

Evaluating efficacy of lifestyle modification as per *Dincharya* and *Ritucharya* with *Rasayana* therapy in Improvement of Psychosomatic Disorder: *Anidra* w.s.r. to Insomnia

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ABSTRACT:

Anidra (insomnia) arises due to derangement of *Vata Dosh*, often precipitated by improper diet and irregular lifestyle, affecting the *Manovaha Srotas* and disturbing mental equilibrium. Contemporary management of insomnia primarily offers symptomatic relief, whereas Ayurveda emphasizes correction of the underlying *Dosha* imbalance and restoration of psychosomatic harmony. A 32-year-old male presented with difficulty initiating sleep, frequent nocturnal awakenings, early morning awakening, daytime fatigue, irritability, and impaired concentration for six months. Baseline assessment showed a Pittsburgh Sleep Quality Index (PSQI) score of 17 and Sleep Quality Scale (SQS-28) score of 81, indicating severe insomnia. Ayurvedic evaluation revealed *Vata Prakopa* with *Pitta Anubandha*, *Vishamagni*, predominance of *Rajasika Manasika Bhava*, and *Alpa Nidra*. Management included regulated sleep-wake timing, *Abhyanga*, exercise, *Pranayama*, seasonal dietary regimen suitable for *Varsha Ritu*, and administration of *Ashwagandha Churna* (3 g with warm milk) and *Brahmi Vati* (250 mg twice daily) for eight weeks. By Day 56, PSQI reduced from 17 to 5 and SQS from 81 to 28, with improvement in sleep latency, duration, and efficiency. At Day 90 follow-up, PSQI further reduced to 3 and SQS to 7, demonstrating sustained benefit. The findings suggest that integrative application of *Dincharya*, *Ritucharya*, and *Rasayana* therapy effectively restores sleep architecture and psychosomatic balance in *Anidra*, supporting Ayurveda's root-cause-oriented therapeutic approach.

Keywords: *Anidra*, *Nidra*, *Dincharya*, *Ritucharya*, *Rasayana*, Insomnia, PSQI, SQS.

Received: 21.01.2026

Accepted: 04.02.2026

Published: 22.02.2026



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INTRODUCTION:

Anidra is described in classical texts as a disorder arising predominantly from *Vata Prakopa*, often associated with *Pitta Anubandha* and aggravation of *Rajasika Manasika Bhava*. Disturbance of *Manovaha Srotas*, impairment of *Tarpaka Kapha*, and deranged functioning of *Prana Vayu* contribute to deficient or disturbed *Nidra*. Acharyas describe etiological factors such as irregular *Ahar*, excessive mental activity, stress, fear, grief, fasting, overexertion, and suppression of natural urges. Clinically, *Anidra* manifests as difficulty initiating sleep, fragmented sleep, reduced duration (*Alpa Nidra*), fatigue, irritability, impaired cognition, and reduced *Bala* and *Ojas*. Management focuses on *Vata Shamana*, restoration of *Agni*, pacification of *Rajas*, and enhancement of *Satva* through *Dincharya*, *Ritucharya*, *Snehana*, *Medhya Rasayana*, and psychological regulation.^[1,2]

In contemporary medicine, insomnia is defined as persistent difficulty in sleep initiation, maintenance, or early morning awakening with associated daytime dysfunction, occurring at least three times per week for three months or more. Pathophysiologically, chronic insomnia is linked to hyperarousal of the central nervous system, dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, elevated nocturnal cortisol, increased sympathetic activity, and altered GABAergic neurotransmission. Cognitive hyperactivation and

maladaptive behavioral patterns further perpetuate sleep disturbance. Standard management includes cognitive behavioral therapy for insomnia (CBT-I) and pharmacological agents such as benzodiazepines or non-benzodiazepine hypnotics, which primarily provide symptomatic relief and may carry risks of tolerance and dependence.^[3]

