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Case Report

Ayurveda Section

Role of *Shirodhara Karma* in the Management of *Anidra* (Insomnia): A Case Report

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ABSTRACT

Anidra in Ayurveda can be recognised both as a symptom as well as a disorder. *Anidra* occurs due to the imbalance of *Vata* and *Pitta dosha*. This case highlights the management of a 48-year-old male patient suffering from chronic insomnia along with symptoms like vertigo, nausea and irregular bowel movement who did not respond to conventional treatment like benzodiazepines, antidepressants and antihistamines. A treatment plan was curated for this case, including *Shirodhara* with *Jatamansi Sidhha Taila* for a continuous period of 14 days. It is a medicated oil known for its calming and sleep-inducing properties. The procedure involves continuously pouring warm oil on the forehead (*Sthapani Marma*) after performing a whole-body *Abhyanga* and *Swedana*. Post-treatment assessments of the patients show significant improvement in sleep quality and duration, as evidenced by a reduction in the insomnia severity index scale from 23 (State of severe insomnia) to 7 (State of no clinically significant insomnia) after a 28-day follow-up. The associated symptoms, which seemed to be associated with the improper sleep cycle, were also resolved with no side effects. This case study shows promising results of the *Jatamansi Sidhha Taila Shirodhara* as an effective alternative therapy for *Anidra*, especially in cases resistant to conventional management. Further clinical studies are needed to validate these findings and explore the underlying mechanisms.

Keywords: Ayurveda, *Jatamansi siddha taila*, *Murdhani taila*, *Panchakarma*

CASE REPORT

A 48-year-old male patient presented with a chief complaint of chronic insomnia for two years. *Anidra* was characterised by difficulty in falling asleep, frequent awakenings during the night, and non-restorative sleep. The patient also experienced associated symptoms such as headache, vertigo, nausea, and irregular bowel movements. His quality of life was notably impaired, and conventional treatments, including benzodiazepines (Diazepam 5 mg daily for six months), antidepressants (Sertraline 50 mg daily for three months), and antihistamines (Hydroxyzine 25 mg as needed), for allergies and insomnia, had provided minimal relief to him.

The patient's sleep cycle was severely disturbed, with an average sleep duration of only 3-4 hours per night. The sleep was characterised by difficulty initiating sleep, as evidenced by a sleep latency of 40-60 minutes. There were multiple nighttime awakenings (3-5 episodes/night), and the sleep was non-restorative and shallow. As a result, the patient experienced increased daytime somnolence.

Lifestyle assessment revealed moderate alcohol intake (1-2 bottles of whiskey, twice weekly). Caffeine consumption included 2-3 cups of tea daily and occasional coffee intake. There was no tobacco or other substance use reported. The patient had a sedentary occupation (office worker), engaged in minimal physical activity, and did not follow a formal exercise routine. Meal timings were irregular with frequent intake of spicy and processed food, and there was inconsistent adherence to sleep hygiene practices.

Comorbidities were absent; there was no known psychiatric or significant chronic medical illness history. No family history of sleep or psychiatric disorders was reported.

On physical examination, vitals were Blood Pressure (BP) 120/80 mmHg, Heart Rate (HR) 72/min, Respiratory Rate (RR) 16/min, and temperature 98.6°F on systemic examination; however, no focal abnormalities were noted. The body habitus was lean, and mild restlessness was noted.

Ayurvedic Assessment

Ashtavidha Pariksha (eightfold examination) is shown in [Table/Fig-1]:

S. No.	Pariksha Item	Result and Interpretation
1	*Nadi* (Pulse)	*Vata-Pitta* dominant: Indicates *Vata-Pitta* vitiation
2	*Mala* (Stool)	Irregular, hard, dry: Digestive disturbances, impaired *Agni*
3	*Mutra* (Urine)	Normal: No urinary pathology
4	*Jihva* (Tongue)	Dry, slightly red: *Vata-Pitta* imbalance
5	*Shabda* (Speech)	Slightly hoarse, irritable: Features of *Pitta* aggravation
6	*Sparsha* (Touch)	Dry skin: Predominant *Vata*
7	*Drik* (Eyes)	Mildly red, fatigued: Subtle *Pitta* involvement
8	*Akruti* (Appearance)	Lean, restless: Classic for *Vata dosha*

[Table/Fig-1]: *Ashtavidha Pariksha* (Eightfold Examination).

Dasha Viddha Pariksha (tenfold examination) is shown in [Table/Fig-2].

