



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)

IJHS 2025; 9(3): 314-318

Received: 19-04-2025

Accepted: 21-05-2025

**Dr. Mithlesh Dhurvey**

PG Scholar, Department of  
Organon of Medicine and  
Homoeopathic Philosophy,  
Govt. Homoeopathic Medical  
College and Hospital, Bhopal,  
Madhya Pradesh, India

**Suresh Chandra Awasthi**

Professor, Department of  
Organon of Medicine and  
Homoeopathic Philosophy,  
Govt. Homoeopathic Medical  
College and Hospital, Bhopal,  
Madhya Pradesh, India

**Corresponding Author:**

**Dr. Mithlesh Dhurvey**

PG Scholar, Department of  
Organon of Medicine and  
Homoeopathic Philosophy,  
Govt. Homoeopathic Medical  
College and Hospital, Bhopal,  
Madhya Pradesh, India

## A clinical study of homoeopathic management in case of insomnia having inevitable maintaining causes

**Mithlesh Dhurvey and Suresh Chandra Awasthi**

**DOI:** <https://www.doi.org/10.33545/26164485.2025.v9.i3.E.1673>

### Abstract

**Background and objective:** My study aims to evaluate the effectiveness of homoeopathic medicine in managing insomnia, particularly in cases influenced by psychological factors like stress, anxiety, and depression, as well as lifestyle issues in adults. These factors, along with sleep debt and disrupted circadian rhythms, make insomnia challenging to treat. The study focuses on addressing these underlying unavoidable maintaining causes to improve sleep quality.

**Material and method:** Prospective, open, observational study was conducted at the Government Homoeopathic Medical College and Hospital, Bhopal, on 30 patients aged 19-45 years clinically diagnosed with insomnia. The patients' detailed case history was recorded as per Dr. Samuel Hahnemann's directions in the Organon of Medicine and individualized homoeopathic treatments were administered. The severity of symptoms was assessed using the ISI scale before and after treatment, with quantitative data analysed using the paired-t test.

**Result:** The results demonstrated a notable reduction in the severity of insomnia symptoms in patients following homoeopathic treatment. Out of 30 patients, 5 (16.66%) showed marked improvement, 13 (43.33%) showed moderate improvement, 9 (30%) showed mild improvement, and 3 (10%) showed no significant change. The statistical analysis confirmed the effectiveness of homoeopathic treatment, with a calculated t-value of 14.27, exceeding the critical value of 2.045 at a 5% level of significance.

**Conclusion:** In conclusion, homoeopathic treatment significantly alleviates insomnia symptoms, particularly in cases with unavoidable maintaining causes. This research affirms the role of classical homoeopathy as a valuable option in managing insomnia and improving the quality of life for affected individuals.

**Keywords:** Insomnia, maintaining cause, Homoeopathic medicine, insomnia severity index Score, homoeopathy, student's paired-t test

### Introduction

Sleep is essential for everyone to maintain normal health and fitness. Recovery from the physical and psychological strain of any sickness or hospital stay also depends on it. Lack of sleep, or insomnia, has a significant negative impact on society and public health in many ways. Insomnia is a sleep condition characterized by difficulty falling asleep or staying asleep<sup>[1]</sup>.

Sleep is crucial for long-term health and well-being. The way you sleep affects how you feel during the day, your body works to preserve both your physical and mental well-being. In the present era, with the advancement of life, people are so busy with their work and pursuit of success that they forget the importance of sleep. Along with their busy schedules and heavy workloads, it has been recently observed that insomnia is becoming one of the major health issues among adults.

The famous stalwart Dr. James Tyler Kent turned to Homoeopathy after his wife, who had insomnia and couldn't find relief from other treatments, tried a Homoeopathic remedy. At first, Dr. Kent himself didn't believe it would work, but he was surprised when his wife fell asleep after taking the medicine. She slowly got better with the Homoeopathic treatment. This was a turning point in his life that made him conversion to homoeopathy<sup>[2]</sup>.

Dictionary meaning of insomnia -The condition of being unable to sleep<sup>[3]</sup>.

Merriam-webster Dictionary - An extended and typically unusual inability to obtain sufficient sleep, often caused by difficulties in falling asleep or staying asleep<sup>[4]</sup>.

Insomnia - Insomnia is defined by difficulty falling asleep or staying asleep, resulting in insufficient or poor-quality sleep. These conditions may be short term or long term. It may be acute or chronic. Acute insomnia lasts from one night to a few weeks. Chronic insomnia

refers to experiencing sleep difficulties on at least three nights per week for a duration of three months or longer. Types of insomnia - Insomnia can be divided into 3 types.