Global prevalence of insomnia ranges between 10–30%, with higher rates among working age adults exposed to chronic stress. Studies indicate that lifestyle-based interventions, including structured sleep hygiene, moderate exercise, and breathing practices, significantly improve sleep latency and sleep efficiency.^[4] Clinical research on *Ashwagandha* demonstrates reduction in sleep onset latency, improved total sleep time, and normalization of cortisol levels.^[5] *Brahmi* has shown anxiolytic and cognitive-enhancing effects through modulation of cholinergic and serotonergic pathways.^[6] Evidence increasingly supports integrative approaches targeting neuroendocrine balance and autonomic regulation rather than isolated symptomatic suppression. Although individual therapies such as herbal supplementation or sleep hygiene have been studied independently, systematic integration of *Dincharya*, *Ritucharya*, and *Rasayana* within a structured protocol, with objective monitoring using PSQI and SQS over extended follow-up, is limited in

published literature. This case demonstrates sustained improvement transition from severe to near-normal sleep indices support a root cause oriented, non-pharmacological model with durable outcomes.

CASE REPORT:

A 32 year old male patient presented to the OPD with complaints of difficulty initiating sleep, frequent nocturnal awakenings, early morning awakening, daytime sleepiness, and irritability for the past six months. He also reported reduced concentration and poor work performance due to inadequate sleep.

On clinical examination, the patient was cooperative, and well oriented to time, place, and person, with higher mental functions intact. His mood reflected mild anxiety, and he reported increased stress levels, predominantly due to excessive overthinking during night-time. Sleep assessment indicated a significantly disturbed sleep pattern characterized by fragmented, light sleep and poor sleep continuity. There were no signs suggestive of depression, hallucinations, or other psychotic features. On baseline evaluation [Day 0], the Pittsburgh Sleep Quality Index [PSQI]^[6] score was 17, indicating severe sleep disturbance, as shown in Table No 3. The Sleep Quality Scale [SQS-28]^[7] score was 81, further confirming poor sleep quality.

The patient demonstrated with evident *Vata prakopa* and *Pitta Anubandha*, correlating with the observed sleep disturbance. *Agni* was assessed as

Vishamagni. *Manasika Bhava* reflected a predominance of *Rajas*, with notable *Chinta* [worry]. *Nidra* was categorized as *Alpa Nidra*, [reduced sleep duration] and poor sleep quality.

Findings of the *Ashtavidha Pariksha* revealed *Nadi* with *Vata* predominance and a mild *Pitta* component. *Mala* and *Mutra* were within normal parameters. The *Jihva* exhibited mild coating suggestive of *Mandagni*. *Shabda* was normal, though slightly anxious in tone. *Sparsha* demonstrated mild *Rukshata* along with subtle *Ushna Sparsha*. *Druk* appeared alert but reflected mild fatigue secondary to disturbed sleep, while *Akruti* was lean.

In the management of *Anidra*, a structured Ayurvedic protocol integrating *Dincharya*, *Ritucharya*, and *Rasayana* therapy was implemented to restore healthy sleep and psychosomatic stability. As part of *Dincharya*, the patient was advised to follow regulated sleep-wake timings, adopt a consistent morning routine, practice *Abhyanga*, perform light physical exercise, and engage in *Pranayama* to promote daily physiological balance as Table No.1.

As the patient was treated in *Varsha Ritu*, specific *Ritucharya* measures were recommended. *Pathya* included taking warm, freshly prepared, and easily digestible meals daily. The patient was advised to include old rice, barley, moong dal, cooked vegetables, soups, and light khichadi in the diet. Small amounts of *Ghrita* and mild digestive spices such as ginger, cumin, black pepper, and *Ajwain*

were. Drinking lukewarm or boiled water throughout the day and preferring warm herbal infusions in the evening was emphasized. A regular routine with fixed timings for meals and sleep, gentle *Abhyanga* with warm sesame oil, a lukewarm bath, and keeping the body warm and dry were advised. Light activities such as walking, yoga, or mild stretching were recommended for maintaining mobility without aggravating *Vata*^[8].

