



NIGHT MONSTER THAT KEEPS YOU AWAKE – INSOMNIA AND ITS HOMOEOPATHIC APPROACH

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ABSTRACT:

Insomnia is defined by the presence of an individual's report of difficulty in sleep cycle. Insomnia is known for polysomnographic evidence of disturbed sleep. Thus, the presence of long sleep latency, frequent nocturnal awakenings, or prolonged periods of wakefulness during the sleep period or even frequent transient arousals are taken as evidence of insomnia

KEY WORDS

Insomnia, Dyssomnias, Hypersomnia, Hyperarousal, Physiological arousal, cognitive behavioral therapy, stimulus control therapy, paradoxical intention

DYSSOMNIAS

Dyssomnias are sleep disorders that are characterised by disturbances in the amount, quality or timing of sleep. There are two types of dyssomnias. They are Hypersomnia, Insomnia

HYPERMOMNIA

Hypersomnia is also known as Disorder of excessive somnolence(DOES). Hypersomnia means one or following

1. Excessive day time sleepiness
2. Sleep attacks during day time (falling asleep unintentionally)
3. Sleep drunkenness (person needs much more time to awaken; and during this period is confused or disoriented).

INSOMNIA

INSOMNIA is also known as DISORDER OF INITIATION AND / OR MAINTAINENCE OF SLEEP [DIMS]

Insomnia means one or more of the following:

Difficulty in initiating sleep

- 1) Difficulty in maintaining sleep. This could be both
 - a) Frequent awakenings during night , and
 - b) Early morning awakening
- 2) Non restorative sleep where despite an adequate duration of sleep, there is a feeling of not having rested fully ¹

EPIDEMIOLOGY

INSOMNIA is very common with nearly 15-30% of general population complaining of a period of insomnia per year requiring treatment.⁷

PREVALENCE

- State-of-the-Science Conference in June 2005.³ Age and gender are most clearly identified demographic risk factors, with an increased prevalence in female and older adults. The cause of increased risk in elderly is not well defined, it may be due to partial decline in functionality of sleep control systems that may lead to insomnia in older population.
- In females, insomnia is more prevalent with both the menarche and menopause. Comorbid medical disorders, psychiatric disorders and working night or rotating shifts may include as significant risks for insomnia.⁷
- According to diagnostic and statistical manual of mental disorders (DSM) fourth edition (DSM-IV) in a US sample of 13–16 year old adolescents, Insomnia is the most prevalent sleep disorder in adolescence with 10.7% lifetime and 9.4% current prevalence There is strong female prevalence of disorder. Use of electronic media, and particularly the use of stimulating technology (e.g., game consoles, mobile phones), lead disruptor to sleep in adolescents. Students are under high pressure to keep up with academic situations (e.g. exams, work groups, homework), deal with parental expectations, balance social life, sports, and extra-curricular activities while studying. School pressure increases with age and it is higher in girls compared to boys⁸.
- Another potential factor implicated in delaying bedtimes in adolescents is consumption of caffeinated beverages. Caffeine is a central nervous system stimulant acts as an adenosine receptor antagonist; it is most widely used psychoactive drug.⁸

ETIOLOGY

1. Medical illness such as heart diseases, rheumatic and musculo skeletal diseases, old age , PMS [periodic movements in sleep]
2. Alcohol and drug use
 - (a) Drug and alcohol withdrawal syndrome
 - (b) Amphetamine /other stimulants e.g. caffeine
 - (c) Chronic alcoholism
3. Current medications eg fluoxetine etc.
4. Psychiatric disorders like mania, depression ,anxiety, stress
5. Idiopathic insomnia

A person suffering from insomnia should be differentiated from a short sleeper, who needs less than 6 hours of sleep per night and has no symptoms or dysfunction. A short-sleeper does not need my treatment.

One of the main cause of insomnia is PMS(Periodic movements in sleep). PMS consists of two different syndromes.

