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# Individualized Homoeopathic Treatment In Case Of Persistent Insomnia In Geriatric Age Group: A Case Report

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**Abstract**

Insomnia is a sleep disorder characterized by difficulty initiating or maintaining sleep, waking up before the desired time, and unrefreshing sleep; Insomnia is a common and challenging complaint in older adults (> 65 years) because of age-related alterations in sleep physiology. it can be accompanied by attention deficit and mood instability and has a minimal duration of three months.

According to the American Psychiatric Association (APA), insomnia is the most prevalent sleep disorder worldwide and is characterized by difficulty in initiating or maintaining sleep, early-morning awakening and an inability to return to sleep, occurring for at least three nights a week over a three-month period. Insomnia impairs daytime functioning and can be caused by a variety of factors. It frequently co-occurs with underlying medical conditions such as cardiovascular diseases, renal disorders, or obstructive airway diseases. The long-term use of certain medications, psychological disorders, substance use disorder (SUD) aging, genetic predisposition, or traumatic brain injuries can also contribute to its development. A systematic review report that 52.57% of the global population experienced sub-threshold insomnia, while 13.75% suffer from moderately severe clinical sleeplessness, and approximately 2.5% have severe clinical insomnia. In the India it affects approximately 33% of adult population. If left untreated, chronic insomnia can significantly impact an individual's economic, social, and occupational wellbeing.

## I. INTRODUCTION

Insomnia disorders are characterized by the complaint of persistent difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impairment. Insomnia is the complaint of poor sleep and usually presents as difficulty initiating or maintaining sleep. People with insomnia are dissatisfied with their sleep and feel that it impairs their ability to function well in work, school, and social situations. Affected individuals often experience fatigue, decreased mood, irritability, malaise, and cognitive impairment.

Chronic insomnia, lasting >3 months, occurs in about 10% of adults and is more common in women, older adults, people of lower socioeconomic status, and individuals with medical, psychiatric, and substance abuse disorders. Acute or short-term insomnia affects over 30% of adults and is often precipitated by stressful life events such as a major illness or loss, change of occupation, medications, and substance abuse. If the acute insomnia triggers maladaptive behaviors such as increased nocturnal light exposure, frequently checking the clock, or attempting to sleep more by napping, it can lead to chronic insomnia. All sedatives increase the risk of injurious falls and confusion in the elderly, and therefore if needed these medications should be used at the lowest effective dose. Morning sedation can interfere with driving and judgment, and when selecting a medication, one should consider the duration of action. Benzodiazepines carry a risk of addiction and abuse, especially in patients with a history of alcohol or sedative abuse. In patients with

depression, all sedatives can worsen the depression. Like alcohol, some sleep-promoting medications can worsen sleep apnea. Sedatives can also produce complex behaviors during sleep, such as sleepwalking and sleep eating, especially at higher doses.

**Epidemiology:**

The prevalence of insomnia varies from community setting to hospital setting and depends on the criteria used to diagnose insomnia in the elderly. In the community- based studies, the prevalence of insomnia ranges from 11.6% to 70%. The prevalence of insomnia in the hospital elderly sample ranges from 23% to 27%. Although there are different ways to classify geriatric population, some studies have classified elderly adults between the ages of 65 and 74 years as youngest-old, those between ages 75 and 84 years as middle-old, and those aged over 85 years as oldest-old.

**Etiology:**
**Predisposing factors**

1 **Environmental** - Excessive noise, hot or cold temperatures, light during the sleep period.
2 **Behavioral/Social**- Irregular sleep schedules, caffeine use later in the day, alcohol close to bedtime, Caregiving, hospitalizations, new medical problems Retirement or lifestyle change, Death of a family member or friend, Inappropriate use of social drugs, e.g. alcohol
3 **Medical-**
**i) Medications:** Theophylline, thyroid hormone, anti-cholinergics, stimulants, oral decongestants, antidepressants, corticosteriods, antihypertensives, opioids, non-steroidal anti-inflammatory drugs.
**ii) Sleep disorders:** sleep apnea, restless leg syndrome, periodic limb movement disorder, rapid eye movement disorder, age-related circadian rhythm change (phase advance)
**iii) Psychiatric and cognitive conditions** Depression, anxiety, mania, panic attacks, schizophrenia, substance abuse, dementia.
**iv) Other Medical conditions**: Diabetes, Fibromyalgia, Hypertension, Cardiovascular Disease, Stroke, Chronic Pain.

