

Original Research Paper

Homeopathic

A PROSPECTIVE STUDY OF PATIENTS WITH INSOMNIA DUE TO MENTAL STRESS BY USING SYNTHESIS REPERTORY

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ABSTRACT

BACKGROUND: Sleep problems are most common complaint in adults, especially insomnia due to mental stress which has various symptoms such as trouble in falling asleep, staying asleep, unrefreshing sleep, sleepless after midnight, before midnight etc. due to worry, stress, mental as well as physical exertion, loss of job or money. By analysing these all symptoms through synthesis repertory, the similimum is chosen and then prescribed to the

patients. Synthesis repertory is totally based on Kent's philosophy. And it is repeatedly updated repertory.

METHOD: 30 patients were enrolled in the study with the age group of 18-55 years diagnosed of Insomnia due to mental stress.

Changes in the symptoms were evaluated by before and after treatment by Insomnia Screening Questionnaire. After careful

study of case and proper repertorization similimum were prescribed to the patients. **RESULTS:** In this study out of 30 patients 17 (56.66%) were female and 13 (43.33%) were male patients. Result was calculated with the before and after treatment with the help of insomnia questionnaire. In that 23(76.66%) showed Marked improvement, 4 (13.33%) showed moderate improvement and 3 (10%) showed mild improvement. Statistical improvement seen in before and after treatment as p < 0.0001. Homoeopathic medicines Coffea, Ars. Alb, Calc. carb, Sepia, puls are prescribed and showed

CONCLUSION: The drugs which has highest marks and covered maximum symptoms selected from the synthesis repertory after repertorization showed significant results in the treatment of insomnia disease. In insomnia-related conditions, homoeopathic medicines are effective. The findings support the opening of new avenues for future studies on Insomnia and homoeopathic treatment.

KEYWORDS: Insomnia, stress, homoeopathy, insomnia questionnaire, sleeplessness

INTRODUCTION

Sleep is a condition of sensory and motor relatively suspended activity that occurs spontaneously, is recurring and is characterised by complete or partial unconsciousness with almost all voluntary muscles inactive. One-third of our lives are spent sleeping. Sleep disorders may result from any changes in the duration, quality or pattern of sleep. $^{\rm III}$

Sleep is one of the most important part of our life because it maintains vitality and regulates the normal body functioning. About 35% people have insomnia problem due to unhealthy habits and routines, use of electronic devices, night watching and due to various types of stresses. And it affects on quality of life. As there are too many studies and researches done on insomnia but again, I felt that study should be done specially on the insomnia due to mental stress and medicine should be found by using synthesis repertory and constitutional medicine is prescribed due to which patient should be consider as a whole and proper medicine can be chosen and sleep problem can be resolved.

Together with the drug or a set of drugs with exceptional grades, the Repertory helps us to determine the required signs. Synthesis Repertory is the published computer programme model of RADAR (Rapid Aid to Drug Aimed Research). It was compiled by Dr. Frederick Schroyens, who was born in Michelin, Belgium, on January 12, 1953. The expanded model of the 6th American edition of Kent's Repertory. Among all repertories, it's far the largest. All its remedies and rubrics are carried by it. In language and form, the repertory has been qualitatively enhanced to make it more understandable and to facilitate clean reference to the moment of want. [5,6]

METHODOLOGY

Theoretical study: Theoretical study of this topic was done

from various books, Homoeopathic Journals, Research Journals, Researches and authentic internet search through websites such as Google Scholar, Pubmed, etc.

Clinical study: 34 cases of insomnia due to mental stress of both sexes under the age group of 18-55 years were considered for the study. Out of which 30 were considered for the study and rest were dropped out as they could not complete the follow-ups.

CASE DEFINATION:

Those Cases with difficulty to fall asleep or stay asleep due to any mental stress of occupation, work load, studies, day by day increasing demands etc. will be treated in patients of 18-55yrs in both the sexes, also considered inclusion and exclusion criteria and those cases which can be repertorised using synthesis repertory.

Study design:

 $prospective \ single \ arm \ simple \ randomization \ clinical \ trial$

Study Population:

Study site: Bharati Vidyapeeth Homoeopathic Medical College & Hospital, Pune

Study Setting:

- 1. Indoor Patient Department (I.P.D.)
- 2. Outdoor Patient Department (O.P.D.)
- 3. Rural OPD

Inclusion criteria:

- All Chronic cases of insomnia considered.
- Cases of insomnia only associated with the mental stress.
- After forming totality of symptoms, cases were repertorised only by using synthesis repertory.
 - Patient who are willing to take treatment & will co-operate

with regular follow up.

• Patients of both sexes and age of 18-55yrs.

Exclusion criteria:

- Cases of insomnia associated with known neurological disorders.
- Cases of insomnia associated with psychological disorders other than mental stress such as schizophrenia, bipolar disorder etc.
- Cases of insomnia associated with known grave pathological changes.
- Rubrics other than synthesis repertory excluded.
- Patient not taking medicines as per direction or not cooperating for follow up.

Selection of Remedy:

A detail history of each case was taken and recorded. Information which was collected from the patient and other attendants was carefully analysed, evaluated and developed reportorial totality and it gave higher importance to the complaints of insomnia due to mental stress and medicine was selected on the basis of totality of symptoms, presented complaints, constitutional features, and reportorial totality. Repertorization was done with the help of synthesis repertory and highest marked plus who covered maximum symptoms that remedy was prescribed.

