International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 1588-1590
Received: 27-09-2025
Accepted: 29-10-2025

Dr. Sanjana Balot
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Dr. Sonia Tuteja
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Dr. Divya Singh
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Dr. Shivani Mishra
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Dr. Kirtika Tyagi
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Dr. Sachin Kumar Yadav
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Dr. Suraj Bhan Singh Rathore
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Dr. Shreya Kaushik
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

Corresponding Author:
Dr. Sanjana Balot
PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital, and Research Centre, Jaipur, Rajasthan, India

The science of rest: A comprehensive review on homoeopathic management of insomnia

Sanjana Balot, Sonia Tuteja, Divya Singh, Shivani Mishra, Kirtika Tyagi, Sachin Kumar Yadav, Suraj Bhan Singh Rathore and Shreya Kaushik

DOI: https://www.doi.org/10.33545/26164485.2025.v9.i4.X.2120

Abstract
Insomnia is a common sleep disorder characterised by difficulty in initiating or maintaining sleep, resulting in significant distress or impairment in daytime functioning. Conventional management relies on pharmacological agents and behavioural therapies, but limitations such as dependency, side effects, and relapse are frequent. Homoeopathy offers an individualised, holistic approach focusing on the totality of symptoms. This review summarises existing literature on the epidemiology, etiology, clinical presentation, and management of insomnia, with emphasis on the role and evidence of homoeopathic therapeutics.

Keywords: Insomnia, homoeopathy, individualised treatment, sleep disorder

Introduction
Insomnia disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) as a difficulty in initiating or maintaining sleep, or experiencing early-morning awakening despite adequate opportunity for rest, resulting in daytime functional impairment [4,10]. The global prevalence of insomnia ranges from 10-30%, with higher rates observed in elderly and urban populations due to lifestyle stress and altered sleep hygiene [1-3]. In India, approximately one-third of adults report symptoms of insomnia, often associated with occupational stress, irregular routines, and psychiatric comorbidities [5, 6]. The chronicity of the condition and its impact on quality of life necessitate safer, long-term management strategies. Homoeopathy, based on the principle *similia similibus curentur*, offers an individualised, symptom-based approach that may improve sleep without pharmacological dependence [11, 13, 15].

Epidemiology
Insomnia is a global health concern affecting 10-30% of the population [1-3]. In India, the prevalence among adults is approximately 33%, with older adults being notably affected [5]. Urbanisation, lifestyle changes, and increasing stress levels contribute significantly to this burden [6]. Population-based studies suggest that about 30% of adults worldwide report one or more insomnia symptoms such as difficulty initiating or maintaining sleep, early-morning awakening, or non-restorative sleep [6]. Associated risk factors include profession, education level, marital status, and lifestyle habits such as late-night screen exposure, smoking, alcohol use, and lack of physical activity [6].

Etiology
Age: Insomnia can occur at any stage of life; however, its prevalence increases with advancing age. Older adults experience reduced sleep efficiency and more nocturnal awakenings [7].

Family History and Genetics: A hereditary component has been observed, as insomnia tends to run in families, and genetic factors may influence sleep depth and circadian regulation [7].

Environment and Occupation: Disruptions in the circadian rhythm may result from shift or

night work, nighttime exposure to noise or light, temperature extremes, or frequent travel across time zones [7].

Lifestyle Factors: Irregular sleep routines, caregiving interruptions, daytime naps, sedentary habits, substance use, and evening screen exposure all contribute to insomnia [7].

Stress: Psychological stress and anxiety from work, education, relationships, financial strain, or bereavement are major contributors. Studies in Europe indicate higher prevalence among divorced or widowed individuals [8].

Sex: Insomnia is more common in women, often linked to hormonal fluctuations during menstruation, pregnancy, or menopause [8].

Table 1: Types of Insomnia [9]

Type of Insomnia	Description	Key Features / Notes
Primary Insomnia	Occurs independently, without any co-existing medical or psychiatric condition.	• No identifiable underlying disorder. • Most research on insomnia treatment focuses on this group.
Co-morbid Insomnia	Occurs along with another medical or psychiatric condition but is not necessarily caused by it.	• Represents the majority of insomnia cases. • May worsen symptoms or interfere with treatment of the associated condition. • Example: Individuals with both depression and insomnia show poorer response to depression treatment compared to those without insomnia.

Clinical Features and Diagnosis

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

- Difficulty initiating sleep. (In children, this may manifest as difficulty initiating sleep without caregiver intervention.)
- Difficulty maintaining sleep, characterised by frequent awakenings or problems returning to sleep after awakenings. (In children, this may manifest as difficulty returning to sleep without caregiver intervention.)
- Early-morning awakening with inability to return to sleep [10].

b. The sleep disturbance causes clinically significant distress or impairment in social, occupational, educational, academic, behavioural, or other important areas of functioning [10].

c. The sleep difficulty occurs at least 3 nights per week.

d. The sleep difficulty is present for at least 3 months.

e. The sleep difficulty occurs despite adequate opportunity for sleep.

f. 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) [11].

g. The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) [11].

h. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia [11].

