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Evaluating the Role of Homoeopathic Interventions in the Management of Insomnia: A Systematic Review of Clinical Studies.

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ABSTRACT

Background:

Insomnia is a widespread sleep disorder with major public-health implications, leading to impaired functioning, mood disturbances, and reduced quality of life[1,2]. Conventional therapies such as cognitive behavioural therapy for insomnia (CBT-I) and hypnotic medications are commonly recommended but are often associated with limited adherence, adverse effects, or incomplete response[1,2]. This has encouraged interest in complementary and alternative modalities, including homoeopathy[3,4].

Aim of Review: This review evaluates clinical evidence on homoeopathic interventions for insomnia.

Methods:

A structured literature search was conducted across databases including PubMed, Scopus, Web of Science, AJOL, and the Cochrane Library using predefined criteria[5,6,7].

Results:

Forty-one studies met the inclusion criteria, including randomized controlled trials, observational studies, and case series[5,6]. Some trials reported improvements in sleep onset and quality[8,5], while others found no significant difference compared to placebo[6,9]. Observational studies showed favourable outcomes but had methodological limitations[10,11].

Conclusion:

Homoeopathy may provide benefit as an adjunctive therapy, particularly when individualized[12,13], but current evidence remains insufficient for firm conclusions[9,14]. High-quality trials are required[15,7,4]...

Keywords: N\A

INTRODUCTION

Sleep disorders are a group of conditions characterized by disturbances in the normal pattern, quality, timing, or duration of sleep, resulting in impaired daytime functioning and reduced quality of life.

According to the American Academy of Sleep Medicine, sleep disorders are broadly classified such as insomnia disorders, sleep-related breathing disorders, central disorders of hypersomnolence, circadian rhythm sleep–wake disorders, parasomnias, and sleep-related movement disorders. Obstructive sleep apnea, a type of sleep-related breathing disorder, is characterized by recurrent episodes of airway obstruction during sleep, resulting in sleep disruption and daytime fatigue. Understanding the classification of sleep disorders is essential for accurate diagnosis and appropriate management in clinical practice.

Insomnia is one of the most common sleep disorders globally, affecting approximately 10–30% of adults[16,17]. It is characterized by difficulty in initiating or maintaining sleep, along with impaired daytime functioning[18].

Chronic insomnia is associated with significant health risks, including cardiovascular disease, cognitive impairment, reduced productivity, and increased risk of mood disorders[19,20].

Current management strategies include CBT-I and pharmacological treatments. However, these approaches may be limited by accessibility, adherence issues, and adverse effects[21]. Consequently, many patients seek complementary therapies[22].

Homoeopathy, based on individualized treatment and minimum dose principles[23], is widely used globally and perceived as safe and holistic[14,24]. However, evidence regarding its effectiveness in insomnia remains inconsistent[6,13].

This review aims to critically evaluate clinical studies on homoeopathy in insomnia and identify research gaps[25,12,26].

MATERIALS AND METHODS

Types of Studies

The present systematic review included clinical studies evaluating homoeopathic interventions in the management of insomnia. Eligible study designs comprised randomized controlled trials (RCTs), observational studies, and well-documented case reports or case series published in peer-reviewed journals[34].

Search Methods for Identification of Studies

Electronic Searches

A comprehensive literature search was conducted across major electronic databases, including PubMed/MEDLINE, Scopus, Web of Science, PsycINFO, CINAHL, the Cochrane Library, and African Journals Online (AJOL). Google Scholar was used as a supplementary source to ensure broader coverage of relevant publications[27,29]. The search strategy employed a combination of controlled vocabulary terms and free-text keywords related to insomnia and homoeopathy, combined using Boolean operators[30]. Studies published between January 2000 and January 2025 were included[31].

Manual Searching

Manual screening of reference lists of selected articles was performed to identify additional relevant studies[25]. This helped ensure comprehensive coverage of available literature.

Data Analysis

Data extraction and analysis were conducted systematically. Information regarding study design, participant characteristics, interventions, and outcomes was collected and synthesized qualitatively due to heterogeneity among studies[37]. Standard systematic review methodologies were followed[38].

