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Homoeopathic management of insomnia of post-menopausal women - A case report

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Abstract
Insomnia is a common and distressing complaint among post-menopausal women, often associated with vasomotor symptoms, hormonal fluctuations, psychological stress, and aging- related changes. Conventional management mainly includes hormone replacement therapy and hypnotic drugs, which may have limitations and adverse effect. Homoeopathy, being an individualized and holistic system of medicine, offers a safe and effective approach in the management of menopausal insomnia. This article presents a case of insomnia in a post-menopausal woman successfully managed with constitutional homoeopathic treatment. Improvement was assessed clinically and through follow-up, demonstrating the role of homoeopathy in improving sleep quality and overall well-being in post-menopausal women.

Keywords: Post-menopause, insomnia, homoeopathy, constitutional remedy, sleep disorder, climacteric period

Introduction
Menopause is a natural biological process marking the permanent cessation of menstruation, usually occurring between 45 and 55 years of age. The post-menopausal period is often associated with various physical and psychological complaints such as hot flushes, night sweats, mood changes, anxiety, depression, and sleep disturbances. Among these, insomnia is one of the most frequently reported symptoms and significantly affects quality of life [3].
Insomnia in post-menopausal women may present as difficulty in falling asleep, frequent nocturnal awakenings, early morning awakening, or non-refreshing sleep. Hormonal imbalance, especially declining oestrogen levels, plays a major role, along with psychosocial stressors and aging. Homoeopathy treats the patient, focusing not only on the sleep complaint but also on the associated mental, emotional, and physical symptoms. Individualization forms the basis of homoeopathic prescription, making it particularly suitable for menopausal disorders [3].

Types
Insomnia is commonly classified in a few different ways, depending on duration, cause, and symptoms.

1. **By duration**
- Acute (short-term) insomnia
- Chronic insomnia

2. **By cause**
- Primary insomnia
- Secondary (Comorbid) insomnia

3. **By sleep pattern**
- Sleep-onset insomnia
- Sleep-maintenance insomnia
- Early-morning awakening insomnia

4. **By behavioural or situational factors**
- Psychophysiological insomnia
- Paradoxical insomnia
- Adjustment (Situational) insomnia [4]

Symptoms
- Difficulty falling asleep (lying awake for 30+ minutes)
- Frequent night awakenings
- Early morning wake-up
- Day time fatigue, low energy, mood swings, irritability
- Hot flashes and night sweats
- Mood changes: anxiety, mild depression

Pathophysiology
Insomnia is a complex condition characterized by difficulty initiating or maintaining sleep, or both, despite adequate opportunities to do so, leading to impaired daytime functioning.

Key pathophysiological mechanisms
1. **Hyperarousal:** Insomnia is often associated with increased arousal, alertness, and vigilance, making it difficult to relax and fall asleep.
2. **Circadian rhythm disruption:** Disruptions to the body's natural circadian rhythm, such as irregular sleep schedules or exposure to screens before bedtime, can contribute to insomnia.
3. **Neurotransmitter imbalance:** Imbalances in neurotransmitters like serotonin, GABA, and melatonin, which regulate sleep-wake cycles, can contribute to insomnia.
4. **Stress and anxiety:** Stress and anxiety can activate the body's stress response, making it difficult to fall asleep or stay asleep.
5. **Sleep pressure:** Insomnia can lead to decreased sleep pressure, making it harder to fall asleep and stay asleep.

Physiological changes
1. **Increased cortisol:** Elevated cortisol levels can disrupt sleep-wake cycles and contribute to insomnia.
2. **Disrupted melatonin secretion:** Irregular melatonin secretion can affect sleep timing and quality.
3. **Increased heart rate and blood pressure:** Insomnia can lead to increased heart rate and blood pressure, making it harder to relax and fall asleep.

Brain regions involved
1. **Suprachiasmatic Nucleus (SCN):** Regulates the body's circadian rhythm.
2. **Prefrontal cortex:** Involved in executive function and decision-making, which can be impaired in insomnia.
3. **Amygdala:** Processes emotions, including stress and anxiety, which can contribute to insomnia.

Epidemiology
- **Global prevalence:** Insomnia affects approximately 40-60% of post-menopausal women, with varying rates across different populations and settings.
- **Peak incidence:** Studies suggest that around 30-50% of Indian postmenopausal women experience insomnia symptoms.

