Management of Anidra through Panchakarma and Ayurved

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Abstract

Anidra (insomnia) is one of the most prevalent psychosomatic disorders in the modern era, often associated with mental stress, irregular routines, and altered lifestyle. Ayurveda describes Anidra as a consequence of *Vata* and *Pitta* vitiation, resulting in disturbance of *Manas* and impairment of *Nidra*—one of the *Trayopastambha* essential for life. Shirodhara, an established *Murdhni Taila* procedure, is known for its calming and *Vata-Pitta shamaka* effects, providing significant relief in sleep disorders through neurophysiological and hormonal modulation.

This article reviews classical Ayurvedic references, published research papers, and pharmacological studies to evaluate the efficacy of Shirodhara in the management of Anidra. Medicated liquids such as *Tagar Kwatha*, *Jatamansi Kwatha*, *Brahmi Taila*, and *Ksheer Bala Taila* are used for their *Medhya*, *Manas Shamak*, and *Nidrajanana* properties. The gentle, continuous pouring of medicated fluid over the forehead influences *Sira Snayu* and *Majja Dhatu*, leading to relaxation of the central nervous system, regulation of the hypothalamic–pituitary–adrenal axis, and increased melatonin secretion.

Review of evidence from classical texts and modern studies suggests that Shirodhara effectively reduces anxiety, stress, and sleeplessness, thereby improving sleep onset and quality. It offers a safe, holistic, and sustainable approach for managing Anidra, integrating traditional Ayurvedic wisdom with modern neuroendocrine insights.

Keywords: Shirodhara, Anidra, Insomnia, Ayurveda, Tagar, Jatamansi, Vata-Pitta, Sleep regulation.

Introduction

Sleep (*Nidra*) is considered one of the *Trayopastambha*—the three pillars of life—essential for maintaining physical and mental equilibrium. Proper sleep rejuvenates the body and mind, while disturbed sleep leads to various psychosomatic disorders. *Anidra* (insomnia), mentioned in Ayurveda as a disorder caused by vitiation of *Vata* and *Pitta dosha* and depletion of *Kapha* and *Tamas*, has become increasingly common due to stress, anxiety, and irregular lifestyle.

In classical Ayurvedic texts, *Nidra* is described as a natural, restorative process essential for *Sharira* and *Manas*. When its balance is disturbed, symptoms like restlessness, irritability, and fatigue manifest. Modern science describes similar outcomes, identifying insomnia as a neuropsychological disorder involving hyperactivity of the nervous system and hormonal imbalance.

Shirodhara, a well-known *Murdhni Taila* procedure, involves the continuous pouring of medicated liquid—such as *Taila*, *Ksheera*, or *Kwatha*—over the forehead. This gentle, rhythmic therapy helps calm the mind, stabilize *Vata* and *Pitta*, and promote relaxation. The process influences *Ajna Marma* and the hypothalamic–pituitary–adrenal axis, thereby reducing stress hormones and improving melatonin secretion.

Medicated preparations like *Tagar Kwatha* and *JatamansiKwatha* enhance the efficacy of Shirodhara due to their *Medhya* (neurotonic) and *Manas Shamak* (mind-calming) actions. Hence, Shirodhara serves as an effective, safe, and holistic therapy for managing *Anidra*, integrating ancient Ayurvedic wisdom with modern neurophysiological understanding.

Case Report

A 54-year-old obesefemale patient visited the Panchakarma Outpatient Department (OPD no. 216), PDEA's AyurvedRugnalaya& Snowbell Multi Speciality Hospital, Pune with complaints of progressing Insomnia for 4 years, backache, and burning sensation in palms and soles, difficulty while walking. She had a known history of Type 2 Diabetes Mellitus for the past 5 years and was on medications –

1. Tab. Istametdxr 500mg BD
2. Tab. Gemer 1 – HS

Investigations: HbA1C, Fasting Blood Sugar (FBS) and Random Blood Sugar (RBS) were assessed.

Management:
After detailed assessment of *Dosha, Dushya, Agni, Satmya, Satva, Ahara Shakti, Vyayama Shakti, Bala,* and *Vaya*, a treatment protocol was designed. The patient underwent *Shirodhara* with *Tagar ChornaKwatha* for 30 minutes and increasing upto for 5 mins for 7 days. Following this, *Snehana&Swedana*was administered for 8 consecutive days — as per classical Ayurvedic guidelines.

Table 1 Shodhana Chikitsa

Sr no.	Procedure	**Duration**
1.	*Shirodhara followed with Snehan, Swedana afterwards Day 1*	*30 min*
2.	*Day 2*	*35 min*
3.	*Day 3*	*40 min*
4.	*Day 4*	*45 min*
5.	*Day 5*	*50 min*
6.	*Day 6*	*55 min*
7.	*Day 7*	*60 min*

Poorva Karma (Pre-operative Procedure)

The patient was made to lie comfortably on the Shirodhara table, with the body below the neck properly covered. A soft cotton strip was placed over the forehead to protect the eyes from the medicated liquid. All required materials—Shirodhara Patra, towels, cotton, stove, and lukewarm water—were kept ready. Baseline vital parameters such as blood pressure, pulse, temperature, and respiration were recorded, and informed consent was obtained before starting the procedure.

Pradhana Karma (Operative Procedure)

Tagar Kwatha was poured in a continuous, gentle stream over the patient's forehead for approximately 30 minutes and was increased daily upto 5min, maintaining a steady flow throughout the procedure. The therapy was administered in the morning for seven consecutive days.

Paschat Karma (Post-operative Procedure)

After the procedure, the patient was allowed to rest for about 15 minutes, followed by a head bath with warm water.