**Classification Of Insomnia**

1. **Acute Insomnia** -Acute Insomnia lasts from 1 night to few weeks

2. **Chronic Insomnia** -Chronic Insomnia at least 3 nights a week for 3 months and more.

**Clinical Features**

- Daytime sleepiness
- Fatigue or Malaise
- Mood disturbances or irritability
- Reduced motivation, energy, or initiative
- Impaired social, family, occupational, or academic performance
- Memory, concentration, or attention impairment
- Behavioral issues, such as impulsivity, aggression, or hyperactivity
- Dissatisfaction with sleep
- Increased risk of accidents or errors.

**Diagnosis of Insomnia**

1Conduct a general medical, psychiatric and substance use assessment to identify comorbid disorders or modifiable behaviours and illnesses

If there is clinical concern, obtain laboratory evaluation to evaluate underlying medical conditions TSH | CMP | Iron studies | CBC

2 Obtain a thorough sleep history including

- Length of symptoms
- Prior treatments tried
- Frequency of symptoms
- Severity of nighttime distress
- Daytime symptomatology
- Precipitating or perpetuating factors
- Clinical course (e.g., relapsing, intermittent, progressive)

Conduct a sleep log over 2 to 4 weeks to define sleep-wake pattern including:

- Medications | Substance use | Caffeine use
- Daytime napping
- Bedtime activities
- Bedroom environment
- Bedtime
- Sleep latency (time to fall asleep following bedtime)
- Number of awakenings and duration of each awakening
- Wake after sleep onset
- Time in bed (time from bedtime to getting out of bed)
- Total sleep time
- Sleep efficiency percent ([total sleep time/time in bed] x 100)
- Daytime consequences (e.g., mood changes, cognitive dysfunction)

**3** Sleepiness assessment: Various tools exist | Should be repeated periodically to monitor clinical course | Used also as screening to identify sleepy patients and degree of sleepiness

- Epworth Sleepiness Scale
- insomnia Severity Index
- Pittsburgh Sleep Quality Index

**Complications Of Insomnia**

- Depression, anxiety, or other mental health condition
- increased risk of suicide
- Heart Attack or Stroke
- High blood pressure
- Long term insomnia may increase the risk of Cognitive Impairment
- increased risk of certain cancers, such as Prostate Cancer
- increased risk of work-related disability

**Management of insomnia**

**1 Cognitive Behavioural Therapy for Insomnia**

Treating insomnia includes two main objectives: improving sleep quality and duration, and reducing associated daytime impairments. CBT-I is considered a first-line treatment for insomnia because it does not carry the health risks associated with sleep medication. In most cases, CBT-I is provided by a licensed psychologist who has received training for this type of treatment.

- **Sleep education and hygiene:** Educating patients about healthy sleep patterns and lifestyle habits can help them understand why they experience insomnia symptoms. Specifically, sleep hygiene focuses on increasing behaviours that improve sleep quality and quantity while eliminating behaviours that cause sleep problems.

