

## Efficacy of *Bhramari Kumbhaka* and *Mansyadi Ghanvati* in the Management of Mild and Short-term Insomnia in Geriatric Patient: A Case Report

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### ABSTRACT:

*Nidra* is said to be the primary factor which holds up the life of all created beings. Insomnia is broadly defined as dissatisfaction with sleep, either qualitatively or quantitatively, which affects 30–48% of the elderly. A female patient 62 Years old who complained of Difficulty in initiating sleep, Difficulty in maintaining sleep, Early morning awakening with an inability to return to sleep within last 2 months and associated complaints of *Angamarda*, *Shirogaurava*, *Tandra* and *Klama* etc, visited the outpatient department of the *Swasthavritta* department. The patient was without any systemic illness. The patient underwent *Bhramari Kumbhaka* in gradually increasing rounds of 5, 7, 11, and 15 over two-week intervals, under supervision and following the method described in the *Hatha Yoga Pradipika*, along with oral administration of *Mansyadi Ghanvati*, 2 tablets (500 mg) twice daily after meals, with milk as *Anupana*, for a duration of eight weeks. After 60 days of treatment, symptomatic relief was observed. Serum cortisol levels decreased from 11.38 µg/dL before treatment to 9.87 µg/dL after treatment. The Pittsburgh Insomnia Rating Scale score improved from 40 before treatment to 10 after treatment. *Bhramari Kumbhaka* calms the mind, reduces stress, enhances *Sattva Guna*, and balances *Vata Dosha*. *Mansyadi Ghanvati* with its *Nidrajanaka*, *Balya*, and *Vata-Kaphahara* properties. This case study suggests that combining yogic breathing technique and Ayurvedic medicine offers a safe, effective and alternative approach for managing mild and short-term insomnia in the elderly.

**KEYWORDS:** *Anidra*, *Bhramari Kumbhaka*, Mild and Short-term Insomnia in Geriatric Population

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## INTRODUCTION:

*Nidra* (sleep) is considered a vital pillar of life, sustaining both physical and mental health. *Acharya Charaka* defines *Ayu* as the combined state of *Sharira* (body), *Indriya* (sense organs), *Sattva* (mind), and *Aatma* (soul).<sup>[1]</sup> *Manasa* (mind) has got a close relationship with health as well as sleep, because the *Triguna* produce their physiological and pathological effects in sleep.<sup>[2]</sup> In *Ayurveda* and contemporary system of medicine if inadequate or poor – quality sleep can have far-reaching consequences on physical and mental health.

In today's fast-paced lifestyle, especially in the geriatric population, stress, fatigue, and mental strain commonly lead to *Anidra* (insomnia). According to *Acharya Charaka*, *Kala* and *Vata* play key roles in *Nidra* (sleep).<sup>[3]</sup> Due to the *Chala Guna* of *Vata*, the mind remains restless, disturbing sleep. As *Vardhakya* (old age) is a *Vata*-predominant phase, insomnia is more prevalent in the elderly.<sup>[4]</sup>

Insomnia is defined as dissatisfaction with sleep quality or quantity, manifested as difficulty in initiating sleep, maintaining sleep, or early morning awakening. The population of older adults continues to expand from the current 205 million people aged 60 years or older to a projected 2 billion by 2050. One of the most common sleep disturbances in the older population is insomnia. As many as 50% of older adults complain about difficulty in initiating or maintaining sleep.<sup>[5]</sup>

*Ayurvedic* management of *Anidra* includes lifestyle and dietary modifications, medications, and *Panchakarma* therapies etc. *Mansyadi Ghanvati* is an *Ayurvedic* formulation known for its *Nidrajanaka* (sleep inducing), *Balya* (strength-promoting), and *Vata-Kaphahara* properties<sup>[6]</sup> and *Bhramari Kumbhaka*, regarded as the best among *Kumbhaka* practices, can induce mental calmness, reduce stress, enhance *Sattva Guna*, and balance *Vata Dosha*, thereby potentially alleviating symptoms of insomnia.