- 1) Sleep onset insomnia - it occurs when a person has difficulty in falling asleep. It is a type of severe form. Which is considered to be Physiologically restorative part of sleep.
- 2) Sleep maintenance insomnia - where the person has difficulty in staying sleep. This Insomnia may be complaints of numerous arousals during the night. Resulting in interruption of Non-REM, REM sleep of normal cycle subsequently the person will complaint of poor quality of sleep.
- 3) The last type of insomnia is early morning awakening insomnia which is the least severe form. This type of insomnia also affects the sleep dream cycle considered to be mentally restorative, and so the person may complaint of fatigue in the midafternoon of following days <sup>[1]</sup>.

### Epidemiology

According to a study by Charles M Morin *et al.* around 10% of adults struggle with insomnia, while another 20% experience occasional sleep problems. Women, older adults, and those facing financial difficulties are more at risk of developing insomnia. This condition is often long-lasting, with 40% of sufferers continuing to experience it after five years. Insomnia is a major public health concern that requires attention both through personalized medical treatment and broader initiatives to improve sleep health across the population <sup>[5]</sup>.

Multiple global studies have revealed that insomnia affects 10% to 30% of the population, with some studies reporting rates as high as 50% to 60%. It is more common among older adults, women, and individuals with physical or mental health issues <sup>[6]</sup>.

Estimates of insomnia prevalence vary based on criteria and the population studied. General population-based studies suggest around 30% of adults report symptoms like difficulty falling asleep, staying asleep, waking up too early, or poor sleep quality. The NIH State-of-the-Science Conference in 2005 found that when daytime impairment is considered, the prevalence drops to about 10%. Applying stricter diagnostic criteria, such as those in the DSM-IV, which requires symptoms to persist for at least a month and not be linked to other conditions or substances, results in a prevalence estimate of about 6% <sup>[7]</sup>.

### Risk factor

Risk factors for insomnia include demographic factors, comorbid medical conditions, and lifestyle factors. Age and gender are significant, with higher prevalence in women and older adults. The elderly may experience insomnia due to reduced functionality of sleep control systems and comorbidities. In women, insomnia is more common during menstruation and menopause. Medical conditions like hypoxemia, gastroesophageal reflux disease, pain disorders, and neurodegenerative diseases are common in individuals with insomnia. Primary sleep disorders (restless legs syndrome, periodic limb movement, and sleep apnoea) and circadian rhythm disorders are also associated with insomnia. In younger individuals, insomnia is often linked to phase delay syndrome, while older adults experience phase advance syndrome, leading to difficulty with sleep initiation, maintenance, and early awakenings <sup>[7]</sup>.

### Pathophysiology

Insomnia is characterized by hyperarousal, both physiologically and cognitively, leading to difficulties in sleep initiation and maintenance. The cognitive model suggests that constant worry about life and sleep itself disrupts sleep. Physiologically, insomnia is linked to increased metabolic rate, heart rate variability, and neuroendocrine changes. Studies show that insomniacs have higher metabolic rates, increased heart rate, and decreased heart rate variability compared to healthy sleepers. Chronic activation of the stress response system, evidenced by higher cortisol and catecholamine levels, contributes to this arousal. PET scans also reveal increased brain metabolism in insomniacs during waking and non-REM sleep. The HPA axis dysfunction, involving cortisol and ACTH, plays a key role in chronic insomnia <sup>[8]</sup>.

### Diagnostic criteria of insomnia- according to DSM - 5

A main issues of dissatisfaction with the amount or quality of sleep, accompanied by one or more of the following symptoms

- Difficulty in initiating sleep.
  - Difficulty in maintaining sleep.
  - Early morning awakening with inability to return to sleep.
- a) The sleep disturbances cause clinically, significant distress or impairment in social, occupational, educational, academic, behavioural or other important areas of functioning.
  - b) Difficulty in sleep occurs at least 3 nights in a week.
  - c) Difficulty in sleep is present for at least 3 months.
  - d) The sleep difficulties occur despite adequate opportunity for sleep <sup>[9]</sup>.

### Origin and definition

The word "cause" is derived from Latin word "causa" which means - that which produces an effect, the reason behind something, that which gives rise to any action, phenomenon, or condition <sup>[10]</sup>.

### Maintaining cause

Maintaining causes = Avoidable harmful factors → Can produce, nurture, and extend the diseased condition <sup>[11]</sup>.

