



A Literature Review On The Role Of Shiroabhyanga, Padabhyanga, Karnabhyanga, Nasya, And Yoga In The Management Of Anidra (Insomnia)

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Abstract –

Objective: Insomnia (Anidra) significantly impairs quality of life, and conventional treatments with sedatives and hypnotics often lead to adverse effects. This review examines the efficacy of holistic alternatives—specifically, Ayurveda and Yoga therapies—utilizing Dincharya procedures (Shiroabhyanga, Padabhyanga, Karnabhyanga, Nasya) and yoga practices for managing insomnia. **Data Source:** The review analyzed clinical trials, case studies, and review articles obtained from reputable databases including Google Scholar, PubMed, Shodhganga, and Dhara Portal. Studies published between 2014 and 2024 were considered, with eligible reports limited to English-language publications. **Review Methods:** Fourteen studies were critically appraised, including 9 randomized controlled trials, 3 review articles, and 2 case reports. Inclusion criteria targeted studies involving participants aged 18 to 95 years, with some focusing on elderly populations. The appraisal employed criteria such as study design, sample size, outcome measures (including the Pittsburgh Sleep Quality Index, Insomnia Severity Index, and serum cortisol levels), and risk of bias, with the majority adhering to PRISMA guidelines. **Conclusion:** Findings indicate that interventions such as Nasya, Shiroabhyanga, Padabhyanga, Karnabhyanga, and Pranayama significantly enhance sleep quality, reduce stress, and improve overall well-being—with combined interventions showing superior outcomes compared to single therapies (e.g., Bhramari Pranayama achieved a 17.9% reduction in serum cortisol). However, heterogeneity among interventions, small sample sizes, and methodological limitations restrict the generalizability of these results, underscoring the need for further large-scale trials.

Keywords: Insomnia, Anidra, Ayurveda, Nasya, Shiroabhyanga, Padabhyanga, Karnabhyanga, Yoga, Pranayama, Sleep Quality.

Introduction

Insomnia (Anidra) is a common sleep disorder marked by persistent difficulty in falling or staying asleep, leading to daytime impairment. The prevalence of insomnia is believed to be at 9% in India's general population, with 30% of people reporting experiencing it occasionally ^{!(1)}. Thus, sleeplessness becomes a serious problem. Researches show that improper sleep can increase risk of developing obesity, diabetes, high blood pressure or heart disease ^{!(2)}. A survey conducted by WHO in India revealed that about 35 percent of respondents have reported mild to extreme difficulty associated with sleep ^{!(3)}. Rising stress, lifestyle changes, excessive screen time, and the COVID-19 pandemic have made it a major health concern. Conventional treatments rely on sedatives, which have side effects and lack long-term efficacy. Ayurveda emphasizes Nidra

as a key pillar of health and offers holistic, preventive approaches. While studies focus on Ayurvedic medicines and Panchakarma therapies, limited research exists on self-administered Dinacharya practices—Shiroabhyanga, Padabhyanga, Karnabhyanga, Nasya, and yoga. This review evaluates their efficacy in managing insomnia.

Methods

Inclusion criteria

1. Case reports, clinical trials, and review articles related to Ayurvedic therapies.
2. Research on Shiroabhyanga, Padabhyanga, Karnabhyanga, Nasya, and Yoga.
3. Only English-language studies with direct relevance to the topic are included.
4. Articles published within the last 10 years are included.
5. Data was collected from Google Scholar, PubMed, Shodhganga, and Dhara Portal.

Exclusion criteria

1. Articles published more than 10 years ago are excluded.
2. Articles found to be copied or lacking originality are excluded. Only authentic, peer-reviewed studies are considered.
3. Studies that do not clearly mention their materials and methodology are excluded.
4. Articles focusing only on medicinal interventions without Ayurvedic therapies are excluded.
5. Studies using Dinacharya procedures other than Nasya, Shiroabhyanga, Padabhyanga, Karnabhyanga, and Yoga are excluded.

Study population and Interventions

The study population ranged from 18 to 95 years, including elderly participants. Interventions included Padabhyanga, Karnabhyanga, Nasya, Shiroabhyanga, and yoga. Sleep quality was assessed using DSM-V criteria and PSQI, while mental well-being and quality of life were evaluated through the Cognitive Failure Questionnaire and WHOQOL-BREF.

