

## Impact of Yoga Nidra on Insomnia

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### Abstract

*Introduction: Insufficient sleep is a global problem that is becoming increasingly common in the present scenario. Insomnia, a common sleep disorder, makes it difficult to fall asleep, remain asleep, or causes early awakening with an inability to return to sleep. It is estimated that nearly 10–15% of the world population experiences insomnia. Insomnia not only affects sleep patterns but also impacts the overall health of an individual. The practice of Yoga Nidra has traditionally been documented by sages for sleep. Recently, Yoga Nidra has been used in patients with menstrual abnormalities, post-traumatic stress disorder, diabetes, anxiety, and depression, but limited information is available regarding its effects on sleep or sleep disorders. Yoga Nidra, also referred to as “yogic sleep,” is a simplified form of an ancient tantric relaxation technique. The most common description of the practice is that it combines guided mental imagery with a specific yoga posture known as Shavasana (or “corpse pose”). The aim of Yoga Nidra is to promote a deep state of relaxation, which differs from sleep as awareness of one’s surroundings is still maintained. While several components of this practice have been recognized since ancient times, the aim of the present review is to explore the understanding of Yoga Nidra in overcoming insomnia through published scientific literature. After reviewing the available studies, it is evident that Yoga Nidra is effective in managing insomnia along with the sleep patterns associated with it. After reviewing various literature, it can be concluded that yoga not only supports the management of insomnia and its related disorders but also contributes to the holistic development of the body, thereby promoting a healthier and more satisfying lifestyle.*

**Keywords:** Insomnia, hormonal imbalance, yoga Nidra

### Introduction:

Insufficient sleep and sleepiness in adolescents are a serious public health issue. Typical developmental changes and challenges to sleep faced by adolescents have been the topic of several recent reviews. (Owens J, 2014), Colrain I et al. (2011), Gradishar M et al. (2011).

Insomnia stands as a common sleep disturbance marked by challenges in both falling asleep and staying asleep, resulting in daytime dysfunction and emotional distress. Drake CL et al. (2003).

Insomnia within this specific group is linked to a range of negative health consequences, such as heightened susceptibility to conditions like hypertension, cardiovascular diseases, cognitive deterioration, and a general decline in quality of life (Sofi F et al., 2014). Insufficient sleep is a global problem that is becoming increasingly common in today's scenario. Insomnia, a common sleep disorder which make hard to fall asleep, hard to stay asleep, or cause to wake up too early and not be able to get back to sleep. It is estimated that 10-15% of the world population has insomnia. Insomnia not only affects the sleep pattern but also affects the holistic health of an individual.

Insomnia can be described as dissatisfaction with rest quality, difficulty falling asleep, frequent night arousals, and arousing prior to the morning or the desired time.[ **Vahia VN.(2013)**, Sateia MJ. (2014) Most reports recommend prevalence rates of insomnia disorder at 5% to 15%. (**Ohayon MM, Reynolds, 2009**), **Morin CM et al. 2011. Morin CM et al. 2012**] Insomnia could be an ongoing issue in 31% to 75% of patients, with more than two-thirds reporting side effects for at least 1 year. It is additionally associated with daytime fatigue, languor, impairment in cognitive execution, and mood changes. Insomnia differs from sleep deprivation as it is challenging to rest despite having adequate opportunities.

