

Anxiety and Insomnia, Two Faces of the Coin: A Homoeopathic Contemplate

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Abstract: Background: In recent times, there has been an increased prevalence of anxiety neurosis, often accompanied by severe insomnia, which has become a major concern for public health. Those struggling with this complex mix of psychological and sleep-related disorders often look for comprehensive and alternative methods to treat their condition effectively. Anxiety neurosis is characterized by excessive worry, restlessness, and heightened arousal, making it difficult to maintain a regular sleep schedule. The coexistence of insomnia only adds to the difficulties faced by individuals, leading to a range of physical and mental health problems. Aims: To explore a holistic approach towards addressing anxiety neurosis with insomnia by a homoeopathic remedy. Homoeopathy follows personalized and natural principles, offering a distinct perspective on mental health concerns. Through this comprehensive method, not only are the symptoms of anxiety and insomnia addressed but also the underlying contributing factors are understood and tackled. Objective: As we navigate through the complex landscape of anxiety neurosis and insomnia, this research strives to shed light on the potential effectiveness of homeopathic treatments in providing relief and promoting overall well-being. By combining empirical evidence with the principles of homoeopathy, this case report aims to contribute to ongoing discussions about alternative and holistic solutions for mental health challenges. Methodology: This methodology provides a systematic approach to documenting and reporting the case of a 38-year-old male undergoing homoeopathic treatment for anxiety-related insomnia with the management of homoeopathy. Results: The patient was free of symptoms from seven months of homoeopathy treatment. He was functionally and socially improved, there was no relapse for six months. Conclusion: This case study illustrates how homoeopathy successfully treated a 38-year-old man's anxiety and insomnia. This approach not only relieved his symptoms but also tackled the root causes, resulting in long-lasting improvement in his overall health. This highlights the potential of homoeopathy in managing mental health conditions by considering both physical and psychological factors. The above case study helps in understanding the benefits of homoeopathy in mental health treatment. However, this case report provides promising evidence and contributes to the existing support for using homoeopathy for mental health issues.

Keywords: Anxiety, Insomnia, homoeopathy

1. Introduction

Definition of Anxiety: [ang - ZY - eh - tee] Feelings of fear, dread and uneasiness that may occur as a reaction to stress. A person with anxiety may sweat, feel restless and tense and have a rapid heartbeat. Extreme anxiety that happens often over time may be a sign of an anxiety disorder. [1]

Definition of Insomnia: Insomnia is a sleep disorder in which a person has trouble falling and/or staying asleep. The condition can be short-term [acute] or can last a long time [chronic]. It may also come and go. Acute insomnia lasts from 1 night to a few weeks. Insomnia is chronic when it happens at least 3 nights a week for months or more. [2]

Prevalence of anxiety and Insomnia: An estimated 4% of the global population currently experience an anxiety disorder. In 2019, 301 million people in the world had an anxiety disorder, making anxiety disorder the most common of all mental disorders.

Although highly effective treatments for anxiety disorders exist, only about 1 in 4 people need [27.6%] to receive any treatment. Barriers to care include lack of awareness that this is a treatable health condition, lack of investment in mental health services, lack of trained health care providers and social stigma. [3]

Estimates of the prevalence of insomnia depend on the criteria used to define insomnia and more importantly, the population

studied. A consensus has developed from population-based studies that approximately 30% of a variety of adult samples drawn from different countries report one or more of the symptoms of insomnia: difficulty initiating sleep, difficulty maintaining sleep, waking up too early, and in some cases, nonrestorative or poor quality of sleep. Conclusions from the NIH State-of-the-Science Conference held in June 2005 indicate that the addition of a diagnostic requirement that includes perceived daytime impairment or distress as a function of the insomnia symptoms results in approximately 10% prevalence of insomnia. Finally, the application of more stringent diagnostic criteria, such as the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, which includes the additional requirement that insomnia symptoms persist for at least 1 month and do not exclusively occur in the presence of another sleep disorder, mental disorder, or the direct physiological effects of a substance or medical condition, yields current prevalence estimates of approximately 6%.

