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Review article

Homeopathic (antimiasmatic) treatment for insomnia.

Artículo de revisión

Tratamiento homeopático (antimiasmatico) para el insomnio.

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ABSTRACT

Insomnia is a widely recognized psychosomatic disorder, commonly seen in all the age groups and gender. The worldwide prevalence rate of insomnia is 10%-30%. It is defined as difficulty in starting and staying asleep or waking up early in morning with or without unrefreshing mood in morning. Sleep disorder can either occur for few days or for longer period. If it remains untreated it can affect day to day routine. The treatment of the insomnia not only require medicines but also require therapies like sleep hygiene therapy, sleep restriction therapy, cognitive behavioral therapy, relaxation therapy, etc. The Homoeopathic antimiasmatic treatment can work wonderfully in Insomnia. Homoeopathy removes the cause of disease and give patient proper comfort.

Keywords: Insomnia, sleep hygiene therapy, sleep restriction therapy, cognitive behavioral therapy, relaxation therapy, homoeopathy, antimiasmatic treatment, obstacle to cure.

RESUMEN

El insomnio es un trastorno psicosomático ampliamente reconocido, que se observa comúnmente en todos los grupos de edad y género. La tasa de prevalencia mundial del insomnio es del 10% al 30%. Se define como la dificultad para comenzar y permanecer dormido o despertarse temprano en la mañana con o sin un estado de ánimo poco refrescante por la mañana. El trastorno del sueño puede ocurrir durante unos días o durante un período más prolongado. Si no se trata, puede afectar la rutina diaria. El tratamiento del insomnio no sólo requiere medicamentos sino que también requiere terapias como terapia de higiene del sueño, terapia de restricción del sueño, terapia cognitivo conductual, terapia de relajación, etc. El tratamiento antimiasmático homeopático puede funcionar maravillosamente en el insomnio. La homeopatía elimina la causa de la enfermedad y brinda al paciente el confort adecuado.

Palabras clave: Insomnio, terapia de higiene del sueño, terapia de restricción del sueño, terapia cognitivo conductual, terapia de relajación, homeopatía, tratamiento antimiasmático, obstáculo a la curación.

INTRODUCTION

Definition: Ins Johann Christian August Heinroth (1818) was the first to describe insomnia as psychosomatic disorder. Patients of insomnia were characteristically presented with: difficulty in falling asleep, waking up often during the night and having trouble going back to sleep, early morning awakening and/or unrefreshing sleep. [1,2]

Most research studies adopt an arbitrary definition of insomnia as, a delay of ≥30 min in sleep onset or sleep efficiency (the ratio of time asleep to time in bed) of <85%. It also interferes with personal functioning and causes distress, fatigue, poor cognitive functioning and mood disturbance. [3]

According to the various studies, done worldwide, the prevalence of insomnia, is seen in 10%–30% of the population.

Primary Insomnia is estimated to occur in 25% of all chronic insomniac patients. It is assumed to be a disorder of hyperarousal, which is calculated by research on the hypothalamic-pituitary-adrenal axis function and autonomic nervous system. [4,5,6]

The predominance of insomnia is seen in chronic insomnia and it affects 10%-16% of the adult population, with an additional 25%-35% having transient or occasional insomnia.[7]

Also, the rough calculation of the prevalence of insomnia differs widely across studies, partly because of differences in assessment procedures, various case definitions of insomnia, assessment procedures, sample peculiarity and the length of assessment intervals. With respect to the last point, most studies used point estimates (i.e., previous month), although some have relied on longer intervals (i.e., previous years or even lifetime).

The prevalence rate varies from as low as 5% to as high as 50%, depending on specific definition of insomnia, which is, insomnia symptoms vs disorder. [8]

In Homoeopathy, Miasms are the cause of the disease. Dr. Hahnemann (Father of Homoeopathy) explained Miasms, as an etio-pathogenesis of chronic diseases. There are three Chronic Miasms (Psora, Sycosis and Syphilis), apart from this, there is another type of Miasm called as Tubercular Miasm, that is introduced by J. H. Allen. These Miasms are the main obstacle of curing diseases and also obstructing the action of correctly prescribed homoeopathic medicines. He also ascribed Psora, as the fundamental and primary cause of all forms of chronic diseases, and it all started with changes in mind. To cure the chronic diseases and to counter act the action of Miasms, he suggested the use of Anti-Miasmatic Medicines.

