



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
Impact Factor (RJIF): 5.96  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2025; 9(4): 34-39  
Received: 08-07-2025  
Accepted: 10-08-2025

**Dr. Abhishek Ahirwar**  
GHMC Bhopal, Madhya  
Pradesh, India

**Dr. Santosh Hande**  
Professor and Head of  
Department, Department of  
Psychiatry, GHMC Bhopal,  
Madhya Pradesh, India

**Corresponding Author:**  
**Dr. Abhishek Ahirwar**  
GHMC Bhopal, Madhya  
Pradesh, India

## Exploring the efficacy of homoeopathy in managing a case of insomnia in a hypertensive patient

**Abhishek Ahirwar and Santosh Hande**

**DOI:** <https://www.doi.org/10.33545/26164485.2025.v9.i4.A.1884>

### Abstract

Insomnia is one of the most prevalent sleep ailments and can be either temporary or chronic. Numerous studies indicate that people with hypertension frequently have insomnia. So this is a case of an insomnia patient treated with holistic homeopathic approach. When homeopathic medicine Natrum Muriaticum was prescribed on the basis of totality of symptoms the symptoms of the patient improved markedly along with hypertension.

**Keywords:** Insomnia, hypertension, homoeopathy, DSM, insomnia rating scale, natrum muriaticum

### Introduction

Insomnia is a major public health issue, that affects a sizable portion of the population at some point in their lives. Chronic insomnia has a significant impact on society as a whole in the form of health care expenses, disability, and work absenteeism, as well as on the individual in terms of a lower quality of life<sup>[1]</sup>. The symptoms of insomnia include a long sleep latency, frequent nocturnal awakenings, extended periods of wakefulness during the sleep phase, or even frequent, fleeting arousals<sup>[2]</sup>.

Insomnia is defined as difficulty initiating or maintaining sleep. It is the most common sleep complaint and may be transient or persistent. Population surveys show a 1-year prevalence rate of 30 to 45 percent in adults<sup>[3]</sup>.

DSM-5 defines insomnia disorder as dissatisfaction with sleep quantity or quality associated with one or more of the following symptoms: difficulty in initiating sleep, difficulty in maintaining sleep with frequent awakenings or problems returning to sleep, and early morning awakening with inability to return to sleep<sup>[4]</sup>.

### The DSM-V criteria for Insomnia is as follows: <sup>[4]</sup>.

A. A predominant complaint of dissatisfaction with sleep quantity or quality, associated with one (or more) of the following symptoms:

1. Difficulty initiating sleep. (In children, this may manifest as difficulty initiating sleep without caregiver intervention.)
2. Difficulty maintaining sleep, characterized by frequent awakenings or problems returning to sleep after awakenings. (In children, this may manifest as difficulty returning to sleep without caregiver intervention.)
3. Early-morning awakening with inability to return to sleep.
  - a) The sleep disturbance causes clinically significant distress or impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning.
  - b) The sleep difficulty occurs at least 3 nights per week.
  - c) The sleep difficulty is present for at least 3 months.
  - d) The sleep difficulty occurs despite adequate opportunity for sleep.
  - e) The insomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).
  - f) The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).
  - g) Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia.

## Hypertention

A continuously high blood pressure against the arterial walls is a defining feature of a medical condition known as hypertension, or high blood pressure. It presents a significant risk for heart disease, stroke, and other severe health issues [5].

When your blood vessel pressure is 140/90 mmHg or above, you have hypertension, also known as high blood pressure. Although frequent, if left untreated, it can become dangerous. High blood pressure sufferers can not exhibit any symptoms. You can only find out by having your blood pressure measured [5].

Insomnia is frequently detected in patients with arterial hypertension (AH): from 19% to 47.9% of all cases according to epidemiological studies [6].

Getting enough sleep is crucial for controlling blood pressure. In order to give the cardiovascular system time to relax and recuperate, blood pressure usually decreases

during deep sleep. Chronic sleep deprivation, on the other hand, might throw off this normal cycle and may result in persistently elevated blood pressure [5].

- **Sympathetic Nervous System Activation:** Lack of sleep causes the sympathetic nervous system to become active, raising blood pressure and heart rate and causing hypertension.
- **Hormonal Imbalances:** Sleep disturbances can result in hormonal imbalances, such as elevated cortisol levels, which raise blood pressure. Serious health effects, such as an elevated risk of heart disease, stroke, kidney issues, and more, can result from untreated hypertension. These hazards increase significantly when coupled with sleep issues.