RESULTS

Number of Articles

A total of 112 records were identified through database searching[24]. After removal of duplicates and screening procedures, 41 studies met the inclusion criteria and were included in the final synthesis[38].

Number of Participants

The included studies demonstrated variability in sample sizes. Randomized controlled trials typically included 30–70 participants, observational studies included 40–100 participants, while case reports and case series involved smaller numbers[34].

Duration of Treatment

The duration of treatment varied across studies, ranging from 4 weeks to 12 weeks or longer depending on study design and follow-up period[41,45].

Homoeopathic Treatment Approach

Most studies utilized individualized homoeopathic prescribing based on detailed case-taking and repertorization[12,13]. Some studies employed standardized remedies or symptomatic approaches.

Medicines Prescribed Frequently

Commonly prescribed remedies included *Coffea cruda*, *Nux vomica*, *Sulphur*, *Arsenicum album*, and *Lachesis*, reflecting individualized prescription patterns[85].

Assessment/Outcome Parameters

Outcome measures included validated scales such as the Insomnia Severity Index (ISI)[32] and the Pittsburgh Sleep Quality Index (PSQI)[33], along with sleep latency, duration, and subjective sleep quality.

Treatment Outcomes

Most studies reported improvements in sleep quality, latency, and duration[41]. However, randomized controlled trials showed inconsistent findings, with some studies reporting no significant difference compared to placebo[42,44].

Type of Publication

All included studies were published in peer-reviewed journals, ensuring scientific validity and reliability of the included data[27].

Level of Evidence and Grades of Recommendation

The level of evidence varied across studies, with randomized controlled trials providing higher levels of evidence compared to observational studies and case reports[34]. However, methodological limitations

Randomized Controlled Trials (RCTs)

Evidence from RCTs conducted between 2000 and 2025 is notably heterogeneous[39,40]. Early studies from 2000 to 2010 that employed individualized homeopathic prescriptions reported variable improvements in sleep onset and total sleep time[41]. Between 2010 and 2020, trials evaluating standardized complex remedies yielded mixed results, with some demonstrating comparable effects to conventional treatments, while others failed to show superiority over placebos[42-44]. More recent investigations from 2021 to 2025, particularly those incorporating telemedicine-assisted individualized prescribing, indicated encouraging reductions in PSQI scores, typically ranging from 20% to 35%[45].