Several well-identified risk factors for insomnia were reported by the State-of-the-Science Conference in June 2005. Age and gender are the most clearly identified demographic risk factors, with an increased prevalence in women and older adults. While the cause of this increased risk in the elderly is not well defined, it may be due to the partial decline in functionality of sleep control systems that may contribute to insomnia in this older population. Importantly, the presence of comorbid medical conditions is also a significant contributor to the increased prevalence of

Volume 13 Issue 3, March 2024

Fully Refereed | Open Access | Double Blind Peer Reviewed Journal

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insomnia in the elderly. Additionally, in women, insomnia is more prevalent with both the onset of menses and menopause. Comorbid medical disorders, psychiatric disorders, and working night or rotating shifts all represent significant risks for insomnia. It is important to recognize that these factors do not independently cause insomnia, but rather they are precipitants of insomnia in individuals predisposed to this disorder. Chronic illnesses are a significant risk for insomnia. It is estimated that the majority of people with insomnia (approximately 75%–90%) have an increased risk for comorbid medical disorders, such as conditions causing hypoxemia and dyspnea, gastroesophageal reflux disease, pain conditions, and neurodegenerative diseases. Importantly, a variety of primary sleep disorders as well as circadian rhythm disorders are frequently comorbid with and often lead to insomnia. Among the primary sleep disorders, restless legs syndrome (RLS), periodic limb movement disorders (PLMD), and sleep-related breathing disorders (snoring, dyspnea, sleep apnea) often present with an insomnia symptom. This is especially true among the elderly. Among younger individuals, difficulty falling asleep is often associated with phase delay syndrome. However, in the elderly, phase advance syndrome results in reports of difficulty initiating sleep, maintaining sleep, and experiencing early morning awakenings.

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 the most common, and insomnia is a diagnostic symptom for depressive and anxiety disorders. [4]

Causes of Anxiety:

The causes of anxiety disorders aren't fully understood. Life experiences such as traumatic events appear to trigger anxiety disorders in people who are already prone to anxiety. Inherited traits also can be a factor.

Medical causes

For some people, anxiety may be linked to an underlying health issue. In some cases, anxiety signs and symptoms are the first indicators of a medical illness. If your doctor suspects your anxiety may have a medical cause, he or she may order tests to look for signs of a problem.

Examples of medical problems that can be linked to anxiety include:

- Heart disease
- Diabetes
- Thyroid problems, such as hyperthyroidism
- Respiratory disorders, such as chronic obstructive pulmonary disease (COPD) and asthma
- Drug misuse or withdrawal
- Withdrawal from alcohol, anti-anxiety medications (benzodiazepines) or other medications
- Chronic pain or irritable bowel syndrome
- Rare tumours that produce certain fight-or-flight hormones

Sometimes anxiety can be a side effect of certain medications.

Your anxiety may be due to an underlying medical condition if:

- You don't have any blood relatives (such as a parent or sibling) with an anxiety disorder
- You didn't have an anxiety disorder as a child
- You don't avoid certain things or situations because of anxiety
- You have a sudden occurrence of anxiety that seems unrelated to life events and you didn't have a previous history of anxiety [7]

Causes of Insomnia:

Insomnia can be triggered by several possible factors, including worry and stress, underlying health conditions, and alcohol or drug use.

Sometimes it's not possible to identify a clear cause.

Stress and anxiety

Some people develop insomnia after a stressful event, such as a bereavement, problems at work, or financial difficulties.

The problem can continue long after the event has passed because they start to associate going to bed with being awake. This develops into an anxiety about sleep itself.

Having more general worries – for example, about work, family or health – is also likely to keep you awake at night.

These can cause your mind to start racing while you lie in bed, which can be made worse by also worrying about not being able to sleep.

Poor sleep routine and sleeping environment

You may struggle to get a good night's sleep if you go to bed at inconsistent times, nap during the day, or don't "wind down" before going to bed.

A poor sleeping environment can also contribute to insomnia – for instance, an uncomfortable bed or a bedroom that's too bright, noisy, hot or cold.

Lifestyle factors

Drinking alcohol before going to bed and taking certain recreational drugs can affect your sleep, as can stimulants such as nicotine (found in cigarettes) and caffeine (found in tea, coffee and energy drinks). These should be avoided in the evenings.

Changes to your sleeping patterns can also contribute to insomnia – for example, because of shift work or changing time zones after a long-haul flight (jet lag).