Study strategy and design

This study followed PRISMA guidelines, sourcing data from Google Scholar, PubMed, PubMed Central, Shodhganga, and Dhara Portal. Using keywords like Anidra, Nidranasha, Ayurveda, and Yoga, studies from 2014–2024 were reviewed. Fourteen studies, including RCTs, case studies, review articles, and one thesis, met the inclusion criteria.

Result

Out of the 642 research materials initially identified, 4 duplicate articles were removed, and 10 articles were excluded due to the unavailability of full text. The remaining 628 articles were assessed using inclusion and exclusion criteria, resulting in the selection of 14 studies for further analysis. Among these, 9 were randomized clinical trials, 3 were review articles, and 2 were case studies. These selected studies provided valuable insights into the effectiveness of interventions such as Padabhyanga, Karnabhyanga, Nasya, Shiroabhyanga, and yoga in improving sleep quality, mental health, and overall well-being.

Discussion

The review of 14 articles on Anidra (insomnia) highlights the effectiveness of specific interventions such as Nasya, Shiroabhyanga, Padabhyanga, Karnabhyanga, Bhramari Pranayama, Bhastrika Pranayama. The studies explored how these techniques influence sleep quality, stress levels, and physiological markers such as serum cortisol.

Comparison of Yoga and Herbal Interventions in Insomnia Management

A randomized controlled trial comparing yoga, herbal-based interventions, and a control group found that yoga significantly reduced stress and improved sleep quality. The yoga group had the highest improvements in general health, physical health, and psychological well-being compared to those who underwent Nasya and the control group.^{!(4)} In another study focusing on self-rated sleep in older adults, the yoga group had a significant decrease in the time taken to fall asleep (by approximately 10 minutes), an increase in total sleep duration (by about 60 minutes), and an improvement in feeling rested in the morning.^{!(5)}

Effectiveness of Nasya (Nasal Administration of Herbal Oils or Extracts)

Several studies confirmed that Nasya therapy significantly improved sleep quality and reduced reliance on medications.^{!(6)} A case study using Go-Ghrita Nasya, Jatamansi Hima, Ashwagandha powder, Yashtimadhu powder, and Triphala powder showed a reduction in the Insomnia Severity Index (ISI) score from 23 to 4 and Pittsburgh Sleep Quality Index (PSQI) score from 17 to 2.7.^{!(7)}

Bhramari Pranayama and its Impact on Serum Cortisol

A clinical trial on Bhramari Pranayama found a 17.9% reduction in serum cortisol levels, which is linked to stress and poor sleep quality. Participants practicing Bhramari Pranayama experienced significantly better sleep compared to those who followed standard sleep hygiene practices.^{!(8)}

Shiroabhyanga (Head Massage) and Karnabhyanga (Ear Massage) for Primary Insomnia

A comparative study found that both Shiroabhyanga (head massage with Til Taila) and Karnabhyanga (ear massage with Til Taila) effectively improved sleep quality. Individuals with Vata-Pitta body constitution were more prone to primary insomnia, and women were found to be more affected than men.^{!(9)}

Padabhyanga (Foot Massage) Combined with Pranayama

A clinical study evaluated the combined effect of Padabhyanga and Pranayama on 30 patients with primary insomnia. The results showed significant improvements in difficulty falling asleep, staying asleep, early morning awakening, and symptoms such as fatigue and mental dullness. Objective assessments like the Total Insomnia Severity Index Score also indicated marked improvement.^{!(10)}

Shiro Abhyanga with Tungadrumadi Taila

This therapy resulted in a 58.5% improvement in sleep quality, and the benefits were sustained during follow-up assessments.^{!(11)}

Yoga and Naturopathy for Insomnia

A case study on yoga and naturopathy interventions revealed significant reductions in depression, anxiety, stress, and musculoskeletal pain after 30 days. The participant's sleep medication was gradually reduced and eventually stopped.^{!(12)}

Bhastrika Pranayama and Jatamansi Ghana Vati

A study comparing Bhastrika Pranayama, Jatamansi Ghana Vati, and their combination found that using both together led to the most significant improvement in sleep quality. Symptoms like yawning, drowsiness, headache, indigestion, and constipation also showed improvement.^{!(13)}