- **Stimulus control:** Many people with insomnia experience anxiety at the mere prospect of falling asleep, which can exacerbate and prolong their symptoms. Stimulus control involves a series of steps you can take to reduce these anxieties and develop a positive relationship with your sleep area. These include lying down only when you feel tired, using a bed only for sleep and sex, and setting an alarm for the same time each morning. **Sleep restriction and compression:** These two methods aim to improve sleep quality and quantity by reducing the amount of time a person lies in bed. A CBT-i practitioner can use records from a patient's sleep diary to determine how much time they sleep each night compared to the amount of time they lie in bed awake. Sleep restriction involves a sharp curtailing of time in bed while sleep compression is a more gradual process, but both techniques are intended to achieve the same goal: less time in bed awake each night.
- **Relaxation**: Sleep experts have identified a handful of relaxation techniques that can benefit people with insomnia. These include breathing exercises, muscle relaxation, and meditation. Biofeedback – which helps you control different bodily functions based on your blood pressure, breathing and heart rates, and other metrics – can also be effective for reducing insomnia symptoms and improving sleep.

**2 Prescription medicines**

Some prescription medicines used to treat insomnia are meant for short-term use while others are meant for longer-term use. Some prescription medicines used to treat other health conditions can also increase your risk of insomnia.

**Benzodiazepine receptors agonists** are medicines such as zolpidem**,** zaleplon, and eszopiclone. Side effects may include anxiety. Rare side effects may include a severe allergic reaction or doing activities while asleep such as walking, eating, or driving.

**Melatonin receptor agonists** are medicines such as ramelteon. Side effects include dizziness and fatigue. Some people experience the rare side effects of doing activities while they are asleep, such as walking, eating, or driving; or they may have a severe allergic reaction.

**Orexin receptor antagonists** such as suvorexant are not recommended for people who have narcolepsy Rare side effects may include doing activities while asleep such as walking, eating, or driving; or not being able to move or speak for several minutes while going to sleep or waking up.

**Benzodiazepines** may be prescribed if other treatments and medicines have not worked. Talk to your healthcare provider about the side effects of these medicines, which can include dizziness, confusion, and muscle weakness. Benzodiazepines can also interact dangerously with other medicines. It can be habit-forming and should be taken for only a few weeks.

**3. Homoeopathic Management:**

- **Aconite** – Nightmares. Nocturnal ravings. Anxious dreams. Sleeplessness with restlessness and tossing about. starts in sleeps. Long dreams. with anxiety in chest

- **Ambra Grisea** -Can not sleep from worry, must get up. anxious dreams, coldness of body, twichinng of limbs during sleep.

- **Arsenicum album** – disturbed, anxious, restless. head must be raised by pillows suffocative fits during sleep. sleeps with hands over the head. Dreams are full of care and fear. drowsiness, sleeping sickness

- **Belladonna** – restless, crying out, gritting teeth, kept away from pulsations, of blood vessels, screams out in a sleep. sleeplessness with drowsiness. starting from closing eyes or during sleep. sleeps with hands under the head**.**

- **Chamomilla** -Drowsiness with moaning, weeping and wailing during sleep, anxious, frightened dreams with half open eyes.

- **Cannabis indica** -very sleepy, but unable to do so. obstinate and intratractable forms of insomnia, catalepsy. dreams of dead bodies, prophetic, Nightmares.

- **Cimicifuga** – Sleeplessness. Irritation of brain in children during dentition.

- **Coffea cruda** – Wakeful, on a constant move, sleeps till 3A.M, after which only dozes, wakes with start, sleep disturbed by dreams, sleepless, on account mental activity, flow of ideas, with nervous excitability. disturbed by itching in anus.

- **Gelsemium** -Cannot get enough sleep. Delirious on falling sleep. Insomnia from exhaustion from uncontrollable thinking, tobacco, yawning, sleeplessness from nervous irritation.

- **Hyocyamus niger** – intense sleeplessness, sopor with convulsions, starts up frightened, coma vigil.

- **Ignatia amara** – Very light, jerking of limbs ongoing to sleep, Insomnia from grief, cares, with itching of arms and vilant yawning, dreams continuing a long time,
trubling him.

- **Kali carb** -Drowsy after eating .Wakes up around 2 0'clock ,and can't sleep again .

