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## Homoeopathic Approach to Insomnia in Aged People

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*Abstract: Insomnia is a very common problem among the elderly. There are several reasons that cause insomnia in aged people. Proper advice and counseling often can remove the cause and induce sleep. In many cases medications are needed to give a peaceful sleep to the elderly. We have several homoeopathic medicines to treat such cases successfully.*

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**INTRODUCTION:** Uninterrupted, restorative sleep contributes to our well-being and optimal functioning. Sleep patterns change over the life span. For the elderly, achieving a good quality

of night's sleep may prove to be quite a challenge. Insomnia is defined as a subjective complaint related to falling asleep, maintaining adequate sleep, or not feeling rested such that

lack of sleep causes impairment in the ability to function in work-related or social activities. Sleep loss can include increased sleep latency; prolonged periods of being awake in bed; awakening during the night and being unable to resume sleep; interrupted rapid eye movement in sleep, which is the sleep state in which dreams occur; early awakening; less sleep at night with more total time asleep during a 24-hour period; and daytime sleepiness and napping. However, evidence suggests that insomnia is under recognized, under diagnosed, and under treated.

**EPIDEMIOLOGY:** No large epidemiologic studies of the prevalence of insomnia verified by polysomnography among older adults living in the community have been undertaken. Several community surveys have been conducted; however, they are not directly comparable because of differences in methodology, definition of insomnia, and study population. The results indicated that the participants' perceived sleep disturbances, as recorded in their diaries, were related to daytime performance deficiencies, as measured by tests of cognition, psychomotor speed, recall memory, and executive function. Surprisingly the epidemiologic studies consistently demonstrate that the lowest mortality rates for people who sleep an average of seven hours per night, with

increasing risks for individuals who sleep eight or more hours per night.

**SLEEP STAGES AND AGING:** Sleep naturally occurs in 4 stages

**Stage 1** – REM sleep with rolling eye motion and dreaming

**Stage 2** – Reduced sensory activity and postural control

**Stage 3** – Deep sleep and ceased rolling eye motion

**Stage 4** – Deepest sleep with the slowest brain waves

An understanding of these 4 stages reveals a difference in the sleep of younger and older adults. Elderly adults spend less time experiencing the later sleep stages, causing them to feel less refreshed and more tired throughout the day. The elderly also spend more time experiencing stage 1 sleep, leaving them with longer periods of dreaming and heightened brain wave activity.

**DISORDERS OF SLEEP:** Most patients with a sleep problem report difficulty falling asleep, frequent awakenings, or both. Early morning awakening occurs. Other symptoms include daytime symptoms of sleep deprivation. No standard classifications are available for insomnia. However the following table gives a broad and comprehensive classification.

CLASSIFICATION OF INSOMNIA

TYPE	DURATION	COMMON CAUSES
Transient	Several days	Acute stress (e.g. due to hospitalization, surgery, bereavement, or retirement)
Short-term	1-3 weeks	Rapid change in the sleep-wake cycle (e.g. due to jet lag) Intermediate-duration stress Starting or stopping a drug Acute physical or mental disorders
Chronic	More than 3 weeks	Aging Chronic stress (e.g. due to forced retirement, nursing home placement, bereavement, or chronic disorders) Use of drugs that disturb sleep Poor sleep hygiene Mental disorders (in about 1/3 to 1/2 of patients)

CLINICAL CONDITIONS CONTRIBUTING TO INSOMNIA

MEDICAL

PSYCHIATRIC

<ul style="list-style-type: none"> <li>• Respiratory (sleep apnea, COPD)</li> <li>• Chronic pain from various sources</li> <li>• Gastrointestinal (ulcers, gastro-esophageal reflux)</li> <li>• Hyper and hypothyroidism</li> <li>• Neurological disorders (Parkinson's disease, Seizure disorder, Alzheimer's disease)</li> <li>• Hypertension</li> <li>• Cancer</li> <li>• Urinary (benign prostatic hypertrophy, urinary incontinence, certain stages of renal failure, uremia).</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Obsessive-compulsive disorder</li> <li>• Schizophrenia</li> <li>• Seasonal affective disorder</li> <li>• Delirium</li> <li>• Abuse of various substances like alcohol, caffeine, nicotine, narcotics, and over-the-counter drugs as well as the use of the numerous medications prescribed for the medical conditions of late life.</li> </ul>
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ANOTHER CLASSIFICATION OF INSOMNIA MAY BE AS FOLLOWS

