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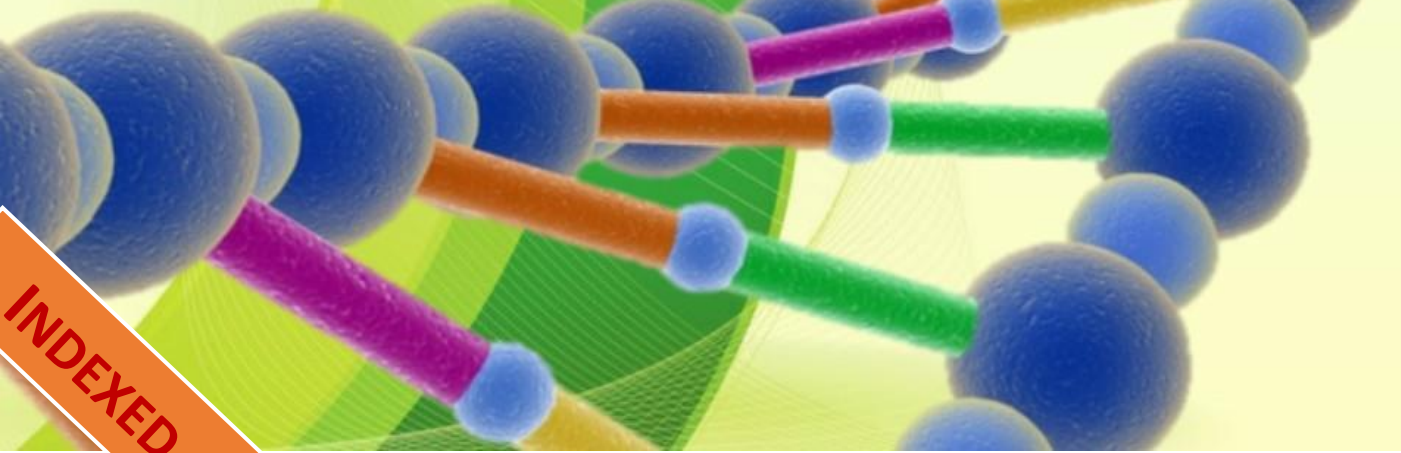

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A literary Review on Vidhivarjit Shayan (Improper Sleep) in the Etiopathogenesis of Apathya Nimittaja Prameha in Relation to Diabetes Mellitus

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ABSTRACT:

Prameha being one among the Astamagada[1,2,3] involving doshadushya itself shows the graveness of the disease. In parlance Diabetes Mellitus can be considered visa-a-vis Prameha, as many of the pathognomonic factors and symptomatology imitate each other. As per international Diabetes Federation (IDF) Diabetes Atlas 11th Edition (Published April 2025)[4], approximately 89.8 million Indian adults aged 20 – 79 were diagnosed with diabetes in 2024 – that's one in seven adults worldwide and a 10.5 % prevalence rate making India the country with the second largest number of cases globally. India today, together these sources paint a worring trend: India may have crossed the 100 million threeshold for diagnosed and undiagnosed cases bt late 2023 or early 2024, with figures continuing to rise. Acharya Vaghbhata has coined the term ''Shayanam Vidhivarjit'' specifically as a causative factor for Prameha,[5] all these vihara enhance Kapha dosha in body which is arambhaka hetu of Prameha**.** Chronic Stress and Poor Sleep work pressure, traffic, financial demands and digital distraction lead to prolonged stress and irregular sleep patterns. Both stress hormone and sleep disturbances interfere with insulin function, raising blood sugar levels over time.

KEYWORDS:

Prameha, Nidra, Diabetes Mellitus.

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INTRODUCTION:

Prameha comprises of all those diseases that cause clinical abnormalities in urine due to derangement of metabolism at the level of tissues (Dhatvagnimandya).

Samprapti of Prameha-

leads to aggravation of Kapha dosha. Along with Kapha, the dushyas such as meda (fat tissue), mamsa (muscle tissue) and kleda (body fluid) also increase in the body. Due to the increase of Kapha and meda, the digestive and metabolic fire (agni) becomes weak. When agni becomes weak, proper metabolism of food and tissues does not occur and excessive kleda is formed in the body. This increased kleda and vitiated Kapha circulate throughout the body through different srotas and cause srotodushti, especially in medovaha and mutravaha srotas. As the disease progresses, the vitiated Kapha, meda and kleda accumulate in the basti, which is the main site of manifestation of Prameha. Similarly, pitta aggravated by hot things vitiates those elements and causes different types of pitta dominant meha. When other two doshas are in a relatively diminished state, the aggravated vata draws tissues elements (viz. ojas, majja, and lasika) into the urinary tract and vitiates them to cause vata dominant pramehas. Different doshas having entered the urinary tract in vitiated condition give rise to the respective types of meha with their own dominance.

