

Short Review Article

INSOMNIA WITH HOMOEOPATHY

Dr. Nitin Tyagi

M.D (Hom.), Associate Professor & HOD, Department of Practice of Medicine, Faculty of Homeopathic Science

Jayoti Vidyapeeth Women's University, Jaipur

Received 06 Dec. 2016; Accepted 06 Jan. 2017

ABSTRACT

Most people encounter sleep difficulties from time to time, often related to stress or pain. Many of these bouts get better without treatment. Unfortunately, in a significant proportion of the population, sleep problems turn into insomnia, which is defined as the chronic inability to fall asleep or to enjoy uninterrupted sleep. Some research suggests that attitudes about sleep, and the sleep patterns and behaviors prompted by these attitudes, make certain individuals vulnerable to chronic insomnia. The good news is that behavioral treatments are highly effective.

INTRODUCTION:

Insomnia is a common sleep disorder. If you have insomnia, you may:

- Lie awake for a long time and have trouble falling asleep
- Wake up a lot and have trouble returning to sleep
- Wake up too early in the morning
- Feel like you haven't slept at all

Lack of or poor quality sleep causes other symptoms that can affect daytime function. You may feel very sleepy and have low energy throughout the day. You may have trouble thinking clearly or staying focused. Or, you might feel depressed or irritable.

Insomnia is defined as short and poor quality sleep that affects your functioning during the day. Although the amount of sleep a person needs varies, most people need between 7 and 8 hours of sleep a night to feel refreshed.

Insomnia can be mild to severe and varies in how often it occurs and how long it lasts. Acute insomnia is a short-term sleep problem that is generally related to a stressful or traumatic life event and lasts from a few days to a few weeks.

Acute insomnia might happen from time to time. With chronic insomnia, sleep problems occur at least 3 nights a week for more than a month. Insomnia tends to increase as women and men age.



Figure 1:

Types of insomnia and causes

There are 2 types of insomnia:

- **Primary insomnia** is not a symptom or side-effect of another medical condition. It is its own disorder. It may be life-long or triggered by travel, shift work, stressful life events, or other factors that disrupt your sleep routine. Primary insomnia

may end once the issue is resolved, or can last for years. Some people tend to be prone to primary insomnia.

- **Secondary insomnia** has an underlying cause, so it's a symptom or side-effect of something else. It is the most common type. Secondary insomnia may have a medical cause, such as:

- Depression or anxiety
- Chronic pain such as from fibromyalgia, migraine, or arthritis
- Gastrointestinal problems such as heartburn
- Sleep disorders, such as sleep apnea or restless leg syndrome
- Stroke
- Alzheimer's disease
- Menopause

Secondary insomnia also can result from:

- Some medicines, such as those that treat asthma, heart problems, allergies, and colds
- Caffeine, tobacco, and alcohol
- Poor sleep environment (such as too much light or noise, or a bed partner who snores)

Secondary insomnia often goes away once the underlying cause is treated.

Some people with primary or secondary insomnia form habits to deal with the lack of sleep, such as worrying about sleep or going to bed too early. These habits can make insomnia worse or last longer.

Insomnia in men & women

Women are more likely to have insomnia than men. One reason is that hormonal changes during the menstrual cycle and menopause can affect sleep. During peri-menopause, women may have trouble falling asleep and staying asleep. Hot flashes and night sweats often can disturb sleep. During pregnancy, hormonal, physical, and emotional changes can disturb sleep. Pregnant women, especially in the third trimester, may

wake up frequently due to discomfort, leg cramps, or needing to use the bathroom.

Some medical conditions that can cause secondary insomnia also are more common in women than men. These include depression, anxiety, fibromyalgia, and some sleep disorders, such as restless leg syndrome.

Diagnosis

Talk to your doctor if you are having problems falling or staying asleep, especially if lack of sleep is affecting your daily activities. Keep a sleep diary for 2 weeks before you see your doctor. Note the time of day you fall asleep and wake up, changes in your daily sleep routine, your bedtime routine, and how you feel during the day.

Your doctor may do a physical exam and take medical and sleep histories. He or she may also want to talk to your bed partner about how much and how well you are sleeping. In some cases, you may be referred to a specialist or a sleep center for special tests.



Figure 2:

Treatment

If insomnia is caused by a short-term change in the sleep/wake schedule, as with jet lag, your sleep schedule may return to normal on its own. Making lifestyle changes to help you sleep better can also help. If your insomnia makes it hard for you to function during the day, talk to your doctor.

Treatment for chronic insomnia begins by:

- Finding and treating any medical or mental health problems
- Stopping or reducing behaviors that may lead to the insomnia or make it worse, like drinking moderate to large amounts of alcohol at night

Other treatments are:

- Cognitive behavioral therapy (CBT)
- Medication

Cognitive behavioral therapy (CBT)

Research shows that CBT is an effective and lasting treatment of insomnia. CBT helps you change thoughts and actions that get in the way of sleep. This type of therapy is also used to treat conditions such as depression, anxiety, and eating disorders.

