International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 10 Issue 5, Sep-Oct 2026 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

Insomnia and its Homoeopathic Management: A Review of Literature

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ABSTRACT

Background: Insomnia is a common sleep disorder characterized by difficulty initiating sleep, maintaining sleep, or returning to sleep after early awakening, despite adequate opportunity for sleep. It may impair daytime functioning and quality of life. Assessment should consider duration, frequency, daytime consequences, medical and psychiatric comorbidities, medications, and sleep-related behaviours.

Objective: To review the clinical understanding of insomnia, its assessment and evidence-informed management, including the principles used in homoeopathic case analysis.

Methods: This narrative review outline draws on established sleep-disorder classifications and clinical guidance. For journal submission, the authors should document the databases searched, search dates, keywords, selection criteria, and the references actually reviewed.

Discussion: Evidence-based care emphasizes identifying contributing conditions, behavioural and environmental measures, and cognitive behavioural therapy for insomnia (CBT-I), which is recommended as first-line treatment for chronic insomnia in relevant clinical guidelines. Homoeopathic literature describes individualized case-taking and remedy selection based on the totality of symptoms; however, reliable evidence has not established homoeopathy as effective for insomnia beyond placebo. It should not replace proven assessment or treatment.

Conclusion: A responsible approach to insomnia combines appropriate clinical evaluation, evidence-based care, and clear communication about the limits of evidence for complementary approaches.

How to cite this paper: Dr. Prasanna Khara | Dr. Arpita Sheth | Dr. Dhaval Karkare "Insomnia and its Homoeopathic Management: A Review of Literature" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-10 | Issue-5, October 2026, pp.1598-1600, URL: www.ijtsrd.com/papers/ijtsrd142235.pdf

IJTSRD142235

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KEYWORDS: *Insomnia; sleep disorders; sleep hygiene; cognitive behavioural therapy for insomnia; homoeopathy; individualized case analysis.*

1. INTRODUCTION

Sleep is an essential physiological process involved in physical restoration, cognitive performance, emotional regulation, and general well-being. Insomnia refers to persistent difficulty falling asleep, staying asleep, or waking earlier than desired, accompanied by daytime distress or impairment. A complaint of poor sleep should be assessed in context: sleep opportunity, work schedule, circadian timing, substances, medicines, and coexisting conditions may all contribute.

Chronic insomnia is generally distinguished from short-term sleep difficulty by persistence over time and recurrent symptoms. Diagnostic systems use specific duration, frequency, and impairment criteria; clinicians should apply the current relevant classification rather than diagnosing a disorder from a single poor night of sleep.

2. Objectives

- To summarize the clinical features and common contributing factors associated with insomnia.
- To describe the general principles of clinical assessment and evidence-based management.
- To outline how individualized case-taking is described in homoeopathic literature, while critically appraising the available evidence.

3. Review of Literature

3.1. Definition and clinical presentation

Insomnia symptoms include difficulty initiating sleep, repeated awakenings, prolonged wakefulness during the night, early-morning awakening, or non-restorative sleep. Daytime effects may include fatigue, irritability, reduced concentration, memory difficulties, reduced work performance, or concern about sleep itself. Symptoms and their impact vary between individuals.

3.2. Contributing and associated factors

Potential contributors include stress, irregular sleep-wake schedules, environmental disruption, shift work, caffeine, nicotine, alcohol, some medicines, pain, respiratory symptoms, menopausal symptoms, and medical or mental health conditions. Insomnia can also coexist with other sleep disorders, including obstructive sleep apnoea and restless legs syndrome. Assessment should seek contributing factors without assuming that one cause explains every case.

3.3. Clinical assessment

Assessment usually includes the history of sleep onset and maintenance, usual sleep and wake times, frequency and duration of symptoms, daytime impairment, naps, work schedule, substances and medicines, and relevant medical and psychological history. A sleep diary can help document sleep patterns. Validated tools such as the Insomnia Severity Index may support assessment but do not replace clinical evaluation. Further testing is considered when another sleep disorder or medical condition is suspected.

4. Evidence-Informed Management

4.1. Behavioural and environmental measures

Helpful measures may include maintaining a consistent wake time, creating a quiet and comfortable sleep environment, limiting late-day caffeine, avoiding nicotine near bedtime, moderating alcohol, and using a regular wind-down routine. These measures can support sleep, but sleep hygiene alone is not considered adequate treatment for chronic insomnia.

4.2. Cognitive behavioural therapy for insomnia

Cognitive behavioural therapy for insomnia (CBT-I) is a structured treatment that may include stimulus control, sleep restriction or sleep compression under appropriate guidance, cognitive strategies, and relaxation techniques. Clinical guidelines recommend multicomponent CBT-I as first-line treatment for chronic insomnia. Access and delivery may vary by setting.

4.3. Medicines and referral

Medication decisions require individualized clinical assessment of benefits, risks, duration, interactions, and the patient's circumstances. Sedatives and over-the-counter sleep products should not be self-prescribed or combined with alcohol. Persistent symptoms, significant daytime impairment, suspected sleep apnoea, severe mood symptoms, or possible medication-related insomnia warrant assessment by a qualified healthcare professional.

5. Homoeopathic Approach: Concepts and Evidence

In classical homoeopathic literature, case analysis is described as individualized and based on a detailed history, including the patient's account of sleep disturbance, associated physical and mental symptoms, modalities, maintaining factors, medical history, and overall symptom pattern. Practitioners may describe this process in terms of the totality of symptoms and individualized remedy selection. These are descriptions of the homoeopathic approach, not proof that the approach is clinically effective.

At present, reliable clinical evidence has not established that homoeopathy is effective for insomnia beyond placebo. Therefore, it should not be presented as a proven treatment, used as a substitute for CBT-I or appropriate medical care, or used to delay investigation of an underlying condition. If a patient chooses to use complementary care, it is important to discuss the evidence openly and continue appropriate clinical assessment and treatment.

6. Discussion

Insomnia is multifactorial and requires attention to both night-time symptoms and daytime consequences. A useful clinical approach identifies perpetuating behaviours, relevant comorbidities, and the patient's priorities, then selects management supported by clinical guidance. Homoeopathic publications may offer a framework for discussing individualized case-taking, but claims about therapeutic benefit must be evaluated against well-designed clinical studies. A narrative review should distinguish traditional theory, individual case reports, and controlled clinical evidence, and should avoid inferring efficacy from improvement in an uncontrolled case.

7. Limitations

This document is a structured draft rather than a completed systematic review. Before submission, the authors should conduct and report a reproducible literature search, verify each citation against the original source, and adapt the manuscript to the selected journal's author instructions. Any journal-specific claims, institutional requirements, and author contributions should be confirmed.

8. Conclusion

Insomnia is a clinically important sleep disorder that can affect daily functioning and quality of life. Assessment should identify the pattern of sleep disturbance, its duration and impact, and any contributing conditions. Behavioural measures may support sleep, while CBT-I is a first-line treatment for chronic insomnia. Homoeopathic individualized case analysis can be described as a traditional framework, but current reliable evidence does not establish homoeopathy as an effective treatment for insomnia beyond placebo. Patient safety and evidence-informed care should remain central.

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International Journal of Trend in Scientific Research and Development
IJTSRD
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ISSN: 2456-6470