

A Case Report from a study of "Randomized control trial of Homoeopathic Medicine in cases of insomnia with the help of Robin Murphy's Repertory"

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Abstract: Insomnia is a sleep disorder characterized by difficulty falling asleep, staying asleep, or both. Insomnia that goes untreated, leading to long-term sleep deprivation, is linked with a number of harmful effects. A lady, aged 20 years, consulted for insomnia treatment. The case taking was recorded according to Homoeopathic principles; repertorisation done following Robin Murphy's Repertory. After finding the similimum and with the help of Materia medica remedy prescribed. The case follow-up was studied monthly up to six months. Results were obtained by interaction with the patient and Pittsburgh Sleep Quality Index (PSQI). Results and improvement of the case proves the efficacy of Robin Murphy's Repertory.

Keywords: Insomnia, Anxiety, Homoeopathy, Murphy's Repertory, Sleeplessness,

Introduction

Anxiety is an experience of everyday life. It typically functions as an internal alarm bell that warns of potential danger and, in mild degrees, anxiety is serviceable to the individual. In anxiety disorders, however, the individual is submitted to false alarms that may be intense, frequent, or even continuous. These false alarms may lead to a state of dysfunctional arousal that often leads to persistent sleep-wake difficulties. Indeed, population surveys indicate that the prevalence of anxiety disorder is about 24% to 36% in subjects with insomnia complaints and about 27% to 42% for those with hypersomnia. Another point, further underpinning the relationship between anxiety and sleep is that sleep disturbance is a diagnostic symptom for some anxiety disorders, such as generalized anxiety disorder (GAD) and posttraumatic stress disorder (PTSD).¹

Serious sleep disturbances, including insomnia, have long been recognized as a common symptom of anxiety disorders. People who are plagued with worry often ruminate about their concerns in bed, and this anxiety at night can keep them from falling asleep.

In fact, a state of mental hyperarousal, frequently marked by worry, has been identified as a key factor behind insomnia. People with anxiety disorders are inclined to have higher sleep reactivity, which means they are much more likely to have sleeping problems when facing stress.

Sleeping difficulties have been found for people with various types of anxiety including generalized anxiety disorder, OCD, and PTSD. In several studies, over 90% of people with PTSD were found to be associated with military combat

Distress about falling asleep can create a sleep anxiety that reinforces a person's sense of dread. These negative thoughts about going to bed, a type of anticipatory anxiety, can create challenges to healthy sleep schedules and routines. Research indicates that anxiety and pre-sleep rumination may affect vivid dreaming during rapid eye movement (REM) sleep. Anxiety can provoke nightmares and disturbing dreams that create a higher likelihood of sleep disruptions and may reinforce fear around going to sleep.

At the same time, strong evidence indicates that sleep deprivation can instigate or worsen anxiety disorders. Researchers have found that people who are prone to anxiety are especially sensitive to the effects of insufficient sleep on mood and emotional health. The bidirectional relationship means that anxiety and sleep deprivation can be self-reinforcing; worrying causes poor sleep, while further sleep difficulties cause greater anxiety.²

Anxiety about sleep can cause somniphobia. Somniphobia is an extreme fear of sleep that can stem from a variety of sources including previous trauma or fear of sleepwalking. If you have sleep anxiety, you may worry about getting enough sleep. But if you have somniphobia, your fear is more intense, you may be scared to sleep, and you may focus on what could happen when you fall asleep.³

A Case Report

A female Patient aged 20 years first consulted on 05/01/2023 for sleeplessness / insomnia. She was of average build and height. Facial expression was anxious with dry skin and significant hairfall. Her sleep had been disturbed for the past 11

months. She generally went to bed by around 10 pm and left by 6 am. She remains awake on an average 2-3 hours and wakes up 2-3 times at night especially after midnight. The frequency was more if she was disturbed by any recent stress. She is extremely anxious by nature. Anxious about anything and everything. Became anxious from any little thought in her mind. She desires company so that she can avoid the thoughts. Crying during sleep, after that wake up and unable to sleep. She also complained about homesickness and sleeplessness which is likely caused by anxiety. Again, become anxious when unable to sleep.

H/O The complaints had started after her mother's death. As she was very attached to her mother, she became very anxious and shocked at the sudden demise of her mother.

Appetite very less/ loss of appetite. Desire for coffee.

Treatment taken: no previous treatment taken.

Family history: Mother had Diabetes.

Personal history: Patient is single (student), anxious by nature, stress and anxiety are key features of the case. This condition is very helpful for a homoeopath for a treatment plan as the patient is young and did not take any other treatment before. The case analyses were done following the homoeopathic principles strictly. After forming the totality of symptoms repertorisation done following Robin Murphy's repertory which is a clinical repertory and presents a separate elaborate rubric 'Insomnia', thereafter medicine was selected and prescribed as per the study design or methodology.