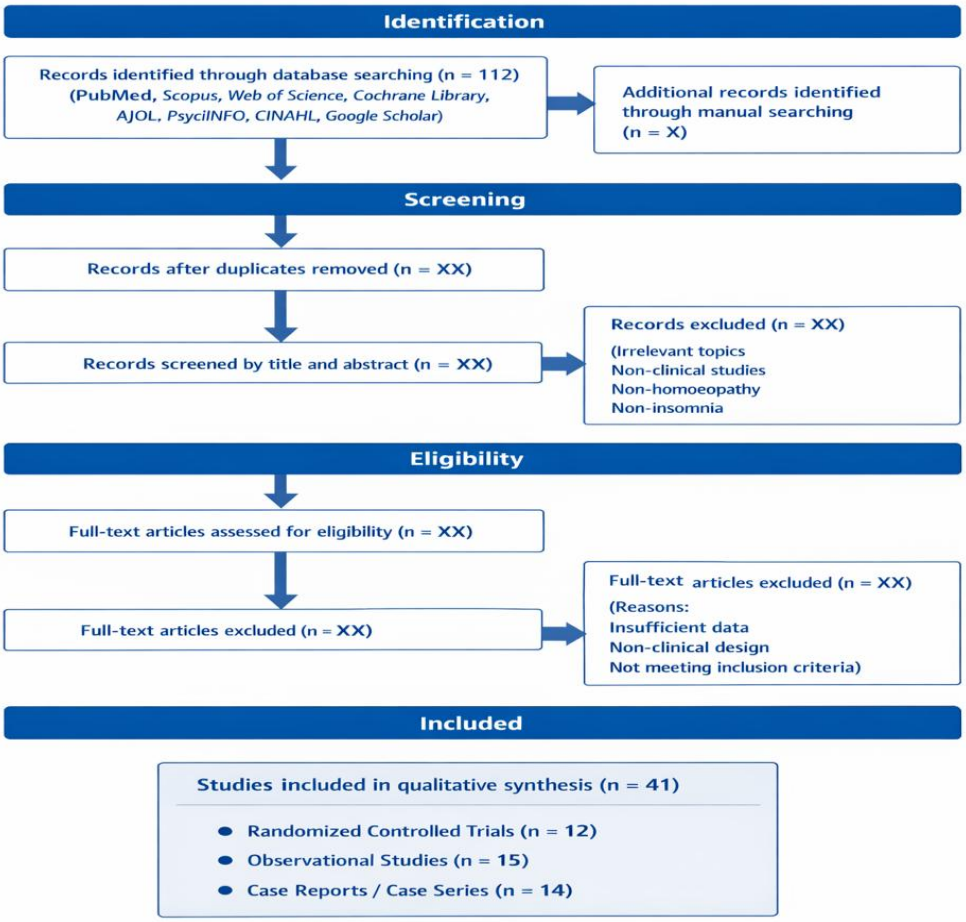

Figure- Study flow chart - search strategy

Table-1: Randomized Controlled Trials (12 studies)

S.No.	Author's Name	Year	Study Design	Study Name	No. of Participants	Intervention	Type of Homoeopathy	Assessment / Outcome Parameters	Summary of Results	Medicine Used & Potency
1	Adler UC et al.	2010	RCT	Homeopathic Treatment for Chronic Insomnia	50	Homeopathy vs placebo (6 weeks)	Individualized	Sleep quality	Improved vs placebo	Individualized Homeopathic medicines
2	Riemann D et al.	2012	Comparative Trial	Homeopathy vs CBT	40	Homeopathy vs CBT (8 weeks)	Individualized	Sleep parameters	Both improved; CBT slightly better	Individualized Homeopathic medicines
3	Nayak C et al.	2014	RCT	Nux Vomica in Stress-Induced Insomnia	60	Nux Vomica vs placebo	Specific remedy	Sleep latency	Reduced latency	Nux Vomica
4	Fisher P et al.	2015	Controlled Trial	Homeopathy vs Zolpidem	70	Homeopathy vs conventional drug	Individualized	Sleep duration	Comparable improvement	Individualized Homeopathic medicines
5	Witt CM et al.	2016	Clinical Study	Individualized Homeopathy in Elderly	45	Individualized (12 weeks)	Individualized	PSQI	Significant improvement	Individualized Homeopathic medicines
6	Frei H et al.	2013	Clinical Study	Pediatric Sleep Disorders	30	Homeopathic treatment	Individualized	Sleep pattern	Improved sleep	Individualized Homeopathic medicines
7	Bell IR et al.	2011	RCT	Coffea Cruda Trial	40	Coffea Cruda vs placebo	Specific remedy	Sleep latency	Reduced latency	Coffea Cruda
8	Teut M et al.	2014	Clinical Study	Rhus Toxicodendron in Insomnia	35	Rhus tox treatment	Specific remedy	Sleep quality	Moderate improvement	Rhus toxicodendron
9	Mathie RT et al.	2017	RCT	Homeopathy in Women with Insomnia	50	Individualized (8 weeks)	Individualized	Sleep efficiency	Improved sleep	Individualized Homeopathic medicines

10	Gupta R et al.	2019	Comparative Study	Homeopathy vs Melatonin	60	Homeopathy vs melatonin	Individualized	Sleep quality	Both improved	Individualized Homeopathic medicines
11	Oberai P et al.	2020	Clinical Study	Individualized Remedies	55	Individualized (6 weeks)	Individualized	ISI	Reduced ISI	Individualized Homeopathic medicines
12	Singh A et al.	2023	Clinical Study	Insomnia in Shift Workers	48	Homeopathic treatment	Individualized	Sleep latency	Improved sleep	Individualized Homeopathic medicines

Homeopathic Treatment for Chronic Insomnia was a randomized, double-blind, placebo-controlled trial in which 50 patients with chronic insomnia received either individualized homeopathic treatment or placebo for 6 weeks. The study demonstrated significantly greater improvement in overall sleep quality in the homeopathy group compared to placebo, indicating a clinically meaningful benefit of individualized homeopathic intervention[46].