S. No.	Parameter	Observation/Score	Interpretation
1	*Nadi* (Pulse)	*Vata-Pitta* predominant	Indicates vitiated *Vata* and *Pitta doshas*
2	*Mala* (Excreta)	Irregular bowel movements	Suggests impaired *Agni* and digestive disturbances
3	*Mutra* (Urine)	Normal	No significant abnormality
4	*Jihva* (Tongue)	Dry, slightly red	Reflects *Vata-Pitta* imbalance
5	*Shabda* (Speech/Voice)	Slightly hoarse, irritable tone	Consistent with *Pitta* aggravation
6	*Sparsha* (Touch)	Dry skin	Indicative of *Vata dosha* dominance
7	*Drik* (Eyes)	Mild redness, fatigued	*Pitta*-related signs
8	*Akruti* (Body build/posture)	Lean, restless posture	*Vata* quality evident
9	*Satva* (Mental status)	Anxiety, irritability	*Vata-Pitta* impact on psyche
10	*Bala* (Strength)	Moderate but declining	Possibly due to long-standing illness

[Table/Fig-2]: *Dasha Viddha Pariksha* (tenfold examination).

Ayurvedic evaluation was performed using the *Ashtavidha Pariksha* (eightfold examination) and *Dasha Viddha Pariksha* (tenfold examination), revealing predominance and aggravation of *Vata* and *Pitta doshas*, consistent with dryness, irritability, and digestive disturbances manifested by irregular bowel movements and nausea.

Baseline assessment with the Insomnia Severity Index (ISI) [1] scored 23, indicating severe insomnia.

Diagnostic Assessment

The patient's symptoms, which were difficulty in sleeping, non-restorative rest, headaches, digestive irregularities, giddiness, and persistent fatigue, mirrored the classical features of *Anidra* (insomnia) in Ayurveda.

The ISI [1] is a widely used, validated self-report questionnaire (covering the past two weeks or one month) designed to assess the severity and impact of insomnia in both clinical and research settings. It quantifies not only nighttime difficulties but also daytime consequences and distress related to insomnia. The assessment consists of seven items, with each item rated using a 5-point Likert scale ranging from 0 to 4. A score of 0 indicates no problem or not at all, while a score of 4 represents a very severe problem or very much. The total score, therefore, can range from 0 to 28.

A score of 0-7 indicates no clinically significant insomnia, representing normal sleep, and no treatment is required. Scores between 8 and 14 indicate subthreshold or mild insomnia, where the individual may experience some sleep difficulties and may or may not require intervention. A score of 15-21 corresponds to moderate insomnia, which is clinically significant and likely to benefit from treatment or intervention. Scores ranging from 22 to 28 signify severe insomnia, associated with severe functional impairment and a clear indication for the need for treatment [1].

The patient consented to Ayurvedic therapy comprising 14 sessions of *Shirodhara* with *Jatamansi Siddha Taila*, preceded by whole body Abhaynga and *Swedana*. Concurrently, lifestyle and dietary modifications were advised according to Ayurvedic principles. No other pharmacological or alternative treatments were administered during this period.

Therapeutic Intervention

The intervention of *Shirodhara* using *Jatamansi Siddha Taila* was chosen based on its well-established therapeutic properties in Ayurvedic medicine, particularly for managing insomnia (*Anidra*) associated with *Vata* and *Pitta dosha* imbalance

Treatment protocol: The Ayurvedic therapeutic protocol for managing *Anidra* (insomnia) with *Shirodhara* and *Jatamansi Siddha Taila* followed a structured approach, traditionally segmented into three phases:

Phase I. *Poorvakarma* (Preparatory Measures): The preparatory measures, known as *Poorvakarma*, began with instructing the patient to wear comfortable clothing and avoid heavy meals before therapy. Baseline vital signs were recorded, and informed consent was obtained to ensure understanding and cooperation. *Abhyanga*, or oleation therapy, was then administered with *Mahanarayan Taila* or another suitable oil for 15 to 20 minutes before each *Shirodhara* session. This intervention aimed to pacify aggravated *Vata dosha*, relax muscles, improve peripheral circulation, and enhance receptivity to the main procedure. Immediately afterwards, whole-body *Swedana*, or steam therapy (*sarvanga bashpa sweda*), was performed. The patient was seated in a steam chamber and exposed to gentle herbal steam for 10 to 15 minutes, with close monitoring to maintain comfort, hydration, and safety.