A detailed study indicates that nearly 30% of adults experience certain sleep-related problems. Léger D et al., (2008). Various parameters can be used to characterize sleep, including sleep quality (e.g., satisfaction with sleep), sleep quantity (e.g., total sleep time, sleep duration, time spent in bed), and daytime sleepiness (e.g., the probability of falling asleep while attempting to remain alert). Buysse DJ. (2014). A consensus has emerged that disturbed sleep considerably impairs physical and mental well-being. For instance, poor sleep has been associated with an increased risk of cardiovascular disease, diabetes, hypertension, mortality, obesity, pain, neurocognitive dysfunction, and psychiatric disorders. Notably, both sleep and stress-responsive physiological systems are temporally and functionally regulated by biological processes, and it has been well established that sleep shares a close relationship with these stress-responsive physiological systems. Sleep deprivation may influence bodily responses to stress. Poor sleep can be an important risk factor for stress-related disorders, including cardiovascular diseases and mood disorders. In addition, insomnia is frequently linked with cognitive impairment, including poor memory, attention, concentration, and the performance of simple tasks. Furthermore, insomnia and its associated conditions adversely affect quality of life. Clinical observations of psychosomatic patients suggest that their altered somatopsychic functioning necessitates the practice of yoga-based therapy. It is emphasized that physical yogic exercises are intended to prepare the body for higher mental practices such as samadhi. Mindfulness meditation is increasingly being incorporated into mental health interventions, and its theoretical concepts have influenced basic research in psychopathology.

10%-30% worldwide population have insomnia. It is estimated that 10% to 15% of the adult population suffers from chronic insomnia disorder and an additional 25% to 35% have transient or occasional insomnia disorder worldwide (S. Saddichha, 2020). Insomnia is the inability to fall asleep or stay asleep. Insomnia can have many long terms effect, including day time sleepiness and impairment, memory loss and mood changes. Studies have demonstrated that yoga can be beneficial in managing sleep problems such as insomnia. (W. L. Wang et al 2020)

Various Relaxation/ Meditative treatments such as progressive relaxation and meditation which address the cognitive and somatic arousal associated with insomnia have been found to be effective (M. P. Sharma 2012). Yoga is a absolute discipline which includes physical exercises, postures, breathing techniques, hand symbols/techniques and meditation for the purpose of improving health and well-being (P. Sengupta, 2012).

The relationship between insomnia and mental illness is bidirectional: about 50% of adults with insomnia have a mental health problem, in which sleeping problems may be both a cause and consequence of mental health problems (A. J. Scott, 2021)

### **Insomnia:**

Insomnia can affect an individual's well-being and may influence mental, physical, and digestive health. There exists a close relationship between sleep and mental health. Sleep is strongly associated with mental and emotional well-being and has shown links with depression, anxiety, bipolar disorder, and other conditions. Both sleep and mental health are complex concerns influenced by multiple factors; however, given their strong association, there is considerable reason to believe that improving sleep may positively impact mental health and may form a component in the treatment of several psychiatric disorders. Living with a mental health condition can influence one's sleep, while poor sleep, in turn, can adversely affect an individual's mental health.

### **Yoga Nidra:**

***Yoga nidra is a state between sleep and samadhi.***”- **Swami Rama** According to ancient Indian scriptures, sages are believed to have used Yoga Nidra for sleep. Yoga Nidra is derived from two Sanskrit terms, ‘Yoga’ (‘yuj’ = yoke), meaning union or one-pointed awareness, and ‘nidra’, meaning sleep. Yoga Nidra originates from the concept of ‘pratyahara’ in Raja Yoga and the tantric practice of ‘nyasa’. In ‘pratyahara’, the mind and mental awareness become dissociated from the sensory channels. ‘Nyasa’ means ‘to place’ or ‘to take the mind to a particular point’. Yoga Nidra is described as neither nyasa nor meditation, since it is practised in the supine position and, unlike meditation which represents an aware and wakeful state, Yoga Nidra is regarded as a state of aware sleep (Saraswati 1998). ‘Nyasa’ is practised in a sitting posture and

includes the recitation of Sanskrit mantras to experience different parts of the body, extending the scope of this practice across cultures.

Yoga Nidra was traditionally practised by sages and passed down to their disciples. Swami Satyananda Saraswati, a renowned teacher from the Bihar School of Yoga, Munger, Bihar, India, presented the fundamentals of learning Yoga Nidra in the form of a book. He defined Yoga Nidra as a “systematic method of inducing complete physical, mental and emotional relaxation, in which relaxation is attained by turning inward, away from external experiences” (Saraswati 1998). It may be practised under the guidance of a teacher following instructions from his book or through audio compact discs (CDs).