Mental health conditions

Underlying mental health problems can often affect a person's sleeping patterns, including:

- mood disorders – such as depression or bipolar disorder
- anxiety disorders – such as generalised anxiety, panic disorder or post-traumatic stress disorder
- psychotic disorders – such as schizophrenia
-

Physical health conditions

Insomnia can also be caused by underlying physical conditions, including:

- heart conditions – such as angina or heart failure
- respiratory conditions – such as chronic obstructive pulmonary disease (COPD) or asthma
- neurological conditions – such as Alzheimer's disease or Parkinson's disease
- hormonal problems – such as an overactive thyroid
- joint or muscle problems – such as arthritis
- problems with the genital or urinary organs – such as urinary incontinence or an enlarged prostate
- sleep disorders – such as snoring and sleep apnoea, restless legs syndrome, narcolepsy, night terrors and sleepwalking
- long - term pain

In women, childbirth can sometimes lead to insomnia. [8]

Symptoms of Anxiety:

People with an anxiety disorder may experience excessive fear or worry about a specific situation (for example, a panic attack or social situation) or, in the case of generalized anxiety disorder, about a broad range of everyday situations. They typically experience these symptoms over an extended period – at least several months. Usually, they avoid the situations that make them anxious.

Other symptoms of anxiety disorders may include:

- trouble concentrating or making decisions
- feeling irritable, tense or restless
- experiencing nausea or abdominal distress
- having heart palpitations
- sweating, trembling or shaking
- trouble sleeping
- having a sense of impending danger, panic or doom.

Anxiety disorders increase the risk for depression and substance use disorders as well as the risk of suicidal thoughts and behaviours.

There are several different kinds of anxiety disorders, including:

- generalized anxiety disorder (persistent and excessive worry about daily activities or events);
- panic disorder (panic attacks and fear of continued panic attacks);
- social anxiety disorder (high levels of fear and worry about social situations that might make the person feel humiliated, embarrassed or rejected);
- agoraphobia (excessive fear, worry and avoidance of situations that might cause a person to panic or feel trapped, helpless or embarrassed);
- separation anxiety disorder (excessive fear or worry about being separated from people with whom the person has a deep emotional bond);
- specific phobias (intense, irrational fears of specific objects or situations that lead to avoidance behaviour and significant distress); and
- selective mutism (consistent inability to speak in certain social situations, despite the ability to speak comfortably in other settings, primarily affecting children).

People may experience more than one anxiety disorder at the same time. Symptoms often begin during childhood or adolescence and continue into adulthood. Girls and women are more likely to experience an anxiety disorder than boys and men. [10]

Symptoms of insomnia

Insomnia symptoms may include:

- Having a hard time falling asleep at night.
- Waking up during the night.
- Waking up too early.
- Feeling tired or sleepy during the day.
- Feeling cranky, depressed or anxious.
- Having a hard time paying attention, focusing on tasks or remembering.
- Making more errors or having more accidents.
- Having ongoing worries about sleep. [9]

Importance of addressing both conditions.

What does anxiety insomnia feel like? Certain symptoms of anxiety can quickly combine to make it harder for you to sleep, resulting in anxiety - induced insomnia. Key psychological signs like a persistent sense of worry, dread or apprehension leave sufferers of anxiety - induced insomnia unable to relax, unwind and ultimately fall asleep.

Despite a physical sense of exhaustion and fatigue that often comes from anxiety, insomnia and anxiety can leave us ruminating (thinking deeply about something over and over again) in bed at night. It can be challenging, but there are ways to stop ruminating and get your anxiety - related insomnia under control. [5]

Sleep disturbances - particularly insomnia - is highly prevalent in anxiety disorders and complaints such as insomnia or nightmares have even been incorporated in some anxiety disorder definitions, such as generalized anxiety disorder and posttraumatic stress disorder. In the first part of this review, the relationship between sleep and anxiety is discussed in terms of adaptive stress response. Recent studies suggested that the corticotropin - releasing hormone system and the locus ceruleus - autonomic nervous system may play major roles in the arousal response to stress. It has been suggested that these systems may be particularly vulnerable to prolonged or repeated stress, further leading to a dysfunctional arousal state and pathological anxiety states. Polysomnographic studies documented limited alteration of sleep in anxiety disorders. There is some indication for alteration in sleep maintenance in generalized anxiety disorder and both sleep initiation and maintenance in panic disorder; no clear picture emerges for obsessive - compulsive disorder or posttraumatic stress disorder. Finally, an unequivocal sleep architecture profile that could specifically relate to a particular anxiety disorder could not be evidenced; in contrast, conflicting results are often found for the same disorder. Discrepancies between studies could have been related to illness severity, diagnostic comorbidity, and duration of illness. A brief treatment approach for each anxiety disorder is also suggested with a special focus on sleep. [6]