Types of Prameh Patient – It states that when the urine appears sweet in taste, slimy (picchila), and similar to honey. Such a condition should be understood in two ways regarding its origin. First, when the body's doshas and dhatus become depleted (kshina), Vata becomes predominant. Due to this Vata dominance, Vataja Prameha develops. This type is usually seen in weak, emaciated, or dhatu-depleted individuals. Second, when the disease arises due to Santarpana (over-nourishment) such as excessive intake of heavy, sweet, unctuous food and sedentary habits, it leads to the aggravation of Kapha and Meda. This results in Kaphaja Prameha, commonly found in obese and over-nourished individuals.

Apathyanimittaja prameha (Acquired)

The acquired form of prameha (apathyanimittaja prameh), in contrast, is a lifestyle condition caused due to sedentary, or inactive living, and psychologic factors include depression and stress. The description of apathyanimittaja prameha in Sushruta Samhita is very similar to that of type-II diabetes. It is explained that when vitiated Doshas, especially Kapha along with Meda and Kleda, accumulate excessively, they cause obstruction (Avarana) in various Srotas (body channels). Due to this obstruction and metabolic derangement, the body begins to exhibit characteristic signs and symptoms of Prameha. These symptoms do not arise suddenly; rather, they develop gradually due to long-standing etiological factors. Scientifically, this stage represents early metabolic disturbance, insulin resistance, increased body fat, and abnormal glucose metabolism. Clinical manifestations such as polyuria, turbidity or sweetness of urine, heaviness of body, lethargy, and increased thirst become evident. The text indicates the progressive nature of the disease. Initially, there is excess nourishment and accumulation (Kapha and Meda predominance). However, as the disease advances over time, gradual depletion of deeper tissues (Dhatu Kshaya) occurs. Thus, the condition shifts from a state of over-nutrition to one of tissue degeneration. This reflects chronic uncontrolled diabetes where prolonged hyperglycemia leads to progressive damage to tissues. At this stage, the disease becomes Krichchhra Sadhya, meaning difficult to manage, as structural and functional changes have already occurred in the body.

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it is clearly mentioned that if all types of Prameha are neglected and not treated appropriately over time, they ultimately convert into Madhumeha. This suggests that regardless of the initial type, chronic persistence of metabolic imbalance results in a severe and complicated stage. This condition correlates with long-standing diabetes leading to pancreatic β-cell dysfunction, chronic hyperglycemia, and systemic complications such as neuropathy, nephropathy, and vascular damage. At this stage, Vata predominance increases due to tissue depletion, making the disease either very difficult to cure or incurable.Thus, the shloka beautifully describes the gradual development of metabolic disease, its worsening due to neglect, and its eventual progression into a chronic, complication-prone state resembling advanced Diabetes Mellitus.

PRAMEHA HETU –The term vidhivarjita nidra was coined by acharya vagbhata where enlisting the nidana for prameha he mentioned “shayanam vidhivarjitam” among them. On which acharya arundatta comments that “vidhi varjitam – ayathokttam” that means Indulging in sleeping pattern other than which is indicated. Acharya vagbhata has also explained dushta nidra which can be also considered as vidhivarjita nidra, which mainly consists of Akale nidra, Anidra, Atinidra.

NIDRA - Trayostambh refers to three pillars. Ahara (Diet), Nidra (Proper Sleep) and Brahmacharya (Abstinence) are described as Trayostambh in Ayurveda.[10,11] In fact, they are pillars of the human life and are basis of heath life. According to Ayurvedic theory, the state when the mind and body undergo rest, it is known as living body is asleep. Sleeping for long times or sleeping late in morning imbalances the daily routine and has a bad impact on health.

IMPORTANCE OF NIDRA– states that happiness and sorrow, nourishment of the body, capacity to perform work, and physical strength or weakness all depend upon proper sleep. Scientifically, sleep is essential for neuroendocrine balance, tissue repair, metabolic regulation, and energy restoration. Adequate sleep improves immunity, muscle recovery, cognitive efficiency, and emotional stability. Inadequate or disturbed sleep results in fatigue, irritability, metabolic imbalance, and reduced immunity. State that sexual potency, reproductive health, proper knowledge, mental clarity, and even longevity are influenced by sleep. From a modern perspective, sleep regulates hormonal secretion such as growth hormone, testosterone, cortisol, and insulin. Chronic sleep deprivation affects reproductive hormones, impairs cognition and memory, and increases the risk of chronic diseases like hypertension and diabetes. Thus, sleep directly influences both physical vitality and mental performance. Indicates that sleeping at improper times (day sleep without indication, late-night wakefulness) disturbs the natural biological rhythm. Scientifically, this refers to disruption of the circadian rhythm, which is regulated by the hypothalamus and melatonin secretion. Irregular sleep patterns disturb metabolism, increase stress hormones, and predispose to lifestyle disorders**.** suggests that improper or neglected sleep acts like a destructive night (death-like effect). In modern terms, chronic sleep deprivation increases the risk of cardiovascular disease, obesity, insulin resistance, neurodegeneration, depression, and reduced lifespan.

