



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2022; 6(3): 227-232
Received: 21-05-2022
Accepted: 19-07-2022

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A case series on homoeopathic medicine nux vomica in insomnia disorder highlighting unattainable goals as the cause of chronic stress

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DOI: <https://doi.org/10.33545/26164485.2022.v6.i3d.625>

Abstract

Background: Insomnia disorder due to chronic stress is a common problem and it cause morbidity and reduced quality of life. Identifying the cause of stress can help in homoeopathic medicine selection for the betterment of sleep.

Methods: Thirty case profiles of insomnia disorder patients who are all having chronic stress are selected. Cases were treated with individualized homoeopathic medicine after case taking, analysis, evaluation and repertorization.

Results: Four of the thirty individuals had insomnia disorder due to chronic stress of unattainable goals. These four cases were treated with Homoeopathic medicine Nux vomica and it has significant result in managing insomnia disorder due to chronic stress of unattainable goals.

Conclusion: Homoeopathic medicine, Nux vomica has significant effect in managing insomnia disorder due to chronic stress of unattainable goals.

Keywords: Insomnia disorder, chronic stress, unattainable goals, NUX vomica, homoeopathy

Introduction

Insomnia disorder is a complaint of dissatisfaction with sleep quantity or quality, associated with difficulty initiating sleep, difficulty maintaining sleep and early-morning awakening with inability to return to sleep [1]. The sleep difficulty occurs at least 3 nights a week for at least 3 months. People with these conditions frequently express unhappiness with the quality, time, and amount of sleep they receive [2].

In stressful situations, sleep disruptions are more likely. Stress is described as the feeling of being overwhelmed or incapable of managing as a result of uncontrollable demands. Chronic stress is a long-term feeling of anxiety that, if left untreated, can have a harmful impact on our health. It might be brought on by the pressures of ordinary life, such as family and work. Increased cognitive and physiological arousal, which is incompatible with sleep, is thought to be a result of stress. The occurrence of major life events has been linked to the start of prolonged insomnia. Insomnia and sleep disorders are common side effects of stress. Similarly, a lack of enough rest can lead to stress. Because stress and sleep difficulties are so closely linked, one can often led to improvements in the other [3].

According to the Epidemiology of Sleep Disorders in the Adult Population of Delhi, almost 28.1 percent of the adult population has complaints suggestive of sleep start and maintenance disorders [4]. According to the National Sleep Foundation, 20% to 40% of all adults experience insomnia at some point during the year. Over 2 million children suffer from a variety of sleep problems [5].

Longitudinal studies have shown that the proclivity to experience sleep disturbances in reaction to pressurized situations is an ailments for insomnia. Anxiety and worry are implicated in the upkeep of insomnia, according to a significant body of data. These unproductive mental processes are theorized to be linked to a physiological arousal level that makes sleep initiation and maintenance impossible. Lessened activation of the caudate head and prefrontal cortex are associated with reduced activation of the emotion-regulating system and elements of the cognitive system from a psychological standpoint. This hypofunction of the prefrontal cortex and caudate head will elevate cortical arousal, which will activate the limbic system, promoting the Ascending Reticular activating System in the hypothalamus.

Daytime weariness is found to be correlated to prefrontal hypoactivation, and arousal regulation is thought to be linked to caudate head recruitment ^[6].

Chronic stress-related insomnia is a psychosomatic disorder in which psychological pressures have a negative impact on physiological (somatic) functioning to the point of suffering. According to Kent JT "First worked out symptoms must be a mental symptoms by the usual form until the remedies best suited to the patient's mental condition are determined. When the sum of these has been settled, a group of five or ten remedies, or as many as appear, we are then prepared to compare them and the remedies found related to the remaining symptoms of the case ^[7]. Homeopathy looks at the complete individual. Homeopathic treatment concentrates the patient as a whole, not just a disease. Homeopathic remedy for insomnia is chosen later a thorough individualisation and analysis of case, which shields the patient's bodily and mindly constitution, and other factors ^[8]. This study aims to manage insomnia disorder due to chronic stress with homeopathic medicines to achieve a good quality of sleep.

