Role of Shirodhara with Brahmi Taila & Ksheerabala Nasya in the management of Anidra a Case Study

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***Abstract*—Anidra (insomnia) is considered both a symptom and a disease entity in Ayurveda, primarily resulting from the aggravation of Vata and Pitta dosha. Disturbance of sleep significantly affects physical and mental health as Nidra is one of the Trayopastambha (three pillars of life) along with Ahara and Brahmacharya. The present case study evaluates the effect of Shirodhara with Brahmi Taila combined with Ksheerabala Taila Nasya and Brahmi Vati in a 25-year-old female patient suffering from chronic sleep disturbance for six years.**

The patient presented with delayed sleep onset, irregular sleep cycle, diwaswapna (daytime sleep), vertigo, tension-type Shirashula, and dry eyes. The sleep pattern was severely disturbed with sleep initiation occurring between 2:00–5:00 AM and an average sleep duration of 4–5 hours.

The treatment protocol included evening Shirodhara with Brahmi Taila, Ksheerabala Taila Nasya, and Brahmi Vati (500 mg). Progressive improvement in sleep onset time and sleep quality was observed from the first day of treatment. By the fifth day, the patient reported sleep initiation around 10:00 PM with 7–8 hours of sleep, along with marked reduction in vertigo and associated symptoms.

This case study suggests that Shirodhara combined with Nasya and Medhya Rasayana may be effective in managing chronic insomnia associated with Vata-Pitta imbalance.

***Index Terms*—Anidra, Shirodhara, Brahmi Taila, Ksheerabala Nasya, Ayurveda, Insomnia**

I. INTRODUCTION

Sleep (Nidra) is one of the three fundamental supports of life (Trayopastambha) described in Ayurveda—Ahara (diet), Nidra (sleep), and Brahmacharya (regulated lifestyle). Proper sleep contributes to happiness, strength, nourishment, knowledge, and longevity, whereas disturbed sleep results in opposite effects.

According to Acharya Charaka, Nidra acts as Bhutadhatri—the nurturer of the body. When Nidra is impaired, it leads to conditions such as fatigue, headache, mental disturbance, and impaired digestion. Anidra (insomnia) occurs mainly due to Vata and Pitta aggravation, which produces restlessness, dryness, and mental instability.

Modern medicine defines insomnia as difficulty initiating or maintaining sleep. It affects nearly one-third of the population and is associated with lifestyle factors such as stress, irregular sleep schedules, excessive screen exposure, caffeine intake, and psychological stress.

In Panchakarma therapy, Shirodhara is an important treatment modality indicated for Anidra, Manasika Vikara, and Shiroroga. It involves continuous pouring of medicated oil or liquid over the Bhrumadhya (Sthapani Marma) region, producing calming effects on the nervous system. Herbs such as Brahmi and Jatamansi possess Medhya, Nidrajanana, and Manas-sthirikaraka properties which help regulate sleep.

II. AIM AND OBJECTIVES

1.To study the etiopathogenesis of Anidra in the present case.

2. To evaluate the therapeutic effect of Shirodhara with Brahmi Taila in the management of Anidra.

3. To assess improvement in sleep parameters and associated symptoms.

III. CASE REPORT

A 25-year-old female patient presented with complaints of disturbed sleep pattern and Anidra for the past six years with intermittent exacerbations.
The patient reported difficulty initiating sleep, typically falling asleep between 2:00 AM and 5:00 AM. During college days she was required to wake up around 8:00 AM, resulting in an average sleep duration of 4–5 hours, occasionally extending to 6 hours when physically exhausted.
She also reported regular daytime sleep (Diwaswapna) lasting 1–2 hours.
Associated symptoms included vertigo, tension-type Shirashula, dry eyes, and mental fatigue. The patient had a history of borderline Vitamin D deficiency for which she had taken vitamin D soft gel capsules for two weeks. No major systemic illness was reported.

IV. AYURVEDIC ASSESSMENT

Prakriti: Vata-Pitta Pradhana Prakriti
Koshta: Krura Koshta
Bowel Habits: Once daily evacuation with hard stools. During treatment evacuation remained once daily but became easier.