TYPES

Insomnia may be short-term for a month, or chronic for years. The occurrence may be a single episode, but most of the time it is seen as a recurrent problem. [9]

Primary Insomnia is a very short form of insomnia, showing no direct link to any other disease or health condition. [10] The Diagnostic Criteria is the fourth edition, text revision (DSM-IV-TR). [11] The most common causes of

primary insomnia are; taking nap in daytime, extreme heat and cold, consumption of alcohol or caffeine before bedtime, changes in job shift, high altitude and environmental noise. [12]

Secondary Insomnia is the most common type of insomnia which is seen, in both patients and the general population. The causes of chronic insomnia include; side effect of drug, psychiatric, environmental and behavioral, whereas medical causes include chronic pain, thyroid disease, coronary artery disease, GERD, pulmonary problems and any other long-term disease. [13]

PATHOPHYSIOLOGY

Insomnia can be defined as, the experience of hyperarousal, the whole day. It may show itself, as a state of hyper-alert with sleeplessness during the day and difficulty maintaining and initiating sleep during bedtime.[14,15] Hyperarousal is explained by physiological and cognitive models of insomnia, wherein the cognitive model suggests that, the worry about life disturbs sleep, further leading to problems in initiating sleep and staying asleep and returning back to sleep.[16] Thus an individual start to experience difficulty in sleeping, due to constant worry about life and about sleep itself.

Hyperarousal first occurs due to physiologic or neurophysiologic factors. It is evaluated by estimating the variability of heart rate, body metabolic rate and neuroendocrine measures. Oxygen Consumption (VO_2) can help in measuring whole-body metabolism. Studies also compared good sleepers with insomniac patients. A study measures, at interval, across the 24 hours, shows that, insomnia patients exhibited significantly higher metabolic rate than good sleepers. A state of arousal, regulated by both parasympathetic and sympathetic nervous system activities, may lead to variability in heart rate. The average heart rates were increased and variability was decreased, in all stages of sleep- in insomnia patients as compared to healthy normal sleepers, which are found in a 36-hour study.[17]

Chronic activation of the stress response system of neuroendocrine, leads to arousal. Several studies of 24 hours found high levels of urinary-free cortisol excretion in poor sleepers. [18,19] Urinary catecholamines have been correlated with stage 1 sleep % and wake time after sleep onset [18,20] In insomniac patients, plasma measures of cortisol and adrenocorticotropic hormone (ACTH) have been evaluated. Although the evidence is not so clear, higher levels of these compounds, in the plasma of primary insomniac patients, are mostly seen in the evening and first half of the night. [18,19,21] The HPA axis is associated with the pathology of chronic insomnia, in both plasma and urinary measures of cortisol and ACTH.

In patients of insomnia, Positron Emission Tomography (PET), has been used to assess the cerebral glucose metabolism, an indirect measure of whole brain metabolism.[22] Insomniac patients, exhibited more cerebral glucose metabolism, during waking and Non-Rapid Eye Movement (REM) sleep state, than the healthy person.

INVESTIGATIONS

Blood tests: There are certain sleep disorders, followed by pathological disorders like; iron deficiency anaemia, Vitamin B12 deficiency, thyroid diseases etc, so those can be rule out by blood tests.[23]

Actigraphy: It helps to analyse sleep time and wake time, with a portable device worn on the wrist. It is useful to characterize circadian rhythm patterns or sleep disturbances.[24]

Polysomnography: A major and gold standard assessment of sleep disorder, uses ECG, EOG, EMG, EEG and Pulse Oximetry, to rule out a variety of disorders such as sleep apnoea, narcolepsy, periodic limb movement disorder or precipitous arousal with violent or injurious behaviour. Polysomnography is not advised for routine use in the clinical assessment of insomnia.[24]

Scales for sleep

1). Insomnia Severity Index

It is a brief and self-administered questionnaire, that contains 7 questions, about level of sleep difficulties; falling asleep, staying asleep, waking up, the perception of the sleep problem by others, interference of daytime functioning and the patient's level of concern for his suffering.[25]

2). Dysfunctional Beliefs and Attitudes about Sleep Questionnaire

It contains 28-item of questionnaire, which are self-rating, given by the insomnia patient. It is also available in Hindi which contain, 16-item short.[26]

3). Pittsburgh Sleep Quality Index

It is also a self-administered questionnaire, which consists of seven components of sleep, comprising quality, latency, efficiency, use of sleep medication, onset latency, duration, disturbances and daytime dysfunction. It helps to find out the most affected part of sleep.[27]

4). Pre-Sleep Arousal Scale

It is a simple and self-administered scale, comprising 16 items, each rated on a 5-point scale, that explain symptoms of arousal at bedtime. It consists of two subscales: eight items evaluate somatic arousal and eight items evaluate cognitive arousal. .[28]

5). Epworth Sleepiness Scale

This is short, and self-administered scale, used to diagnose sleep apnoea. It has two columns, one for situation and second for chance of dozing (0 low-3 high), and it also provides information about the patient's daytime sleepiness, that may lead to insomnia at night.[29]

THE MANAGEMENT OF INSOMNIA

The management of insomnia depends on cause, situation and diagnosis. Primary choice of management of insomnia, can be managed by sleep hygiene, sleep restriction therapy and cognitive behaviour therapy.