### **Steps of Yoga Nidra:**

#### **1 The Principles and Practice of Yoga Nidra**

The foundation of Yoga Nidra lies in the awareness of one’s complete physical aspect of personality (Annamaya kosha), which is achieved by gently resting one’s awareness while relaxing each physical part and biological function. As a consequence, the aspect of the psyche involving all breathing processes (Pranamaya kosha) and nerve centres (chakra) attains calmness and clarity. Awareness of one’s true, natural, and peaceful Annamaya kosha and Pranamaya kosha exerts a positive influence on the mind, allowing traces of ignorance, anger, and anxiety to gradually diminish. This positive effect on the mind and all mental formations (Manomaya kosha) contributes to the realization of one’s true potential.

The practice of Yoga Nidra consists of a specific sequence of steps, which are initially performed consciously but gradually become more natural and effortless with time and experience. These steps include preparation for the practice, followed by the formulation of a personal resolution or commitment for future action (Sankalpa), directing awareness to different body parts, breath awareness, recollection of various feelings and sensations, mental visualization, repetition of the personal resolution or Sankalpa, and finally, the completion of the practice session.

#### **2 Preparations**

Before beginning the mental stages required to enter the conscious sleep state of Yoga Nidra, the practitioner assumes the classical Shavasana or “corpse pose.” This posture, regarded as one of the most important in yogic practice, involves keeping the palms facing upward and avoiding contact between the limbs of the body. Such positioning minimizes the sensation of touch and is considered an essential preparatory step for bodily relaxation and mental calmness. Practitioners are also required to avoid any bodily movement and remain awake, alert, and attentive to all instructions provided. While lying in a supine position with closed eyes, the practitioner extends the arms and legs (approximately 45° apart) and breathes deeply.

### **3 Sankalpa**

The next stage of the yoga Nidra technique is for the practitioner to mentally affirm to himself a personal resolution, a “Sankalpa”, which should be short, clear, and positive (i.e., usually dedicated to some goal of self-realization or improvement). The goal could be quite profound or something as basic as overcoming a personal habit, such as “I resolve to stop smoking”. The practitioner should mentally repeat the chosen Sankalpa three times with complete determination. The state of mental dissociation that this resolution produces is expressed in what yoga Nidra masters refer to as passivity.

### **4 Rotation of Consciousness**

In the third stage, the practitioner’s mental visualization is shifted among different body locations in a systematic and organized manner. The sequencing of this mental awareness proceeds in defined steps: The practitioner starts with the right side of the body, with awareness first being directed at the right-hand thumb and then ending with the little toe of the right foot; awareness is then directed at the left side of the body, and the sequence is repeated, i.e., from the digits of the left hand to the digits of the left foot; next, awareness is directed toward the back of the body, progressing from the heels to the back of the head; and, finally, the sequence is repeated for the front of the body, from the forehead and the individual facial features to the legs. It has been suggested that this overall exercise might in itself be an effective means of establishing relevant motor skill learning. This further enhances the value of the process as the student of yoga Nidra advances to the later and deeper stages of practice.

### **5. Breath Awareness**

During the breath awareness stage, various techniques are used simultaneously to help the practitioner concentrate on the natural process of breathing without trying to alter its rhythm or flow. Visualization plays an important role in mastering this stage. The Yoga Nidra practitioner is guided to visualize the breath moving in and out through the nostrils, chest, and abdomen, as well as along the pathway between the navel and the throat. In addition, the practitioner is instructed to mentally count each inhalation and exhalation.

### **6. Opposite Feelings and Sensations**

In this stage, the student is instructed to recall physical or emotional experiences and their associated sensations, but to do so with an increased vividness, so that the impact can be made to the maximum extent. Various examples of this process include experiencing opposite feelings or sensations such as heaviness and lightness, heat and cold, pain and pleasure, and so forth.