Study setting

The cases of insomnia disorder due to chronic stress were treated at White Memorial Homoeo Medical College and Hospital, Attoor, Kanyakumari district.

Methods

Thirty Cases of Insomnia disorder were selected as per Diagnostic and Statistical Manual of Mental Disorders V diagnostic criteria. Perceived stress scale ^[9] was used to identify the presence of chronic stress and Insomnia severity index ^[10] is used to measure the level of insomnia disorder for thirty cases. Out of thirty cases, four cases had insomnia disorder due to chronic stress of unattainable goals. These four Cases were analyzed and totality ^[11] was erected and repertorization was done in Synthesis Repertory by Dr, Frederik Schroyens in RADAR 10.0.028. Patients were advised to visit once in a month for the report or as per their need in case of an emergency. Cases were followed up to tangible period of 6 months.

Assessment

Chronic stress was identified with the help of perceived stress scale which contains 10 questions, each question has a mark ranges from 0-4. Scores ranging from 0-13 would be considered low stress. Scores ranging from 14-26 would be considered moderate stress. Scores ranging from 27-40 would be considered high perceived stress. Pre and post treatment analysis were done using insomnia severity index. Insomnia severity index has seven questions and for each question, mark ranges from 0-4. Total score categories: 0-7 = No clinically significant insomnia, 8-14 = Subthreshold insomnia, 15-21 = Clinical insomnia (moderate severity), 22-28 = Clinical insomnia (severe).

Case profiles: (IEC/004/2021)

Case 1

A 21-year-old female presented with complaints of insomnia for a year. She had trouble falling asleep. The patient fell asleep for 1-2 hours after the initiation. She can't sleep for more than two hours at a time and sometimes can't sleep for the entire night. Concentration is difficult due to lack of sleep. Dull in appearance. Sleeplessness is because

her parents are making preparations for her marriage. This has saddened her. She hoped to achieve great things in her carrier and she now thought she couldn't attain her goals as a result of marriage. Her perception was that she was only 21 years old, and that if she married, her dreams would be dashed. According to her family's culture, 21-22 is the appropriate age to marry. She is against this concept. Her mind desires to achieve her goal, but marriage prevents her from doing so. She was not eating well in order to express her rage to her parents. Vital signs are normal. Stress was identified with the help of perceived stress scale. Perceived stress scale score was 35 (High perceived stress). The insomnia severity index score was 19. So, this patient comes under the category of moderate severity clinical insomnia as per insomnia severity index. Now, sleeplessness made her drab and depressed.

Prescription and follow-up

Nux vomica ^[12] 30 single dose in globules was prescribed for 15 days, followed by placebo, based on totality and repertorial analysis. The patient reported a slight improvement in sleeping time on the second visit. For the next 30 days, the prescription was supplemented with a placebo ^[13]. Her sleep initiation was somewhat better on the third visit, but her sleep time was the same as previously. For 15 days, again Nux vomica 30 was given with a placebo. On the fourth visit, she fell asleep without trouble and her sleeping time increased from 2 hours to 5 hours without interruption, so placebo was prescribed for a month. On fifth visit, patient looks bright and the initiation of sleep along with sleeping time was better. Insomnia severity index Score was 10. The patient progressed from moderate severity clinical insomnia to sub-threshold insomnia. so, Here we see the improvement of this case.

Case 2

A 37-year-old male presented with sleeplessness for the past 8 months. This patient had trouble initiating and maintaining sleep. Sleeplessness occurs at least 3 nights per week. The lack of sleep was the result of a fire accident in his factory. He managed his own plastic factory but had to face a financial crisis following the fire accident in his workplace. His sleep had been disrupted since that day. He hoped to reach tremendous heights in this industry. This fire accident of his company led him to fail in his life. On starting each new venture, he became impulsive and unsteady but he tried hard to achieve his goal. He became angry because he was unable to concentrate in his work. This patient could not give up his goal and he tried hard to achieve it. His vitals were normal. Stress was identified with the help of perceived stress scale. Perceived stress scale score was 19 (Moderate stress). His Insomnia severity index Score was 8. So, this patient comes under the category of subthreshold insomnia.