Table 2: Differential Diagnosis of Insomnia [12]

Condition	Key Features	Differentiating Points
Situational / Acute Insomnia	Short-term insomnia lasting days to weeks, often linked to stress, life events, or schedule changes.	Duration less than 3 months; may be classified as other specified or unspecified insomnia disorder.
Circadian Rhythm Sleep-Wake Disorders	Misalignment between internal circadian rhythm and external schedule.	Delayed Sleep Phase Type: Difficulty sleeping at conventional hours. Shift Work Type: Sleep disturbance due to night or rotating shifts.
Restless Legs Syndrome (RLS)	Urge to move legs with unpleasant sensations, disturbing sleep initiation.	Presence of sensory discomfort and movement urge distinguishes it from insomnia.
Breathing-Related Sleep Disorders (e.g., Sleep Apnea)	Snoring, breathing pauses, excessive daytime sleepiness.	Sleep disruption from apneic events; insomnia symptoms frequent in older adults and females.
Narcolepsy	Excessive daytime sleepiness with cataplexy, sleep paralysis, or hallucinations.	REM-related symptoms predominate rather than insomnia.
Parasomnias	Abnormal sleep behaviours (nightmares, sleepwalking).	Behavioural events, not sleeplessness itself, dominate the presentation.
Substance / Medication-Induced Sleep Disorder	Insomnia due to substance or medication use (e.g., caffeine, drugs).	Resolves when the causative agent is removed.

Homoeopathic Approach

Homoeopathy treats insomnia through individualised remedies chosen according to mental, emotional, and physical totality.

- Coffea cruda is indicated for sleeplessness from over-excitability of mind and body, with a flow of ideas and nervous excitement, often in childbirth or after joyful events [13, 15].
- Nux vomica suits irritable, over-worked individuals who wake at 3 a.m. and lie awake until morning, with drowsiness after meals and dreams of business or activity [13, 14, 15].
- Silicea terra helps nervous, chilly, neurasthenic patients who remain sleepless after 2 a.m. due to mental overactivity and heat of the head [13, 15].
- Ignatia amara benefits those suffering insomnia from

grief or emotional disturbance, with restless nights and frequent yawning [13, 14, 15].

- Pulsatilla nigricans suits mild, yielding individuals with delayed sleep onset or early waking, particularly when caused by emotional variability [13, 15].
- Kali phosphoricum is useful in sleeplessness from nervous exhaustion or over-study, with simple painless wakefulness after mental strain [13, 15].
- Aconitum napellus addresses insomnia from sudden fright, shock, or anxiety, with fear, restlessness, and sleeplessness after midnight [13, 14].
- Arsenicum album is suited to anxious, restless patients who wake between 1-3 a.m., frequently changing position due to internal agitation [13, 14].
- Belladonna helps those with insomnia from cerebral congestion and vivid, terrifying dreams, marked by hypersensitivity to noise and light [14, 15].
- Chamomilla is indicated in irritability or pain-induced sleeplessness, especially in children who remain wakeful despite drowsiness [13, 15].
- Gelsemium sempervirens benefits individuals with nervous fatigue who feel drowsy by day but sleepless at night, with constant yawning [13, 14].
- Lachesis mutus is helpful in talkative, menopausal women who are sleepless before midnight and cannot sleep on the left side [14, 15].
- Opium is indicated when the patient feels sleepy but cannot sleep after fright or mental over-excitement, with half-open eyes and heightened awareness [14, 15].

Conflict of Interest
Not available

Financial Support
Not available

References

1. Roth T. Insomnia: definition, prevalence, etiology, and consequences. J Clin Sleep Med. 2007;3(5 Suppl):S7-10.
2. Sateia MJ, Doghramji K, Hauri PJ, Morin CM. Evaluation of chronic insomnia: an American Academy of Sleep Medicine review. Sleep. 2000;23(2):243-308. PMID: 10737342.
3. Ancoli-Israel S, Roth T. Characteristics of insomnia in the United States: results of the 1991 National Sleep Foundation Survey. Sleep. 1999;22(Suppl 2):S347-53. PMID: 10394606.
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed., text rev. Washington (DC): American Psychiatric Publishing; 2022.
5. Anjanappa J, Mehta K. Management of insomnia in India: expert consensus insights with a focus on zolpidem. Int J Res Med Sci [Internet]. 2024 Dec 12 [cited 2025 Jul 17];13(1):484-97. Available from: https://www.msjonline.org/index.php/ijrms/article/view/14545
6. Shah AF, Patil RK, Gupta R. Assessment of the prevalence, risk factors of insomnia, and its effect on quality of life among the young population of the North region. Int J Community Med Public Health [Internet]. 2022 Sep 28 [cited 2025 Jul 17];9(10):3804-10. Available from: https://www.ijcmph.com/index.php/ijcmph/article/view/10177
7. Europe PMC [Internet]. London: Europe PMC; [cited 2025 Jul 17]. Available from: https://europepmc.org/article/med/12506261
8. National Heart, Lung, and Blood Institute. Causes and risk factors: insomnia [Internet]. Bethesda (MD): NHLBI, NIH; 2022 [cited 2025 Jul 17]. Available from: https://www.nhlbi.nih.gov/health/insomnia/causes
9. Stanford Health Care. Insomnia [Internet]. Stanford (CA): Stanford Health Care; 2018 [cited 2025 Jul 17]. Available from: https://stanfordhealthcare.org/medical-conditions/sleep/insomnia.html
10. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed., text rev. Washington (DC): American Psychiatric Association; 2022. https://doi.org/10.1176/appi.books.9780890425787
11. Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory. New Delhi: B. Jain Publishers; 2002.
12. Clarke JH. A Dictionary of Practical Materia Medica. South Carolina: Palala Press; 2018.
13. Kent JT. Lectures on Homoeopathic Materia Medica. New Delhi: B. Jain Publishers (P) Ltd; 2002.
14. Farrington EA. Clinical Materia Medica. New Delhi: B. Jain Publishers (P) Ltd; 2003.
15. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica. New Delhi: B. Jain Publishers (P) Ltd; 2002.

How to Cite This Article
Balot S, Tuteja S, Singh D, Mishra S, Tyagi K, Yadav SK. *et al*. The science of rest: A comprehensive review on homoeopathic management of insomnia. International Journal of Homoeopathic Sciences. 2025;9(4): 1588-1590.