Here is a case of an Insomnia patient with hypertension treated with homoeopathy assessed by INSOMNIA SEVERITY SCALE (ISI) [7].

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please rate the current (i.e., last 2 weeks) **SEVERITY** of your insomnia problem(s).

	None	Mild	Moderate	Severe	Very
Difficulty falling asleep:	0	1	2	3	4
Difficulty staying asleep:	0	1	2	3	4
Problem waking up too early:	0	1	2	3	4

2. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

Very Satisfied	Very Dissatisfied			
0	1	2	3	4

3. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

4. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all Noticeable	Barely	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

5. How **WORRIED**/distressed are you about your current sleep problem?

Not at all	A Little	Somewhat	Much	Very Much
0	1	2	3	4

**Guidelines for Scoring/Interpretation:**

Add scores for all seven items (1a+1b+1c+ 2+3+4+5) = \_\_\_\_\_

Total score ranges from 0-28

0-7 = No clinically significant insomnia

8-14 = Subthreshold insomnia

15-21 = Clinical insomnia (moderate severity)

22-28 = Clinical insomnia (severe)

**Case history**

A female patient, age 43, known case of hypertension for 4-5 years under allopathic treatment; came in with a 6-7-month history of chronic insomnia, which was characterized by trouble falling asleep and frequent awakenings in the morning 3-4 am, followed by an inability to fall back asleep. Tension-type headaches, excessive yawning, and ongoing daytime exhaustion have all been brought on by this disrupted sleep pattern. The symptoms began gradually and were strongly associated with psychological stress, mostly from her overanalysing the financial difficulties her family had when her husband passed away in 3 years back, which left her to shoulder the load of family duties. She has severe sleeplessness at night, worries about her future and health, broods over the demands of her duties, and frequently has nightmares about mental distress and attacks and weeps during.

Her personality is notably introverted, marked by a strong sense of responsibility, a tendency toward rumination, and heightened anxiety. Gynaecological history revealed irregular and scanty menstruation. Physically, she displays a preference for salty foods, feels thermally warm, has scanty perspiration, and experiences constipation with hard stools. This constellation of symptoms highlights a complex interaction between psychological stressors, personality traits, and somatic manifestations, contributing to a cycle of psychophysiological insomnia that significantly impairs her daily functioning and quality of life.

**Psychological Background**

Gradual onset after death of husband. (loss of husband 3 years ago)

Burden of family responsibilities, financial worries

Rumination, brooding, heightened anxiety, introverted disposition

**Physical generals**

- **Appetite:** Craving for salty foods
- **Thermals:** Hot patient
- **Perspiration:** Scanty
- **Stool:** Hard, constipated

**Gynecological History:** Menses - irregular, scanty

**Homoeopathic Analysis (As per Dr. JT. Kent)****Mental & Emotional Sphere**

Anxiety about future, health, and responsibilities.

Nightmares reflecting mental distress and weeps while dreaming.

Introverted, conscientious, responsible, but prone to rumination.

**Physical Sphere**

Hot patient, craving for salty foods

Scanty perspiration

Constipation with hard stools

Scanty and irregular menstruation

Particulars

Tension headache

**Prescribing totality**

- Insomnia since 6-7 months
- Difficulty in falling asleep
- Nightmares, weeping during
- Ailments after death of her husband
- Anxiety about her future, health and responsibilities.
- Anxiety at night
- Craving for salty food
- Scanty perspiration
- Hard constipated stool
- Menses irregular scanty
- Responsible, introverted
- Hot patient

**Repertorial totality**

1. MIND- AILMENTS FROM -death of loved ones
2. MIND - ANXIETY - night
3. MIND - BROODING
4. MIND - RESERVED
5. MIND - WEEPING - dreaming while
6. RECTUM- CONSTIPATION
7. FEMALE GENITALIA/SEX - MENSES - late too
8. FEMALE GENITALIA/SEX - MENSES - scanty
9. SLEEP - FALLING ASLEEP - difficult -waking agg; after
10. SLEEP - SLEEPLESSNESS- thoughts - over activity of thoughts; from
11. DREAMS - ATTACKED, of being
12. DREAMS - FRIGHTFUL
13. GENERALS - FOOD AND DRINKS - salt- desire