Prescription and follow-up

Based on totality, and repertorial analysis, Nux vomica ^[14] 30 single dose in globules was prescribed followed by placebo for 15 days. On the second visit, there is still trouble sleeping, but there has been some progress. Again Nux vomica 30 Single dose was given followed by placebo for 30 days. Every month, a single dose of Nux vomica 30 was given. This was done for a total of six months. At the end of sixth month, Insomnia severity index score was 12 which

were increased than before. So I came to the conclusion that patient got only temporary relief. According to Kent's fifth observation, Amelioration occurs first, followed by aggravation. Either they could only be palliative, or potency selection for this patient was insufficient. To determine whether the medication or potency was incorrect, the case was re-examined. After retaking the case, I got the same remedy again. Higher dosage and repeated administration of the medication were required. Therefore, I advised Nux vomica 0/1 (alternate days) for 30 days. By the eighth

month, his sleep commencement and duration both improved. Nux vomica 0/2 was given for 1 week of alternate days followed by placebo for 30 days. On the ninth month, his sleeping time increased than before but still needed improvement. Nux vomica 0/3 was given for 1 week of alternate days followed by placebo for 30 days. On the tenth month, patient got betterment. Insomnia severity index Score was 7. The patient progressed from sub-threshold insomnia to no clinical significant insomnia. So, here we see the improvement of this case.