Risk factors of insomnia
1. **Hormonal changes:** Decreasing oestrogen levels contribute to insomnia
2. **Vasomotor symptoms:** Hot flashes and night sweats disrupt sleep.
3. **Age:** Increasing age is risk factor for insomnia
4. **Comorbidities:** Presence of chronic disease, such as hypertension, diabetes, and depression, increase the risk.
5. **Lifestyle factors:** Poor sleep habits, lack of physical activity, and stress contribute to insomnia.

Case description
A 52-year-old post-menopausal woman reported to the outpatient department with complaints of disturbed sleep for the past two years. She had attained menopause at the age of 49 years. Her main complaint was difficulty in falling asleep, followed by frequent awakenings at night, especially after midnight. She often felt unrefreshed. The case is managed by proper homoeopathic treatment with follow ups.

Chief complaint: Patient is complaining of difficulty in falling asleep and frequent awakening for the last 6 months.

Presenting Complaint: Location, sensation, modalities, concomitant, causation and duration:
1. Patient reports that she takes 2-3 hrs to fall asleep after going to bed.
2. She wakes up 2-3 times during night and feels unrefreshed.
3. Restlessness, mental overactivity
4. Inability to stop thinking about daily affairs while in bed.
5. Feels mentally restless even when physically tired.
6. General fatigue and weakness in the morning.
7. Mild joint pain in knees
8. Modalities: Agg- night after mental exertion, worry, hot flushes
9. Amel: Temporary relief after relaxation, listening to soft music.

History of presenting illness
Onset: Gradual, 6 months ago
Duration: Persistent, daily occurrence
Progress: Increasing in frequency and severity.
MRS XYZ is suffering from difficulty in falling asleep since last 6 months right after attaining menopause. She was experiencing heat flushes and irritability of mood frequently. The onset of menopause started about a year ago, with irregular menses, which stopped completely 9 months ago. Since then, she has developed hot flushes, night sweats, dryness of vagina and mood swings with irritability and low mood.
Since menopause she feels anxious, irritable, and sensitive to noise and criticism. Easily offended and sometimes weeps without apparent cause.

Past history: Hypertension, on allopathic medication.
No history of major illness.

Family history
- **Paternal side:** Father - Hypertensive
- **Maternal side:** Mother - Insomnia and Anxiety
- **Siblings and children:** No abnormality detected

Personal history
- **Mind and disposition:** Anxiety about work and family, sleeplessness from mental overactivity, irritable, oversensitive easily offended, desire for company but becomes silent when angry, feels mentally restless even when physically tired.
- **Married or unmarried:** Married
- **Marital relations:** Satisfactory
- **Diet:** Vegetarian

- **Appetite:** Normal but reduced recently due to stress
- **Desires:** Coffee and Sweet
- **Disagrees:** Non satisfactory
- **Thirst:** For 3lts per day
- **Tongue:** Clean
- **Taste:** Normal
- **Salivation:** No abnormality found
- **Stool:** No abnormality found
- **Urine:** No abnormality found
- **Bathing:** Regular
- **Covering:** Dislikes
- **Sexual relations:** Satisfactory
- **Perspiration:** Moderate, more on face and neck during flashes
- **Dwelling place:** Well-ventilated home
- **Habits (Drug addiction, smoking, tea/coffee):** None
- **Sleep:** Disturbed, difficulty in falling asleep and frequent awakening.
- **Dreams:** About daily work and family worries.
- **Thermal Reaction:** Hot
- **Restlessness, prostration, weakness, sensation, trembling etc.:** Restlessness, weakness
- **Other Discharges:** leukorrhea

Gynaecological history
Menstrual history
- **Menarche:** At the age of 15 years
- **Regular/ irregular:** Regular but profuse and dark
- **Duration of menses:** 5 days
- **Abnormal discharges per vagina/ leucorrhoea:** white sticky discharge
- **Menopause:** Attained 9 months ago

Obstetrical history
- **Pregnancy:** 03
- **Labour:** 03
- **Delivery:** 03
- **Abortion:** 00

Observation
- **Behaviour:** irritable, easily offended
- **Mode of talking:** co-operative
- **Complexion:** earthy
- **Built/ Nutrition:** obese
- **Colour of face, eyes & skin:** Earthy, black, earthy.
- **Decubitus:** Sitting
- **Expression/ facies:** slightly worried
- **Anything special related to mind and disposition:** According to patient she feels very irritable oftenly, sensitive, easily offended.