Akali Nidra –

When a person sleeps at an inappropriate time, especially during the day or against the natural biological rhythm, it leads to disturbance in doshic balance, predominantly causing Kapha vriddhi and

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Agnimandya. Due to this, the digestive fire becomes weak and the process of metabolism slows down, resulting in the formation of Ama. This ama along with aggravated Kapha causes obstruction in various channels of the body (Srotorodha), which further leads to the manifestation of different disorders. As the channels of the body become obstructed (Srotorodha), proper transportation of nutrients and wastes is disturbed. Ultimately, this results in Agnimandata, the diminished functioning of digestive fire, which becomes the root cause of systemic diseases.

Type 2 Diabetes Mellitus-

High blood sugar and insulin resistance are the two signs of type 2 diabetes mellitus (T2DM), a common chronic metabolic condition.[15] The prevalence of type 2 diabetes has significantly increased globally during the past few decades

Role of sleep in glucose regulation

Sleep, both in terms of quantity and quality, affects a patient's capacity to control their metabolism in type 2 diabetes.

- Insulin Sensitivity

Sleep's impact on insulin sensitivity is one of the main factors of type 2 diabetes. The pancreas secretes the hormone insulin, which promotes the uptake of glucose into cells and helps control blood sugar levels.[16] Reduced insulin sensitivity is a result of sleep deprivation, especially chronic sleep deprivation.

- Circadian Rhythms

The circadian rhythm is a biological internal clock that controls a number of physiological activities, including glucose metabolism.[17] These circadian cycles can be disturbed by irregular sleep schedules, which can then cause problems with glucose metabolism.[18] This disruption may lead to an elevated risk of type 2 diabetes and the emergence of insulin resistance.

- Hormonal Regulation

Sleep is essential for controlling a number of hormones, that are directly connected to glucose metabolism.[19] Additionally, growth hormones and other hormones that regulate glucose regulation are released during sleep.[20]

Material and Method-

Ashtang Hriday Samhita (Arundattatika), Charak Samhita (Chakrapanitika)

DISCUSSION:

In the present era, lifestyle changes such as late-night sleeping, prolonged screen exposure, sedentary habits, and irregular daily routines have significantly affected sleep patterns. According to Ayurvedic principles, such irregularities increase Kapha and Meda dhatu, which play a key role in the pathogenesis of Prameha. Modern research also supports the association between poor sleep quality, obesity, insulin resistance, and diabetes mellitus. India currently ranks second in the world in the number of diabetes patients, highlighting the growing burden of lifestyle disorders. This situation reflects the relevance of classical Ayurvedic concepts in today's context. Improper sleep, along with faulty diet and lack of physical activity, contributes to the rising incidence of diabetes. Hence, adopting a disciplined lifestyle with proper sleep timing, adequate duration, and balanced daily routine (Dinacharya) can help prevent metabolic disorders like Prameha. Integrating Ayurvedic principles of Nidra with modern preventive strategies can play a crucial role in controlling the increasing prevalence of diabetes and promoting overall health.

CONCLUSION:

Nidra (sleep) is one of the three fundamental pillars of life described in Ayurveda under Trayopstambha. Prameha frequently experience Nidra, which have a detrimental impact on health. Proper sleep taken in the right quantity and at the appropriate time is essential for maintaining physical, mental,

and metabolic balance. Disturbance in sleep patterns such as excessive sleep, insufficient sleep, or sleeping at improper times can lead to imbalance of doshas, especially Kapha, and may become a causative factor for various diseases. Acharya Vagbhat has Vidhivarjit Shayan (improper sleeping habits) as an important etiological factor in the development of Prameha (diabetes). Therefore, maintaining proper sleep hygiene is not only necessary for general well-being but also for the prevention of metabolic disorders. To Eventually improve Health and Consequently Quality of life, efforts should be taken Provisional Diagnosis and treat 'Nidra' or Nidra Distrubance in Patient with Prameha Vyadhi. As doing so may prevent Prameha Vyadhi from progressing Prameha has also linked to Chronic illness, that can impact negative Impact Nidra and Quality of life, Hypertension, Depression etc. Now a days middle aged people as diagnosis with Prameha in routine OPD. That there was a association between Poor Nidra quality and metabolic disorders. Insufficient and fragments Nidra can negatively impact a patient quality of life, recovery and ability to control their