Dose and strength

The remedy was administered in various potencies like 30c, 200c, 1M, 10M as per the instruction given by Dr. Samuel Hahnemann in his Organon of Medicine, and according to the need of patients' requirement.

Root of administration:

Remedies were administered through the oral route only.

OBSERVATION AND RESULT

30 patients of insomnia due to mental stress were included in the study. All patients were consented and voluntary involved in the study and come back for the follow-ups as per the direction given to patients. Cases were repertorised with the synthesis repertory and the similimum was given to the patient. End result was assessed by insomnia screening questionnaire scale score before and after treatment.

Table No.1 - Medicines prescription in cases of insomnia due to mental stress

Medicines	No. of Patients	Percentage
Coffea	5	16.66%
Ignatia	3	10%
Kali Carb	1	3%
Sepia	2	6.66%
Graphitis	2	6.66%
Calc. Carb	3	10%
Puls	3	10%
Gels	1	3%
Stannum met	1	3%
Ars. Alb	4	13.33%
Sulphur	2	6.66%
Lac Can	1	3%
Nux vom	2	6.66%
Total	30	100%

Table No. 2 Improvement after treatment of insomnia due to mental stress

Improvement	No. of Patients	Percentage	
Marked	23	76.66%	
Moderate	04	13.33%	
Mild	03	10%	
No improvement	00	00%	
Total	30	100%	

The treatment response was calculated by insomnia screening questionnaire score before and after the treatment. From that 76.66% patients showed marked improvement, 13.33% patients showed moderate improvement and 10% patients showed mild improvement. Statistically significant improvement seen in pre-treatment and post-treatment in insomnia screening questionnaire score at p < 0.0001

Table No. 3 Insomnia screening Questionnaire Scale score before and after Treatment

	_	_	before and after freatment						
Sr. No.	Insomnia	Insomnia	Difference						
	Questionnaire	Questionnaire	(X)						
	Scale score Before	Scale score after							
	Treatment(A)	Treatment(B)							
01	37	11	26						
02	35	10	25						
03	36	12	24						
04	38	13	25						
05	36	11	25						
06	33	10	23						
07	39	12	27						
08	40	13	27						
09	34	11	23						
10	34	12	22						
11	40	33	7						
12	36	23	13						
13	36	12	24						
14	36	10	26						
15	34	12	22						
16	34	13	21						
17	30	12	18						
18	39	22	17						
19	38	12	26						
20	42	35	7						
21	35	11	24						
22	35	10	25						
23	37	10	27						
24	36	17	19						
25	33	11	22						
26	39	10	29						
27	38	33	5						
28	39	21	18						
29	38	12	26						
30	40	10	30						
Mean	36.56667	14.7	21.86667						
N=30									

DISCUSSION

As when I compare my study with the article of Dr. Basavraj of Passiflora he only used 1 drug in all the sample size but I felt that I should take a whole case taking and then prescribe the constitutional remedy due to which insomnia can be treated well. There is no previous study about insomnia due to mental stress by using synthesis repertory so my topic is so necessary to study insomnia due to mental stress by using synthesis repertory and give constitutional remedy and see changes before and after with the help of insomnia screening questionnaire. Again one article of Dr. Ruchi biswas about a homoeopathic management in a hospital based study she also got 75% result in that study by using synthesis repertory for prescription purpose. So I can say my study also authentic and reliable.

The aim of this study was to explore the efficacy of homoeopathic medicines chosen in the treatment of insomnia due to mental stress with the synthesis repertory. The already diagnosed cases were included in this study. Patients had sleeplessness, trouble falling asleep and staying asleep and there was a significant decrease in the symptom score after treatment that was present at the time of the first visit. After sedative contents ingested recurrence of sleeplessness is

common. Factors such as work load, late night, night watching, increasing competition, occupational, night shifts, changed lifestyles play an important role in the development and rapid progression of insomnia complaints in the population. Homoeopathic drugs help to induce sleep naturally. Medication is based on homoeopathic principles, ensuring long-lasting and permanent treatment. Statistical results have also shown that the repertory of the synthesis was effective in treating insomnia due to mental stress. All the symptoms of insomnia are present in the repertory, as in the rubric form of repertorial language. General mental and physical symptoms and specific physical symptoms are analysed through synthesis repertory. The remedy which showed higher marks that showed effective results in insomnia. For therapeutic use, a set of homoeopathic remedies have been pointed out. In this repertory, all the rubrics are present. This research focuses on improving the complete picture of the patient's totality, mostly for general mental, general physical and specific insomnia symptoms. Homeopathic medicines such as coffea, Arsenicum album, ignatia, Sulphur, and other medicines were used repeatedly and showed marked improvement in maximum cases.

CONCLUSION

The drugs which have highest marks and covered maximum symptoms selected from the synthesis repertory after repertorization showed significant results in the treatment of insomnia disease. In insomnia-related conditions, homoeopathic medicines are effective. The findings support the opening of new avenues for future studies on insomnia and homoeopathic treatment. Statistical results showed $\boldsymbol{\alpha}$ major difference in p=0.0001. This study was intended to explore the efficacy of homoeopathic medicinal products in the treatment of insomnia due to mental stress. Homeopathic medicines help to improve patients' quality of life. In the cases of insomnia due to mental stress, coffea, ars alb, ignatia, sulphur, calc carb, puls such drugs are used. At p < 0.0001, the statistical results showed a significant difference. The results encourage guidance for further studies to link strong evidence on insomnia due to mental stress and homoeopathic therapy.

CONFLICT OF INTEREST

The authors have no conflict of interest among them regarding the research.

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