Daily Regimen (Dincharya) for Insomnia Prevention

A review article highlighted that daily routines such as Sarwanga Abhyanga (full-body oil massage), Padabhyanga, Shiroabhyanga, Udvardana (herbal body scrub), and Snana (therapeutic bathing) not only prevent insomnia but also help in its treatment. These practices are easy to incorporate into daily life, cost-effective, and safe.⁽¹⁴⁾

The findings of these 14 studies confirm that specific techniques like Nasya, Shiroabhyanga, Padabhyanga, Karnabhyanga, Bhramari Pranayama, Bhastrika Pranayama, and their combination with herbal formulations (Jatamansi Ghana Vati) play a significant role in managing insomnia. Nasya, Shiroabhyanga, Padabhyanga, Karnabhyanga, Bhramari Pranayama, and Bhastrika Pranayama significantly improved sleep onset, duration, and overall sleep patterns. Bhramari Pranayama showed a notable reduction in cortisol levels, leading to decreased stress and better sleep. Therapies like Go-Ghrita Nasya combined with Jatamansi Hima, Ashwagandha, and Triphala significantly reduced ISI and PSQI scores. These are Sustainable, Cost-Effective, and Safe Alternatives to Medications

Conclusion

The review of these 14 articles provides strong evidence that specific therapies such as Nasya, Shiroabhyanga, Padabhyanga, Karnabhyanga, Bhramari Pranayama, Bhastrika Pranayama can effectively manage insomnia. These interventions offer side-effect-free alternative to conventional treatments and can be easily incorporated into daily routines for better sleep and overall well-being. Further large-scale clinical trials could help establish standardized guidelines for integrating these practices into mainstream healthcare.

Financial support and Sponsorship

Nil

Conflicts of Interest

There are no conflicts of interest.

Figure and Table Legends

Figure 1 Flow Diagram according to PRISMA guidelines

Legend – this is a flow chart according to prisma guidelines which explain that how many studies was reviewed and how many got rejected, it gives a overall idea that how the selection process of review was done.

Table 1 Overview of characteristics of records

Legend – this table include all the basic information of the selected studies like in what journal it was published when it was published and who are the authors.

Table 2 Overview of Findings of the Records

Legend – this table includes the materials, methods and findings of the selected studies mentioned in table 1

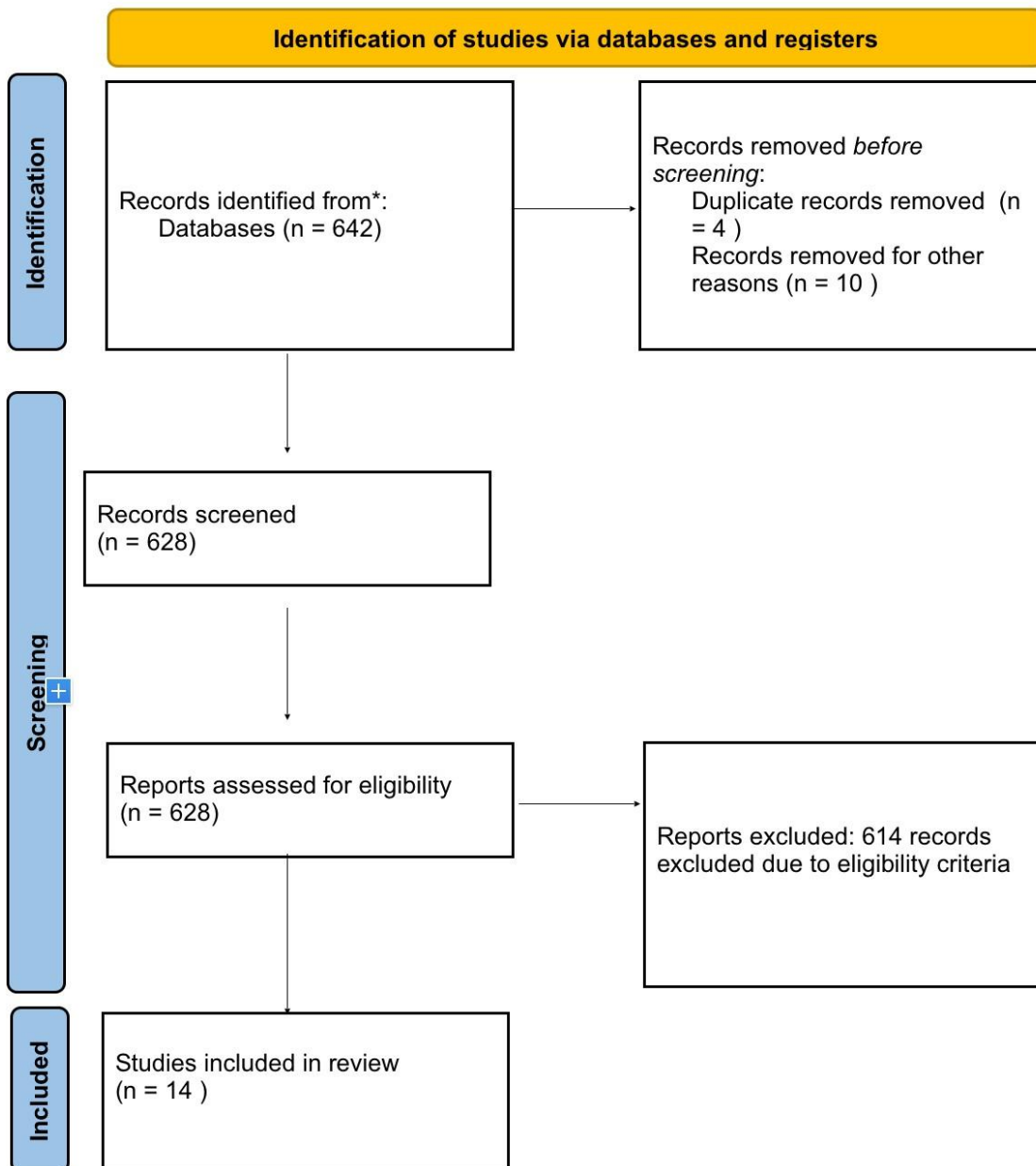
Figure 2 Flow Diagram according to PRISMA guidelines