Apathya : the patient was instructed to avoid cold, stale, heavy, fermented, very spicy, or excessively sour foods, along with curd, deep fried items, bakery products, refrigerated drinks, and cold beverages. Raw salads were restricted,

and the use of unboiled or contaminated water was strictly prohibited.

Lifestyle habits such as daytime sleep, excessive exertion, irregular meal timings, and exposure to cold wind, dampness, or rain were discouraged^[8]. The patient was also advised to limit excessive screen time, mental overstimulation, and late-night wakefulness.

Alongside these behavioural and seasonal measures, *Rasayana* therapy with as given in table no2 was administered to strengthen the mind, enhance stress resilience, and promote restorative sleep. Collectively, these interventions supported improved sleep regulation and overall well-being.

Table 1 : Patient advised with *Dincharya* ^[9,10]

Components	Regimen
Wake up time	5:00 AM <i>Brahma Muhurta</i>
<i>Abhyanga</i>	Daily head and foot massage with <i>Bala Taila</i>
<i>Snana</i>	Lukewarm water bath
Exercise	1Hr walking, <i>Suryanamaskar</i> , <i>Sukshma Vyayama</i>
<i>Pranayama</i>	<i>Anuloma-Viloma</i> , <i>Bhramari</i> each for 10 minutes
Sleep time	Sleep by 10 PM

Table 2: Ashwagandha Churna and Bramhi Vati is indicated in management of Anidra^[11,12]

Medicine	Dose	Duration
<i>Ashwagandha Churna</i>	3gm with warm milk	8 weeks
<i>Bramhi Vati</i>	250 mg BD	8 weeks

Table 3: PSQI Component comparison

PSQI Component	Day 0	Day 56	Day 90
Sleep Quality	3	1	0
Sleep latency	3	1	0
Sleep Duration	3	1	1
Sleep Efficiency	3	0	0
Sleep Disturbances	3	1	1
Medication used	0	0	0
Daytime dysfunction	2	1	1
Total Score	17	5	3

Time results show significant changes in Insomnia condition from Severe to relief condition from the symptoms.

Table 4: SQS score Component comparison

Domain	Day 0	Day 56	Day 90
Daytime sleepiness	3	1	0
Fatigue/loss of energy	3	1	0
Concentration difficulty	3	1	1
Irritability	3	1	0
Difficulty completing tasks	2	1	0
Woke refreshed	3	1	0
Morning mental clarity	3	1	0
Physical tiredness	3	1	1
Poor body recovery	3	1	0

Felt rested during day	3	1	0
Trouble falling asleep	3	1	0
Long sleep onset	3	1	0
Thoughts preventing sleep	3	1	0
Lying awake long periods	3	1	0
Frequent awakenings	3	1	1
Trouble returning to sleep	3	1	0
Restlessness	3	1	0
Disruptive dreams	3	1	1
Awake long at night	3	1	0
Difficulty waking	3	1	0
Morning grogginess	3	1	0
Need extra time to awaken	3	1	1
Need alarm/assistance	2	1	1
Early waking unable to return	2	1	0
Satisfaction with sleep	3	1	0
Sleep met expectations	3	1	0
Adequate sleep duration	3	1	1
Overall sleep last week	3	1	0
Total	81	28	7