Examination
General examination
Anaemia: Absent
Gum: Normal
Cyanosis: Absent
Tongue: Black and dry
Jaundice: Absent
Smell from mouth: Normal
Oedema: Absent
Hearing: Appropriate
Nails- clubbing/ koilonychia: Absent
Pupils: B/L reactive
Hair: Dry
Pulse: 78bpm
Neck glands: Normal
Body temperature: Afebrile
Neck Vein: Normal
Blood pressure: 130/90mmhg
Teeth: Normal
Respiration rate: 16/min
Skin in general: Dry

Systemic examination
A thorough examination of the affected system done under the following headings:
- **Inspection:** Abdominal shape: Distended; No scars present; Umbilicus at place
- **Palpation:** No pain on light and deep palpation; No guarding or rigidity present
- **Percussion:** Tympanic sounds heard
- **Auscultation:** Normal bowel sound
- **Brief examination of other systems:** No abnormality detected

Laboratory investigations advised: Advice for CBC, ESR, TFT, LFT, KFT.

Provisional diagnosis: Primary insomnia

Differential diagnosis: Restless leg syndrome
Sleep apnea

Miasmatic diagnosis: Predominantly psora, with some sycotic tendencies

Prescribing totality: Sleeplessness with mental overactivity, thoughts crowding the mind
- Restlessness; tossing about in bed
- Hot flushes with irritability and anxiety
- Sleep disturbed by dreams of daily affairs
- Desire coffee and sweets
- Sensitive, responsible, easily offended
- Fatigue and headache from loss of sleep
- Hot patient, prefers open air

Analysis & evaluation as per Dr. J.T. Kent
1. General symptoms
a) Mental generals: Anxiety about work and family, irritable, oversensitive, easily offended, desire for company, loquacious, extremely jealous of friends, do not trust others easily.
b) Physical generals
- **Desire:** Sweet and coffee
- **Thirst:** Thirsty for cold drinks
- **Perspiration:** Moderate, offensive during hot flushes.

2. Particulars
Disturbed sleep, frequent awakenings with weakness and restlessness.
Repertorial totality and result
1. Mind - Loquacity
2. Mind - Menopause agg.
3. Mind - Suspicious - menopause; during
4. Mouth - Discolouration - Tongue, black
5. Sleep - Sleeplessness - menopause; during
6. Generals - Side - LEFT - then right side
7. Generals - Air; IN OPEN -amel
8. Generals - Heat - flushes of - agg.

Final selection of medicine with comments regarding selection of medicine: Final selection of the remedy is Lachesis mutus as per the above presenting symptoms and the repertorial totality.

Prescription: Rx- Lachesis 200 single dose
Sac lac 2000 TDS for 15 days
About medicine - insomnia during menopause, hot flushes and mental restlessness, talkative, oversensitive, anxious female, hot patient.