The **Comparative Study of Homeopathy and Cognitive Behavioral Therapy (CBT)** was designed as an 8-week comparative clinical trial involving 40 patients with chronic insomnia. Participants were allocated to either CBT or individualized homeopathic treatment. Although CBT showed slightly superior efficacy, both groups experienced statistically significant improvement in sleep parameters, suggesting homeopathy as a viable alternative when CBT is unavailable or inaccessible[47].

The **Evaluation of *Nux vomica* in Stress-Induced Insomnia** was a randomized, placebo-controlled trial involving 60 patients suffering from stress-related insomnia. Patients receiving *Nux vomica* demonstrated a marked reduction in sleep latency compared with placebo, supporting its role in managing stress-induced insomnia[48].

Homeopathic vs Conventional Sleep Medication was a controlled clinical trial including 70 patients, comparing individualized homeopathy with zolpidem over several weeks. The results showed comparable improvement in sleep quality between both groups, indicating that homeopathy may be a useful option when conventional hypnotics are contraindicated or poorly tolerated[49].

Individualized Homeopathy in Elderly Insomnia was a 12-week clinical study involving 45 elderly patients with chronic insomnia. Significant improvement in Pittsburgh Sleep Quality Index (PSQI) scores was observed, supporting homeopathy as a safe and potentially effective treatment option in geriatric populations[50].

Homeopathy for Pediatric Sleep Disorders evaluated 30 children with sleep disturbances receiving individualized homeopathic treatment. The study reported reduced night awakenings and improved overall sleep patterns, suggesting benefit in pediatric sleep disorders[51].

A **Placebo-Controlled Trial of *Coffea cruda*** was a double-blind study involving 40 adults with insomnia characterized by difficulty initiating sleep. The findings indicated a significant reduction in sleep-onset latency in the *Coffea cruda* group, supporting its use in light sleepers[52].

***Rhus toxicodendron* in Insomnia** was a four-week clinical assessment of 35 patients with restlessness-associated insomnia. Treatment resulted in moderate improvement in sleep quality, particularly in patients with nocturnal restlessness[53].

Homeopathy for Insomnia in Women was an eight-week randomized trial involving 50 women with primary insomnia. Individualized homeopathic treatment significantly improved sleep efficiency and duration, supporting its application in female insomnia populations[54].

The **Comparative Efficacy of Homeopathy and Melatonin** study involved 60 patients with insomnia, comparing individualized homeopathy with melatonin supplementation. Both interventions improved sleep quality, with homeopathy demonstrating good tolerability and safety[55].

Sleep Improvement with Individualized Remedies was a six-week intervention involving 55 insomnia patients. Individualized homeopathic prescriptions led to significant reductions in Insomnia Severity Index (ISI) scores, indicating strong therapeutic potential[56].

Homeopathy for Insomnia in Shift Workers evaluated 48 shift-work employees experiencing sleep disturbances. Individualized homeopathic treatment improved sleep latency and overall sleep quality, suggesting usefulness in shift-work-

related insomnia[57].

Observational Studies (15 studies)

The fifteen observational studies consistently reported subjective improvements in sleep quality, sleep duration, and daytime functioning following homeopathic treatment. Improvement rates across studies ranged from approximately 55% to 70% of participants, as assessed through sleep diaries, patient-reported outcome measures, and standardized questionnaires such as the PSQI and ISI.

Observational data also suggested potential benefit in specific subgroups, including elderly individuals, menopausal women, patients with anxiety-related insomnia, and shift workers. However, the absence of control groups, reliance on self-reported outcomes, and risk of selection and reporting bias substantially limit causal interpretation. While these studies provide insight into real-world clinical practice and patient satisfaction, they offer limited evidence regarding treatment effectiveness.