They are : Periodic limb movement disorder (PLMD), Restless legs syndrome (RLS or Ekbom syndrome).¹

PATHOPHYSIOLOGY OF INSOMNIA

Insomnia is thought to be a disorder of hyperarousal experienced throughout the entire day. This hyperarousal may exhibit itself as a state of hypervigilance during the day and difficulty initiating and maintaining sleep at night. Two theories explain pathophysiology

- The cognitive model suggests that worry and rumination about life stresses disrupt sleep, creating acute episodes of insomnia, especially in initiating sleep and returning back to sleep after an awakening.
- Physiological arousal has been evaluated through measurements of the whole body metabolic rate, heart rate, neuroendocrine measures, and functional neuroimaging. The insomnia patients show significantly higher metabolic rates (measured at intervals across the 24-hour day) than the healthy control. Comparing normal individuals, measuring 24-hour urinary free cortisol excretion have found high levels in poor sleepers. Patients with insomnia exhibited greater cerebral glucose metabolism during waking and non-rapid eye movement (REM) sleep.⁷

COMPLICATIONS

The most common comorbidities associated with insomnia are psychiatric disorders. It is estimated that 40% of all insomnia patients have a coexisting psychiatric condition.

Among these psychiatric disorders, depression is most common, and insomnia is a diagnostic symptom for depressive and anxiety disorders.

Importantly, a variety of primary sleep disorders as well as circadian rhythm disorders are frequently comorbid with and often lead to insomnia physical functioning, role limitation due to physical health problems; bodily pain general health perceptions; vitality, social functioning; role limitations due to emotional health problems, mental health.

DIAGNOSIS

- Diagnosis of insomnia is made when a person faces difficulty sleeping for three nights in the span of a week for a minimum of three months, and it is causing significant distress in everyday life or interferes with social and occupational functioning.
- The diagnosis of insomnia in adolescence is complex and needs to be evaluated in the context of social, behavioral and bioregulation changes normally occurring in adolescence.
- Polysomnography may be needed in some to reach a diagnosis.
- Diagnosis can also be evaluated by following protocol

Insomnia Sleep Questionnaire Packet (Please fill this out and bring to your insomnia consultation appointment)

ISI

For each question, please *indicate* the number that best describes your answer.
Please rate the **CURRENT** (i.e. **LAST 2 WEEKS**) **SEVERITY** of your insomnia problem(s).

1. Please rate the current severity of your insomnia.	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4
a. Difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Difficulty staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Problem waking up too early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied /dissatisfied are you with your current sleep pattern?	Very Satisfied 0	A Little 1	Somewhat 2	Much 3	Very Dissatisfied 4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To what extent do you consider your sleep problem to interfere with your daily functioning (e.g., daytime fatigue, ability to function at work, daily chores, concentration, memory, mood, etc.)?	Not At all Interfering 0	A Little 1	Somewhat 2	Much 3	Very Much Interfering 4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How noticeable to others do you think your sleeping problem is in terms of impairing the quality of your life?	Not At All Noticeable 0	Barely 1	Somewhat Noticeable 2	Much 3	Very Much Noticeable 4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How worried /distressed are you about your current problem?	Not At all Worried 0	A Little 1	Somewhat Worried 2	Much 3	Very Much Worried 4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANAGEMENT & TREATMENT

Cognitive behavioral therapy for insomnia :

Cognitive behavioral therapy for insomnia (CBT-I) is recommended as the first line of treatment for people with insomnia. It can help you control or eliminate negative thoughts and actions that keep you awake. Strategies include, for example:

1. Stimulus control therapy. This method helps remove factors that condition your mind to resist sleep.
2. Relaxation techniques. Progressive muscle relaxation, biofeedback and breathing exercises are ways to reduce anxiety at bedtime.
3. Sleep restriction. This therapy decreases the time you spend in bed and avoids daytime naps, causing partial sleep deprivation, which makes you more tired the next night.
4. Remaining passively awake. Also called paradoxical intention, this therapy for learned insomnia is aimed at reducing the worry and anxiety about being able to get to sleep by getting in bed and trying to stay awake rather than expecting to fall asleep.
5. Light therapy. If you fall asleep too early and then awaken too early, you can use light to push back your internal clock.

Medications include :

1. Eszopiclone (Lunesta).
2. Ramelteon (Rozerem).
3. Zaleplon (Sonata).
4. Zolpidem (Ambien, Edluar, Intermezzo, Zolpimist).

HOMOEOPATHIC MANAGEMENT

Homeopathy has affinity towards insomnia . homeopathy is based on infallible law of nature . Homeopathic medicines based on law which states “ This power of medicine can alter the state of health can only be ascertained by their effects on [healthy] persons.

Homeopathic medicines for insomnia have no side effects since they are made of natural substances. They work at a psychosomatic level to treat the root cause of insomnia.