General management and auxiliary measures

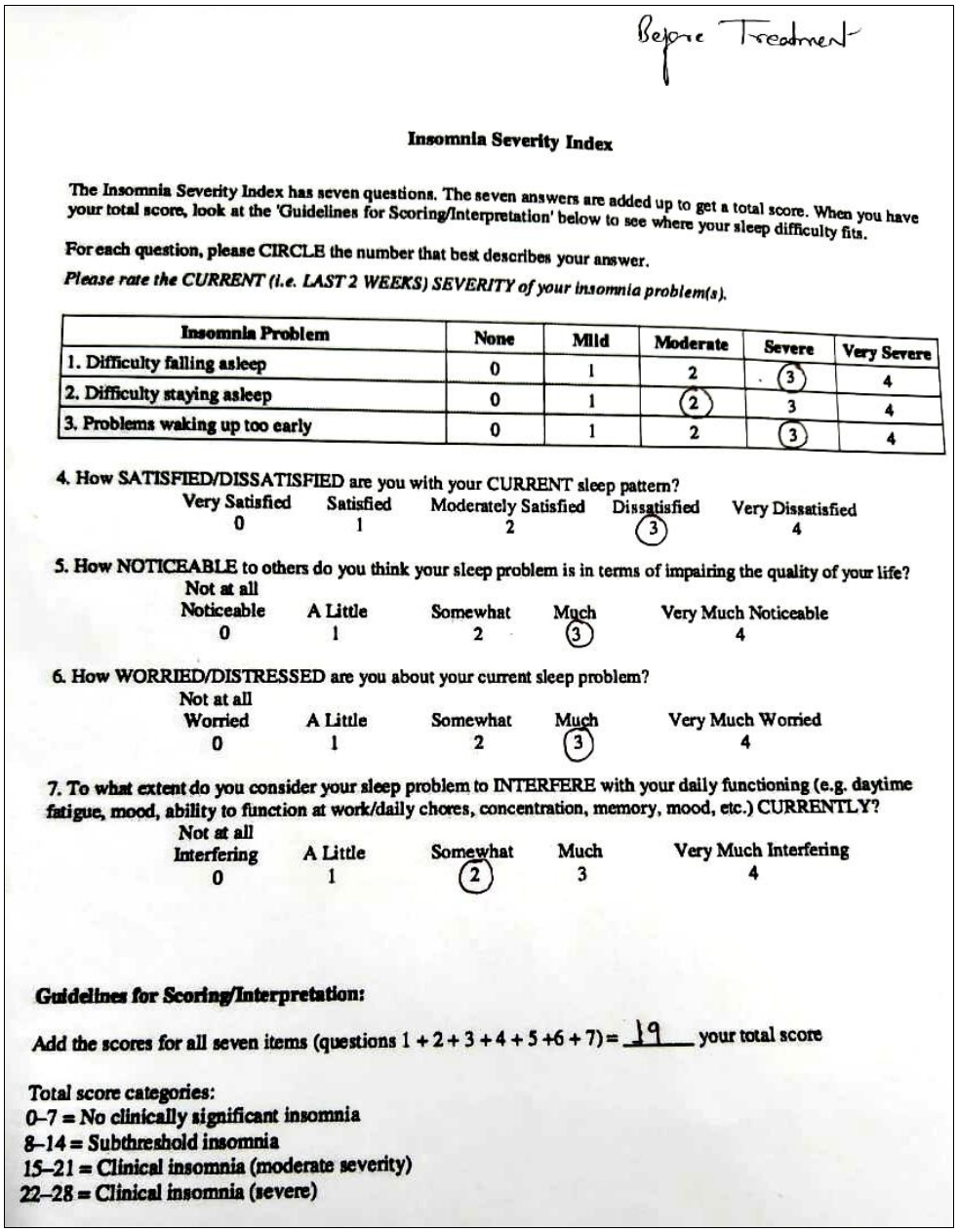
- Sleep hygiene
- Go to bed and wake at fixed time
- Avoid coffee and electronic devices at night.
- Practice deep breathing or meditation before bed.
- Diet - light and non- spicy
- Physical exercise - Morning Walk and yoga recommended
- Mental Health - Encourage relaxation, counselling for stress reduction

Follow up

Date	Symptom progress	Prescription
28/02/2025	Sleep onset improved, hot flushes slightly less intense, perspiration and palpitation reduced.	Rx- Phytum metallicum 30 1 dose Sac lac 200 TDS for 15 days
10/03/2025	Falls asleep within 30-40 minutes, night sweat markedly reduced, feels more refreshed on waking.	Rx- Lachesis 200 single dose
26/03/2025	Sleeping 6-7 hrs soundly, No early morning waking, No more hot flushes.	Rx- Sac lac 30) TDS for 1 month

ISI (Insomnia Severity Index) score before and after treatment

Date	ISI score
11/2/2025	19
28/02/2025	15
10/03/2025	15
26/03/2025	10



Before Treatment

Insomnia Severity Index

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please CIRCLE the number that best describes your answer.

Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	(3)	4
2. Difficulty staying asleep	0	1	(2)	3	4
3. Problems waking up too early	0	1	2	(3)	4

