Insomnia: A systematic review and homeopathy as a mediating therapeutic target

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Abstract
This review article throws a light on one of the most commonly recognized condition among the people in today’s time i.e., insomnia (sleeplessness). According to the studies there are many known causes and risk factors of insomnia, which can affect the mental and physical health of a person. Homeopathic medication is quite effective in treating the sleep disorders especially insomnia. An insight on assessment of insomnia, and its homoeopathic approach have been presented in this article.

Keywords: Sleeplessness, insomnia, homoeopathy, mother tinctures

Introduction
Insomnia is a condition of insufficient quantity and/or quantity of sleep, with trouble sleeping, remaining in sleep, or waking up early in morning, or being not able to go back to sleep. Insomnias are of various types due to different reasons. Transient insomnia is noticed at times due to stress and tiredness. Short-term insomnia is generally due to personal problems. Sleep-onset insomnia can be a relatively common among adolescent age group. Chronic insomnias can be due to psychological or metabolic factor [1].

Diagnosing Criteria for Insomnias
• In ICD-10, insomnia should be present for at least three nights per week for 1 month [1].
• In DSM-5, insomnia should be present for a 3-month duration [1].

Causes
Primary causes (Rare causes)
• Primary insomnia (Idiopathic)
• Restless limb syndrome
• Sleep apnea syndrome
• Periodic limb movement syndrome
• Central alveolar hypoventilation syndrome [2]

Secondary causes (Common causes)
• Medical disorders
• Psychiatric disorders
• Substance use or misuse.
• Poor sleep hygiene
• Environmental
• Hormonal
• Circadian rhythm disturbances
• Jet lag [3]

Types
According To Cause
Acute insomnia: Also known as short-term insomnia. It lasts for a few days to few weeks, that can be seen due to stress, environmental adjustments, etc.
Chronic insomnia: Recurring, persistent insomnia present for a minimum of 3 nights per week for one or more months.
Onset insomnia – trouble in going to sleep.
Maintenance insomnia – difficulty to maintain/remain in sleep or wake up early and being not able to go back to sleep.

Behavioral insomnia in childhood (BIC) –
- BIC Sleep onset- Difficulty in going to sleep in children.
- BIC Limit setting- Refusal of child to sleep and go to sleep.
- BIC combined type- combination of both types

According To Duration
Transient insomnia – less than 2 calendar weeks
Intermittent insomnia – Repeated occurrence of transient insomnia
Chronic insomnia – Continuing difficulty in sleeping

Symptoms:
- Difficulty in going to sleep at night.
- Waking up often during sleep at nights.
- Getting up very early and difficulty in going back to sleep again.
- Feeling unrested after waking up in the morning.
- Tiredness in the daytime
- Feeling sleepy all day.
- Unable to concentrate or perform daily activities.
- Difficulty in paying attention or focusing on any task.
- Poor memory for performing daily tasks.
- Difficulty in handling stressful situations
- Frequent errors or accidents
- Decreased quality of life
- Irritable on trivial matters
- Mood swings
- Frequent headache
- Anxiety
- Depression

Assessment of insomnia
Sleep History
- Specific nature of the sleep complaint (that can include onset, duration, course, frequency, and severity).
- Are there any significant events at the time of the onset of the problem?
- Pattern of symptoms, timing of the complaint and aggravating or ameliorating factors
- Behavior while sleeping. Any specific dreams/nightmares. Episodes of awakening.
- Effect of symptoms upon mood, behavior, work, social life, school, and bed partner or other family members.
- Any history of previous sleep disorders and treatments.

Daily routine
- Time, mode (natural, alarm) and ease of getting up.
- Daily naps
- Time of going to bed
- Activities and level of alertness during the day.
- Activities on bed (reading, TV, sex, eating)
- Time of sleeping
- Night-time awakenings.