## CASE REPORT:

The present case is about the Mild and Short-term Insomnia i.e., *Anidra*. A female patient 63 Years old who complained of difficulty in initiating sleep, difficulty in maintaining sleep, Early morning awakening with an inability to return to sleep within last 2 months and associated complaints of *Angamarda* (generalized bodyache), *Shirogaurava* (heaviness of the head), *Tandra* (daytime drowsiness) and *Klama* (fatigue) etc, visited the outpatient department of the *Swasthavritta* department. The patient was without any systemic illness. Personal history and General examination have been shown in the table no. 1 and 2 respectively. *Dashavidha pariksha* also found out to be normal as shown in the table no. 3.

## History of Past Illness

She denied any personal or family history of Mental disorders and also denied

taking any use of alcohol, tobacco, sedatives like drugs.

### Clinical Finding

#### **Nidra Vritta:**

- Sleep Schedule: Regular
- Bed time: 11-11:30 pm
- Morning awake time: 5:00 am
- Initiation in 60-90 min
- Awakening during sleep: After 2-3 hrs
- Fall asleep again in: 90-120 min
- Total Duration of Sleep: 2-3 hrs
- Dreams: Yes
- *Diwaswapa* (daysleep): No
- *Adhyasana* (over eating): No
- History of medication: No
- Gap between dinner and sleep: 2 hrs
- Type of dinner: Light

### Assessment Criteria

Patient was assessed by Pittsburgh sleep quality index (As per table no 4) and Serum Cortisol Level shown in Figure no:1 and 2.

### TREATMENT SCHEDULE:

*Bhramari Kumbhaka* and *Mansyadi Ghanvati* for a duration of eight weeks.

#### **Procedure for *Bhramari Kumbhaka*:**

- After the enrolment, individuals were given instructions regarding the place where they had to be present wearing a precise dress code for 60 days.
- The session was conducted twice daily, in the morning and evening.
- It started with *Prana Dharana* in *Sukhasana*, followed by *Nadi Shodhana*. Finally, 5 cycles were practiced for the first 15 days, 7 cycles for the second 15 days, 11 cycles for the third 15 days, and 15 cycles for the last 15 days.
- The method to perform *Bhramari Kumbhaka* was as per the *Hatha Yoga Pradipika*.
- Every session was concluded with *Prana Dharana*.

### Details of *Mansyadi Ghanvati*

The prescribed drug was *Mansyadi Ghanvati*, which was in *Vati Kalpana* (tablet form). The dose was 2 tablets (500 mg) taken twice daily. It was administered orally, once in the morning and once at night, for a total duration of 8 weeks, and was taken with milk as the *Anupana* (vehicle). Ingredients of *Mansyadi Ghanvati* are listed in Table No. 5 below.

**Table1: Personal History**

Name – ABC	<i>Mala pravritti</i> – 1 time /day
Age – 63 years	<i>Mutra pravritti</i> – 3-4 time /day, 1-2 time/night
Gender- Female	Marital status- Married
Occupation – House wife	<i>Jihva – Nirama</i>
<i>Kshudha</i> – Average	<i>Vihara</i> – Nature of Work – Physical (4-5

Type of Diet – Vegetarian <i>Rasa</i> in Diet – <i>Madhura</i> and <i>Kashaya Rasa</i>	hrs) - <i>Snana</i> – Daily - <i>Vyayama</i> – No
<i>Agni</i> – <i>Samagni</i>	Menopause since 15 yrs
Addiction – Tea (2 times)	Current Medication - Nil

**Table 2: General Examination:**

Weight- 50 kg	Height – 155 cms
BP – 130/90 mm/Hg	Pulse – 74/ min
R/R – 16/ min	Pallor - No
Clubbing – No	Edema - No
Icterus – No	Cyanosis - No

**Table 3: *Dashavidha Pareeksha***

<i>Prakriti</i> – <i>Sharira</i> – <i>VP</i> - <i>Manas</i> - <i>SR</i>	<i>Satva</i> - <i>Avara</i>
<i>Sara</i> – <i>Madhyama</i>	<i>Ahara Shakti</i> A) <i>Abhyavarana Shakti</i> - <i>Madhyama</i> B) <i>Jarana Shakti</i> - <i>Madhyama</i>
<i>Samhanana</i> - <i>Madhyama</i>	<i>Vyayama Shakti</i> - <i>Avara</i>
<i>Satmya</i> - <i>Madhyama</i>	<i>Vaya</i> - <i>Jirna</i>

