Mainstreaming Ayurveda healthcare modalities for the management of insomnia in geriatric populations: a scoping review of current evidence and future directions

Niranjan Ram[1,*], Lalita[1], Meena S. Deogade[1], Pradip Kumar Panda[2] and Tanuja Manoj Nesari[3]

[1]Department of Dravyaguna, All India Institute of Ayurveda, New Delhi 110 076, India
[2]Sri Sri College of Ayurvedic Science and Research Hospital, Sri Sri University, Cuttack 754 006, India
[3]Institute of Teaching and Research in Ayurveda, Jamnagar 361 008, India

505
cs. 129(10)' P2

Insomnia affects 30–48% of the elderly globally and is often managed with sedatives despite polypharmacy concerns. The present scoping review assesses Ayurvedic alternatives for geriatric insomnia. Following Arksey and O'Malley's framework, a systematic search conducted until August 2024 identified 672 studies, and 14 studies were included based on the established inclusion criteria. Due to the limited availability of geriatric-specific research, studies with mixed-age and adult populations were also considered. Ayurvedic approaches, such as *Shirodhara*, *Nasya* and herbal formulations (including *Ashwagandha, Jatamansi, Mamsyadi Kwatha and Tagaradi yoga*), have shown efficacy. While promising, there is a need for high-quality, geriatric-focused studies. Future research should prioritise clinical trials to integrate Ayurveda into mainstream geriatric care.

Keywords: Ayurveda, insomnia, older adults, scoping review, traditional medicine.

varies from 30% to 48% (ref. 5). The geriatric population is more prone to insomnia due to several factors, including environmental, behavioural, medical and social factors[6].

A higher rate of medical or psychiatric illnesses, such as depression and/or generalised anxiety disorder, is the prime disposing factor in older adults, resulting in insomnia[7]. Furthermore, elderly individuals suffering from respiratory illness, physical disabilities, social or familial isolation and poor perceived health are at increased risk of insomnia[8]. As a consequence, they face several difficulties in their day-to-day life, such as daytime fatigue, cognitive decline, mood disturbances, reduced quality of life, increased risk of falls, mental illnesses, a weakened immune system, and exacerbation of chronic conditions[9,10]. Additionally, insomnia may result in heart disease, hypertension, and myocardial infarction if not diagnosed early, and can further lead to metabolic syndrome and prostate cancer[5]. The diagnosis of insomnia involves a detailed clinical history, along with specific questions from the clinician, such as symptoms of insomnia, sleep-wake routines and patterns, other sleep-related functions, daytime functioning, and consequences, as well as previous treatments[11]. Subjective measures that help in evaluat-