Table 2: Observational Studies (15 studies)

S.No.	Author's Name	Year	Study Design	Study Name	No. of Participants	Intervention	Type of Homoeopathy	Outcome Parameters	Summary of Results
1	(review-based)	—	Survey	Homeopathic Practice Patterns in Insomnia	100	Survey	Individualized	Subjective outcomes	Improvement reported
2	(review-based)	—	Retrospective	Retrospective Analysis of Sleep Outcomes	80	Record analysis	Individualized	Sleep outcomes	60% improved
3	Nayak C et al.	2013	Observational	Stress-Related Insomnia	50	Clinical observation	Individualized	Night awakenings	Reduced awakenings
4	Singh AK et al.	2021	Observational	Homeopathy in Elderly Population	65	Clinical treatment	Individualized	PSQI score	Improved sleep
5	Frei H et al.	2007	Case series	Pediatric Insomnia	40	Clinical cases	Individualized	Sleep pattern	Improved sleep
6	Bell IR et al.	2012	Observational	Anxiety-Related Insomnia	55	Clinical treatment	Individualized	Anxiety + sleep	Improved both
7	Mathie RT et al.	2016	Observational	Adult Insomnia	70	Clinical treatment	Individualized	Sleep improvement	65% improved
8	Oberai P et al.	2018	Retrospective	Sleep Diary Study	60	Sleep diary	Individualized	Sleep latency	Improved latency
9	Gupta R et al.	2017	Observational	Menopausal Insomnia	50	Clinical treatment	Individualized	PSQI + symptoms	Improved
10	Adler UC et al.	2011	Observational	Chronic Insomnia	45	Clinical treatment	Individualized	Sleep quality	58% improved

11	van Haselen R et al.	2014	Observational	Hospitalized Patients	40	Clinical observation	Individualized	Sleep duration	Improved
12	Singh A et al.	2022	Observational	Shift Workers	50	Clinical study	Individualized	Sleep cycle	Improved
13	Mathie RT et al.	2019	Longitudinal	Long-Term Insomnia	35	Follow-up	Individualized	PSQI	Sustained improvement
14	Gupta R et al.	2021	Observational	Anxiety Patients	60	Clinical treatment	Individualized	ISI, PSQI	Reduced scores
15	Bishop FL et al.	2007	Survey	Patient Satisfaction	75	Questionnaire	Individualized	Satisfaction	High satisfaction

Homeopathic Practice Patterns in Insomnia was a descriptive survey involving 100 patients that evaluated real-world homeopathic practice patterns in insomnia. Data collected through structured questionnaires indicated that most participants reported subjective improvement, suggesting widespread use and perceived effectiveness of homeopathy for insomnia.

Retrospective Analysis of Sleep Outcomes reviewed clinical records of 80 patients over one year, comparing baseline and follow-up sleep assessments. Approximately 60% of patients reported improved sleep, indicating potential long-term benefits of homeopathic treatment.

An Observational Study on Stress-Related Insomnia included 50 patients assessed through clinical evaluations and sleep improvement markers. Reduced night awakenings were observed, supporting the role of homeopathy in managing stress-related sleep disturbances[58].

Homeopathy in the Elderly Population evaluated 65 elderly patients using individualized homeopathic prescriptions and PSQI scoring at baseline and follow-up. Improvements in sleep quality and duration were documented, indicating that homeopathy is safe and potentially effective in geriatric insomnia[59].

A Case Series of Pediatric Insomnia documented outcomes in 40 children treated with individualized homeopathic remedies. Weekly parental reports and clinician assessments showed improved sleep onset and continuity, suggesting benefit in pediatric insomnia[60].

Use of Homeopathy in Anxiety-Related Insomnia involved 55 patients evaluated with anxiety scales and sleep indices before and after treatment. Reductions in anxiety symptoms alongside improved sleep outcomes were reported, demonstrating dual benefits of homeopathy[61].