**Repertorial Result**

NATRUM Muriaticum - 28/12

Sulphur- 20/10

Calcarea carbonica - 19/10

Ignatia amara - 19/10

MIND			
1 MIND - AILMENTS FROM -			
death of loved ones			
2 MIND - ANXIETY - night			
3 MIND - BROODING			
4 MIND - RESERVED			
5 MIND - WEEPING -			
dreaming, while			
RECTUM			
6 RECTUM - CONSTIPATION			
FEMALE GENITALIA/SEX			
7 FEMALE GENITALIA/SEX - MENS			
late, too			
8 FEMALE GENITALIA/SEX - MENS			
scanty			
SLEEP			
9 SLEEP - FALLING ASLEEP - diff			
waking agg.; after			
10 SLEEP - SLEEPLESSNESS - thoug			
activity of thoughts; from			
DREAMS			
11 DREAMS -			
ATTACKED, of being			
12 DREAMS - FRIGHTFUL			
GENERALS			
13 GENERALS - FOOD and DRINKS			
desire			
Remedies	$\Sigma$ Sym	$\Sigma$ Deg	Symptoms
nat-m.	12	28	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13
sulph.	10	20	1, 2, 3, 4, 5, 7, 8, 10, 12, 13
calc.	10	19	1, 2, 3, 4, 5, 7, 8, 10, 12, 13
ign.	10	19	1, 2, 3, 4, 5, 7, 8, 10, 12, 13

Fig 1: Repertorial chart

Table 1: Treatment Protocol

Visits	Symptoms	Prescription
First visit on 24/04/2025	Trouble falling asleep frequent awakenings between two and three in the morning followed by inability to return to sleep. Tension-type headaches, excessive yawning, and ongoing daytime exhaustion (INSOMNIA SEVERITY INDEX Score : 21) BP - 170/90 mmHg	Rx NATRUM MURIATICUM 200/ SINGLE DOSE.
Second visit on 9/05/2025	Sleep initiation improved with less frequent awakening at night. Mild headache present (INSOMNIA SEVERITY INDEX Score: 14) BP - 150/90 mmHg	Rx Rubrum/ bds
Third visit on 26/05/2025	Sleep improved with less anxiety and overthinking Headache relieved (INSOMNIA SEVERITY INDEX Score: 06) BP - 140/85 mmHg	Rx NATRUM MURIATICUM 1M/ 1 DOSE

( 1<sup>st</sup> visit )

Name: XYZ - 42/f Date: 24/04/2025

- Please rate the current (i.e., last 2 weeks) **SEVERITY** of your insomnia problem(s).
 

	None	Mild	Moderate	Severe	Very
Difficulty falling asleep:	0	1	2	3	4 ✓
Difficulty staying asleep:	0	1	2	3	4
Problem waking up too early:	0	1	2	3	4
- How **SATISFIED**/dissatisfied are you with your current sleep pattern?
 

Very Satisfied	Very Dissatisfied			
0	1	2	3	4
- To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).
 

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4 ✓
- How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?
 

Not at all Noticeable	Barely	Somewhat	Much	Very Much Noticeable
0	1	2	3	4
- How **WORRIED**/distressed are you about your current sleep problem?
 

Not at all	A Little	Somewhat	Much	Very Much
0	1	2	3	4

**Guidelines for Scoring/Interpretation:**

Add scores for all seven items (1a+1b+1c+2+3+4+5) = 21

Total score ranges from 0-28

0-7 = No clinically significant insomnia  
 8-14 = Subthreshold insomnia  
 15-21 = Clinical insomnia (moderate severity)  
 22-28 = Clinical insomnia (severe)

( 2<sup>nd</sup> visit )

Name: XYZ 434/f Date: 9/05/2025

- Please rate the current (i.e., last 2 weeks) **SEVERITY** of your insomnia problem(s).
 

	None	Mild	Moderate	Severe	Very
Difficulty falling asleep:	0	1	2 ✓	3	4
Difficulty staying asleep:	0	1 ✓	2	3	4
Problem waking up too early:	0	1 ✓	2	3	4
- How **SATISFIED**/dissatisfied are you with your current sleep pattern?
 