1). Sleep Hygiene Education

It includes education about diet, exercise, substance use and environmental factors e.g., light, noise, temperature and mattress, that may be either beneficial or harmful for sleep- Before going to bed, we should avoid few habits, such as watching TV, computer and smart phone. Similarly, avoid tea, caffeine, alcohol, heavy meals, excessive water intake, before bedtime. Human body follows, circadian rhythm, which is also called internal clock, it

sets our daily cycle which includes sleep-wake cycle i.e to sleep at appropriate time and wake up at fix time. All should follow the same cycle and habits before going to bed, which gives a psychological signal to the brain, that now it is a time to fall asleep and follows the circadian rhythm.[31] Sleep hygiene somewhat results in, improvement in habits of patients of insomnia, but less than cognitive-behavioural therapy (CBT).[32]

02). Sleep Restriction Therapy

The main purpose of this therapy is, to shorten the amount of time spent in bed, in order to get sleep. The amount of time spent in bed should match with the amount of time asleep. The patient is asked to maintain a sleep log, to note how many hours spent on tossing and turning on bed and also how many hours have been spent in sleeping. Then calculate the total time spent in bed and sleeping time (ratio of total sleep/time in bed×100%) of the patient. This may help in gradually increasing the sleep time. This therapy promotes more efficient sleep and a more rapid sleep onset. The bed time should not be <5 h per night, to prevent excessive daytime sleepiness and napping. As per the studies, sleep restriction therapy is efficacious, for the treatment of chronic insomnia.[33]

03). Cognitive Therapy

Cognitive Therapy (CT) aims to reduce, patient's exaggerated and unrealistic beliefs about sleep, which leads to depression and anxiety disorders. Patients spoil their sleep, by thinking about the next day, as on next day, they would not be able to do any work and also feel dull headache and heaviness in head. Further, they may become disappointed about their sleep condition and think that they would never sleep anymore. In such condition, CBT works wonderfully.

3.1). Cognitive-Behavioral Therapy

CBT aims to alter faulty beliefs of patient about sleep. The objective of CBT is, to break the cycle of mental distress, due to sleep disturbance and dysfunctional cognitions. CBT for insomnia (CBT-I), uses to change patient's thoughts and educate the patient for normal sleep environment. It is very helpful in chronic insomnia and it identifies unrealistic thoughts like; every night I must sleep for 8 hours and I am not taking proper sleep, and the attitude of the patients, about sleep, for example - "With a poor night sleep, I cannot accomplish anything". CBT also expertise about, how to recover from insomnia, if it recurs later in life. Studies showing meta-analysis of CBT-I in patients with chronic insomnia, gave significant reduction in self-reported time to sleep onset and time awake after falling asleep.[36] Benefits of this therapy were maintained for 6–12 months. The negative point is that while hypnotics act immediately, CBT-I take weeks to show its effect. [34]

There are few more therapies in management of insomnia:

Relaxation therapies-

This therapy helps in reducing the tension and negative thoughts of insomnia patients. It requires regular practice over a period of several days. [35,36]

Following are the relaxation techniques:

Diaphragmatic breathing

This therapy is performed in the form of deep breathing, which helps in reducing physiological and cognitive arousal.

Progressive muscle relaxation

It involves tightening and relaxing, specific group of muscles, of the whole body, one by one, to reduce stress and anxiety.

Visualization and guided imagery

It is a systematic practice of visualization of pleasant and peaceful scenes.

Meditation

Meditation is very helpful in improving mental health, including sleep cycle, especially when done before bedtime. In the treatment of insomnia, mindfulness meditation has been widely used.