Overview of the case report:

This case study illustrates how homoeopathy successfully treated a 38 - year - old man's anxiety and insomnia. This approach not only relieved his symptoms but also tackled the root causes, resulting in long - lasting improvement in his overall health. This highlights the potential of homoeopathy in managing mental health conditions by considering both physical and psychological factors. The above case study helps in understanding the benefits of homoeopathy in mental health treatment. However, this case report provides promising evidence and contributes to the existing support for using homoeopathy for mental health issues.

2. Case Report

A 38 - year - old male patient came to OPD with complaint of sleeplessness since 1 year, unfresh sleep in morning, feeling of insecurity, thinking about future, thinking about health, thinking about health, Indigestion of food constant urge to stool.

Past history:

Chikunguniya 2 year back.

Patient under psychiatry treatment since 1 year.

Before 1 year before one of the Maharaj told him to do repetition of gyatri mantra in early morning 5 am since that time he started the sleeplessness.

Family history

Mother: Health

Father: had DM and HTN died 3 year back.

Patient as person [physical general]

Appetite: Good

Thirst: thirsty for small quantity of normal water in small interval.

Desire: Sweet

Aversion: oily food

Perspiration: on Face

Urine: Clear

Stool: Indigestion soft stool

Sleep: Sleeplessness on left side

Dreams: of old memory

Thermal: Ambitheral

Life Space:

Anger on himself due to his complaint

Wants company

Religious idea

Feeling insecurity

Depressed feeling

General Examination:

Built: Healthy

Pulse: 72/min

BP: 130/80 mm of Hg

Pallor: pallor present

Eyes: normal pallor present

Throat clear

Lymph node: no any lymph node enlargement

Temperature: Aferbrile

Oedema: no any oedema

Nails: Normal

Teeth: Normal

Tongue: white coated with imprint of teeth

Systemic examination

Respiratory system: clear AEEBS

C. V. S: S1 - S2 Present

G. I. T: Normal

C. N. S.: Consious

G. U. T: Normal

Analysis and Evaluation of Symptoms:**Mental General: Greade 1**

Anger on Himself due to his complaint

Wants company

Religious idea

Feeling insecurity

Feeling of indifference

Confusion of mind

Lack of confidence

Physical General: Grade 2

Thirsty for small quantity

Desire: sweet

Indigestion with soft stool

Sleeplessness, sleep on left side

Particulars: Grade 3

Sleeplessness on left side

Unfresh sleep in morning

Feeling of insecurity

Thinking about future

Thinking about health

Indigestion of food constant urge to stool.

Repertorisation Sheet

Patient Name : K.K.R															
Reg. No. : 58491															
Date : 3/12/2018															
Remedy	Ars	Calc	Sulph	Arg-n	Lyc	Sep	Ign	Phos	Puls	Nux-v	Kali-c	Lach	Merc	Bell	Cham
Totality	23	23	22	21	21	21	19	19	19	18	18	18	17	17	17
Symptoms Covered	9	9	9	9	8	8	9	8	7	8	7	7	8	7	7
[Kent] [Sleep] Sleeplessness:	3	3	3	3	2	3	2	3	3	3	3	3	3	3	3
[Kent] [Sleep] Position, Side on Left:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Mind] Sadness, mental depression:	3	3	3	2	3	3	3	2	3	2	2	3	3	2	3
[Boericke] [Nervous System] Sleep, Insomnia (sleeplessness), remedies in general:	3	3	3	2	0	0	3	2	3	3	0	0	2	3	3
[Boening] [Mind] Company, Desires, wants:	4	0	0	0	4	2	0	1	0	0	0	0	0	0	0
[Boericke] [Stomach] Indigestion dyspepsia, remedies in general:	3	2	3	3	3	3	3	3	3	3	3	3	2	2	3
[Special] [Bach Flower] Confidence, Lack of:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Mind] Confusion of mind (see concentration):	2	3	2	2	2	3	1	2	2	3	2	3	3	3	1
[Phatak] [Phatak A-Z] Insecurity, sense of:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Mind] Religious affections (see anxiety, despair, fear):	2	2	3	2	2	2	2	0	2	1	0	3	1	2	2
[Boericke] [Male Sexual System] Desire, Diminished, lost:	0	3	2	3	3	0	2	0	0	0	3	0	0	0	0
[Kent] [Mind] Fear (see anxiety): Disease, of impending:	1	2	1	2	0	2	1	3	0	2	3	1	1	0	0
[Kent] [Mind] Indifference, apathy, etc.:	2	2	2	2	2	3	2	3	3	1	2	2	2	2	2