Table 3 Overview of characteristics of records

| S. No. | Title | Author and Year | Keywords | Journal | Assessment | Duration of the Study | Design of the study |
|--------|---|--|--|---|---|--|-----------------------------|
| 1 | Comparative impact of yoga and ayurveda practice in insomnia: A randomized controlled trial | Kanika Verma, Deepeshwar Singh, Alok Srivastava Received: 12-10-2022 Accepted: 24-11-2022 Published: 31-05-2023 | Ayurveda, cognitive, insomnia, Nasya Karma, quality of life, sleep, stress, yoga | Journal of Education and Health Promotion | quality of sleep and sleeps patterns stress standard cognitive errors quality of life | 48 days | randomized controlled trial |
| 2 | Influence of Yoga and Ayurveda on self-rated sleep in a geriatric population | N K Manjunath, Shirley Telles Received April 20, 2014 Published May 2015 | Ayurveda - geriatric population - self-rated sleep - yoga | INDIAN J MED RES | Sleep quality | The groups were evaluated for self-assessment of sleep over a one week period at baseline, and after three and six months of the respective interventions. | randomized controlled trial |

| S. No. | Title | Author and Year | Keywords | Journal | Assessment | Duration of the Study | Design of the study |
|--------|---|---|---|--|---|-----------------------|-----------------------------|
| 3 | Exploring The Efficacy Of NASYA THERAPY In The Management Of NIDRANASH (INSOMNIA): An Ayurvedic Perspective | Dayal Sitaram Bawankar, Kavita K Daulatkar Received: 21-07-2024 Accepted: 19-08-2024 Published: 01-09-2024 | Nasya therapy, Nidranash, Insomnia, Sleep disorders, Ayurvedic medicine, Holistic health, Herbal formulations, Nervous system, Stress reduction, Sleep quality. | International Journal of Research in AYUSH and Pharmaceutical Sciences | | Not Applicable | Review Article |
| 4 | Clinical Efficacy of Bhramari Pranayama on Serum Cortisol in Anidra (insomnia) | Nisha Garg, Srikanta Kumar Panda Submitted: 29-May-2023 Revised: 05-Oct-2024 Accepted: 09-Oct-2024 Published: 21-Dec-2024 | Anidra, Bhramari Pranayama, cortisol, Pranayama, sleep quality | Journal of Ayurveda | sleep quality and serum cortisol levels in patients | 2 month | randomized controlled trial |
| 5 | A comparative study of Shiroabhyang and Karnabhyang in the management of Nidranash (primary insomnia) | Sneha Borkar, Prachi Dalvi Received: 14-09-2016 Accepted: 13-10-2016 | Insomnia, Nidranash, Primary insomnia, Shiroabhyanga, Karnabhyanga. | Journal of Scientific and Innovative Research | Sleep quality | 15 days | Randomized clinical trial |