Exercise

Exercises like exhausting and body tiring, if done during daytime, may help to improve sleep. No exercise should be done before bed time, as it may lead to sleeplessness.[37] A systematic review found that, exercise is effective in reducing insomnia, with effects similar to those observed after hypnotic medication. In addition, there is also evidence of antidepressant and anxiolytic effects of exercise.[38]

THE HOMOEOPATHIC (ANTIMIASMATIC) TREATMENT OF INSOMNIA

There are many modes of treatment for insomnia, Homoeopathy is one of them. Homoeopathy uses the philosophical concept of Miasmatic Theory and Vitalism. According to Samuel Hahnemann (Father of Homoeopathy), the maintaining health and preserving life is harmonized by vital force, by acting on the body's physiology automatically. The Miasmatic Theory helps to understand, the nature of chronic diseases
and it is the main cause of chronic diseases as well as acute diseases.[39]

In book "The chronic disease-their peculiar nature and their homoeopathic cure." Dr. Hahnemann mentioned about insomnia from psora, from Sleeplessness, from anxious heat, every night, an anxiety which sometimes rises so high, that he must get up from his bed and walk about. About 3'o clock in the morning, no sleep, or he closes his eyes, all manner of phantastic appearances and distorted faces appear.[40] The following table, describes the relation of insomnia with different types of Miasms.[41]

KEY WORD	PSORIC SLEEP	SYCOTIC SLEEP	SYPHILITIC SLEEP	TUBERCULAR SLEEP
Character of sleep	Psoric sleep is unrefreshing with fearful dreams and dreams of anxiety.	Disturbed sleep, sleep only for short period of time, wakes, then	Rotating the head during sleep.	Screams out during sleep.

	There is weariness on awakening. Twitching of muscles during sleep. Loud talking during sleep. Grinding of teeth during sleep. Somnambulism in psora and sleeplessness during the day. Dreams as soon as psoric patient closes their eyes.	returns to sleep again. Restless sleep is the characteristic of sycosis. Sycotic dreams are sexual with fantasies.	Sexual and suicidal dreams.	Unrefreshing sleep with great exhaustion is the characteristic of tubercular sleep. Dreams of travelling.
Modalities	Psoric complaints are worse during sleep. Psoric sleeplessness is experienced due to the abundance of ideas.	Sleep complaints aggravate during thunderstorm and in humid weather.	Complaints worse at coast, at night and during the summer. Amelioration comes from a change of position.	Worse in closed and stuffy room.
Concomitants	Sweating especially on the head, snoring, salivation, grinding of teeth, bedwetting.	Sleeplessness occurs due to mental and physical disquiet.	Sleepless because of tormenting ideas. Sleep is unrefreshing and accompanied by depression and melancholia.	sensation of great exhaustion accompanied by sleep complaints.

OBJECTIVES

In this study, I propose to describe the philosophical–scientific correlation between the Miasmatic Theory and Insomnia, by bringing the contribution, to broaden the understanding of the health–disease process, described by the Homoeopathic Model and suggesting a new therapeutic approach to chronic diseases.

MATERIAL AND METHODS

There is very less literature regarding the use of homoeopathic remedies, in the treatment of Insomnia. Kinds of literatures were searched in PubMed, web database and Scopus with following keywords-Homoeopathic medicines, Insomnia, Homoeopathic Treatment.

RESULTS

The below table shows, various studies, that are done on insomnia cases, with homoeopathic medicines, with good citation numbers.

Although, the above studies provided statistically significant results, in favour of homoeopathic interventions for insomnia, no study specified anti-miasmatic treatment.

DISCUSSION

Insomnia is a common problem of the modern lifestyle. Homoeopathic treatment is very effective for all the types of insomnia. The success rate of homoeopathic research determines the future of homoeopathic treatment for insomnia. However, research is required on antimiasmatic treatment in order to resolve sleep disorder, so that more patients can get relief from their complaints.

S. No	Author	Title	Year	Methodology	Medicines	Result
1.	David Francis Naude et al.	Chronic Primary Insomnia: Efficacy of Homoeopathic Simillimum.	2009	The study was conducted at Durban University, Durban, (South Africa). 30 participants (19 males and 11 females) with the age group, 20-58 years, were selected and randomly divided into treatment and placebo groups. 14 participants got the treatment group and 16 participants got the placebo group. It was a doubleblind study, and dispensing of medication was done by an independent dispenser. The Sleep Impairment Index (SII) and Sleep Diary (SD) was used for measurement.	In this study, there was no limitation, for the potency of similimum medicines, but the dosage was limited, so only three single doses of lactose powder, was given per consultation, before going to sleep, and one of which was taken sublingually, each night.	A significant difference in SD data was shown in, medicinal group, between Baseline and Weeks, that sleep duration increased in comparison to the placebo treatment group. And also significant improvement was seen in SII summary scores of medicinal groups.