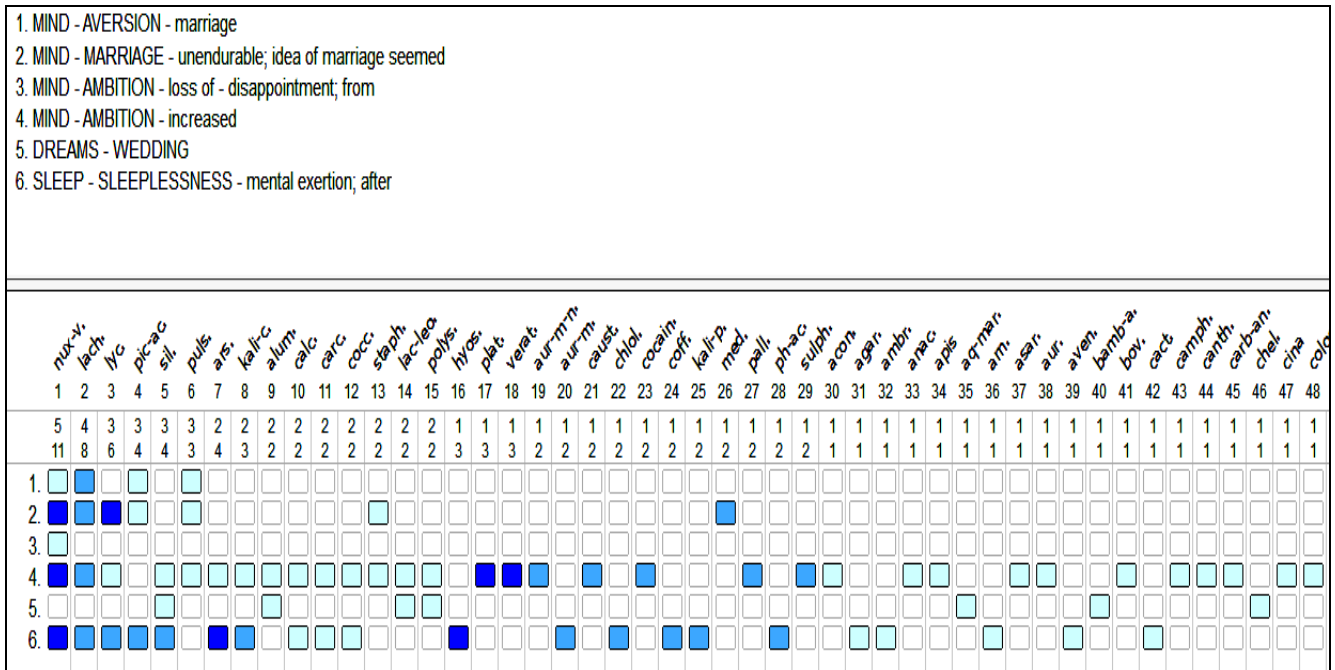


Fig 1: Repertorisation Chart of Case 1

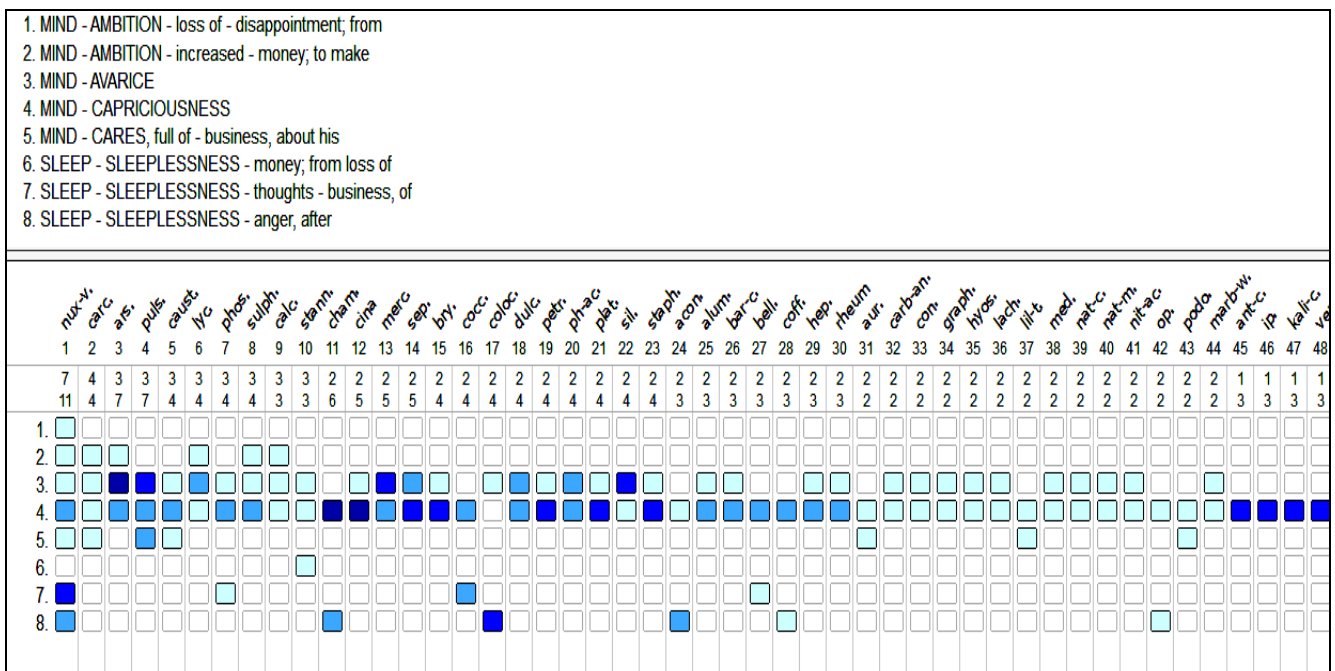


Fig 2: Repertorisation Chart of Case 2

Case 3

A 55-year-old female patient complained of not being able to sleep for the past five years. Although sleep was well-initiated but was not well-maintained. She was upset by her shorter sleep time, 3 hours/day. Early awakening made her

sad because the patient was unable to start falling asleep after awakening. This complaint started after spending much time in providing care and nursing her sick mother-in-law. 5 years back, she was a working woman. She had strong desires at the time, wanting to construct a new home. But

she was unable to succeed because of her mother-in-law's condition. So, the patient became involved in household duties. She did not share her dream with her husband and to her relatives. This is due to her fear of receiving criticism from her family. After this incident, she was left alone all the time. She also became worried and unhappy due to lack of sleep. She tried other business and was focused in working from home to achieve her dreams. Stress was identified with the help of perceived stress scale. Perceived stress scale score was 34 (High perceived stress). Insomnia severity index score was 19. So, this patient comes under the category of moderate severity clinical insomnia as per insomnia severity index.