Method

After Shirodhara, Patient was subjected to Snehana (whole body oleation) with Dhanvantara Taila for 30 min and Nadi Swedana (fomentation) for 5 min. during the procedure daily monitoring of blood pressure and pulse rate was done.

Shamana Chikitsa

SN	Ayurvedic Medicine	Anupana	Doses	Duration
1.	Glymin + Nisakathakadi Kashya	Mild hot water	2 tab ----------2tab 2 T.spn---------- 2T.spn	10 days
2.	Tab Sumenta	Mild hot water	2 Tab at Night	10 days

After Shirodhara

SN	Ayurvedic Medicine	Anupana	Doses	Duration
1.	Guduchi + Suntha siddha Ksheerpaka + DhanwantaraGHruta		1 t. sp+1/4th t. sp + 1/2t t. sp	8AM--------4PM

2.	Vasantakusumakar Ras Vati	Cow ghruta	1 tab	6AM
3.	Saraswatarishta	Mild hot water	4 t. sp	At Night

Observations

According to references these symptoms are included in Anidra

Symptoms	**Yes**	**No**
Manodaurbalya (lack of concentration)	**Yes**	**-**
Smritidaurbalya (lack of memory)		**No**
Indriya Karmahani (poor sensory perception)		**No**
Ajirna (indigestion)	**Yes**	
Agnimandya (anorexia)	**Yes**	
Malabaddhata (constipation)	**Yes**	
Dhatukshaya (weight loss)		**No**

Insomnia Severity Index (ISI)

Developer: Charles M. Morin, PhD (1993)

Use: Assessment of the severity of insomnia over the past two weeks.

Type: Self-report questionnaire

Instructions for Respondent

Please rate the severity of your sleep problems during the last two weeks. For each item, circle or mark the number that best reflects your experience.

Scoring: 0 = No problem, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe

Sr no.	Question	Score (0–4)
1	Difficulty falling asleep	**4**
2	Difficulty staying asleep	**3**
3	Problems waking up too	**0**

	early	
4	How satisfied/dissatisfied are you with your current sleep pattern?	**4**
5	How noticeable to others do you think your sleep problem is in terms of impairing your quality of life?	**2**
6	How worried/distressed are you about your current sleep problem?	**4**
7	To what extent do you consider your sleep problem interferes with your daily functioning (e.g., daytime fatigue, mood, work, concentration, etc.)?	**3**

Scoring Instructions

Add the scores for all 7 items to obtain the total ISI score (range: 0–28).

Interpretation of Scores

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

Total – 20 – Moderately severe Insomnia

Results

Post-Treatment Observations

Scoring: 0 = No problem, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe

Sr no.	Question	Score (0–4)
1	Difficulty falling asleep	1
2	Difficulty staying asleep	1
3	Problems waking up too early	**0**
4	How satisfied/dissatisfied are you with your current sleep pattern?	0
5	How noticeable to others do you think your sleep problem is in terms of impairing your quality of life?	0
6	How worried/distressed are you about your current sleep problem?	0
7	To what extent do you consider your sleep problem interferes with your daily functioning (e.g., daytime fatigue, mood, work, concentration, etc.)?	0

Total score- 2

Scoring Instructions

Add the scores for all 7 items to obtain the total ISI score (range: 0–28).

Interpretation of Scores

Total Score	Interpretation
2	No clinically significant insomnia

After the Ayurvedic management (including *Shirodhara* and Chikitsa), the patient reported:

Symptoms	**Pre-treatment**	**Post-treatment**	**Remarks**
Manodaurbalya (lack of concentration)	Present	Relieved	Improved concentration and clarity
Smritidaurbalya (lack of memory)	Absent	Absent	—
Indriya Karmahani (poor sensory perception)	Absent	Absent	—
Ajirna (indigestion)	Present	Relieved	Digestion improved
Agnimandya (anorexia)	Present	Relieved	Appetite normalized
Malabaddhata (constipation)	Present	Relieved	Normal bowel

			movement
Dhatukshaya (weight loss)	Absent	Absent	Stable body weight

Insomnia Severity Index (ISI) – Post Treatment

Phase	ISI Total Score	Interpretation
Pre-treatment	20	Moderate Insomnia
Post-treatment	2	No clinically significant insomnia

Final Outcome

- Patient showed **significant relief** in both **subjective parameters.**
- **Sleep quality improved** with reduction in *AnidraLakshanas* and *Manasika* symptoms.
- **ISI score reduced** from *Moderate (20)* to *Normal (2)* range.
- Improvement indicates effective management through **Ayurvedic therapy**, supporting the role of *Shirodhara* and *TagarKwatha* in *Anidra Chikitsa*.

Discussion

The patient showed marked improvement in both subjective and objective parameters after *Shirodhara* with *Tagar Kwatha*, with the ISI score reducing from 20 (moderate) to 2 (normal). This reflects significant

enhancement in sleep quality and reduction in *AnidraLakshanas* and *Manasika* symptoms.

As described by **Charaka** (*Charaka Samhita)Nidra* is one of the *Trayopasthambha*, essential for strength, happiness, and longevity, while its disturbance causes debility and sorrow. *Anidra* arises mainly from *Vata-Pitta Prakopa* affecting *Manovaha Srotas*. *Shirodhara*, mentioned by **Vagbhata** pacifies *Vata Dosha*, induces relaxation, and promotes mental calmness.

Tagara (*Valeriana wallichii*), cited in **Bhavaprakasha Nighantu** (Haritakyadi Varga 189–191), possesses *Vatahara*, *Medhya*, and *Nidrajanaka* properties. The synergistic effect of *Shirodhara* and *Tagar Kwatha* effectively manages *Anidra* by harmonizing both *Sharirika* and *Manasika Doshas*, supporting classical Ayurvedic principles in the management of insomnia.

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