| S. No. | Title | Author and Year | Keywords | Journal | Assessment | Duration of the Study | Design of the study |
|--------|--|---|--|---|------------------|-----------------------|---------------------|
| 6 | A clinical study on combined effect of Padabhyanga and Pranayama in Nidranasha (Primary Insomnia) - Research Article | Akshay B Hiremath, Gurubasavaraj Yalagachin, Resmi K K, Uday T S, Chaithra HN5, Ashitha N K | Padabhyanga, Pranayama, Nidranasha, Primary Insomnia, Ayurveda | Journal of Ayurveda and Integrated Medical Sciences | Quality of sleep | 18 months | Clinical trial |
| 7 | Clinical study to evaluate the efficacy of Shiro Abhyanga in Nidranasha w.s.r. to Insomnia | Nitin Sharma, Pradeep J.M., Sanath Kumar D.G., Rajan Nelson Munzni, Prachi Sharma Submission Date: 12/11/2019 Accepted Date: 19/11/2019 | Nidranasha, Insomnia, Shiro Abhyanga | Journal of Ayurveda and Integrated Medical Sciences | Sleep Quality | 21 Days | Clinical trial |

| S. No. | Title | Author and Year | Keywords | Journal | Assessment | Duration of the Study | Design of the study |
|--------|-------|-----------------|----------|---------|------------|-----------------------|---------------------|
|--------|-------|-----------------|----------|---------|------------|-----------------------|---------------------|

| | | | | | | | |
|---|--|---|--|-------------------------------------|--|-----------------|-------------|
| 8 | Yoga and Naturopathy Treatment for Insomnia: A Case report | Anita Verma, Sanjay Shete, Ritu Prasad, Akshata Badave, Satish Pathak Submitted: 07Oct-2021 Revised: 10Dec-2021 Accepted: 19Dec-2021 Published: 03-Mar-2022 | Insomnia, naturopathy, yoga | Journal of Primary Care Specialties | Sleep Quality the emotional states of depression, anxiety and stress | 2 month | Case report |
| 9 | Evaluation of the Efficacy of Go Ghrita Nasya and Jatamansi Hima in Nidranasha (~Insomnia) – A Case Report | Anjali Goyal Date of Submission: 17 Aug 2019 Date of Acceptance: 3 Sep 2022 | Insomnia; Nidranasha; Nasya; Hima and Ayurveda | Annals of Ayurvedic Medicine | Sleep Quality Fatigue Difficulty concentrating Heaviness in head | 1 month 15 days | Case report |

| S. No. | Title | Author and Year | Keywords | Journal | Assessment | Duration of the Study | Design of the study |
|--------|---|--|--|---|---------------|-----------------------|---------------------|
| 10 | A Comparative Study of Bhastrika Yogic Kriya And Jatamansi Ghana Vati In The Management of Insomnia | Dr. R. S. Ranawat, Prof. N. S. Chundawat Date of Submission: 17 Aug 2019 Date of Acceptance: 3 Sep 2022 | Insomnia, Jata mansi Ghanavati (Preestablished drug), Bhastrika yogic Kriya. | Journal of Ayurveda | Sleep Quality | 45 days | Clinical trial |
| 11 | Conceptual Appraisal Of Daily Regimen To Prevent And Cure NIDRANASH WSR To Insomnia | Dr. Mahima Shrivastava, Dr. Arun Kumar Gupta and Dr. Trupti Gupta Article Received on 23/09/2020 Article Revised on 13/10/2020 Article Accepted on 02/11/2020 | Dincharya, nidra, anidra, nidranash, daily regimen for sleep, insomnia. | European Journal of Pharmaceutical and Medical Research | | | Review article |
| 12 | Impact of Long-Term Yoga and Padabhyanga Practice on Sleep Quality and Quality of Life in the Elderly | Dr. Vineeta Singh, Anindya Sundar Choudhury., Dr. Tushar Biswas, Dr. Mangalagowri V. Rao | Elderly, Insomnia, Yogic practices, Padbhyanga, Sleep Quality, Non pharmacological interventions | Library Progress International | | | Review article |