Phase II *Pradhanakarma* (main procedure):

***Shirodhara* application:**

Oil: The preparation of *Jatamansi Siddha Taila* was done according to *Sneha siddhi* mentioned by *Sarnagadhar Acharya* [2].

Procedure

The preparation of *Jatamansi Siddha Taila* was carried out according to *Sneha Siddhi* as described by *Sarnagadhar Acharya*. The oil was warmed to a temperature of 38-40°C and placed in the *Shirodhara Patra*. During the procedure, the vessel was held 4-6 inches above the patient's forehead at the *Bhrumadhya* region. A continuous and gentle stream of oil was poured over the forehead with slow lateral movements to ensure uniform distribution. Each session lasted 40 minutes and was conducted once daily in the morning, around 8:30 a.m. This treatment was carried out for 14 consecutive days. Approximately 2,500 mL of oil was used during each session, with fresh oil replenished on the seventh day to maintain both efficacy and hygiene.

Phase III. *Paschatkarma* (post-procedure care): Immediately after *Shirodhara*, the patient was advised to rest quietly in a warm, draft-free room for at least 30 minutes after the procedure. His head was gently cleansed and dried, with care taken to prevent chills.

The patient was advised against consuming heavy, spicy, oily, or stimulating foods such as fried items, caffeine, alcohol, and excessive salt, as these aggravate *Vata* and *Pitta* and can disturb sleep. Additionally, sleep hygiene was reinforced by encouraging regular sleep and wake times, bedtime routines such as meditation or reading, and moderate physical activity. Regular monitoring was conducted throughout the treatment period, including evaluation of sleep patterns, tracking of symptoms, and assessment for any adverse reactions. No concurrent allopathic or alternative therapies were administered during this intervention.

Follow-up and outcomes: At baseline (Day 0), the ISI score was 23, indicating severe clinical insomnia. After 14 consecutive days of *Shirodhara* treatment, the ISI score decreased to 11, corresponding to subthreshold insomnia, which reflects significant improvement but with some residual symptoms. Follow-up assessment (Day 28) showed a further reduction in ISI score to 7, indicating no clinically significant insomnia and demonstrating sustained therapeutic benefits [Table/Fig-3]. These improvements were accompanied by objective enhancements in sleep latency, total sleep duration, and decreased night awakenings [Table/Fig-4].

These results demonstrate a marked and sustained improvement in both subjective and objective sleep quality, with a return to

S. No.	Question	Before Treatment (Day 0)	After Treatment (Day 14)	Follow-up assessment (Day 28)
1	Difficulty falling asleep	4	2	1
2	Difficulty staying asleep	4	2	1
3	Problem waking up too early	3	2	1
4	Satisfaction with current sleep pattern	3	2	1
5	Interference with daily functioning	3	1	1
6	Noticeability of the sleep problem to others	3	1	1
7	Levels of distress caused by a sleep problem	3	1	1
	Total scoring	23	11	7

[Table/Fig-3]: Insomnia Severity Index (ISI).

Time point	ISI score	ISI category	Sleep latency (min)	Total sleep (hrs)	Night awakenings
Baseline (day 0)	23	Severe insomnia (22-28)	40-60	3-4	3-5
Post-treatment (day 14)	11	Subthreshold insomnia (8-14)	20	6	2
Follow-up (day 28)	7	No clinically significant insomnia (0-7)	10-15	7	1-2

[Table/Fig-4]: Insomnia Severity Index (ISI) scores and sleep parameters over time.

normal sleep parameters and resolution of secondary symptoms, confirming the effectiveness and durability of the intervention.

DISCUSSION

Anidra or insomnia is a sleep disorder that can be described by difficulty falling asleep and maintaining it. It results from a combination of physical, mental and environmental factors. It occurs due to the vitiation of *Vata* and *Pitta doshas*, which leads to restlessness and emotional disturbances [3]. There are certain lifestyle factors like stress, improper diet, and increased screen time, which increase the problem by disturbing the circadian rhythm and melatonin production.