Prescription and follow-up

Lachesis 30, 1 dose was administered based on a repertorial

analysis, and then placebo was given for 15 days. The patient experiences improvement during the second week, but aggravation soon follows. Once more, a single dose of Lachesis 200 was administered, followed by 15 days of placebo. After third visit, there was still no progress, therefore the medication was changed. A single dose of Nux vomica [15] 30 was administered in accordance with the revised totality, and it was followed for 15 days by a placebo. Patient showed progress in sleeping time and early awakening after the fourth appointment, so further placebo was administered for 15 days. On the fifth visit, the patient showed improvement in quality of sleep, which made me to prescribe placebo for another 15 days. Insomnia severity index score was 14. The patient progressed from moderate severity clinical insomnia to sub-threshold insomnia. So, here we see the improvement of this case.

1. MIND - AMBITION - loss of - disappointment; from 2. MIND - CARES, full of - daily cares, affected by 3. MIND - CARES, full of - relatives, about 4. MIND - FORSAKEN feeling 5. SLEEP - SLEEPLESSNESS - mental exertion; after 6. SLEEP - SLEEPLESSNESS - anxiety, from																																																					
	lach.	nux-v.	calc.	ars.	cocc.	coff.	kal-h-br.	kal-h-c.	nat-m.	carc.	rhus-t.	hyos.	caust.	puls.	sil.	acon.	arg-m.	croch.	ferr.	kal-h-p.	mag-c.	merc.	nat-c.	plat.	sep.	spig.	stram.	sulph.	thuj.	sal-fr.	agan.	alum.	amb.	am.	bor-c.	carb-an.	carb-v.	centch.	ign.	laur.	lyss.	mag-m.	moni.	oc-sea.	phos.	sabin.	samb.	Verat.					
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Fig 3: Repertorisation Chart of Case 3

Case 4

Since five months ago, a 55-year-old man has complained of sleeplessness. The patient had trouble staying asleep for long periods of time. The patient slept only a couple of hours daily. Patient's inability to achieve his dream was the reason behind this sleeplessness. Basically, he is a bus supervisor, but at age of 45, he made numerous attempts to launch his own business. He invested his savings for his business but his business did not perform to the degree he had hoped to reach. He consequently failed in his business. After this, he completely focused on his work as a bus supervisor. His friend forced him to start the same business once again five months back; he once more tried, but it was only successful to a certain extent. Even though he was not able to manage his financial issue; his mind keeps working continuously in order to achieve his business goal. He was disturbed and couldn't sleep as a result of this. Stress was identified with the help of perceived stress scale. Perceived

stress scale score was 19 (Moderate stress). Insomnia severity index was 15. So, this patient comes under the category of moderate severity clinical insomnia as per insomnia severity index.

Prescription and follow up

Based on evaluation and totality, Nux vomica 30 single dose was administered, and they were followed by a placebo for 15 days. Patient's second visit revealed that their sleep had improved, So placebo was administered for 15 days. On the third visit, the patient's sleep was good for about 5 hours. For 15 days, the placebo is given once again. On the fourth visit, the patient suggested stopping the medication because sleeping was no longer a problem. Insomnia severity index was 8. The patient progressed from moderate severity clinically insomnia to sub-threshold insomnia. So, this case has improved, as can be seen.