**Organon of medicine:** In aphorism 5 Dr. Hahnemann state that, it is important to know the likely cause of the acute disease and key details about the patient's entire history with a chronic disease. This helps identify the root cause, which is often consider the patient's physical health (especially for chronic diseases), their mental and emotional state, their job, lifestyle, habits, social and family life, age, and sexual health <sup>[12]</sup>.

In Aphorism 77 Hahnemann says, inappropriately named chronic disease, as they are typically caused by individuals who repeatedly expose themselves to avoidable harmful factors. Such factors include excessive consumption of unhealthy foods or alcohol, engaging in destructive behaviours that harm health, prolonged periods of deprivation from essential needs, living in unhealthy environments like marshy areas or confined spaces, lack of exercise or fresh air, overexertion, or constant stress. These self-inflicted health issues tend to improve on their own once individuals adopt a healthier lifestyle, provided there is no underlying chronic infection or disease. Therefore, they cannot be considered true chronic diseases <sup>[12]</sup>.

In modern lifestyle there are several maintaining causes which affect sleep cycle. Physicians have challenge to remove such maintaining cause, these may shift work, challenge of combining work and family life, growing number of 24-hour services and businesses. These factors causing disturbance in sleep. A good night's sleep helps to restore the mental and physical health of bodies to its normal state. Modern lifestyle changes have made sleep quality significantly more dangerous. Nowadays, adults are likely to suffers from maintaining causes per day, which can lead to insomnia. Therefore, it is necessary to discuss the inevitable maintaining causes which affecting the sleep quality of adults from the perspective of their work.

According to modern conservative allopathic treatment of insomnia, insomnia treatments including psychological, behavioural, and pharmacological methods, mainly address the symptoms without targeting underlying causes. While medications like ramelteon, doxepin, and benzodiazepines are effective, they can cause dependence and side effects. In contrast, homoeopathy provides individualized treatment, focusing on both insomnia and associated comorbidities [13].

According to homoeopathic principles, health is influenced by a variety of factors, both internal and external. It is a well-established truth that a person's health and susceptibility to diseases are determined by a combination of two key elements: genetic factors and environmental influences. These determinants of health interact with one another, and their interactions can either promote health or be harmful. Therefore, the overall health of individuals and entire communities is the outcome of these multiple interactions.

Homoeopathy system offers great treatment for insomnia in adults due to maintaining causes because homoeopathic treatment is based on holistic approach and the patient's individuality, viewed as an interconnected whole of body and mind.

Homoeopathy also gives great importance to causation and maintaining causes of the persistent sufferings has formed a very important factor in the selection of homoeopathic remedy.

Whereas the modern system of medicine is working on localized symptoms of patients. Homoeopathic medicines offer significant benefits compared to sedatives and suppressive treatments. As the homoeopathic treatment is based on individualization approach, it empowers the vital force to cope up from such neurological and psychological diseases and also avoids serious suppressions in the body. A perfect homoeopathic similimum chosen by proper case taking and counselling can be helpful in curing the insomnia due to maintaining cause in adults.

Despite research on insomnia management, few studies focus on homoeopathic treatments for cases with unavoidable maintaining causes. My study addresses this gap and aims to contribute to evidence-based homoeopathic treatments, highlighting the importance of considering inevitable maintaining causes in management of insomnia. this particular study also signifies the role of homoeopathy in case of insomnia having maintaining cause.

Homoeopathic remedies are provided for patients based on the results of depth Insomnia Severity Index [ISI] questionnaire which has 7 - questionnaires used to assess the severity of insomnia. It evaluates aspects like difficulty

falling or staying asleep, early morning awakening, satisfaction with sleep, interference with daily activities, and distress caused by sleep problems. Each item is rated on a 5-point scale, with a total score ranging from 0 to 28. Higher scores indicate more severe insomnia. It helps healthcare providers diagnose insomnia, track its severity, and guide treatment decisions. The ISI categorizes insomnia severity as none, sub-threshold, moderate, or severe based on the total score [14]. After the first and last visit, a comparison using the ISI (insomnia severity index) scale is to be made.

## Material and Methods

A prospective, open-label, non-randomized observational study was conducted over one year at Government Homoeopathic Medical College & Hospital, Bhopal, including OPD, IPD, and health camps. The target population comprised individuals from Bhopal and surrounding districts of Madhya Pradesh. Patients aged 19-45 years, clinically diagnosed with insomnia, from any gender, religion, and socioeconomic background, who gave written consent, were included. Patients with life-threatening diseases or unwilling to participate were excluded.

Medicines were selected based on individualization, miasmatic background, and totality of symptoms using Complete Repertory in RADAR 4.5 software. Potencies ranging from 30C to 1M were used, and the dispensing medium was globules No. 30. Allopathic or other therapies were not used, though placebo was administered where required.