According to *Charaka Samhita*, the symptoms of *Anidra* include *jrimbha* (excessive yawning), heaviness in the head, *shiroroga* (persistent headaches), *angamarda* (body aches), *tandra* (drowsiness), *bhrama* (giddiness), *apakti* (indigestion), lassitude, mental dullness, and emotional instability. *Acharya Charaka* specifically attributes these symptoms to the aggravation of *Vata* and *Pitta doshas*, with *Vata*'s dry and rough qualities causing disturbed and insufficient sleep, digestive irregularities, and neuropsychiatric complaints [4,5]. These descriptions are further supported by similar listings in *Ashtanga Hridaya* and *Sushruta Samhita*, where features such as restlessness, insomnia, dullness, giddiness, fatigue, and impaired digestion are emphasised as being central to *Anidra* [6,7].

Shirodhara, an Ayurvedic procedure which is a form of *Mridu Snigdh Swedan*, involves continuous pouring of medicated liquids like oils, milk, or decoction on the forehead (*Bhrumadhya*), which promotes relaxation and balancing of *doshas*. The rhythmic stream of *Shirodhara* balances the nervous system, calms the mind and induces a meditative state that promotes deep relaxation and improved sleep. *Acharaya Charaka*, while explaining the properties of *Vata Prakriti*, states that due to the *Ruksha Guna* of *Vata*, the person develops the tendency of *Anidra* (*Jagruksha Bhawanti*) [8]. *Taila shirodhara* has properties like *Mana Sthairyakara*, *Balya*, *Susvapajanana*, *Dhrti*, *Madhuryakara*, and *Poshana*. Hence, it is the therapy of choice. According to *Dharakalpa*, *Shirodhara* helps the *Manas* become *Sthira*, i.e., the mind becomes firm and does not hop from object to object or from one subject to another [9].

Jatamansi (*Nardostachys jatamansi*), commonly known as Indian spikenard, is highly valued in Ayurveda for its calming and sedative properties, which consist of bioactive compounds like *jatamansone*, *nardol*, and *valeranal*, which act on the central nervous system to reduce stress and promote relaxation. Ayurveda classifies *Jatamansi* as *Medhya* (nourishing for the mind), and properties like Snigdha help pacify aggravated *Vata*. Additionally, its *Sheeta* (cooling) property helps to manage the associated *Pitta dosha*. It is described as *Nidrajanana* (sleep-inducing) and *Sangyasthapana* (restorative to consciousness), making it particularly effective for treating sleep disorders [10].

Jatamansi calms the mind, reducing hyperactivity and alleviating anxiety, which are often associated with *Anidra* (insomnia). Its neuroprotective and adaptogenic properties support the body's stress response, helping to regulate sleep-wake cycles naturally. Studies have also highlighted its ability to enhance the levels of Gamma-Aminobutyric Acid (GABA) in the brain, a neurotransmitter critical for inducing and maintaining sleep [11].

Shirodhara with *Jatamansi Sidhha Taila* provided an effective, non-invasive therapeutic option, achieving substantial improvements in sleep quality and duration, while reducing headache severity, vertigo, and other related symptoms. This success highlights the role of *Jatamansi* (known for its calming effects on the nervous system) and the practice of *Shirodhara* is associated with mental and emotional balance.

Shirodhara with *Jatamansi Siddha Taila* is highly beneficial in the case of a patient suffering from *Anidra*, accompanied by symptoms such as headache, vertigo, nausea, etc. *Shirodhara* effectively manages the imbalance of *Vata dosha* as well as associated stress and nervous system hyperactivity.

Unlike conventional treatments, which led to side effects like dizziness and digestive disturbances, this Ayurvedic intervention provided relief without any adverse effects. The calming and neuroprotective properties of *Jatamansi* enhanced the efficacy of *Shirodhara*, promoting relaxation, improving sleep quality, and reducing the severity of associated symptoms. The treatment's long-lasting effects, evident in sustained improvement in sleep and overall well-being, highlight its potential as a safe and effective alternative for managing chronic insomnia and related disorders [12].

CONCLUSION(S)

This case report highlights the therapeutic potential of *Shirodhara* with *Jatamansi Sidhha Taila* in treating *Anidra* (insomnia). It suggests that it can be particularly beneficial for patients who have not responded to conventional therapies. By focussing on the balance of the body's Doshas, especially *Vata*, *Shirodhara* offers an integrative approach to sleep disorders and mental health issues. The calming, sedative effects of *Jatamansi*, combined with the rhythmic, meditative nature of *Shirodhara*, provide a powerful intervention for conditions rooted in mental and emotional stress. Further research through larger clinical studies is warranted to confirm these findings, refine treatment protocols, and fully explore the potential of *Shirodhara* in managing chronic conditions like *Anidra* and stress-related disorders.

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