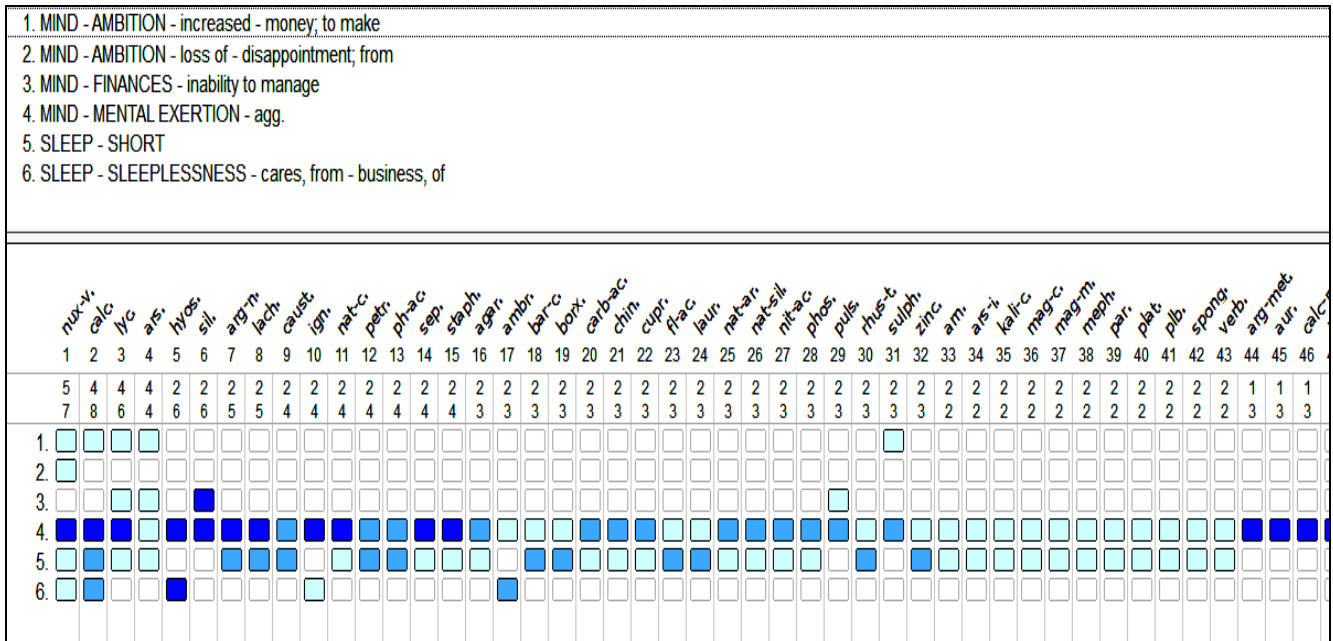


Fig 4: Repertorisation Chart of Case 4

Table 1: Master chart

Case No	Perceived stress scale score	Insomnia severity index		Medicine with potency
		Pre Test	Post Test	
1.	35	19	10	Nux Vomica 30
2.	19	8	7	Nux Vomica 0/1, 0/2,0/3
3.	34	19	14	Nux Vomica 30
4.	19	15	8	Nux Vomica 30

Discussion

The symptom of an unattainable aim or goal was evident in all four cases. In all the above mentioned cases the patient had put in their best effort, in spite of their failure to reach their goal and was persistently trying to achieve it. These persons had trouble sleeping because of persistent thoughts of failing in one's goal or else making plans to recover from unsuccessful events. Nux vomica assists in managing the sleep disorders of such type of patients. The potency selection was based on each patient's susceptibility. Nux vomica is the best medicine for the person who failed to reach their goals.

Conclusion

The foundation of Homoeopathy is individualization, and the patient is treated as a whole. According to Homoeopathy's holistic concept of disease, the disease is a comprehensive condition affecting both the body and the mind, a disturbance of the entire organism manifested through symptom totality. In these cases, unachievable goals are the root of their chronic stress. A major contributing factor to insomnia is ongoing chronic stress. The treatment plan for these cases is depending on the patient's individuality and by applying the principles of inductive reasoning from the above case series, we come to the conclusion that Nux vomica will work best in those who have failed to achieve their goal and want to bounce back from his failed attempts.

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