind and nervous system, its imbalance results in mental restlessness, anxiety, and inability to attain sound sleep. Continuous disturbance of sleep further contributes to depletion of Ojas,[2] thereby affecting both physical vitality and mental resilience. Classical Ayurvedic texts describe several etiological factors responsible for *Nidranasha*,[2,3] including excessive physical or mental exertion, irregular lifestyle habits, advancing age, suppression of natural urges, and improper sleep practices such as night vigil and daytime sleep. These factors disrupt the natural circadian rhythm and provoke *doshic* imbalance, ultimately manifesting as chronic sleep disturbance. Acharyas have clearly emphasized that improper sleep habits adversely affect happiness, strength, intellect, and even lifespan.[1] In the present era, rapid lifestyle changes, increased psychological stress, and occupational pressures have significantly increased the prevalence of sleep disorders, making *Nidranasha* a common clinical condition. Conventional management often relies on sedative or hypnotic medications,[4] which may be associated with dependency and adverse effects on long-term use. Ayurveda, with its holistic approach, offers safe and effective management strategies aimed at correcting the underlying *doshic* imbalance and restoring normal sleep patterns. Hence, documenting and analyzing clinical cases of *Nidranasha* is essential to highlight the therapeutic potential of Ayurvedic interventions.

Case report

A 53-year-old female patient presented to the Manoswasthya OPD of SDM College of Ayurveda and Hospital, Hassan, with a 6-month history of sleep disturbance characterized by difficulty in initiation of sleep and early morning awakening. The sleep complaints were associated with burning sensation, hot flashes, and a subjective feeling of internal heat, leading to significant discomfort and impaired quality of life. The patient reported non-restorative sleep with frequent nocturnal awakenings, resulting in daytime fatigue and irritability.

She was a known case of hypothyroidism for the past 20 years and was on regular medication with Thyroxine 75 µg once daily. The onset of sleep disturbance was gradual and progressive, with no sustained relief from conventional measures. The chronological evolution of symptoms and relevant clinical events are summarized in Table 1.

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Table 1: Explains the historical and current information of the case report

Year	History of present complaints
2004	Diagnosed with hypothyroidism; initiated and maintained on Thyroxine 75 µg once daily.
2019	Underwent hysterectomy; no immediate sleep-related complaints reported post-surgery.
2023-Early 2024	Ongoing psychosocial stressors including emotional distress related to childlessness and familial concerns.
Early 2024	Financial loss resulting in increased psychological stress.
Mid-2024	Gradual onset of insomnia characterized by difficulty in initiation of sleep.
Late 2024	Progression to early morning awakening, non-restorative sleep, and associated vasomotor symptoms including burning sensation and hot flashes.

Clinical Findings

Nadi [pulse] = 76/min	Dehabhara [wt] = 65kgs
Raktachapa [BP] = 120/80mm of Hg	Jivha [tongue] = Saama
Shwasana [RR] = 18/ min	Kshudha = Prakruta
Mala [stool] =Asamyaka	Trushna [thirst] = Prakruta
Mutra [urine] = Sadaha	Nidra [sleep] = Anidra

Diagnostic Assessment

Based on the presenting symptoms and clinical examination, the patient was diagnosed as *Nidranasha* with *Vata-Pitta* predominance. The condition was correlated with chronic insomnia according to the diagnostic criteria described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).[5]The Insomnia Severity Index (ISI)[6] was used to assess the severity of insomnia at baseline (day of admission) and at discharge to evaluate the therapeutic outcome. The comparative ISI scores are presented in Table 2.

Therapeutic Interventions

Pharmacological Treatment

The timeline of internal medications and external therapeutic procedures administered during the treatment period is presented in Table 3.

Non-pharmacological interventions such as *Yogasanas, Pranayama*,[13] Jacobson's Progressive Muscle Relaxation (JPMR), *Agnihotra*, and Electrosleep Therapy (EST)[14] were also advised as supportive measures.

Satvavajaya Chikitsa[16]

Counseling and psychotherapy sessions were conducted on alternate days. Detailed information regarding each session is described in Table 4.