| S. No. | Title | Author and Year | Keywords | Journal | Assessment | Duration of the Study | Design of the study |
|--------|---|--|--|--|---------------|--|--|
| 13 | Efficacy of <i>Brimhana Nasya</i> and <i>Ashwagandha</i> (<i>Withania somnifera</i> (L.) Dunal) rootpowder in primary insomnia in elderly male A randomized open-label clinical study | Atul, Upadhyay; Charu, Bansal, Umesh, Shukla Submitted: 16-Jul-2019 Revised: 23-Sep-2019 Accepted: 05-Aug-2021 Published: 24Feb-2022 | Ashwagandha powder, Brimhana Nasya, geriatric insomnia, Ksheera Bala Taila, Withania somnifera | An International Quarterly Journal of Research in Ayurveda | Sleep Quality | The duration of the study was 30 days and followup period was 30 days after completion of the study. | Simple randomized two-arm open-label clinical trial. |
| 14 | Study Of Nidra As Adharniya Vega & Its Management With Bhramari Pranayam | Bhati, Kirti Rajendra s): Bhalsing, Vijay V 2016 | management pranayam Study | | | 3 months | Open randomized control clinical study |

Table 4 Overview of Findings of the Records

| S. No. | Parameters | Intervention | Findings |
|--------|--|---|---|
| 1 | Pittsburgh Sleep Quality Index (PSQI), Perceived Stress Scale (PSS), cognitive failure questionnaire (CFQ), and WHO Quality of Life Scale-Brief (WHOQOL-Brief) | Group A (G-1) - Yoga group Group B(G-2) - Ayurveda group Group C(G-3) - Control group | yoga practice reduced the stress level of insomnia patients more than the ayurveda and control groups. The psychological, social, and environmental health scores of participants were improved in the yoga group compared to the ayurveda and control group. Post-intervention mean scores for forgetfulness were the lowest in the yoga group (10.2632 ± 3.20206) compared to the ayurveda (15.1351 ± 3.35958) and control groups (18.8649 ± 6.57927). Distractibility scores were also the lowest in the yoga group (10.8158 ± 3.76940) compared to other groups. |
| 2 | Self rated sleep questionare | Group A - Yoga group Group B - Ayurveda group Group C - Control group (no intervention) | The Yoga group showed a significant decrease in the time taken to fall asleep (approximate group average decrease: 10 min, $P < 0.05$), an increase in the total number of hours slept (approximate group average increase: 60 min, $P < 0.05$) and in the feeling of being rested in the morning based on a rating scale ($P < 0.05$) after six months. The other groups showed no significant change. |

| S. No. | Parameters | Intervention | Findings |
|--------|---|---|--|
| 3 | | Nasya Therapy | a study published in the Journal of Ayurveda and Integrative Medicine reported significant improvements in sleep quality and duration in patients treated with Nasya therapy compared to those receiving standard care. Case studies also highlight the successful use of Nasya in reducing the symptoms of chronic insomnia, with patients reporting better sleep patterns and reduced dependency on pharmacological treatments. |
| 4 | <p>Sleep quality: Assessed using the Pittsburgh Sleep Quality Index (PSQI) and a self-prepared questionnaire based on Ayurvedic symptoms of Anidra</p> <p>Serum cortisol levels: Blood samples were collected between 8:30 and 9:00 AM before and after the intervention period</p> | <p>Group A (Bhramari Pranayama, n = 25)</p> <p>Group B (n = 25): hygiene practices. Subjects were advised to follow sleep</p> | <p>Paired t-test revealed that there is 17.9% reduction in the level of serum cortisol in Group A and only 2.8% in Group B. The paired t-test was used to find the changes within the groups [Table 1]. It showed highly significant (P < 0.001) reduction in serum cortisol level in Bhramari Pranayam group and nonsignificant (P > 0.05) reduction in the sleep hygiene group. Significance between the groups was statistically analyzed by unpaired t-test and it showed significant results (P < 0.05).</p> |

