

**MANAGEMENT OF STRESS-INDUCED INSOMNIA (ANIDRA) WITH BALA
ASHWAGANDHADI TAILA SHIRODHARA AND CLASSICAL AYURVEDIC
MEDICATIONS: A CASE REPORT*****¹Dr. Jinesh Kumar Jain, ²Dr. O. P. Dwivedi, ³Dr. Neeraj Khare, ⁴Dr. Pallavi Dwivedi**¹Professor & HOD, Panchakarma, Government Ayurved College, Rewa, M.P.²Professor & HOD, Rachna Sharir, Government Ayurved College, Rewa, M.P.³PhD Scholar, Government Ayurved College, Rewa, (M.P.).⁴BAMS Godhar Near Railway Station, Rewa (M.P.).***Corresponding Author: Dr. Jinesh Kumar Jain**

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ABSTRACT

Insomnia (Anidra) is a common sleep disorder associated with psychological stress, prolonged screen exposure, and an irregular lifestyle. Ayurveda attributes Anidra primarily to the aggravation of Vata and Pitta Dosha with involvement of Manovaha Srotas, and recommends Panchakarma along with Medhya Rasayana for its management. This case report describes a 37-year-old male computer operator who presented with stress-induced insomnia of three months' duration, accompanied by difficulty initiating sleep, frequent nocturnal awakenings, headache, eye strain, fatigue, constipation, irritability, and poor concentration due to prolonged desk work (10–12 hours/day). The patient was unwilling to use hypnotic medications because of concerns about dependence. He was treated with Bala Ashwagandhadi Taila Shirodhara for 40 minutes daily for 14 days, along with Brahmi Vati (250 mg twice daily), Tagar Vati (500 mg at bedtime), and Ashwagandharishta (20 mL twice daily) for 30 days, in addition to lifestyle modification and sleep hygiene measures. Marked improvement was observed in sleep quality, sleep duration, headache, fatigue, constipation, irritability, and work performance. The Athens Insomnia Scale score improved from 21 to 1, with no adverse drug reactions or procedure-related complications. This case suggests that Bala Ashwagandhadi Taila Shirodhara combined with classical Ayurvedic medications may provide a safe, effective, and non-habit-forming therapeutic approach for the management of stress-induced insomnia, warranting further evaluation through larger clinical studies.

KEYWORDS: Anidra, Insomnia, Shirodhara, Bala Ashwagandhadi Taila, Panchakarma, Brahmi Vati, Tagar Vati, Ashwagandharishta.

INTRODUCTION

Sleep (Nidra) is one of the three Trayopastambha (supporting pillars of life) described in Ayurveda, along with Ahara (diet) and Brahmacharya (regulated lifestyle). Adequate sleep is essential for maintaining physical strength, cognitive function, emotional stability, immunity, and longevity, whereas disturbed sleep adversely affects overall health and quality of life. Charaka has emphasized that proper sleep promotes happiness, nourishment, strength, knowledge, and longevity, while inadequate sleep predisposes individuals to physical and psychological disorders.

Insomnia is a common sleep disorder characterized by difficulty in initiating or maintaining sleep despite adequate opportunity, resulting in impaired daytime functioning. Its prevalence has increased considerably due to psychological stress, prolonged working hours, excessive screen exposure, and unhealthy lifestyle practices. Computer professionals and office workers are particularly vulnerable because prolonged digital screen use, continuous mental workload, and sedentary habits disrupt circadian rhythm and increase sympathetic nervous system activity, leading to poor sleep quality.

According to Ayurveda, Anidra (Nidranasha) is primarily a Vata-Pittaja disorder associated with disturbance of

Manovaha Srotas. Classical etiological factors such as Ati Chinta (mental stress), Ati Manasika Shrama (excessive intellectual work), Ratrijagarana (night awakening), irregular dietary habits, and sedentary lifestyle contribute to the development of Anidra. Modern management of insomnia mainly relies on sedative-hypnotic drugs, which may provide temporary relief but are associated with adverse effects, tolerance, and dependence after prolonged use.

Among Ayurvedic therapies, Shirodhara is considered an effective Panchakarma procedure for stress-related psychosomatic disorders. Bala Ashwagandhadi Taila, owing to its Balya, Medhya, Rasayana, and Vatahara properties, helps induce mental relaxation and restore physiological sleep. The addition of Brahmi Vati, Tagar Vati, and Ashwagandharishta further supports cognitive function, reduces stress, and improves sleep quality. The present case report highlights the successful management of stress-induced Anidra in a computer professional using this integrated Ayurvedic treatment approach.