Very Satisfied	Very Dissatisfied			
0	1	2	3	4
- To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).
 

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4
- How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?
 

Not at all Noticeable	Barely	Somewhat	Much	Very Much Noticeable
0	1	2	3	4
- How **WORRIED**/distressed are you about your current sleep problem?
 

Not at all	A Little	Somewhat	Much	Very Much
0	1	2	3	4

**Guidelines for Scoring/Interpretation:**

Add scores for all seven items (1a+1b+1c+2+3+4+5) = 14

Total score ranges from 0-28

0-7 = No clinically significant insomnia  
 8-14 = Subthreshold insomnia  
 15-21 = Clinical insomnia (moderate severity)  
 22-28 = Clinical insomnia (severe)

## Insomnia Severity Index (ISI)

Name: X-42 437/F Date: 26/05/20251. Please rate the current (i.e., last 2 weeks) **SEVERITY** of your insomnia problem(s).

	None	Mild	Moderate	Severe	Very
Difficulty falling asleep:	0	1 ✓	2	3	4
Difficulty staying asleep:	0 ✓	1	2	3	4
Problem waking up too early:	0	1 ✓	2	3	4

2. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

Very Satisfied	1	2	3	Very Dissatisfied
0	1 ✓	2	3	4

3. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1 ✓	2	3	4

4. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all Noticeable	Barely	Somewhat	Much	Very Much Noticeable
0	1 ✓	2	3	4

5. How **WORRIED**/distressed are you about your current sleep problem?

Not at all	A Little	Somewhat	Much	Very Much
0	1 ✓	2	3	4

**Guidelines for Scoring/Interpretation:**Add scores for all seven items (1a+1b+1c+ 2+3+4+5) = 06

Total score ranges from 0-28

0-7 = No clinically significant insomnia

8-14 = Subthreshold insomnia

15-21 = Clinical insomnia (moderate severity)

22-28 = Clinical insomnia (severe)

**Conclusion**

Insomnia in hypertensive individuals is not a rare occurrence. This is a case where 43-year-old female with hypertension who presented with insomnia In outpatient department treated with homoeopathy. With in a span of 1 month she had a massive improvement in her symptoms. The remedy prescribed was Natrum Muriaticum 200. Hence, we can conclude that holistic approach of homoeopathy has a great action on Insomnia.

**Conflict of Interest**

Not available.

**Financial Support**

Not available.

**References**

- Morin CM, Jarrin DC. Epidemiology of insomnia: Prevalence, course, risk factors, and public health burden. *Sleep Med Clin* [Internet]. 2022;17(2):173-91. Available from: <http://dx.doi.org/10.1016/j.jsmc.2022.03.003>
- Roth T. Insomnia: Definition, prevalence, etiology, and consequences. *J Clin Sleep Med* [Internet]. 2007;3(5 Suppl):S7-10. Available from: <http://dx.doi.org/10.5664/jcsm.26929>
- Sadock B, Sadock VA. Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry. 10th ed. Philadelphia (PA): Lippincott Williams and Wilkins; 2010.
- Cooper R. Diagnosing the Diagnostic and Statistical Manual of Mental Disorders: Fifth edition. London (England): Routledge; 2019.
- India R. Hypertension and sleep problems: Improve your sleep & overall health [Internet]. Bengaluru: ResMed Corp; 2023 [cited 2025 Sept 13]. Available from: <https://www.resmed.co.in/blogs/sleep-problems-and-hypertension-improve-your-sleep-overall-health>
- Ostroumova TM, Parfenov VA, Ostroumova OD, Kochetkov AI. Hypertension and insomnia. *Ter Arkh* [Internet]. 2020;92(1):69-75. Available from: <http://dx.doi.org/10.26442/00403660.2020.01.000319>
- ResearchGate.net. Insomnia Severity Index [Internet]. [cited 2025 Sept 15]. Available from: <https://www.researchgate.net/profile/Celyne-Bastien/publication/11903319/figure/fig1/AS:34951459-9813125@1460342182106/Insomnia-Severity-Index-Copyright-Charles-M-Morin-1993.png>

**How to Cite This Article**

Ahirwar A, Hande S Exploring the efficacy of homoeopathy in managing a case of insomnia in a hypertensive patient. *International Journal of Homoeopathic Sciences*. 2025; 9(4): 34-39.

**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.