Follow-ups and Outcomes

On the day of discharge, the subject was advised to continue *Kalyanaka Ghrita*[7] 20 mL twice daily half an hour before food, *Saraswatharishta*[10] 20 mL once daily at night half an hour after food with an equal quantity of lukewarm water, and *Brahmi Taila* for external application in the form of *Shiropichu*[11] over the vertex of the scalp once daily. The subject was also advised to continue *Yoga, Pranayama*,[13] and relaxation techniques regularly.

At the first follow-up after 30 days, the subject reported improvement in sleep quality with reduction in sleep onset time and fewer nocturnal awakenings. The subject also reported feeling more relaxed with improvement in daytime functioning.

At subsequent follow-ups, sleep pattern continued to improve and the subject reported better sleep duration and reduced irritability. The subject was able to maintain regular daily activities without difficulty.

After completion of the treatment and during follow-up period, sustained improvement in sleep quality was observed without recurrence of symptoms. The Insomnia Severity Index (ISI) score showed marked reduction compared to baseline. The subject continued practicing *Yoga, Pranayama*, and relaxation techniques regularly. Table 5 explains the patient's testimonials.

DISCUSSION

Nidra is described as one of the *Trayopastambha*[1] in Ayurveda and is essential for maintaining physical health and psychological stability. Proper sleep supports normal functioning of the body and mind, whereas disturbance in sleep can lead to fatigue, impaired concentration, and emotional imbalance. According to Ayurvedic literature, *Nidranasha* occurs mainly due to aggravation of *Vata dosha*,[2,3] often associated with *Pitta* vitiation and depletion of *Kapha*, which normally promotes sound sleep. Aggravated Vata leads to instability of the mind and disturbance in the natural sleep–wake cycle.

In the present case, the patient presented with difficulty in initiating sleep, early morning awakening, irritability, and daytime fatigue. Associated symptoms such as burning sensation and hot flashes indicate the involvement of Vata and Pitta doshas. The long-standing history of hypothyroidism and chronic psychological stress might have contributed to disturbance in neuroendocrine balance, thereby aggravating the doshas and resulting in *Nidranasha.* The clinical features also resemble chronic insomnia described in DSM-5,[5] indicating a possible correlation between Ayurvedic understanding and modern clinical concepts of sleep disorders.

The treatment was planned with the aim of pacifying aggravated doshas, calming the mind, and restoring the physiological sleep pattern. Internal medications such as *Kalyanaka Ghrita*[7] and *Saraswatharishta*[10] were administered due to their *Medhya* and *Manas-balya* properties. These formulations are traditionally indicated in conditions involving

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mental stress and cognitive disturbances and help in improving mental stability and relaxation.

External therapeutic procedures also played an important role in the management. *Shiropichu* with *Brahmi Taila*[11] was administered to provide a soothing effect on the mind and nervous system. Application of medicated oil over the scalp is known to help stabilize Vata in the head region and promote relaxation, which can facilitate better sleep. Procedures such as *Sarvanga Udvartana* followed by *Parisheka* helped in reducing heaviness of the body and improving circulation, thereby producing a sense of lightness and relaxation.

In addition to pharmacological interventions, *Satvavajaya Chikitsa*[16] was implemented through counseling sessions aimed at reducing psychological stress and strengthening mental resilience. Supportive practices such as *Yogasanas, Pranayama*,[13] Jacobson's Progressive Muscle Relaxation (JPMR),[17] *Agnihotra*, and Electrosleep Therapy (EST)[14] were also advised to promote mental calmness and regulate the sleep cycle.

Table 2: Insomnia Severity Index (ISI)

ISI Parameters	Before Treatment (23 December 2024)	After Treatment (06 January 2025)
Difficulty falling asleep	3	1
Difficulty staying asleep	3	1
Problem waking up too early	3	1
Dissatisfaction with current sleep pattern	3	1
Interference with daily functioning	3	1
Noticeability of impairment to others	2	0
Distress caused by sleep difficulties	3	1
Total	20	6

Table 3: Internal medications and external procedures done during the course of treatment