Data were collected through detailed case taking, clinical examination, and standardized case records. Information on personal history, presenting complaints, past and family history, general examination, diagnosis, and repertorization was recorded. Remedies were selected considering mental, physical, and characteristic symptoms, causation, miasmatic diagnosis, and consultation with source books.

Patients were followed up for at least three months. Potency adjustments were made based on the response. Dietary advice remained unchanged except where necessary, and lifestyle modifications such as hygiene, meditation, stress avoidance, and positive thinking were recommended.

Outcomes were measured using the Insomnia Severity Index (ISI), a symptom-scoring scale, with severity classified as no insomnia (0-7), subthreshold (8-14), moderate (15-21), or severe (22-28). Statistical analysis was done using paired t-tests. Improvement percentage was calculated by subtracting post-treatment scores from baseline scores and dividing by the baseline, multiplied by 100. Improvement was graded as insignificant (<25%), mild (25-49%), moderate (50-74%), or marked (≥75%). Results were analyzed using descriptive statistics and presented through tables, percentages, and graphical formats.

## Observation and result

The statistical analysis of the study is based on the data obtained from 30 patients with insomnia who completed the treatment; the statistical data were analyzed and presented in the form of tables and graphs.

**Table 1:** Distribution of patients according to their age and sex

S. No.	Age group in years	Male	Female	Total	Percentage
1	19-25	2	2	4	13.33
2	26- 35	3	10	13	43.33
3	36-45	1	12	13	43.33
	Total	6	24	30	100

**Table 2:** Distribution of patients according to socioeconomic condition

S. No.	Socio-economic condition	Number of patients	Percentage
1	Middle class	25	83.33
2	Lower middle class	04	13.33
3	Below poverty line	01	3.33
	Total	30	100

**Table 3:** Distribution of maintaining causes or factors

S. No.	Maintaining causes	No. of patients	Percentage
1.	Insult	05	16.66
2.	Stress	05	16.66
3.	Fear	04	13.33
4.	Anxiety	06	20
5.	Grief	10	33.33
	Total	30	100

**Data analysis**

X = ISI Score before treatment

Y = ISI Score after treatment

d = Difference of X-Y

$\bar{D}$  = Mean Difference

Number of cases (n) = 30

Degree of freedom (df) = n-1 = 29

$\bar{D} = \Sigma d/N = 251/30 = 8.3667$

$\Sigma (d - \bar{D})^2 = 298.9667$

The estimate of population deviation is given by

$SD = \sqrt{\Sigma (d - \bar{D})^2 / n-1} = \sqrt{298.9667/29} = 3.2108$

SD = 3.2108

The estimate of standard error of mean

$SE = SD/\sqrt{n} = 3.2108/\sqrt{30} = 3.2108/5.4772 = 0.5862$

SE = 0.5862

$t_{cal} = \bar{D} / SE$

$t_{cal} = 8.3667/0.5862 = 14.27$

$t_{crit} = 2.045$

**Comparison with the table value**

The test statistic follows student's 't' distribution with n-1 (29) degree of freedom. Here tabled value of 't' at 5% level of significance is 2.045. Since the calculated value of 't' is 14.27 is greater than the table value at 5% level of significance, hence we reject the null hypothesis. Therefore, homoeopathy had a significance role in management of insomnia having inevitable maintaining causes.

**Result & Discussion**

This prospective clinical study was conducted at Government Homoeopathic Medical College & hospital, Bhopal, Madhya Pradesh, India. In which 30 patients were selected for the study to know the significance of homoeopathic medicine in management of insomnia having maintaining cause. Here the population was normally distributed. The study was conducted on single group and two types of data set, one at the baseline and another at post treatment was taken for final analysis. Selection of

medicine was based on individualization after proper analysis, evaluation and understanding miasmatic background of the case as per homoeopathic principles. Totality was constructed on the basis of method of analysis, evaluation and repertorization was done using complete repertory in RADAR 4.5(CR45) software. The frequently indicated medicine for insomnia in this study was *Ignatia amara* and *Sulphur* (3.33%) In each 1 case, *Nux vomica* (20%) in 5 cases, *Arsenicum album* (13.33%) and *Kalium phosphoricum* in 4 cases and *Phosphorus*, *Lycopodium*, and *Cocculus* (10%) in each 3 cases, *Coffea cruda*, *Pulsatilla* and *Chamomilla* (6.66%) in each 2 cases. Potency, dose and repetition were done following strict Homoeopathic principles. The ISI scale was used in this study to evaluate the improvement of patient after administration of individualized homoeopathic medicine; it is a quantitative scoring system to assess the symptoms of insomnia. The ISI is a symptom-scoring questionnaire. Total score before and after treatment was used for statistical analysis. After analysis of 30 cases 5 cases (16.66%) showed marked improvement in their insomnia, 13 cases (43.33%) were moderately improved, 9 case (30%) was mildly improved and in 3 cases (10%) improvement were insignificant. In general, the mental and emotional status of patients also improved after the administration of similimum to the case base on homoeopathic principles by considering inevitable maintaining causes in the cases.