- **PRIMARY:** Difficulty in initiating or maintaining sleep or non-restorative sleep, causing clinically significant distress or impairment in social, occupational, or other important areas of functioning. It doesn't occur exclusively during the course of another sleep disorder, not occurring exclusively during the course of a mental disorder and also not due to the direct physiological effects of a substance or a general medical condition.
- **SECONDARY:** Secondary to other disease conditions. Because insomnia is a very common feature of psychiatric disorders.

**CONDITIONS AND SITUATIONS THAT CONTRIBUTE TO INSOMNIA:** The cause of insomnia is often multifactorial. Many medical conditions and situations that contribute to insomnia occur with greater frequency in late life. Various causes may be summarized as follows.

**CONSEQUENCES OF INSOMNIA:** Insomnia results in functional impairment due to exhaustion. Data also shows that elderly patients with insomnia have trouble coping, completing tasks, maintaining relationships and controlling mood. Accidents increase as a result of decreased ability to function. In addition, psychomotor and cognitive impairment can be a result of insomnia. People with insomnia report more

days of limited activity, more days in bed due to illness, greater health care costs and a higher incidence of moderate-to-severe occupational role disability than people without insomnia.

**INVESTIGATION:** Specialized technique such as Polysomnography done in a sleep laboratory is usually indicated if sleep apnea, narcolepsy (rare in the elderly), periodic limb movement disorder, or an unusual parasomnia is suspected. Polysomnography may be considered when the diagnosis is uncertain or when treatments have been ineffective.

**INTERVENTIONS:** The choice of an intervention to alleviate insomnia among elderly patients depends on the results of a suitably detailed sleep assessment and consideration of conditions and situations that are associated with and contribute to insomnia. To aid in conducting a thorough assessment, sleep questionnaires, such as the standardized Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale may be used, or patients may be asked to complete a sleep diary each morning. We can help our senior citizens to overcome this problem both pharmacologically and non-pharmacologically. We have to establish a good relationship that can motivate the patient to actively participate in non-pharmacologic interventions and improved quality of life.

In this case we should treat the patient as a part of his whole environment and direct our

MANAGEMENT OF A CASE OF INSOMNIA  
RECOMMENDED SLEEP HYGIENE AND BEHAVIOURAL INTERVENTIONS

MEASURES	DESCRIPTION
Regular sleep schedule importantly, Bedtime routine	People should go to bed at the same time each night and must get up at the same time each morning, even on weekends. A pattern of activities (brushing teeth, washing the face, setting the alarm clock etc) can condition people for sleep. This routine is followed every night, at home or away.
Sleep-conductive environment	The bedroom should be dark, quite, and not too warm or too cold. Heavy curtains or an eye mask can eliminate light. Bed clothes and bedding should be comfortable; the mattress should be neither too firm not too soft. If necessary, earplugs, fans, or white-noise devices can help eliminate disturbing noise.
Restricted use of bedroom	The bedroom should be primarily used for sleeping purpose, it should not be used in daytime, or for eating, reading, watching television etc.
Avoidance of stimulants and diuretics near bedtime	Stimulants (food and beverages that contain caffeine [eg coffee, tea, cola drinks, and chocolate], alcohol, tobacco, and appetite suppressants) and diuretics may interfere with sleep. Both should be avoided for several hours before bedtime.
Pillow	Pillows between the knees or under the waist can make some people more comfortable. For people with back problems, lying supine with a large pillow under the knees may help.
Relaxation	Stress and worry interfere with sleep. Reading for pleasure or taking a warm bath can aid in relaxation. The goal should be to leave problems at the bedroom door. Visual imagery, progressive muscle relaxation, other relaxation techniques and breathing exercises can be used.
Restriction of time in bed	Limiting time in bed improves sleep continuity. If unable to sleep within 20 min. patients should get out of bed and return when sleepy. Daytime napping should be minimized.

attention to modify his lifestyle and surroundings. We should encourage the patients to initiate a healthier diet and eat a light evening snack with milk; pleasurable exercise in the late afternoon or early evening, or use of a therapeutic bright light during the day. The clinician can also motivate the patient to attend the sleep hygiene.