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	(3)	4

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

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

6. How WORRIED/DISTRESSED are you about your current sleep problem?

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

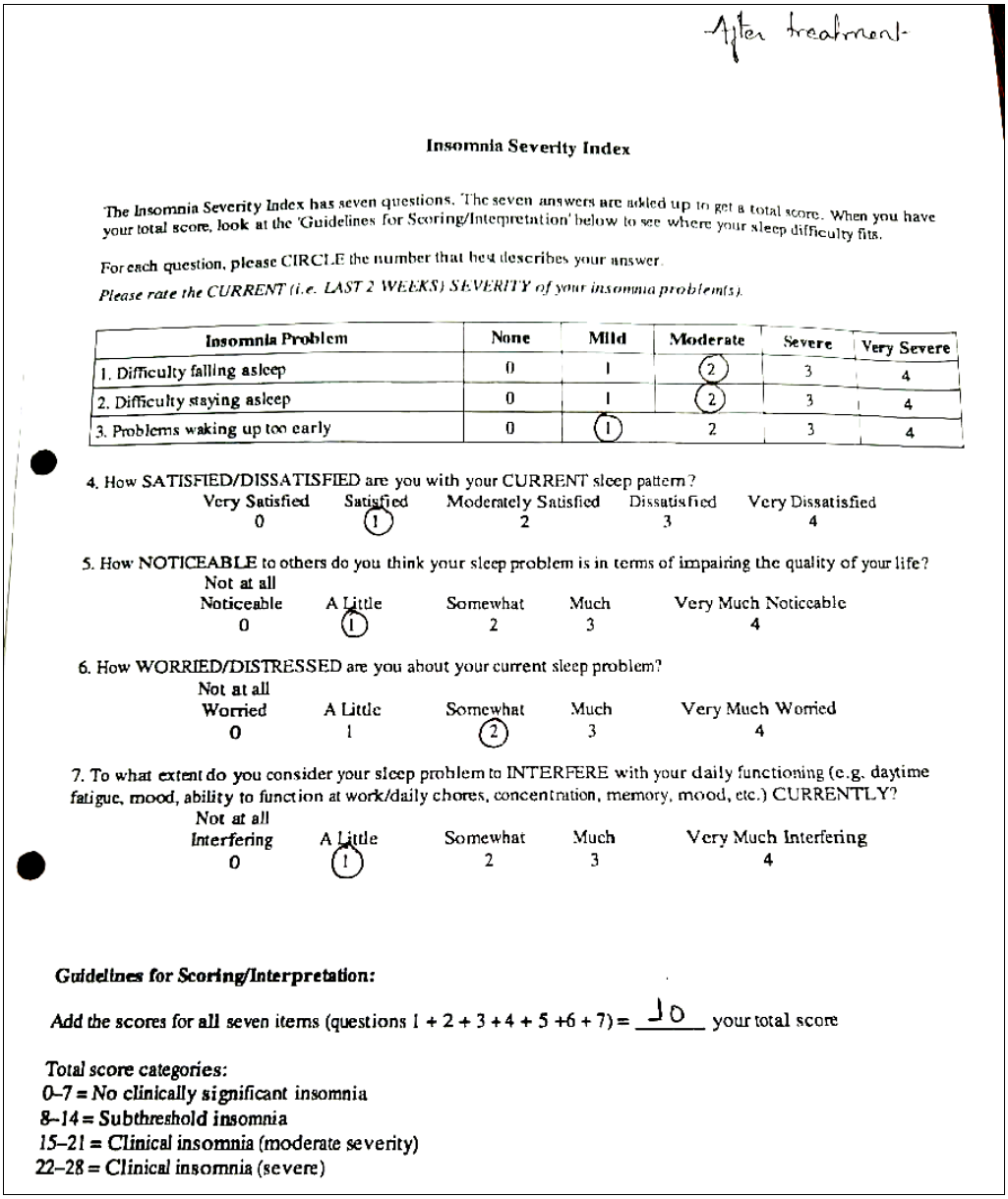
7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

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

Guidelines for Scoring/Interpretation:

Add the scores for all seven items (questions 1 + 2 + 3 + 4 + 5 + 6 + 7) = 19 your total score

Total score categories:
0–7 = No clinically significant insomnia
8–14 = Subthreshold insomnia
15–21 = Clinical insomnia (moderate severity)
22–28 = Clinical insomnia (severe)



After treatment-

Insomnia Severity Index

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please CIRCLE the number that best describes your answer.

Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	(2)	3	4
2. Difficulty staying asleep	0	1	(2)	3	4
3. Problems waking up too early	0	(1)	2	3	4

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied 0 | Satisfied (1) | Moderately Satisfied 2 | Dissatisfied 3 | Very Dissatisfied 4

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all Noticeable 0 | A Little (1) | Somewhat 2 | Much 3 | Very Much Noticeable 4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all Worried 0 | A Little 1 | Somewhat (2) | Much 3 | Very Much Worried 4

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

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

Guidelines for Scoring/Interpretation:

Add the scores for all seven items (questions 1 + 2 + 3 + 4 + 5 +6 + 7) = 10 your total score

Total score categories:
0–7 = No clinically significant insomnia
8–14 = Subthreshold insomnia
15–21 = Clinical insomnia (moderate severity)
22–28 = Clinical insomnia (severe)

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