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

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#### 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 [1]. 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 [2].

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 [3].

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 [4].

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

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.

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#### **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 <sup>[5]</sup>.

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].

an	ne:			Date:			
	Please rate the	current (i.e.,	last 2 weeks) SI	E <b>VERITY</b> o	of your insomnia p	oroblem(s).	
			None	Mild	Moderate	Severe	Very
	Difficulty falling	asleep:	0	1	2	3	4
	Difficulty staying		0	1	2	3	4
	Problem waking	g up too earl	y: 0	1	2	3	4
2.	How SATISFI	ED/dissatisf	ied are you with	your current	t sleep pattern?		
	Very Satisfied			V	ery Dissatisfied		
	0	1	2	3	4		
	memory, mood  Not at all			Much	t work/daily cho	res, concent	ation,
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	0	1	2	3	4		
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#### Case history

A female patient, age 43, known case of hypertension for 4-5 years under allopathic treatment; came in with a 6-7month 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: Manses - 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
- SLEEP FALLING ASLEEP difficult -waking agg;
- 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

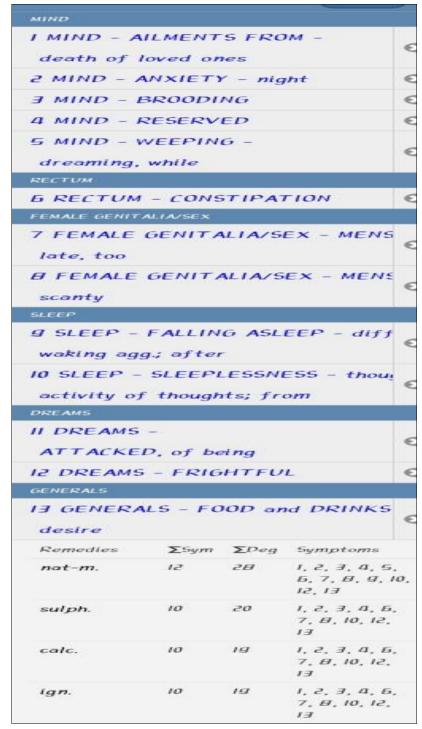


Fig 1: Repertorial chart

Table 1: Treatment Protocol

Visits	Symptoms	Prescription
	Trouble falling asleep frequent awakenings between two and three in the morning	
First visit on	followed by inability to return to sleep.	Rx
24/04/2025	Tension-type headaches, excessive yawning, and ongoing daytime exhaustion	NATRUM MURIATICUM 200/
24/04/2023	(INSOMNIA SEVERITY INDEX Score : 21)	SINGLE DOSE.
	BP - 170/90 mmHg	
	Sleep initiation improved with less frequent awakening at night.	
Second visit on	Mild headache present	Rx
9/05/2025	(INSOMNIA SEVERITY INDEX Score: 14)	Rubrum/ bds
	BP - 150/90 mmHg	
	Sleep improved with less anxiety and overthinking	Rx
Third visit on	Headache relieved	NATRUM MURIATICUM 1M/ 1
26/05/2025	(INSOMNIA SEVERITY INDEX Score: 06)	DOSE
	BP - 140/85 mmHg	DOSE

	me: <u>XY2</u>		<del>1</del>	Date: _21	1/04/2025		
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1.	Please rate the	current (i.e.,	last 2 weeks)	SEVERITY o	f your insomnia	problem(s).	
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	Difficulty falling		0	1	, 2	3	1
	Difficulty stayi		0	1	2	3	
	Problem wakin	ig up too ear	ly: 0	. 1	۷.	. 3	
2.	How SATISF	IED/dissatisf	ied are you wi	th your current	sleep pattern?		
	Very Satisfied	1		v	ery Dissatisfied		
	0	1	. 2.	3/.	ery Dissatisfied 4		
3.	functioning (e. memory, mood	g. daytime i	fatigue, ability	to function at	to INTERFER work/daily cho		
*	Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering		
-	0	1	2	3	4		
4.	impairing the Not at all			you think your	Very Much	em is in ter	ms
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		None	Mild	Moderate	Severe
Difficulty falling	asleen:	0	1	2,	3
Difficulty staying		0	1./	2	3
Problem waking		y: 0	1/	` 2	3
		ed are you with	vour current	sleep pattern?	
Very Satisfied		2	V	ery Dissatisfied	
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#### 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.

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