Totality of symptoms for repertorisation:

- 1. Anxiety
- 2. Anxiety and loss of sleep
- 3. Anxiety from any thought
- 4. Desire for company
- 5. During sleep crying
- 6. Homesickness
- 7. Sleeplessness for 11 months
- 8. Sleeplessness: causation anxiety
- 9. Dryness of skin
- 10. Hair falls out
- 11. Loss of appetite
- 12. Desire for coffee

É Preview File Display Format				
Analysis			ware	
Analysis: Repertorised Clipboard 1				
Totality, Grades, None, Chart	phos calc	puls carb-v ka	li-c sep lad	h hyos alum
Rubrics Count	ars bry	nat-m sil cocc	nux-v cham	sulph nit-ac
Grade Total			8871	
	23 21 20 19			6 (16) (16) (15)
I Murphy Mind ANXIETY,	3333	2 3 2 3 2 6		2 3 2 3 2
2 Murphy Mind ANXIETY, sleep, loss of sleep, from				
Murphy Mind ANXIETY, thoughts, from				
Murphy Mind COMPANY, desire for	3 3 1 2		9 2 2 • (
Murphy Mind CRYING, sleep, during		22222	2 2 2 3 3	2 1 2 2 2
Murphy Mind HOMESICKNESS, nostalgia	- 2 3 -			
7 Murphy Sleep INSOMNIA,	3333	2 3 3 2 2		$\boxed{2} \boxed{3} \boxed{2} \boxed{1}$
3 Murphy Sleep INSOMNIA, anxiety, from	(3) (1) (2) (1)			
Murphy Skin DRY, skin,	3333	3 2 3 2 1 3	3) (1) (2) (3) (3)	2 3 2 2 3
0 Murphy Skin HAIR, falls out,		$2 \cdot \cdot \cdot 2 \cdot \cdot =$		
11 Murphy Food APPETITE, loss, of appetite	3 3 2 3			
2 Murphy Food COFFEE, desires	$2 \cdot 2 \cdot$			

Prescription and follow up:

- 05-01-2023 First Prescription: Arsenic Alb. 1M prescribed 1dose OD every week for one month.
- 04-02-2023 First follow up: No noticeable Improvement. Prescription was the same as before.
- 07-03-2023 Second follow up: Sense of wellbeing only. Prescription was the same as before.
- 12-04-2023 Third follow up: Improvement remarkable. One dose every 15th day prescribed for one month.
- 12-05-2023 Fourth follow up: Overall major improvement seen. Only one dose prescribed for one month
- 15-06-2023 Fifth follow up: Patient was almost recovered. Prescribed Placebo one every week for one month

Ju	argin sicep Quality much (1 SQI)							
	Component	05-01-2023	12-04-2023	17-07-2023				
	Component - 1	Subjective Sleep Quality: 3	Subjective Sleep Quality: 3	Subjective Sleep Quality: 0				
	Component - 2	Sleep Latency: 3	Sleep Latency: 3	Sleep Latency: 0				
	Component - 3	Sleep Duration: 2	Sleep Duration: 2	Sleep Duration: 1				
	Component - 4	Habitual Sleep Efficiency: 3	Habitual Sleep Efficiency: 3	Habitual Sleep Efficiency: 0				
	Component - 5	Sleep Disturbances: 2	Sleep Disturbances: 1	Sleep Disturbances: 0				

Pittsburgh Sleep Quality Index (PSOI)

Past illness: No serious illness.

Component - 6	Use of Sleep Medication: 0	Use of Sleep Medication: 0	Use of Sleep Medication: 0
Component - 7	Daytime Dysfunction: 3	Daytime Dysfunction: 2	Daytime Dysfunction: 0
Global PSQI	Global PSQI: 16	Global PSQI: 14	Global PSQI: 1

Discussion:

Case taking strictly done following Homoeopathic principles. After analysing the case repertorisation and remedy selection done with the help of Robin Murphy's Repertory. The remedy Arsenic Album was prescribed after consulting with Materia medica. The patient was advised for monthly follow up to six months. Improvement was recorded following Pittsburgh Sleep Quality Index (PSQI) scale. After two follow up patient's improvement was noticeable and improvement also prove the efficacy of the Robin Murphy's Repertory.

Conclusion:

Before prescribing a remedy homoeopaths take into account a person's constitutional type, including physical and mental makeup. There are specific homoeopathic remedies for insomnia but an experienced homoeopath assesses the totality of symptoms to determine the most appropriate remedy for a particular individual. Only the similimum can restore a sick person to health. Improvement of the case shows that Robin Murphy's Repertory is very useful in treatment of Insomnia. More clinical verification is required to prove the efficacy of Homoeopathy and Robin Murphy's Repertory.

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