### **7. Visualization**

Visualization is again a central process in the next stage of practice. The student is instructed to direct the awareness toward the dark space in front of the closed eyes, the area being referred to in yogic terminology as *Chidākāsha* (internally visualized as being centered just behind the forehead). The yoga Nidra practitioner then is asked to visualize various scenes or situations in the *Chidākāsha*.

### 8. Sankalpa

The Sankalpa, as described in stage two, is again mentally repeated by the student three times “with full dedication, faith, and optimism”.

### 9. Ending the Practice Session

Just before terminating the yoga Nidra session, the mental focus is slowly directed toward external sounds, objects, and persons. The practitioner gradually becomes aware of his body and surroundings, and turns to his right side but remains lying down for a few minutes more. Each body part is slowly moved and the body is stretched. Gradually the practitioner sits up, and whenever he feels comfortable, slowly opens his eyes



**Figure 1** Fig.1 An illustration of a yoga Nidra

The precise process by which *Yoga* influences sleep remains inadequately understood. The researchers propose that *Yoga* improves physical strength, vitality, energy, and emotional equilibrium. This could improve quality of life. (Halpern et al. (2014)), *Yoga* alleviates physical and psychological stress while minimizing disruptions to regular routines. Furthermore, *Yoga* Practices have been documented to diminish sympathetic activity and augment parasympathetic

activity, hence modulating the hypothalamus-pituitary-adrenal (HPA) axis response to stress. (Ross, A., & Thomas, S. (2010)-Patra, S., & Telles, S. (2010))

*Yoga Nidra* is associated with a shift toward parasympathetic dominance, and elevated cardiac vagal control is linked to improved subjective and objective sleep quality. (Markil, N et al. 2012) This may extend the sleep stage and reduce the latent period, hence improving sleep quality. (Quan et al. 2007). Moreover, potential processes influencing sleep quality and subjective well-being may be associated with cognitive restructuring effects of these practices, which facilitate a more relaxed mental processing of external stimuli. (Deepak et al. (2002)

### **Objectives:**

The current systematic review was carried out with the objectives to see the effect of Yogic Nidra on Insomnia.

### **Reviews Of Literature:**

1. **Jadhav A and Mulgir K (2025)**, studied that sleep is a fundamental biological necessity, with deprivation adversely affecting cardiovascular, immune, cognitive, and emotional functioning, ultimately reducing quality of life and productivity. Evidence suggests that yoga interventions—including postures, breathing, and meditation—can effectively enhance sleep quality and cognitive performance across diverse populations. However, further rigorous research is required to clarify mechanisms, optimize protocols, and establish broader clinical applicability of yoga for sleep improvement.
2. **Verma K et al. (2022)**. This randomized controlled trial evaluated yoga as a complementary intervention for acute insomnia in 24 participants. Findings indicate that a 30-day yoga regimen significantly improved sleep quality, reduced stress, and enhanced the physical, psychological, and social aspects of quality of life, while cognitive function remained unchanged. Overall, yoga appears to be an effective adjunct to conventional treatment for improving mental health and sleep outcomes in patients with insomnia.
3. **Datta et al. (2021)** engaged 41 patients with chronic insomnia in a randomized parallel-design trial that took place between 2012 and 2016. Yoga Nidra demonstrated significant improvement in Stages N2 and N3. After a yoga Nidra intervention, salivary cortisol levels dropped statistically significantly ( $p = 0.041$ ). Following yoga Nidra practice, the researchers found that Stage N3 sleep, total wake length, and subjective sleep quality all improved. After supervised practice sessions, yoga Nidra practice can be utilized to cure chronic insomnia.
4. **Seithikurippu R. et al. (2021)** Clinical studies have shown that yoga Nidra meditation is associated with positive physiological changes, including improvements in several

hematological variables, red blood cell counts, blood glucose levels, and hormonal status. Two neuroimaging studies have shown that yoga Nidra produces changes in endogenous dopamine release and cerebral blood flow, a further confirmation that its effects on the CNS are objectively measurable. The practice has also been shown to reduce psychometrically measured indices of mild depression and anxiety, although these benefits were not shown in an experimental study to extend to severe depression or severe anxiety.