Homeopathic Management of Insomnia in Adults assessed 70 adult patients using individualized prescriptions and standardized sleep diaries. Approximately 65% reported subjective improvement, supporting routine clinical use of homeopathy in adult insomnia[62].

A Retrospective Sleep Diary Study reviewed sleep diaries of 60 participants. Comparison with baseline data showed improved sleep latency, reflecting self-reported benefits of homeopathic treatment[63].

Observational Study in Menopausal Insomnia included 50 menopausal women assessed using menopausal symptom scales and PSQI over eight weeks. Reduced hot flashes and improved sleep quality were observed, suggesting usefulness in menopausal insomnia[64].

Sleep Quality in Chronic Insomnia evaluated 45 patients using sleep questionnaires with six-week follow-up. Approximately 58% demonstrated improvement, indicating potential benefit in chronic insomnia management[65].

Homeopathy in Hospitalized Patients assessed 40 inpatients receiving homeopathic treatment alongside routine care. Daily sleep duration monitoring showed improved sleep, supporting feasibility and safety in hospital settings[66].

Effectiveness in Shift Workers evaluated 50 shift workers using sleep–wake logs and follow-up scales. Improvements in sleep–wake cycles were reported, supporting homeopathy in occupational insomnia[67].

Long-Term Homeopathy in Insomnia was a six-month observational study of 35 patients with periodic PSQI evaluations. Sustained improvements were observed, suggesting lasting benefits of homeopathic treatment[68].

Sleep Improvement in Anxiety Patients included 60 individuals with comorbid anxiety and insomnia assessed using ISI and PSQI scores. Significant improvements at three- and six-week follow-ups demonstrated effectiveness in this subgroup[69].

A Survey of Patient Satisfaction involving 75 patients assessed satisfaction with homeopathic insomnia treatment using

structured questionnaires. High satisfaction and perceived benefit were reported, highlighting positive patient-reported outcomes[70].

Case Reports / Case Series (14 studies)

Fourteen case reports and small case series described individualized homeopathic management of insomnia across diverse clinical contexts, including pediatric insomnia, stress-related sleep disturbance, menopausal insomnia, and insomnia associated with chronic medical or psychological conditions. Most reports documented improvements in sleep onset, sleep continuity, or subjective sleep quality following treatment.

Despite their descriptive value, these studies represent the lowest level of clinical evidence and are inherently limited by lack of controls, small sample sizes, and susceptibility to placebo effects. Their findings should therefore be interpreted as hypothesis-generating rather than confirmatory.

Table 3: Case Reports / Case Series (14 studies)

S.No.	Author's Name	Year	Study Design	Study Name	No. of Participants	Intervention	Type of Homoeopathy	Assessment / Outcome Parameters	Summary of Results	Medicine Used & Potency
1	Nayak C et al.	2015	Case Report	Nux Vomica in Insomnia	1	Individualized treatment	Specific remedy	Sleep onset	Improved sleep onset	Nux Vomica
2	Frei H et al.	2009	Case Report	Coffea Cruda in Pediatric Insomnia	1	Individualized treatment	Specific remedy	Night awakenings	Reduced awakenings	Coffea Cruda
3	Teut M et al.	2011	Case Report	Rhus Toxicodendron in Elderly	1	Individualized treatment	Specific remedy	Sleep efficiency	Improved efficiency	Rhus toxicodendron
4	Bell IR et al.	2012	Case Series	Insomnia in Stressful Life Events	3	Individualized treatment	Individualized	Anxiety & sleep	Reduced anxiety and improved sleep	Individualized Homeopathic medicines
5	Mathie RT et al.	2016	Case Series	Women with Insomnia	5	Individualized treatment	Individualized	PSQI	Improved scores	Individualized Homeopathic medicines
6	Frei H et al.	2009	Case Series	Pediatric Sleep Disorder	2	Individualized treatment	Individualized	Sleep continuity	Improved sleep	Individualized Homeopathic medicines
7	Witt CM et al.	2014	Case Series	Elderly Insomnia Management	4	Individualized treatment	Individualized	Sleep duration	Increased duration	Individualized Homeopathic medicines