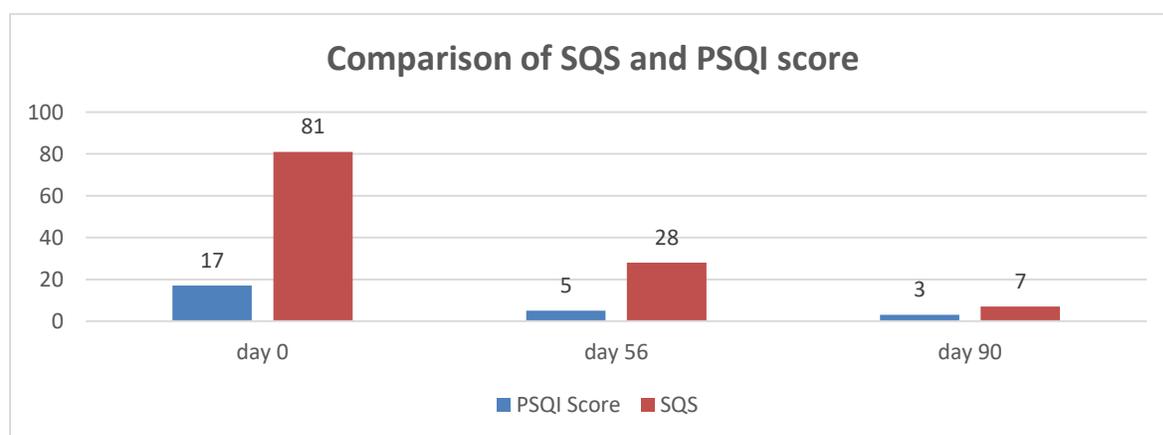


Figure 1: comparison of SQS and PSI score before after treatment

RESULT:

The patient showed steady improvement in both subjective and objective sleep assessment parameters throughout the intervention. By Week 4 [Day 28], mild but noticeable improvement was observed in sleep quality and anxiety, with early reductions in PSQI and SQS scores and better morning freshness. By Week 8 [Day 56], sleep quality had improved to “fairly good,” sleep latency decreased from 60–75 minutes to 20–25 minutes, total sleep duration increased from 4 hours to 6.5 hours, and habitual sleep efficiency rose from 57% to 92%. Overall, the PSQI score declined markedly from 17 to 5, and the SQS score reduced from 81 to 28, indicating a shift from severe insomnia to near normal sleep quality. After discontinuation of medication at the end of the 8-week protocol, the patient continued the advised *Dincharya* and *Ritucharya* measures. At follow-up on Day 90, further improvement was noted, with the PSQI decreasing to 3 and the SQS to 7, demonstrating sustained enhancement in sleep quality and psychosomatic balance attributable to the structured lifestyle-based intervention.

DISCUSSION:

The therapeutic impact observed in this case can be explained through multiple interconnected Ayurvedic and modern physiological mechanisms. According to Charaka, *Abhyanga* nourishes the *Twak*, pacifies *Vata*, enhances Snehana of *Dhamani*, and promotes stability of

Indriyas^[9]. Physiologically, this corresponds to activation of pressure receptors that decrease sympathetic discharge, lower circulating cortisol, and enhance vagal tone, thereby shifting the autonomic balance toward parasympathetic dominance essential for sleep induction ^[11]. Early morning awakening *Brahma Muhurta* synchronizes the body’s internal clock with the natural circadian rhythm, optimizing melatonin secretion and regulating *Prana Vayu*, which directly governs mental calmness and sleep behavior. Exercise and *Suryanamaskar* enhance *Samana Vayu* and regulate digestive *Agni*, which classical texts describe as essential for proper sleep, as disturbances in *Agni* lead to *Vata* aggravation and insomnia ^[14]. Moderate intensity physical activity improves thermoregulation, increases slow wave sleep [SWS], and reduces sleep onset latency through increased adenosine accumulation.

Pranayama practices such as *Anuloma Viloma* and *Bhramari* exert potent neurological effects by modulating the HPA axis, improving baroreflex sensitivity, and enhancing GABAergic activity in the brain ^[9,15]. *Bhramari*, in particular, increases endogenous nitric oxide [NO] levels, which promotes relaxation of cerebral vasculature, reduces limbic overactivity, and counters hyperarousal a central mechanism in psychophysiological insomnia. Ayurveda recognizes this as the balancing of *Prana* and *Udana Vayu* and reduction of *Rajasik*

mental activity. Likewise, *Ritucharya* appropriate for *Varsha Ritu* prevented further *Vata* aggravation through warm, unctuous, and light dietary patterns, strengthening *Agni* and reducing *Ama* accumulation commonly associated with mental cloudiness, heaviness, and disturbed sleep. Avoidance of cold, heavy, stale, or fermented foods prevented formation of *Mandagni* and supported neuro metabolic stability.