CBT consists of one or more approaches. These are:

- **Cognitive control and psychotherapy** — Controlling or stopping negative thoughts and worries that keep you awake.
- **Sleep hygiene** — Taking steps to make quality sleep more likely, such as going to bed and waking up at the same time each day, not smoking, avoiding drinking too much coffee or alcohol late in the day, and getting regular exercise.
- **Sleep restriction** — matching the time spent in bed with the amount of sleep you need. This is achieved by limiting the amount of time spent in your bed not sleeping. You go to bed later and get up earlier than you would normally, and then slowly increase the time in bed until you are able to sleep all night.
- **Stimulus control** — conditioning a positive response with getting into bed. For example, using the bed only for sleep and sex.
- **Relaxation training** — reducing stress and body tension. This can include meditation, hypnosis, or muscle relaxation.
- **Biofeedback** — measuring body actions, such as muscle tension and brain wave frequency, to help you control them.

- **Remain passively awake** — trying not to fall asleep, thereby stopping any worries you might have about falling asleep easily.

Medication

In some cases, insomnia is treated with medicine:

- **Prescription sleep medicines** — Prescription sleep medicines can help some people get much-needed rest. Most sleep medicines are used for short-term treatment, though some people with severe chronic insomnia may benefit from longer treatment. It is important to understand the risks before using a sleep medicine. In some cases, sleep medicines may:

- Become habit-forming
- Mask medical problems that may be causing the insomnia, and delay treatment
- Interact with other medicines you use and cause serious health problems
- Cause grogginess or rebound insomnia, where the sleeping problems get worse

Uncommon side-effects of sleep medicines include:

- Severe allergic reactions or facial swelling
- High blood pressure, dizziness, weakness, nausea, confusion, or short-term memory loss
- Complex sleep-related behaviors, such as binge eating or driving while asleep

If you decide to use a sleep medicine, experts advise you to:

- Read the Medication Guide first.
- Use the medicine at the time of day directed by your doctor.
- Do not drive or engage in activities that require you to be alert.
- Always take the dose prescribed by your doctor.
- Tell your doctor about other medicines you use.
- Call your doctor right away if you have any problems while using the medicine.
- Avoid drinking alcohol and using drugs.

- Talk to your doctor if you want to stop using the sleep medicine. Some medicines must be stopped gradually.

Tips for better sleep

- Try to go to sleep at the same time each night and get up at the same time each morning. Do not take naps after 3 p.m.
- Avoid caffeine, nicotine, and alcohol late in the day or at night.
- Get regular physical activity. But exercise or physical activity done too close to bed time can make it hard to fall asleep. Make sure you eat dinner at least 2 to 3 hours before bedtime.
- Keep your bedroom dark, quiet, and cool. If light is a problem, try a sleeping mask. If noise is a problem, try earplugs, a fan, or a "white noise" machine to cover up the sounds.
- Follow a routine to help relax and wind down before sleep, such as reading a book, listening to music, or taking a bath.
- If you can't fall asleep within 20 minutes or don't feel drowsy, get out of bed and sit in your bedroom or another room. Read or do a quiet activity until you feel sleepy. Then try going back to bed.
- If you lay awake worrying about things, try making a to-do list before you go to bed so that you don't use time in bed for worry.
- Use your bed only for sleep and sex.
- See your doctor or a sleep specialist if you think that you have insomnia or another sleep problem.

Homoeopathic remedies for insomnia

Nux vomica

Sleepless from rush of ideas. **Cannot sleep after 3 a.m. until towards morning**, falls asleep when it is time to rise and feels heavy and unrefreshed. It is especially the remedy for those who drink too much, those who abuse coffee and tea, those who are subject to abdominal disorders and a sluggish portal circulation. It is curative in cases

where sleep is unattainable except from a stimulant.

Opium

Stupefying and unrefreshing sleep. Sleepy, but cannot sleep. **Sleeplessness** with acuteness of hearing, clock striking and cocks crowing at great distance keep her awake. Loss of breath on falling asleep. **Bed feels so hot she cannot lie on it**; moves often in search of a cool place; must be uncovered. Sleepy but cannot sleep with **great drowsiness**.

Coffea cruda

Nervous sleeplessness from rush of ideas, mental activity, awakes at or hears every sound after pleasurable excitement. In cases where there is excessive agitation of body and mind, and where ideas force themselves on the mind. The patient is **wide awake, without the slightest inclination to sleep**, and all the **senses are extremely acute**. It is the remedy when excitement or good news, joys or night watching causes the insomnia.

Gelsemium

It is suited for the **insomnia of brain workers**. It is indicated in business men who pass restless nights, awaken early in the morning and worry over their business affairs. It also is most useful in a state of **alternate excitement and depression**. Gelsemium has also sleeplessness from emotional disturbances, and after evening company.

Ignatia amara

Sleeps **so light that he hears everything in it**. Dreams all night of the same subject. **Insomnia due to grief**, anxious thoughts, sadness or any depressing emotions. Deep, stupefying. Sleep after the cough paroxysms. Restless sleep and great restlessness at night with a tremor passing through the body. Fixed ideas in his dreams which continue after waking. Child awakes from sleep with piercing cries and trembles all over.

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