| S. No. | Parameters | Intervention | Findings |
|--------|--|--|--|
| 5 | Pittsburgh sleep quality index' (PSQI) | GROUP A- 30 patients – Shiroabhyanga with til tail GROUP B – 30 patients – Karnabhyanga with til tail | Vatavridhhi along with Kaphakshaya is the main reason for Insomnia. Patients with predominance of Vata Pitta prakruti are more prone to Primary Insomnia. Female population is more sufferer of Primary Insomnia than male. Both the therapies (Shiroabhyanga and Karnabhyanga) are effective in the management of Primary insomnia. |
| 6 | Subjective parameters - Difficulty in sleep initiation Difficulty in staying asleep Gets up in the middle of night and unable to fall asleep. Early morning awakening On Angamarda On Apakthi On Shiogourava On Jrumbha On Jadyata On Glani On Bhrama On Tandra Objective parameters- On difficulty in falling asleep Difficulty in staying asleep How satisfied/dissatisfied are you with current sleep pattern? Total Insomnia Severity Index Score | Padabhyanga and Pranayama | The present study found the combined effect of Padabhyanga and Pranayama in Nidranasha in thirty subjects of primary insomnia as statistically significant in subjective parameters like difficulty in sleep initiation, difficulty in staying asleep, early morning awakening, Angamarda, Apakthi, Shiogourava, Jrumbha, Jadyata, Glani and Tandra. Combined effect of Padabhyanga and Pranayama in Nidranasha has statistically significant effect in reduction in objective parameters like difficulty in falling asleep, difficulty in staying asleep, satisfied with current sleep pattern and total insomnia severity index scale. |
| 7 | Subjective Criteria a) Angamarda b) Shiogaurava c) Jrumba d) Jadya e) Glani f) Bhrama g) Apakti | Shiro Abhyanga with Tungadrumadi Taila | The Mean Rank for the Nidranasha is found to be 3. After treatment it is 1.33 with the improvement of 58.5% where as after follow up the improvement was 53.5% with the Rank of 1.67 and it is found to be highly significant (<0.01) |

| | | |
|--|---|--|
| | Objective Criteria: In scoring the PSQI | |
|--|---|--|

| S. No. | Parameters | Intervention | Findings |
|--------|--|--|--|
| 8 | Pittsburgh sleep quality index Depression, anxiety and stress scale-21 Orebro musculoskeletal pain questionnaire | Yoga Therapy Naturopathy | The results of present case study revealed significant reduction in depression, anxiety, stress, and musculoskeletal pain after 30 days of yoga and naturopathy intervention. The patient also showed improvement in sleep quality and reduction in musculoskeletal pain which was sustained even after 2 months. Further, there was significant reduction in depression, anxiety and stress even after 2 months. Moreover, the sleep medication was tapered to alternate days and subsequently stopped. |
| 9 | Insomnia severity index (ISI) score global Pittsburgh sleep quality index (PSQI score) | Nasya was given with Goghrita Jatamansi Hima (cold infusion of Nardostachys Jatamansi) Ashwagandha powder (Withania Somnifera) Yashtimadhu powder (Glycyrrhiza Glabra) Triphala powder | There was significant relief, in all symptoms of Nidranasha ~ insomnia. The severity of Nidranasha ~ insomnia was measured using a questionnaire which showed noticeable change, in ISI score of Nidranasha ~ insomnia from 23 to 4 . Sleep quality and sleep pattern of the patient was measured using a questionnaire which showed noticeable change, in global PSQI score of Nidranasha ~ insomnia from 17 to 2 |

| S. No. | Parameters | Intervention | Findings |
|--------|---|---|--|
| 10 | assessment of insomnia to the patients following parameters were adopted before and after the therapy - Jrimbha (yawning) Tandra (drowsiness) Bhrima (giddiness) Angamarda (Malaise) Klama(fatigue) Arati (inertness) Angasada(lassitude) Sirahshoola (headache) Manodourbalya (lack of concentration) Smirtidourbalya (lack of memory) Indriya Karmahani (poor sensory perception) Ajirna (indigestion) Agnimandhya(anorexia) Malabaddhata (constipation) Dhatukshaya(weight loss) | 1. Bhastrika yogic kriya Group – First Group 2. Drug Group (Jatamansi Ghana vati)– Second Group 3. Mixed Group – Third Group (both bhastrika yoga and drug) | By the use of Bhastrika pranayama with medicine (Jatamansi Ghana Vati) has elevated the significancy of the drug, which reduces the burden of the patients in terms of loss of vital capacity and economic power. Jrimbha (Yawning), Tandra (Drowsiness), Sirahashoola (Headace), Ajirna (Indigestion), Agnimandhya (anorexia) and Malabaddhata also reduced significantly by Bhastrika pranayama as well of jatamansi Ghana vati in the same manner. Thus we can say that Bhastrika pranayama alone may diminish these above symptoms because it not only produces symptomatic improvement but also improves various mental faculties to produce significant improvement in sleep pattern of all the patients. No recurrence case was reported during follow up. |
| 11 | | | Sarwanga Abhayanga, padaabhyang, shiroabhyanga, karpuran, udvartan, utsadan, snan, are among the dincharya regimens which are meant not only to prevent insomnia but also has curative effects on insomnia. These are very easy, safe, costeffective, little time taking but very effective procedures if done in proper correct way daily as a part of healthy sleep habit or hygiene. |