2.	C. C. Harriso n et al.	The Effect of a Homoeopathic Complex on Psychophysiologica l Onset, Insomnia in Males: A Randomized Pilot Study	2013	The study was carried out at Homoeopathy Health Clinic, in university of Johannesburg, South Africa. It was a randomized, double-blind, placebo-controlled, 4-week pilot study, comprising 46 males aged between 18-40 years with chronic PI; but only 28 completed the study, i.e. Placebo group (n=14) and Medicinal group (n=14). The measurement tool was Pre-sleep Arousal Scale (PSAS) and the Sleep Diary (SD).	The Homoeopathic Complex was prepared in 20% alcohol and unmedicated placebo was used.	The experimental group showed a statistically significant improvement in PSAS and SD in 28 days as compared to the placebo group. The Wilcoxin signed-rank test revealed that the improvement occurred gradually.

3.	Audrey J. Brook et al.	Effect of Homoeopathic Medicines on the Mood of Adults, having history of Coffee-Related Insomnia.	2010	The age group of 18–30 years, both male and female, were selected for the study. The participants who were covering scores, on the Anxiety Sensitivity Index (ASI), the Cook-Medley Cynical Hostility Scale (CMHO), had to score ≥3 out of 5, on the global physical health rating and give a past history of coffee-induced insomnia and a single item from the SF-36 outcomes scale, measuring self-rated physical health. Total of 4,279 were	Coffea Cruda 30C, Nux Vomica 30C and Placebo were purchased from Hahnemann Laboratories Inc., a U.S. FDA regulated homoeopathic pharmacy. Doses were given on tongue, at bed time. On night 8, placebo was given and on night 22, medicine was given. On interventional night 28, CC30c and 31	Chi-square Analyses and T-Test were used to know any baseline differences between 2 treatment groups. And only baseline difference was seen in the NV group consisting more females, than CC group. CC appeared to improve specific mood parameters, such as; less anger and depression and better overall mood, following remedy

	screened but only 70 participants met all the eligibility criteria, apart from this, 11 drop out during the study, leaving a total of 59 participants. 32% were having high anxiety-sensitivity personality type and 68% were having high hostility personality type. 8 weeks study was carried out. Week 1- Baseline. Week 2- singleblind placebo pellets given on night 8. week 3- repeat baseline. week 4- double-blind medicine was given on night 22.	NV30c were received.	administration. In contrast to the NV group, remedy had minimal or no influence on anger and depression, and even worsened overall mood. Participants who were receiving CC for high ASI, became less tense, while hostile participants receiving NV, became more tense.

4.	Miek C. Jong et al.	A Comparative Randomized Controlled Clinical Trial on the Effectiveness, Safety, and Tolerability of a Homoeopathic Medicinal Product, in Children with Sleep Disorders and Restlessness.	2016	The study was done, to obtain clinical data, for regulatory purposes, as required for marketing authorization of ZinCyp-3-02, in the Russian Federation (RF), for the treatment of sleeping disorders in children. The study was conducted in 5 outpatient pediatric clinics. The duration of time in the study was, four weeks, and total 180 children were included in the study. Out of which, 90 were allocated to the medicinal group and 90 were allocated to the	Verum Group took ZinCyp3-02 (it is a complex homoeopathic medicinal product containing three active ingredients: Cypripedium Pubescens D4, Magnesium carbonicum D10, and Zincum valerianicum D12) and the Control Group was given glycine- (it contains 100mg glycine per tablet). Dosage- For children	There was no relevant difference between the treatment groups and placebo at baseline. Two outcomes were used. 1)- The Primary Outcome- The total complaints severity score declined that is 2.0 points at day 28 of treatment (V4), a decrease in the total complaints also seen in placebo group, but that was less in number, that is 4.0 points at day 28 of treatment (V4).

	control group. Then 9 drop out. A study was divided into four visits, first-baseline visit on day 0 (V1), second-follow-up visit on days 3–5 (V2), third-day 14 (V3), and the forth visit was the study termination visit on day 28 (V4). Both genders, who are up to six years of age, and who have sleep disorder, were divided into three groups: children less than 1 year of age, children between 13 years of age, and children more than 4 years of age.	< 3 years of age was given the ZinCyp-3-02 tablet dissolved in 5mL (one teaspoon) of water. Dosage for children between 3-6 years old, was given 1 tablet/bd.	2)- The Secondary Outcome- no significant difference was found, but the result at day 28, shows the highest values, for major improvement in the verum group, in comparison to the control group.

CONCLUSION

From the above studies we came on a conclusion that Homoeopathic medicines can treat insomnia cases in all age groups and gender without any complications.

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Conflicts of interest

There are no conflicts of interest.

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