5. **Rani R, et al. (2013)** A study has been done on the effect of yoga Nidra practice on stress levels in first-year nursing students. A pre-experimental study was conducted to assess and compare the stress levels of first-year nursing students before and after the administration of yoga Nidra. A sample of 50 nursing students was randomly selected and data were collected using a modified stress assessment scale. The investigators found that following 20 days of yoga Nidra practice, the mean stress scores were significantly reduced (before yoga Nidra, 28.82; after yoga Nidra, 17.8 [ $p < 0.05$ ]).
6. **Rani et al. (2012)** Yoga Nidra has been tried as a therapeutic option for many diseases. The relative ease of practice has made it an acceptable therapeutic option for many diseases. Yoga Nidra has been used in patients of menstrual abnormalities (Rani et al. 2011), anxiety and depression but little is known about its effect on sleep or sleep disorders.
7. **Kumar K., & Joshi, B (2009)**. A study was also conducted among students to assess the impact of yoga Nidra on alpha EEG and GSR. Forty students were selected from the MBPG College Haldwani, Uttarakhand, India for the study. They were asked to practice yoga Nidra for 30 min for 40 days regularly. The results show a significant positive change in alpha electroencephalogram (EEG) and galvanic skin resistance (GSR level).
8. **Kumar K. (2008)**. studied on yoga Nidra sought to determine its impact on stress and anxiety. One-hundred and twenty post-graduate students were assigned to either the yoga Nidra intervention group ( $N=80$ ) or a control group ( $N=30$ ). Both groups were practicing yoga regularly, while the intervention group was additionally practicing 30 min of yoga Nidra. In the yoga Nidra intervention group, stress decreased significantly ( $P < 0.01$ ) in all members of the group, while anxiety decreased significantly in male subjects only [20].

### **Conclusion:**

“In yoga Nidra we experience a state of harmony between body, brain, and mind. Then the unconscious barriers and blockages within the personality, which exist due to our negativity, are removed and the healing power of the mind begins to manifest.”

**Swami Niranjanananda Saraswati**

Yoga Nidra, also referred to as yogic or psychic sleep, is a state of consciousness (awareness) occurring between wakefulness and sleep, comparable to the “falling asleep” stage (hypnagogia), and is generally induced through an active guided meditation technique. Yoga Nidra is a method of deep relaxation (considered one of the deepest forms of meditation) that is commonly practised in a supine lying position and involves a sequence of perceptual exercises, such as attention to the breath or particular parts of the body. The practitioner follows instructions for different activities without distraction while remaining fully awake and attentive. Although practitioners may appear to be asleep, their consciousness functions at an elevated level of awareness. Thus, Yoga Nidra represents a form of *Pratyahara* (withdrawal of the senses), involving the gradual dissociation and emotional dis-identification of oneself from the body and mind. It is associated with the higher stages of Raja Yoga.