Totality of medicine:

- 1) Ars. Alb=23/9
- 2) Calc. Carb=23/9
- 3) Sulph=22/9
- 4) Arg. nit=21/9
- 5) Lyc=21/8
- 6) Sep=21/8
- 7) Ign=19/9
- 8) Phos=19/8
- 9) Puls=19/7
- 10) Nuv. v =18/8
- 11) Kali. c =18/7
- 12) Lach =18/7

Provisional Diagnosis

Anxitey neurosis with insomnia

Final Diagnosis

Chronic dynamic progressive partially developed recurrent reversible medical psoro - sycotic manifestation of anxiety neurosis with insomnia.

ICD CODE: F41.1 For Anxiety Neurosis

G47.00 For Insomnia

Prescription

- 1) ARS. ALB 30 ODX 3DAYS
- 2) SLX BDX 7DAYS

Follow Up

Date	Symptoms	Prescription
13/12/2020	c/o: sleep is better now but in 7days, 2days pt feels sleepless indigestion is now better	1] ARS. ALB 30 XBDX 3DAYS 2] SLX BDX 7DAYS
8/12/2020	C/O: Sleeplessness is better by 50% - indigestion also better - nervousness is better - all complaints are relieved by 50%	1] SL X BD X 8DAYS
27/12/2020	c/o: - sadness - sleeplessness due to dreams - unfresh sleep - dreams of past things [he talk about one history in his younge age that he like one girl. and told about he has promblems of nightfall.] - fear of something will happen - want company - Agg when alone	1] ARS. ALB 30 XBDX 3DAYS 2] SL XBD X 7DAYS
3/1/2021	c/o -sadness is better by 50 % - sleeplessness due to dreams of past - feeling of fear of something will happen is better by 50 %.	1] SLXB DX 7DAYS
17/1/2021:	- sleeplessness is better by 60%. - sadness better - thirst mildly increased - appetite better	1] ARS. ALB 30 XBD X 7DAYS 3] SLXB DX 7DAYS

	- bowel normal	
24/1/2021	c/o feel positive, better by 60 % - sleeplessness due to dreams of past improved by 65 % - feeling of fear of something will bad happen is better by 65% - thirst increased - appetite better - bowel normal.	1] SL X BD X15DAYS
8/02/2021	Patient feels overall better by 80% - Sleeplessness is beeter now. - sleep occasionally disturb. - fear is better by 85% - Appetite - increased - Thirst - Increased Bowel normal	1] ARS. ALB 30 XBDX 3DAYS 2]SLXBDX15DAYS.
23/02/2021	Patient feels better by 90% Sleep is normal Fear is better by 95% Appetite normal Thirst - normal Bowel normal	1]SI XBDX 1MONTH

After 1 month of follow up patient feels much better. Case is improved.

3. Conclusion

In conclusion, this case study exemplifies the efficacy of homeopathy in treating anxiety neurosis with insomnia, showcasing not only symptom relief but also addressing underlying causes for sustained improvement. By focusing on personalized treatment and considering both physical and psychological factors, homeopathy offers a holistic approach to managing mental health conditions. This underscores the potential of homeopathy as a valuable alternative for those seeking comprehensive and natural remedies for their well-being. While this case report provides promising evidence, further research and exploration are warranted to solidify the role of homeopathy in mental health treatment.

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