Physical Examination
- Weight, height, BMI
- Neck collar circumference
- Look for any upper airway’s obstruction.
- Cardiac, pulmonary and neurological system examination

Further investigations
- Sleep diaries - The patient records activities, sleep, mealtimes, coffee intake, and other sleep-related symptoms for 2 weeks. We can get the cause of sleeplessness by these.
- Actigraphy - It is observing the sleep-wake cycles and/or body movements via a unit worn as a wristwatch.
- Video recordings
- Polysomnography, it is sleeping study, which includes the monitoring of various physiological parameters while in sleep.

Management of insomnia
General measures
- We should identify the cause of insomnia and treat it
- Psychological education
- Improving the sleep hygiene

Psychological treatments
- Cognitive behavioural therapy (CBT)
- Stimulus control therapy
- Sleep restriction
- Relaxation therapy

Pharmacological treatments
- Hypnotics
- Anti - depressants
- Antihistamines
- Benzodiazepines
- Non – benzodiazepines

Homeopathic approach to insomnia
Reportorial view
Kent Repertory
Sleeplessness [chapter sleep]

BBCR:
Sleeplessness [chapter sleep]

Boer Icke Repertory
INSOMNIA (Sleeplessness) [Chapter Nervous system]

Pathak Repertory
Sleeplessness

Homeopathic Medical Repertory
INSOMNIA [Chapter Sleep]

Homeopathic therapeutics
Belladonna
Patient is extremely restless in sleep. There are muscular jerking’s. Patient dreads to sleep because of frightful dreams. Children are awakened due to nightmares. Due to congestion, there is pain, that keep patients awakened.
Aconite
Patient is extremely anxious and restless. Patient is afraid of death. [9]

Lycopodium
Children is irritable, cross and doesn’t want to sleep at night. Is very sleepy during day. [9]

Nux Vomica
Patient feels sleepy in the evening and wakes up at night with anxiety and scary dreams. It is indicated for people addicted to caffeine and tea, and those who have gastric disorders with mental stress and live a sedentary life [9].

Pulsatilla
Patient is sleepless in the evening and falls asleep very late in the night. Patient is restless during sleep, and frequent wakes up with frightful dreams [9].

Sulphur
Takes small naps while sleeping. The smallest sound wakes him up and it is difficult to sleep again. Patient is sleepy all day. Sleeplessness from nervous excitement. The patient is sleepy all day and sleepless in night. [9]

Chamomilla
It can be given for insomnia in children by pain. It lessens the irritability and the emotional excitement of the patient, and the patient goes to sleep. It is given to weak, nervous women whose sleep gets disturbed by anxious and vivid dreams. The patient is thirsty and a hot patient [9].

Opium
Opium is for people who are sleepless. The patients feel sleepy but cannot sleep. He is kept awake by hearing different noises like the ticking of clocks. There is drowsiness seen [9].

Galenism
It is given for sleeplessness in people doing mental work. It is given for businessmen who are restless in night, gets up early in the morning and have worries of their business affairs. There is state of excitement along with depression. [9]

Mother tinctures
Cannabis Indica
It is indicated for obstinate form of insomnia. It relieves the nervousness and neuralgic pain and patient walls asleep [9].

Passiflora incarnata
It is given for sleeplessness due to mental irritation or pain. It can be taken with water at bedtime. [9]

Arena sativa
For sleepless people who are exhausted and nervous. [9]

Thea
It can be given for nervous sleeplessness in people who are habitual tea drinker.

Pisidia
It is given for sleeplessness due to mental worries.

Conclusion
Good sleep improves our brain functioning, mood, and maintains good health. There are risks of many diseases due to insufficient sleep. This review article helps in understanding the sleep disorder insomnia, helping in psychological assessment of it and homoeopathic approach for treating the disease. In the system of homoeopathic medicine, we consider a holistic concept of individualizing the patient. This helps in understanding psychologically and physically, the difficulties faced by patients, and we can guide them in the best way to deal with insomnia.

References
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