#### Reference:

1. Drake, C. L., Roehrs, T., & Roth, T. (2003). Insomnia causes, consequences, and therapeutics: An overview. *Depression and Anxiety*, 18(4), 163–176. <https://doi.org/10.1002/da.10151>
2. Sofi, F., Cesari, F., Casini, A., Macchi, C., Abbate, R., & Gensini, G. F. (2014). Insomnia and risk of cardiovascular disease: A meta-analysis. *European Journal of Preventive Cardiology*, 21(1), 57–64. <https://doi.org/10.1177/2047487312460020>
3. Owens, J. A., Adolescent Sleep Working Group, & Committee on Adolescence. (2014). Insufficient sleep in adolescents and young adults: An update on causes and consequences. *Pediatrics*, 134(3), e921–e932. <https://doi.org/10.1542/peds.2014-1696>
4. Colrain, I. M., & Baker, F. C. (2011). Changes in sleep as a function of adolescent development. *Neuropsychology Review*, 21(1), 5–21. <https://doi.org/10.1007/s11065-010-9155-5>
5. Gradisar, M., Gardner, G., & Dohnt, H. (2011). Recent worldwide sleep patterns and problems during adolescence: A review and meta-analysis of age, region, and sleep. *Sleep Medicine*, 12(2), 110–118. <https://doi.org/10.1016/j.sleep.2010.11.008>
6. Jadhav A and Mulgir K (2025), Importance of Yoga in Promotion of Sleep Quality - A Narrative Review, Journal of Ayurveda and Integrated Medical Sciences, 2025 Volume 10 DOI:10.21760/jaims.10.1.14 retrieved from <https://jaims.in/index.php/jaims/article/download/3911/6356?inline=1>

7. Verma K et al. (2022), Effects of Yoga on Psychological Health and Sleep Quality of Patients with Acute Insomnia: A Preliminary Study. Retrieved from [https://www.researchgate.net/publication/365292978\\_Effects\\_of\\_Yoga\\_on\\_Psychological\\_Health\\_and\\_Sleep\\_Quality\\_of\\_Patients\\_With\\_Acute\\_Insomnia\\_A\\_Preliminary\\_Study](https://www.researchgate.net/publication/365292978_Effects_of_Yoga_on_Psychological_Health_and_Sleep_Quality_of_Patients_With_Acute_Insomnia_A_Preliminary_Study)
8. Halpern, J., Cohen, M., Kennedy, G., Reece, J., Cahan, C., & Baharav, A. (2014). Yoga for improving sleep quality and quality of life for older adults. *Alternative Therapies in Health and Medicine*, 20(3), 37–46.
9. Ross, A., & Thomas, S. (2010). The health benefits of yoga and exercise: A review of comparison studies. *Journal of Alternative and Complementary Medicine*, 16(1), 3–12.
10. Patra, S., & Telles, S. (2010). Heart rate variability during sleep following the practice of cyclic meditation and supine rest. *Applied Psychophysiology and Biofeedback*, 35, 135–140.
11. Markil, N., Whitehurst, M., Jacobs, P. L., & Zoeller, R. F. (2012). Yoga Nidra relaxation increases heart rate variability and is unaffected by a prior bout of Hatha yoga. *Journal of Alternative and Complementary Medicine*, 18(10), 953–958.
12. Quan, S. F., O'Connor, G. T., Quan, J. S., Redline, S., Resnick, H. E., Shahar, E., Siscovick, D., & Sherrill, D. L. (2007). Association of physical activity with sleep-disordered breathing. *Sleep and Breathing*, 11(3), 149–157.
13. Deepak, K. K. (2002). Neurophysiological mechanisms of induction of meditation: A hypothetico-deductive approach. *Indian Journal of Physiology and Pharmacology*, 46(2), 136–158.
14. Vahia, V. N. (2013). Diagnostic and statistical manual of mental disorders 5: A quick glance. *Indian Journal of Psychiatry*, 55(3), 220–223.
15. Sateia, M. J. (2014). International classification of sleep disorders—third edition: Highlights and modifications. *Chest*, 146(5), 1387–1394.
16. Ohayon, M. M., & Reynolds, C. F., III. (2009). Epidemiological and clinical relevance of insomnia diagnosis algorithms according to the DSM-IV and the International Classification of Sleep Disorders (ICSD). *Sleep Medicine*, 10(9), 952–960.