V. TREATMENT PROTOCOL

Shirodhara: Brahmi Taila – Evening session (5–6 PM) for 6 days.

Nasya: Ksheerabala Taila – Morning and before sleep for 6 days (continued later).

Shamana therapy: Brahmi Vati 500 mg once daily in the morning.

VI. PROCEDURE

Shirodhara was performed using Brahmi Taila warmed to a comfortable temperature and poured in a continuous rhythmic stream over the Bhrumadhya region for approximately 45 minutes during the evening session.

Ksheerabala Taila Nasya was administered in the morning and before sleep.

VII. OBSERVATIONS

Day	Sleep Onset Time	Wake-up Time	Sleep Quality	Associated Symptoms
Day 1	11:00 PM	7:00 AM	Moderately disturbed	Vertigo present
Day 2	10:30 PM	8:00 AM	Disturbed	Vertigo present
Day 3	10:30 PM	7:00 AM	Peaceful sleep	Vertigo present
Day 4	9:00 PM	7:00 AM	Mild disturbance	Vertigo mild
Day 5	10:00 PM	8:00 AM	Sound sleep	Vertigo minimal
Day 6	10:00 PM	7:00 AM	Slight disturbance	Vertigo nearly absent

After head washing, the patient reported complete relief from vertigo. A mild episode occurred one week later during travel which subsided after Ksheerabala Nasya. Nasya therapy was continued for four months along with Brahmi Vati.

VIII. DISCUSSION

In Ayurveda, Anidra is mainly caused by aggravation of Vata and Pitta dosha. Vata produces dryness and restlessness while Pitta causes irritability and mental agitation.

Shirodhara calms the nervous system through continuous oil flow over the Sthapani Marma, inducing relaxation and promoting better sleep. Brahmi Taila has Medhya and Nidrajanana properties which stabilize the mind. Ksheerabala Taila Nasya acts on Urdhwajatrugata Vata disorders and helps relieve vertigo and neurological instability.
The combination of Shirodhara, Nasya, and Medhya Rasayana (Brahmi Vati) likely restored the balance of Vata-Pitta dosha, improving sleep cycle and associated symptoms.

IX. CONCLUSION

The present case study highlights the beneficial role of Shirodhara with Brahmi Taila along with Nasya using Ksheerabala Taila in the management of Anidra. The therapy demonstrated improvement in sleep onset,

sleep duration, and overall sleep quality within a short treatment duration, while also reducing associated symptoms such as vertigo, mental fatigue, and tension headaches.

The calming effect of Shirodhara on the central nervous system plays an important role in reducing mental hyperactivity and stress-induced sleep disturbances. The rhythmic flow of medicated oil over the forehead helps relax the mind, balance aggravated Vata–Pitta dosha, and promote natural sleep. In addition to improving sleep, such therapies support mental clarity, emotional stability, and nervous system relaxation, making them valuable for individuals experiencing chronic stress.

Modern lifestyles, particularly among students and young professionals, often involve prolonged screen exposure, irregular schedules, academic pressure, and reduced physical activity, all of which contribute to circadian rhythm disruption. Medical students, in particular, frequently experience late-night study routines, digital screen dependence, and performance-related stress, making them highly susceptible to insomnia and mental exhaustion. Similar patterns are observed in the corporate world, where high workloads, constant digital connectivity, and work-related stress significantly affect sleep hygiene.

In this case, the patient—being a medical student herself—developed greater awareness of the importance of sleep regulation through the treatment process. She recognized that maintaining a healthy sleep cycle is closely linked with balanced digestion, mental well-being, emotional stability, and a fulfilling social life. The restoration of regular sleep not only improved her physical symptoms but also contributed to improved daily functioning, mood stability, and cognitive performance.

This case therefore emphasizes that alongside classical Ayurvedic therapies like Shirodhara and Nasya, lifestyle awareness and disciplined sleep hygiene are essential for sustainable recovery from insomnia. Integrating such approaches may provide an effective and holistic strategy for managing stress-related sleep disorders in today's fast-paced, digitally driven world.

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