1. **Kali Phos** – For Insomnia due to Stress/Worries. Sleeplessness mainly during latter part of the night. excessive yawning. Sad & gloomy disposition. extreme fatigue seen in mental and physical plane. children wakes suddenly from sleep due to night terrors .Somnambulance.
2. **Coffea Cruda** –During bedtime, many ideas run into mind. The person remains restless at night and tosses from side to side. Constant Thoughts . Palpitations and nervousness may attend.children who are playful at night and are sleepless. Coffea Cruda is well indicated for early waking from sleep (usually around 3:00 am) with difficulty in falling asleep again. Insomnia during the phase of convalescence is also treated with Coffea Cruda. This remedy also helps in disturbed sleep from excessive dreams.
3. **Ignatia Amara** – Insomnia from Grief, Depression . The person needing Ignatia Amara is depressed and full of cares and worries. He/She may get entirely absorbed in profound grief which leads to sleeplessness. Desire to be alone, tearfulness, and sadness with deep sighs. The person always thinks about the sad occurrences in the past. Excessive brooding, moaning, and an indifferent behavior to everything may also be present.

4. **Pulsatilla Nigricans** – Insomnia during First Half of Night. The person stays awake and restless during the first half of the night. A fixed thought keeps revolving in the mind which leads Insomnia. An extreme restlessness is present along with sleeplessness. The person eventually falls asleep during the late hours. The person wakes up feeling tired and may experience excessive yawning and sleepiness during the daytime.
5. **Nux Vomica** – For Insomnia during Latter Half of Night. A person requiring Nux Vomica have no trouble falling asleep, but wakes up around 3:00 am – 4:00 am after which becomes difficult. During daytime, intense drowsiness, tiredness and weakness appear. Nux Vomica also works in cases where sleep is not sound, and person often wakes from sleep. It also treats sleeplessness caused by excessive intake of coffee or alcoholic stimulants or tobacco. Sleeplessness due to gastric troubles.
6. **Arsenic Album** – Insomnia from Anxiety. There is anxiety about issues like health, future and or the family's well being. The anxiety is mostly worse after midnight. Along with anxiety, there may be extreme restlessness. The person continuously tosses and turns in the bed at night. The restlessness also seen during daytime with continual movement from one place to another, with a feeling of weariness of the eyes.
7. **Opium** – Insomnia where Person is Sleepy but unable to sleep. He/She may remain awake for long, along with restless at night with constant tossing and tumbling in bed. The person may have acuteness of hearing, even small noises may disturb the person and cause sleeplessness.
8. **Calcarea Carbonicum**– Insomnia at Night with Daytime Drowsiness. He/She sleeps for a short duration, and experience sleeplessness post 2 am. At night, heated sensation, agitation and pulsating in the head appears due to insomnia. The person often feels exhausted in morning with a desire to sleep, and the head may feel heavy.
9. **Passiflora Incarnata** – Insomnia in Elderly People. Passiflora Incarnata persons remains wakeful and restless at night. Mental worries may also be present with insomnia. This medicine is also indicated for insomnia in infants¹³

RUBRIC REPRESENTATION

1. Murphy repertory

Insomnia- sleeplessness

Insomnia-sleeplessness - night

Insomnia-sleeplessness - thoughts from

Insomnia-sleeplessness -anxiety from

Insomnia-sleeplessness - restless from

Insomnia-sleeplessness -pains from

Insomnia-sleeplessness - fever from⁹

2. Clarke Repertory:

Over Fatigue- insomnia due to

Insomnia -chronic alcoholism of¹⁰

3. Boericke Repertory

Nervous system - sleep insomnia-remedies in general

Nervous system - sleeplessness -remedies in general -cause occurrence -children in

Nervous system - sleeplessness - remedies in general - cause occurrence – aged in¹¹

4. Phatak Repertory

Phatak A to Z Sleeplessness - midnight before(sleeps after)

Insomnia- nervous excitement from

Insomnia- rush of ideas from¹²

DISCUSSION & CONCLUSION: Insomnia is a complaint of difficulty falling or staying asleep which is associated with significant distress or impairment in daytime function and occurs despite an adequate opportunity for sleep. Insomnia not only effects quality of sleep during night but also effects the quality of life style. In homoeopathic management insomnia can be treated without any side effects.

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