REFERENCES:

1. Charak Samhita, Chakrapanitika, Chaukhmba Orientalia Varanasi, Edition 2021, Chapter 9, Indriyasthan, Yasyashyavanimittiyam Indriyam Adhyay, Shloka no. 8
2. Sushrut Samhita, Nyaychandrika Vyakhya, Dr.Keval Krushna Thakaral, Chaukhmba Orientalia,Varanasi, Edition 2020, Chapter 33, Avaraniya Adhyay, Shlok no. 4
3. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 8, Nidansthan, Atisargrahanidosha Nidan Adhyay, Shloka no.30
4. International Diabetes federation diabetes atlas 11th Edition-2025
5. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 10, Nidansthan, Prameh Nidan Adhyay, Shloka no.1-3
6. Charak Samhita, Chakrapanitika, Chaukhmba Orientalia Varanasi, Edition 2021, Chapter 6, Chikitsasthan, Prameh Chikitsa Adhyay, Shloka no. 5-6
7. Charak Samhita, Chakrapanitika, Chaukhmba Orientalia Varanasi, Edition 2021, Chapter 6, Chikitsasthan, Prameh Chikitsa Adhyay, Shloka no. 55
8. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 10, Nidansthan, Prameh Nidan Adhyay, Shloka no.19-20
9. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 10, Nidansthan, Prameh Nidan Adhyay, Shloka no.1-3
10. Samhita, Chakrapanitika, Chaukhmba Orientalia Varanasi, Edition 2021, Chapter 11, Sutrasthan, Tisreshaniya Adhyay, Shloka no. 35
11. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 7, Sutrasthan, Annaraksha Adhyay, Shloka no.52
12. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 7, Sutrasthan, Annaraksha Adhyay, Shloka no 53
13. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 7, Sutrasthan, Annaraksha Adhyay, Shloka no 54
14. Ashtang Hriday Arundatta Tika, Chaukhmba Orientalia Varanasi, Edition 2019, Chapter 7, Sutrasthan, Annaraksha Adhyay, Shloka no 61
15. Sleep duration and the risk of type 2 diabetes: a community-based cohort study with a 16-year follow-up. Lee DY,

Jung I, Park SY, et al. Endocrinol Metab (Seoul) 2023;38:146–155. doi: 10.3803/EnM.2022.1582. [DOI] [PMC free article] [PubMed] [Google Scholar]

16. Sleep quality among patients with type 2 diabetes: a cross- sectional study in the East Coast region of peninsular Malaysia. Nasir NF, Draman N, Zulkifli MM, Muhamad R, Draman S. http://doing.org/10.3390/ijerph19095211. Int J environ Res Public Health. 2022;19:5211. doi: 10.3390/ijerph19095211. [DOI] [PMC free article] [pubmed]
17. Sleep quality among patients with type 2 diabetes: a cross- sectional study in the East Coast region of peninsular Malaysia. Nasir NF, Draman N, Zulkifli MM, Muhamad R, Draman S. http://doing.org/10.3390/ijerph19095211. Int J environ Res Public Health. 2022;19:5211. doi: 10.3390/ijerph19095211. [DOI] [PMC free article] [pubmed]
18. Association of sleep quality and quality of life in type 2 diabetes mellitus: a cross-sectional study in China. Lou P, Qin Y, Zhang P, et al. Diabetes Res Clin Pract. 2015;107:69–76. doi: 10.1016/j.diabres.2014.09.060. [DOI] [PubMed] [Google Scholar]
19. Quality of life and its association with insomnia and clinical variables in type 2 diabetes. Jain A, Sharmab R, Yadavc N, Chaudhary P, Jainc G, Maanju M. https://doi.org/10.21608/epx.2018.7011. J Egypt Public Health Assoc. 2017;92:52–59. doi: 10.21608/epx.2018.7011. [DOI] [PubMed] [Google Scholar]
20. Association between sleeping difficulty and type 2 diabetes in women. Li Y, Gao X, Winkelman JW, et al. https://doi.org/10.1007/s00125-015-3860-9. Diabetologia. 2016;59:719–727. doi: 10.1007/s00125-015-3860-9. [DOI] [PMC free article] [PubMed] [Google Scholar]

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