CASE PRESENTATION

Patient Information - A 37-year-old married male computer operator presented to the Panchakarma Outpatient Department of Government Ayurved College and Hospital, Rewa, with complaints of disturbed sleep for three months. He had been engaged in desk-based computer work for 10–12 hours daily for the past nine years, with increased workload and prolonged screen exposure in recent months. He gradually developed difficulty in initiating and maintaining sleep, resulting in non-refreshing sleep and daytime fatigue. Associated complaints included Shirogurava (heaviness of the head), Jrumbha (excessive yawning), Angamarda (generalized body ache), Tandra (drowsiness), Jadya (lethargy), Glani (fatigue), occasional Bhrama (giddiness), constipation, irritability, poor concentration, and digital eye strain, which adversely affected his work performance. The patient declined conventional sleeping pills due to concerns about dependence and sought Ayurvedic treatment. He had no history of hypertension, diabetes mellitus, thyroid disorders, psychiatric illness, or other significant medical conditions and had no history of smoking, alcohol consumption, or other addictions. Family history was non-contributory.

General Examination - On general physical examination, the patient was moderately built and well nourished, with a height of 171 cm, weight of 72 kg, and a body mass index (BMI) of 24.6 kg/m². His vital parameters were within normal limits, including a pulse rate of 78/min, blood pressure of 118/76 mmHg, respiratory rate of 18/min, and he was afebrile. There was no evidence of pallor, icterus, cyanosis, clubbing, or oedema. Systemic examination of the cardiovascular, respiratory, gastrointestinal, and nervous systems revealed no significant abnormalities.

Personal History

Parameter	Findings
Diet	Mixed
Appetite	Slightly reduced
Agni	Vishamagni
Bowel	Constipation
Micturition	Normal
Sleep	Disturbed
Addiction	Nil
Exercise	Occasional walking
Working hours	10–12 hours/day
Screen exposure	Approximately 10 hours/day

Ashtavidha Pariksha

Parameter	Observation
Nadi	Vata-Pittaja
Mutra	Prakrita
Mala	Vibandha
Jihva	Alpa Saama
Shabda	Prakrita
Sparsha	Slightly Ruksha
Drik	Eye strain with mild conjunctival congestion
Akriti	Madhyama

Dashavidha Pariksha

Parameter	Observation
Prakriti	Vata-Pitta
Vikriti	Vata-Pitta
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Madhyama
Satva	Madhyama
Ahara Shakti	Madhyama
Vyayama Shakti	Avara
Vaya	Madhyama

Nidana Panchaka - According to the Ayurvedic assessment, the Nidana Panchaka indicated that the patient's condition was primarily precipitated by Ati Chinta (mental stress), Ati Manasika Shrama (excessive intellectual work), Ratrijagarana (late-night awakening), irregular meal timings, prolonged computer work, excessive digital screen exposure, and a sedentary lifestyle. The Purvarupa (prodromal symptoms) included eye strain, irritability, mental fatigue, and reduced concentration. The Rupa (clinical manifestations) comprised Anidra (insomnia), Shirashoola (headache), Jrumbha (excessive yawning), Angamarda (generalized body ache), Tandra (drowsiness), Shirogurava (heaviness of the head), Jadya (lethargy), Glani (fatigue), Bhrama (occasional giddiness), and Vibandha (constipation). The Samprapti (pathogenesis) was interpreted as aggravation of Rajas due to prolonged mental stress, excessive cognitive workload, and night awakening, leading to vitiation of Prana Vata and Sadhaka Pitta, resulting in Manovaha Srotodushti and

Nidravaha Srotovaigunya, which ultimately manifested as Anidra (stress-induced insomnia).

Diagnostic Assessment

Ayurvedic Diagnosis - Vata-Pittaja Anidra associated with Manovaha Srotodushti due to occupational stress (Chintaja Anidra).

Modern Diagnosis - Stress-Induced Primary Insomnia associated with prolonged occupational stress and excessive digital screen exposure.

Investigations - Routine laboratory investigations were performed to exclude organic causes of insomnia.

Investigation	Findings
Complete Blood Count	Within normal limits
Random Blood Sugar	94 mg/dL
Thyroid Stimulating Hormone	2.18 μ IU/mL
Blood Urea	28 mg/dL
Serum Creatinine	0.9 mg/dL
ECG	Normal

Therapeutic Intervention - The patient was managed on an outpatient basis for 30 days.

Panchakarma Therapy

Shirodhara

Medicine: Bala Ashwagandhadi Taila

Duration: 40 minutes daily

Course: 14 consecutive days

Time: Morning (8: 30–10: 00 AM)

Procedure

Purva Karma - The patient was advised to empty natural urges before the procedure. Mild head, neck, and shoulder massage was performed using lukewarm Ksheer-Bala Taila for approximately 10 minutes.

Pradhana Karma - Warm medicated Bala Ashwagandhadi Taila (38–40°C) was poured in a continuous rhythmic stream over the Sthapani Marma using a traditional Dhara vessel for 40 minutes.

Paschat Karma - After completion of therapy, the patient rested for 20 minutes. Exposure to cold wind, excessive physical exertion, and immediate bathing was avoided.