| S. No. | Parameters | Intervention | Findings |
|--------|---------------------------------------|---|--|
| 12 | | | <p>The entire study illustrates pieces of evidence that benefit greatly from yoga asana and padabhyanga. This reflects from the senior patients who overcome insomnia from both yoga asanas and Padabhyanga. Yoga asanas are helpful in some way. Increasing sleep latency, length and overall efficiency are some glimpse of benefits.</p> <p>On the other hand Padabhyanga helps to decrease nightmares, nighttime awakening, and mostly sleep initiation latency. These are the non pharmacological alternatives to overcome insomnia in an effective way. It is proven by the entire research.</p> |
| 13 | Pittsburgh Sleep Quality Index (PSQI) | <p>Group A Brimhana Nasya with 8 drops of Ksheerabala Taila in each nostril was administered for 7 days continuously. Total 3 cycles of Nasya was done in 1 month with break for 3 days. Along with Brimhana Nasya 6 gm, Ashwagandha root powder orally with 100 ml of milk at night half an hour before going to bed was also advised to the patients of this group for 30 days.</p> <p>Group B Only 6 g Ashwagandha root powder orally with 100 ml of milk at night half an hour before going to bed was advised to the patients of this group for 30 days.</p> | <p>The result of the study is indicating that combined therapy of group 'A' (Ksheerabala Taila Brimhana Nasya along with oral administration of Ashwagandha root powder) patients got significant benefits in all components of PSQI (74.36% relief in Final Global score of PSQI) and 74.36% relief in total sleep time. In 30 days treatment combined therapy was found more effective in the management of primary insomnia in the elderly compared with Ashwagandha root powder alone.</p> |
| S. No. | Parameters | Intervention | Findings |

| | | |
|---|---|---|
| <p>14 Symptoms taken for the assessment of clinical development were systematically inspected and the severity of each symptom and points of sleep diary was rated before and after the trial for scientific evaluation.</p> <p>Visual Analogue Scale technique was used with an effort by giving numerical values to all symptoms depending upon their severity before and after the treatment where 'O' indicated no symptoms and increased the score according to the severity of the symptoms to quantify for analysis.</p> | <p>Group-I: Bhramari Pranayam was advised to 31 patients of Anidra (Insomnia)</p> <p>Group-II: Sleep Hygiene was advised to 31 patients of Anidra (Insomnia).</p> <p>Group-III: Bhramari Pranayam and Sleep Hygiene. Combined was advised to 31 patients of Anidra (Insomnia)</p> | <p>Bhramari Pranayama when used a treatment tool was found to be significant in a majority of the testing parameters which were assessed from Ayurvedic and Psychiatric scale parameters.</p> <p>To further test effect of combined therapies, sleep hygiene was also administered a group of patients. It was concluded that combined therapy of Bhramari Pranayam and Sleep Hygiene gave remarkable results and proved statistically highly significant, thus improving quality of life of patients on a large scale.</p> <p>Thus it can be concluded that Yogic therapies when combined with behavioral therapy like Sleep Hygiene plays a very major role in providing relief to patients suffering from Anidra especially as an Adharneeya Vega.</p> |
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Data Availability Statement

The data supporting the findings of this review are derived from publicly available sources. Clinical trials, case studies, and review articles were obtained from established databases including Google Scholar, PubMed, Shodhganga, and Dhara Portal. All relevant information is cited within the manuscript.

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Dr. Mansi is the primary author, responsible for the study's conceptualization, literature review, and data analysis, and drafted the manuscript. Dr. Rakesh Kumar Verma provided invaluable mentorship, offering critical insights and guidance throughout the manuscript refinement process. Dr. Suman and Dr. Jyoti Yadav contributed by facilitating resource access and material search. All the contributors have read and approved the final manuscript.

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