	Treatment	Medications	Outcome
23 Dec 2024-26 Dec 2024 (Day1-4)	*Sarvanga Udvartana* followed by *Parisheka*	*Dhanyamla Kwatha*	Reduction in *Gaurava* (heaviness) and *Angamarda;* improved sense of lightness
	Shiropichu[11]	*Amlaki Churna with Brahmi Taila*	Decrease in *Shiroruk* and mental agitation
	Pada Abhyanga	*Brahmi Taila*	Improvement in sleep initiation
	Shirodhara[11]	*Ksheerabala Taila*	Enhanced mental calmness; reduction in restlessness
	Internal medication	*Manasamitra Vati*[9] 1 tablet twice daily after food	Reduction in anxiety, irritability, and disturbed thoughts
		Saraswatharishta[10] 15ml twice daily after food	Gradual improvement in sleep quality and appetite
	Electro Sleep Therapy (EST)[14]	Administered on alternate days under psychiatric supervision	Reduction in insomnia severity and psychomotor agitation
27 Dec 2024 – 31 Dec 2024 (Day 5–Day 9)	*Snehapana* (internal oleation)	*Panchagavya Ghrita*[8] starting with 30 mL and gradually increased to 60 mL,100 mL,150 mL, and 250 mL	*Samyak Snigdha Lakshanas* attained; reduction in restlessness and sleep latency; improved bowel regularity and mental calmness
1 Jan 2025-3 Jan 2025 (Day 10- 12)	*Sarvanga Abhyanga* followed by *Parisheka*	*Yashtimadhu Taila* + *Dhanyamla Kwatha*	Dosha *Utklesha* observed; improved lightness and readiness for *Virechana*
4 Jan 2025 (Day 13)	*Virechana Karma* [15]	*Trivrit Lehya* 100g followed by *Triphala Kashaya* 100mL	12 Vegas observed; *Samyak Virechana Lakshanas* attained with improvement in sleep initiation and continuity

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Table 4: Counseling and psychotherapy

Techniques	Goal	Achievement
Supportive counselling and reassurance	To alleviate psychological distress and address emotional stressors contributing to *Nidranasha*	Reduction in anxiety and improved psychological stability
Psychoeducation regarding *Nidranasha* and sleep regulation	To enhance patient understanding of sleep physiology and factors aggravating insomnia	Improved treatment compliance and better adherence to sleep-related behavioral modifications
Sleep hygiene training	To establish regular sleep-wake rhythm and eliminate behavioral factors interfering with sleep	Improvement in sleep initiation and reduction in nocturnal awakenings
Cognitive restructuring based on *satvavajaya* principles[16]	To identify and modify maladaptive thoughts and excessive worry related to sleep disturbance	Decrease in rumination thinking and mental restlessness
Jacobson's Progressive Muscle Relaxation (JPMR)[17]	To reduce somatic tension and autonomic hyperarousal associated with insomnia	Enhanced physical relaxation facilitating sleep onset
Yogasanas and *Pranayama* [13]	To promote mind- body relaxation	Improved mental calmness and reduction in stress-related symptoms
Agnihotra	To induce psychological tranquility and support mental well-being	Subjective improvement in relaxation and sleep quality

Table 5: Patient's testimonials

Complaints	Patient's testimonial
Difficulty in initiation of sleep	I am now able to fall asleep more easily compared to before treatment.
Frequent nocturnal awakenings	My sleep has become more continuous with fewer awakenings during the night.
Early morning awakenings	I no longer wake up very early and feel more rested in the morning.
Daytime fatigue and irritability	I feel less tired during the day and my mood has improved.
Burning sensation and hot flashes	The burning sensation and feeling of internal heat have reduced considerably.
Mental restlessness and anxiety	My mind feels calmer and I am less worried at night.
Poor overall sleep quality	Overall, my sleep quality has improved and I feel more refreshed after waking.

CONCLUSION

The present case demonstrates the beneficial role of Ayurvedic management in the treatment of *Nidranasha.* A comprehensive therapeutic approach involving internal medications, external procedures, *Satvavajaya Chikitsa*, and relaxation techniques contributed to noticeable improvement in sleep quality and overall wellbeing of the patient. The reduction in Insomnia Severity Index (ISI) score along with symptomatic relief indicates the effectiveness of the adopted treatment protocol. This case suggests that a holistic Ayurvedic approach addressing both physiological and psychological factors may be useful in the management of insomnia and warrants further clinical evaluation**.**

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