**HOMOEOPATHIC MEDICINES FOR INSOMNIA:** Homoeopathy has numerous medicines for insomnia.

- *Belladonna*: This medicine may be useful in nocturnal myoclonus and it is probably our best remedy for insomnia due to cerebral hyperaemia. The person is extremely restless, as a rule it is interrupted by talking, starting, muscular jerking and spasmodic motions; frightful images appear on closing the eyes and the patient therefore dreads sleep.
- *Nux-vom*: The great characteristic of this

remedy is that the patient is very sleepy in the evening, cannot keep awake; moreover the sleep is not sound or restful and the patient is awakened at night by anxiety and frightful dreams. 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. Sleeplessness from mental overwork, from too close study, especially at night.

- **Pulsatilla:** Is sleepless in the evening, falling asleep very late; the sleep is restless, with frequent awakenings and troubled dreams. Sleeplessness after quinine, iron, strychnine, tea or chloral.
- **Opium:** Suits sleeplessness when the patient is sleepy but cannot get to sleep, is kept awake by hearing distinctly ordinary noises, such as the ticking of clocks and the crowing of cocks. Great drowsiness is characteristic of the remedy.
- **Sulphur:** Sleeplessness from nervous excitement, cutaneous irritations and external heat. The patient is drowsy all day and sleepless at night. Sleeps in "cat naps", wakes frequently.
- **Cannabis-indica:** In obstinate and intractable forms of insomnia, *Cannabis* is one of the best remedies we have to induce sleep. An irregular sleep is more of an indication than absolute insomnia.
- **Coca:** Sleeplessness from mental exhaustion or anaemia; a useful remedy in worn-out brain workers, night watchers and those who have lost much sleep.
- **Coffea:** Wakeful; on a constant move. Sleeps till 3 am, after which only dozing. Sleepless on account of mental activity; flow of ideas, with nervous excitability. Disturbed by itching of anus.
- **Hyoscyamus:** Sleeplessness from overworked minds and without apparent

cause may be benefited by *Hyoscyamus*. The patient is jolly and wakeful. *Hyoscyamus* lacks the anxiety of *Aconite*, the violence of *Belladonna*, the pessimism of *Nux-vomica* and the stupidity of *Gelsemium*.

- **Camphora-monobromata:** It is useful for sleeplessness due to the continued use of tea. In insomnia of locomotor ataxia or epilepsy give 3X potency.
- **Avena-sativa:** In doses of from 10 to 15 drops of the tincture will oftentimes induce a peaceful dreamless sleep in those who are nervous and exhausted.
- **Passiflora-incarnate:** In doses of from 30 to 60 drops and repeated if necessary, will induce sleep when mental irritation or pain is the cause of the wakefulness.
- **Other remedies:** *Cuprum*, *Stramonium* and *Zincum* having the symptom that the patient is aroused from sleep frightened. And *Arnica* and *Gelsemium* should not be overlooked in sleeplessness from overexertion.

**CONCLUSIONS:** Specialized knowledge is required to assess and treat sleep disturbances in late life. Such knowledge is rapidly expanding and must be integrated in training on all levels. As the pharmacologic therapy of modern medicine has a greater chance of producing side effects, Homoeopathic treatment of insomnia is becoming more popular now-a-days. Behavioral therapies along with proper Homoeopathic medication appear to have longer-lasting efficacy in treating insomnia. There are numerous barriers to the appropriate recognition, diagnosis and treatment of insomnia, despite the fact that it is highly prevalent and associated with a number of adverse personal and socioeconomic consequences. Hope my earnest efforts to bring to light the problem of insomnia may help you.