**Conclusion**

This study clearly shows that Individualized Homoeopathic Medicines were effective in reducing the severity of insomnia among adults. However, the patients treated with individualized medicines selected according to each person's uncommon, peculiar symptoms, emotional state, personality, and constitution showed improvement. This study had a small sample size and a short observation period, which are its limitations. However, the encouraging results open the door for larger and longer-term studies. They also highlight the importance of classical homoeopathic practice in insomnia.

**References**

- Contributors WE. Insomnia. WebMD. Available from: <https://www.webmd.com/sleep-disorders/insomnia-symptoms-and-causes>
- Kent JT. Lectures on Homoeopathic Materia Medica: Together with Kent's "New Remedies" Incorporated and Arranged in One Alphabetical Order. New Delhi: B. Jain Publishers; c1989, 1038 p.
- Oxford University Press. Insomnia noun - Definition, pictures, pronunciation and usage notes | Oxford Advanced Learner's Dictionary. Available from: <https://www.oxfordlearnersdictionaries.com/definition/english/insomnia>
- Merriam-Webster. Insomnia Definition & Meaning. Available from: <https://www.merriam-webster.com/dictionary/insomnia>
- Morin CM, Jarrin DC. Epidemiology of Insomnia. Sleep Med Clin. 2013 Sep;8(3):281-297. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1556407X13000544>
- Bhaskar S, Hemavathy D, Prasad S. Prevalence of chronic insomnia in adult patients and its correlation with medical comorbidities. J Family Med Prim Care.



- 2016 Dec;5(4):780. Available from: [https://journals.lww.com/jfmpc/fulltext/2016/05040/prevalence\\_of\\_chronic\\_insomnia\\_in\\_adult\\_patients.8.aspx](https://journals.lww.com/jfmpc/fulltext/2016/05040/prevalence_of_chronic_insomnia_in_adult_patients.8.aspx)
7. Roth T. Insomnia: Definition, Prevalence, Etiology, and Consequences. *J Clin Sleep Med*. 2007 Aug 15;3(5 suppl):S7-S10. Available from: <https://jcsn.aasm.org/doi/full/10.5664/jcsn.26929>
  8. Homoeopathic (antimiasmatic) treatment for insomnia. *Sustain Agri Food Environ Res*. Available from: <https://safer.uct.ac.za/index.php/SAFER/article/view/721>
  9. Table 3.36, DSM-IV to DSM-5 Insomnia Disorder Comparison. In: *Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health*. NCBI Bookshelf. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t36/>
  10. DM TM. Causation in history: Various perspectives. In: *JETIR*, 2020. Available from: <https://www.jetir.org/view?paper=JETIR2003411>
  11. Causa Occasionalis/Aphorism 7 in Homoeopathy. *Organon of Medicine & Philosophy*, 2023. Available from: <https://medicosage.com/causa-occasionalis-aphorism-7-in-homoeopathy/>
  12. Hahnemann SCF. *Organon of medicine*. Tr. by Dudgeon RE. c1849, p. 382.
  13. Bhat K, Jadhav A. A systematic review of Homoeopathic Treatment for insomnia. *Sustain Agri Food Environ Res*. 2023 Apr 24;12. Available from: <https://safer.uct.ac.za/index.php/SAFER/article/view/670>
  14. Shahid A, Wilkinson K, Marcu S, Shapiro CM. Insomnia Severity Index (ISI). In: Shahid A, Wilkinson K, Marcu S, Shapiro CM, editors. *STOP, THAT and One Hundred Other Sleep Scales*. New York, NY: Springer New York; c2011, p. 191-193. Available from: [https://link.springer.com/10.1007/978-1-4419-9893-4\\_43](https://link.springer.com/10.1007/978-1-4419-9893-4_43)

**How to Cite This Article**

Dhurvey M, Awasthi SC. A clinical study of homoeopathic management in case of insomnia having inevitable maintaining causes. *International Journal of Homoeopathic Sciences*. 2025;9(3):314-318.

**Creative Commons (CC) License**

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.