17. Ohayon, C. M., LeBlanc, M., Bélanger, L., Ivers, H., Mérette, C., & Savard, J. (2011). Prevalence of insomnia and its treatment in Canada. *Canadian Journal of Psychiatry*, 56(9), 540–548.
18. Morin, C. M., & Benca, R. (2012). Chronic insomnia. *The Lancet*, 379(9821), 1129–1141.
19. Léger, D., Poursain, B., Neubauer, D., & Uchiyama, M. (2008). An international survey of sleeping problems in the general population. *Current Medical Research and Opinion*, 24(1), 307–317.
20. Buysse, D. J. (2014). Sleep health: Can we define it? Does it matter? *Sleep*, 37(1), 9–17.
21. Verma, K., Singh, D., & Srivastava, A. (2023). Comparative impact of yoga and ayurveda practice in insomnia: A randomized controlled trial. *Journal of Education and Health Promotion*, 12(1), 160.
22. Kumar, K. (2008). A study on the impact on stress and anxiety through yoga nidra. *Indian Journal of Traditional Knowledge*, 7(3), 401–404.
23. Kumar, K., & Joshi, B. (2009). Study on the effect of pranakarshan pranayama and yoga nidra on alpha EEG and GSR. *Indian Journal of Traditional Knowledge*, 8(3), 453–454.
24. Datta, K., Tripathi, M., Verma, M., Masiwal, D., & Mallick, H. N. (2021). Yoga nidra practice shows improvement in sleep in patients with chronic insomnia: A randomized controlled trial. *National Medical Journal of India*, 34(3), 143–150. Retrieved from [https://doi.org/10.25259/NMJI\\_63\\_19](https://doi.org/10.25259/NMJI_63_19)
25. Seithikurippu, R. P.-P., Spence, D. W., Srivastava, N., Kanchibhotla, D., Kumar, K., Sharma, G. S., Gupta, R., & Batmanabane, G. (2022). The origin and clinical relevance of yoga nidra. *Sleep and Vigilance*, 6, 61–84. Retrieved from <https://doi.org/10.1007/s41782-022-00202-7>
26. Rani, K., Tiwari, S., Singh, U., Singh, I., & Srivastava, N. (2012). Yoga nidra as a complementary treatment of anxiety and depressive symptoms in patients with menstrual disorder. *International Journal of Yoga*, 5(1), 52–56. Retrieved from <https://doi.org/10.4103/0973-6131.91715>.

27. Rani, R., Kumar, A., & Sharma, P. (2013). Effect of yoga nidra on stress level among B.Sc nursing first year students. *Nursing and Midwifery Research Journal*, 2, 47–55. Retrieved from <https://doi.org/10.33698/NRF0156>
28. Wang, W. L., Chen, K. H., Pan, Y. C., Yang, S. N., & Chan, Y. Y. (2020). The effect of yoga on sleep quality and insomnia in women with sleep problems: A systematic review and meta-analysis. *BMC Psychiatry*, 20(1). Retrieved from <https://doi.org/10.1186/s12888-020-02566-4>
29. Saddichha, S. (2010). Diagnosis and treatment of chronic insomnia. *Annals of Indian Academy of Neurology*, 13(2), 94. Retrieved from <https://doi.org/10.4103/0972-2327.64628>
30. Saraswati, S. S. (1998). *Yoga Nidra* (6th ed.). Yoga Publications Trust
31. Sharma, M. P., & Andrade, C. (2012). Behavioral interventions for insomnia: Theory and practice. *Indian Journal of Psychiatry*, 54(4), 359–366. Retrieved from <https://doi.org/10.4103/0019-5545.104825>
32. Sengupta, P. (2012). Health impacts of yoga and pranayama: A state-of-the-art review. *International Journal of Preventive Medicine*, 3(7), 444–458.
33. Scott, A. J., Webb, T. L., Martyn-St James, M., Rowse, G., & Weich, S. (2021). Improving sleep quality leads to better mental health: A meta-analysis of randomized controlled trials. *Sleep Medicine Reviews*, 60, 101556. Retrieved from <https://doi.org/10.1016/j.smr.2021.101556>