**Table 4: Pittsburgh Sleep Quality Index:**

No.	COMPLAINTS	Before Treatment	After Treatment
01	Difficulty getting to sleep at bed time.	3	1
02	Awakenings after getting sleep	3	1
03	Waking up too early in the morning	3	1
04	Not getting enough sleep	3	1
05	Different sleep patterns from one night to the next	3	1
06	Sleep occurring at odd times or not at all	3	1
07	Sleep disturbed by dreams	1	0
08	Sensations during the night	1	1
09	Physical tension at night	1	1
10	Moving too much in bed	1	0
11	Anxiety or worries about getting to sleep	1	0
12	Anxiety or worries about lack of sleep	1	0

13	Anxiety or worries about what might happen during sleep	1	0
14	General nervousness and stress.	1	0
15	Mind not slowing down at bed time	1	0
16	Loss of desire for sex	1	1
17	Doesn't fully refresh after sleep	3	1
18	Difficulty waking up	0	0
19	Poor alertness in day time	1	0
20	Mind not slowing down day time	1	0
21	Difficulty remembering things	0	0
22	Difficulty thinking clearly	0	0
23	Tiredness or fatigue	1	0
24	Dozing off or napping	1	0
25	Bad moods	1	0
26	Irritation with people	1	0
27	Difficulty controlling emotions	1	0
28	Lack of energy	1	0
29	Feeling physically ill	1	0
	<b>TOTAL</b>	<b>40</b>	<b>10</b>

Not at all bothered - 0 Slightly bothered - 1 Moderately bothered - 2 Severe bothered - 3

**Table -5: Ingredients of *Mansyadi Ghanvati*:**

Drug	Sanskrit Name	Botanical Name	Parts used	Quantity
<i>Mansyadi Ghanvati</i>	<i>Jatamansi</i>	<i>Nordystachys jatamansi</i>	Rhizome	8 parts
	<i>Aswagandha</i>	<i>Withania somnifera</i>	Root	4 parts
	<i>Parasika yavani</i>	<i>Hyoscymus niger</i>	Seeds	1parts