- **Lachesis**-patient sleeps into an aggravation, sudden starting on falling asleep, sleepiness yet can't sleep, wide awake in evening.

- **Natrum Mur** -Sleepy in the forenoon, nervous jerking during sleep, Dreams of robbers. Sleepless from grief.

- **Nux vomica** -Cannot sleep after 3A.M till towards in the morning, Wakeup feeling wretched. Drowsy after meals and early in the morning. Dreams full of bustle and hurry. Better after short sleep. unless aroused.

- **Opium** – Great drowsiness. Falls into a heavy stupid sleep. profound coma, loss of breath on falling asleep. coma vigil picking at bed clothes, very sleepy, but cannot go to sleep. Distant voices, cocks crowing etc. keeps him awake. Child dreams of cats, dogs, black form. Bed feels very hot, cannot lie on it, pleasant, fantastic amorous dreams, shaking chill, then heat with sleep and sweat, Thirst only during heat. people with tendency to convulsions, Nocturnal cough.

**Case scenario:**

A 67year old male patient is a retired bank manager known case of diabetes since 20 years suffering from loss of sleep since 4-5 months

History of present complaint

Patient usually falls asleep very late in night (1-2 am), continuously change side, constant think about family matters, children, and his health condition as he had angioplasty done in jan 2024. He could sleep for 2to 3 hours daily, wakes up and then difficult to fall asleep. He is having sour eructation, burning in chest and throat with fullness of abdomen since three months. He was diagnosed with right and left renal calculi 6-7 years before.

He has right sided leg pain with numbness since 3years has taken allopathy medicine but no relief. He is having normal appetite and thirst and take vegetarian diet having strong craving for sweet. Patient is very irritable over small matters, like to be alone sitting in room like to read. But patient having strong feeling that he again will have heart complaints and anxious about it

After complete repertorisation

Given Arsenicum Album 30 single dose

And sac lac for one month

After one month patient was having reduced anxiety and palpitation

Started to look stable but sleeplessness was persistent again patient was given arsenic 200 single dose and sac lac for one month

Patient came after 15 days and was happy that now his anxiety is reduced a lot with no burning in chest with reduced feeling of fullness of abdomen and now when he go to sleep sleep after half hour but don't wake up in middle of night. Taking sound sleep

**Rubrics**

- Murphy (sleep)insomnia, sleeplessness, night midnight before 12 am, midnight after
- Murphy (sleep)insomnia, sleeplessness, restlessness from
- Murphy (sleep)insomnia, sleeplessness, thoughts from
- Murphy (sleep)insomnia, sleeplessness, anxiety from
- Murphy(mind) anxiety health about their
- Murphy(mind) anxiety heart complaints in
- Murphy(mind) anxiety children about his


**Keyword :**
Insomnia, homoeopathy, geriatric, APA, repertory Arsenic, Sac lac

**Discussion**

According to the principles of homeopathy, the preferred drug should be similar to the patient's most characteristic symptoms; by determining what is unique in a patient compared to others with the same disease, and by considering the patient as a whole, homeopaths direct the treatment not only to the main complaints but to the individual combination of pathological processes and their expression, neutralizing their root cause. In the present article, I presented the case of a old man with a diagnosis of persistent insomnia. He was prescribed Arsenicum Album due to its similarity with the outermost symptom layer: anxiety about family and health with irritability, their perceived cause, and insomnia, (a chronic condition, but modified by the former). He hot amazing results with homoeopathic similimum.

**Conclusion:**

Insomnia is very prevalent in older adults. Using the history and physical examination along with insomnia scales, clinicians can evaluate and treat insomnia in our rapidly aging population. Behavioural and cognitive behavioural therapies offer very effective longer duration treatment along with that the evidence based cases available demonstrate a statistically significant effect of homeopathic medicines for insomnia treatment. Well-conducted studies of homeopathic medicines and treatment by a homeopath are required to examine the clinical and cost effectiveness of homeopathy for insomnia.

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