Rasayana therapy played a crucial neuroendocrine and psycho adaptive role. *Ashwagandha* (*Withania somnifera*) is documented to modulate GABA receptors, enhance sleep architecture, reduce nighttime awakenings, and normalize cortisol rhythm through its adaptogenic and anxiolytic properties [16]. It reduces oxidative stress in neuronal pathways, counteracting the hyperactive stress response described in Ayurveda as *Prana Vayu Dushti*. *Brahmi* (*Bacopa monnieri*) enhances cholinergic transmission, reduces turnover of dopamine and serotonin, and strengthens hippocampal function, all of which contribute to reduced anxiety, emotional stability, and improved consolidation of sleep [17]. Ayurveda interprets this as enhancement of *Medhya*, strengthening of *Manas*, and balancing of *Raja and Tama Gunas*. Together, these therapies amplified *Ojas*, enhanced *Manovaha Srotas* function, and improved mental resilience, thereby correcting the root pathophysiology of *Anidra*.

The sustained improvement in PSQI scores from 17 to 5 post treatment and

further to 3 and SQS scores from 81 to 28 post treatment and further to 7 during follow up reflects not only symptomatic relief but a deeper restoration of neurophysiological homeostasis. This aligns with classical Ayurvedic principles which state that once *Nidra* is restored through *Vata* pacification and mental stabilization, natural sleep rhythms remain self-sustaining. Modern research similarly supports the long-term benefit of lifestyle based neurobehavioral interventions in stabilizing circadian regulation, stress physiology, and autonomic balance.

CONCLUSION:

The present case highlights that Ayurvedic lifestyle modification based on *Dincharya* and *Ritucharya*, combined with *Rasayana* therapy, offers an effective and holistic approach for managing *Anidra* associated with psychosomatic disorders. Significant improvement in PSQI and SQS score, sleep duration, sleep latency, and daytime functioning reflects enhanced regulation of both physiological and psychological components. The intervention helped stabilize *Vata*, calm the mind, and restore natural sleep rhythm. Thus, integrating Ayurvedic principles into daily routine can serve as a safe, sustainable, and impactful strategy for improving insomnia and overall psychosomatic well-being.

Limitation of study:

This is a single-case observation; hence, wider generalization is limited. Absence of a control group and objective sleep measures restricts definitive attribution of outcomes solely to the intervention. As *Dincharya*, *Ritucharya*, and *Rasayana* were administered in combination, the individual effect of each component cannot be isolated. Longer follow-up and larger controlled studies are required to further validate the findings.

Acknowledgement:

The authors sincerely acknowledge the support of the Department of Shalya Tantra, R.N. Kapoor Memorial Ayurvedic Medical College & Hospital, Indore, for providing clinical facilities and academic guidance for this work. Gratitude is extended to Dr. APJ Abdul Kalam University, Indore, for institutional support. The authors also thank the patient for his cooperation, adherence to the prescribed regimen, and consent for publication of this case for academic purposes.

Consent of patient:

The written informed consent has been taken from the patients before stating the treatment and for publication of data without disclosing the identity.

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

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Yashwant Tambekar, Yogesh Yadav, Khushi Agrawal. Evaluating efficacy of lifestyle modification as per *Dincharya* and *Ritucharya* with *Rasayana* therapy in Improvement of Psychosomatic Disorder - *Anidra* w.s.r. to Insomnia. Int. J. AYUSH Case Reports. 2026; 10(1-A): 1-10.

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