Internal Medication

Medicine	Dose	Duration
Brahmi Vati	250 mg twice daily	30 days
Tagar Vati	500 mg at bedtime	30 days
Ashwagandhari shta	20 mL twice daily with equal water after meals	30 days

Lifestyle Advice (Pathya) - The patient was advised to follow healthy lifestyle practices, including maintaining a regular sleep schedule, avoiding mobile phone and computer use for at least one hour before bedtime, and

practicing Nadi Shodhana and Bhramari Pranayama daily. He was also instructed to consume light, freshly prepared meals, drink warm milk before bedtime, take short breaks during prolonged computer work, perform regular walking for 30 minutes daily, and avoid tea, coffee, and other caffeinated beverages in the evening to promote healthy sleep.

Outcome Assessment - Clinical improvement was assessed using subjective symptom grading and the Athens Insomnia Scale (AIS).

Clinical Symptom Score	Before Treatment	After Treatment
Difficulty initiating sleep	3	0
Night awakenings	3	0
Headache	2	0
Eye strain	3	1
Angamarda	2	0
Glani	3	0
Constipation	2	0
Irritability	3	0
Poor concentration	3	1
Athens Insomnia Scale	21	1

Following treatment, sleep latency reduced from 90–120 minutes to approximately 15–20 minutes, total sleep duration improved from 3–4 hours to 6.5–7.5 hours, and the patient reported significant relief from headache, fatigue, constipation, irritability, and daytime drowsiness. No adverse drug reactions or complications related to Shirodhara were observed. The patient completed the treatment protocol with excellent compliance and reported marked improvement in occupational efficiency and overall quality of life.

DISCUSSION

Stress-induced insomnia is one of the most prevalent psychosomatic disorders in modern society, particularly among individuals engaged in prolonged computer-based work. Continuous occupational stress, excessive digital screen exposure, irregular work schedules, and sedentary lifestyle contribute to disturbed sleep patterns and impaired daytime functioning. In the present case, the patient developed insomnia associated with headache, eye strain, fatigue, constipation, irritability, and poor concentration after working for 10–12 hours daily on a computer. These symptoms adversely affected his occupational performance and quality of life.

According to Ayurveda, Nidra is one of the Trayopastambha essential for maintaining physical and mental health. Anidra is predominantly a Vata-Pittaja disorder caused by Ati Chinta (mental stress), Ati Manasika Shrama (excessive intellectual work), Ratrijagarana (night awakening), and irregular lifestyle, leading to vitiation of Prana Vata, Sadhaka Pitta, and disturbance of Manovaha Srotas. The clinical manifestations observed in this patient closely

corresponded with the classical features of Anidra described in Ayurvedic texts.

The treatment protocol was designed to pacify aggravated Vata and Pitta, promote Manasa Prasadana (mental relaxation), and restore normal sleep physiology. Bala Ashwagandhadi Taila Shirodhara was selected as the primary Panchakarma intervention because of its Balya, Brimhana, Medhya, and Vatahara properties. The continuous rhythmic flow of warm medicated oil over the forehead is believed to induce deep relaxation, reduce mental stress, and improve autonomic balance. Modern studies suggest that Shirodhara may decrease sympathetic overactivity, reduce cortisol levels, and facilitate neurotransmitter regulation, thereby improving sleep quality.

The oral medications complemented the Panchakarma therapy. Brahmi Vati acted as a Medhya Rasayana, improving cognitive function and reducing anxiety, while Tagar Vati, containing *Valeriana wallichii*, possesses classical Nidrajanana and anxiolytic properties that help reduce sleep latency. Ashwagandharishta, containing *Withania somnifera*, functions as an adaptogenic Rasayana, enhancing stress tolerance, improving mental resilience, and promoting restorative sleep. Lifestyle modifications, including sleep hygiene, reduced evening screen exposure, regular walking, and breathing exercises, further supported the therapeutic outcome.

Following 30 days of treatment, the patient demonstrated marked improvement in both subjective and objective parameters. Sleep latency reduced from approximately 90–120 minutes to 15–20 minutes, total sleep duration increased from 3–4 hours to 6.5–7.5 hours, and the Athens Insomnia Scale score decreased from 21 to 1. Associated symptoms such as headache, fatigue, constipation, irritability, and poor concentration also improved significantly, with no adverse drug reactions or complications observed. Although this report is limited to a single case, the findings suggest that Bala Ashwagandhadi Taila Shirodhara, combined with Brahmi Vati, Tagar Vati, and Ashwagandharishta, may provide a safe, effective, and non-habit-forming therapeutic option for stress-induced insomnia. Further well-designed clinical trials with larger sample sizes are warranted to validate these findings.

CONCLUSION

The present case demonstrates that Bala Ashwagandhadi Taila Shirodhara, combined with Brahmi Vati, Tagar Vati, and Ashwagandharishta, provided significant clinical improvement in stress-induced insomnia without the use of conventional hypnotic medications. The treatment effectively restored sleep quality, reduced stress-related symptoms, improved daytime functioning, and enhanced overall quality of life. This integrative Ayurvedic approach appears to be a safe, effective, and non-habit-forming management strategy for occupational stress-related Anidra. Larger controlled clinical studies are

recommended to establish its therapeutic efficacy and underlying mechanisms.

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