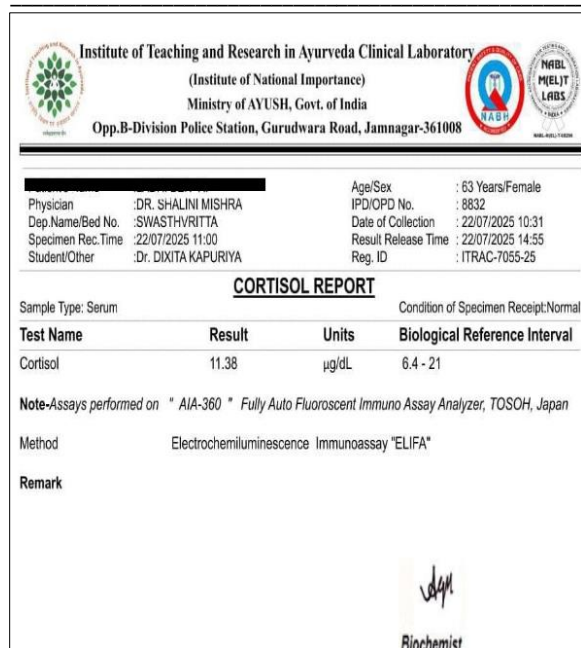


Figure-1: Cortisol level before treatment

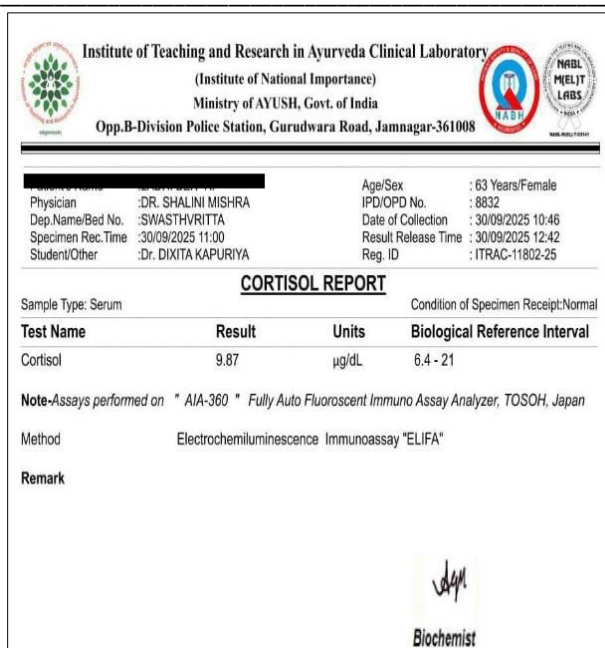


Figure-2: Cortisol level after treatment

**RESULT:**

The patient presented with mild, short-term insomnia, characterized by difficulty in initiating and maintaining sleep, along with early morning awakening. The sleep disturbance was accompanied by associated somatic and neuropsychological symptoms, including *Angamarda* (generalized body ache), *Shirogaurava* (heaviness of the head), *Tandra* (daytime drowsiness), and *Klama* (fatigue), which collectively impaired daily functioning and overall well-being.

Following the completion of the treatment regimen, significant clinical improvement was observed. Both the primary sleep-related complaints and the associated symptoms showed marked reduction in severity, indicating a favorable therapeutic response.

Objective assessment using the Pittsburgh Sleep Quality Index (PSQI) demonstrated

a substantial improvement in sleep quality, with the score decreasing from 40 prior to treatment to 10 after treatment, reflecting improvements in sleep latency, sleep maintenance, and overall subjective sleep quality (As per Table-4).

In addition, biochemical evaluation revealed a reduction in serum cortisol levels, which decreased from 11.38 µg/dL before treatment to 9.87 µg/dL after treatment (As per Figure no:1). This reduction suggests a modulation of hypothalamic-pituitary-adrenal (HPA) axis activity, correlating with the observed clinical improvement in sleep parameters and reduction in stress-related symptoms.<sup>[7]</sup>

Overall, the combined improvements in clinical symptoms, sleep quality scores, and serum cortisol levels indicate that the intervention was effective in managing insomnia and its associated

manifestations, thereby contributing to enhanced sleep quality and physiological stress regulation.

#### **DISCUSSION:**

*Bhramari Kumbhaka* was incorporated as an adjunctive therapeutic intervention due to its well-documented calming effects on the neuropsychological system. The practice is known to generate subtle vibratory sensations within the cranial region, which contribute to mental relaxation, reduction in cerebral tension, and attenuation of stress and anxiety. These vibratory effects are believed to modulate autonomic nervous system activity, promoting parasympathetic dominance and facilitating a tranquil mental state conducive to sleep. From an Ayurvedic perspective, regular practice of *Bhramari Kumbhaka* enhances the *Sattva Guna* of *Mana* (mind). An increase in *Sattva Guna* is associated with stabilization of mental functions and a corresponding reduction in *Vata Dosha*, which is considered predominant in the geriatric population and is a key etiological factor in sleep disturbances such as *Anidra* (insomnia).

In addition to yogic intervention, Ayurvedic pharmacotherapy can be employed due to its holistic approach and favorable safety profile. Unlike many conventional pharmacological treatments, such as sedatives, antipsychotics, and antidepressants, which are commonly used for insomnia, their use may be limited due to adverse effects, dependency, and addiction, especially with long-term use.

*Mansyadi Ghanvati*, a classical Ayurvedic formulation, was selected based on its established therapeutic indications in conditions such as *Anidra* (insomnia), *Bhrama* (giddiness), and *Unmada* (mental disturbances). The formulation possesses *Nidrajanaka* (sleep-inducing), *Balya* (strength-promoting), and *Vata-Kaphahara* properties, which are particularly beneficial in managing insomnia of geriatric origin. The synergistic action of its constituents helps in calming the nervous system, improving sleep quality, and restoring physiological balance.

#### **CONCLUSION:**

The case study shows that combining yogic breathing with Ayurvedic treatment can be a safe and effective approach for managing mild, short-term insomnia in elderly individuals. It improves sleep quality, reduces fatigue and mental stress, and supports overall well-being without side effects or dependency.

#### **Limitation of study:**

Although this is a single-case report, the outcome highlights the potential of Ayurvedic and Yogic therapies in *Anidra* (Insomnia). Further clinical studies with larger sample sizes are recommended to validate and standardize this approach.

#### **Consent of patient**

Written informed consent was obtained from the patient for both the therapeutic intervention and publication of the case details. The patient was assured that his identity would be kept confidential and

that all efforts would be made to ensure anonymity.

**Conflict of interest:** The author declares that there is no conflict of interest.

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