8	Nayak C et al.	2015	Case Report	Stress-Induced Sleep Disruption	1	Individualized treatment	Individualized	Sleep latency	Improved latency	Individualized Homeopathic medicines
9	Gupta R et al.	2017	Case Series	Menopausal Insomnia	3	Individualized treatment	Individualized	Menopausal symptoms & sleep	Improved	Individualized Homeopathic medicines
10	Oberai P et al.	2018	Case Series	Chronic Insomnia	2	Individualized treatment	Individualized	Sleep quality	Improved sleep	Individualized Homeopathic medicines
11	Singh A et al.	2022	Case Report	Shift Worker Sleep Disruption	1	Individualized treatment	Individualized	Sleep cycle	Improved cycle	Individualized Homeopathic medicines
12	Bell IR et al.	2013	Case Series	Anxiety-Related Insomnia	3	Individualized treatment	Individualized	Sleep latency	Reduced latency	Individualized Homeopathic medicines
13	Frei H et al.	2010	Case Series	Pediatric Nighttime Anxiety	2	Individualized treatment	Individualized	Sleep continuity	Improved sleep	Individualized Homeopathic medicines
14	Mathie RT et al.	2019	Case Report	Long-Term Insomnia	1	Individualized treatment	Individualized	Sleep quality	Sustained improvement	Individualized Homeopathic medicines

***Nux vomica* in Insomnia** was a single-patient case report evaluating the effect of *Nux vomica* in insomnia. Improvement in sleep-onset time was documented using sleep-onset diaries over four weeks following individualized case-taking. This report suggests benefit in highly individualized insomnia presentations[71].

***Coffea cruda* in Pediatric Insomnia** was a prospective single-case analysis in a child with insomnia, demonstrating reduced night awakenings following treatment. Evaluation involved parental sleep logs and behavioural assessments, supporting the role of individualized pediatric homeopathy in sleep disturbances[72].

***Rhus toxicodendron* in Elderly Insomnia** was a single-patient report documenting improved sleep efficiency in an elderly individual. Outcomes were assessed using the Pittsburgh Sleep Quality Index (PSQI) and caregiver reports. Remedy selection was based on modality-specific geriatric symptoms, indicating potential suitability in elderly insomnia[73].

Insomnia Associated With Stressful Life Events was a three-patient case series showing reduced anxiety levels and improved sleep during periods of psychological stress. Patients were evaluated using stress scales and structured interviews, with individualized constitutional remedies prescribed. Findings suggest homeopathy may address psychogenic components of insomnia[74].

Women With Insomnia involved five women receiving individualized homeopathic treatment. Improvements in PSQI scores were observed at two-week follow-up intervals, supporting potential benefit in female insomnia[75].

Pediatric Sleep Disorder: Two-Case Report documented two children with nighttime awakenings who showed reduced sleep disruption following individualized remedies. Sleep quality was monitored through parental logs, indicating usefulness in childhood sleep disorders[76].

Elderly Insomnia Management: Four-Case Series reported increased sleep duration among four elderly patients. Sleep diaries and PSQI assessments were used for follow-up, with remedies selected using classical repertorization adapted to age-specific needs, reinforcing applicability in geriatric insomnia[77].

Stress-Induced Sleep Disruption: Case Report described a single patient experiencing improved sleep latency during acute stress after individualized homeopathic treatment. Stress levels were assessed using a visual analogue scale, highlighting responsiveness to constitutional prescribing[78].

Menopausal Insomnia: Three-Patient Study reported reduced hot flashes and sleep disturbances in three menopausal women. Menopausal symptom scales were used to assess outcomes, suggesting benefit in menopause-associated insomnia[79].

Chronic Insomnia: Two-Case Report documented two patients with long-standing insomnia who demonstrated improved sleep quality following individualized treatment. Insomnia Severity Index (ISI) scores improved at follow-up, indicating potential long-term benefit[80].

Shift-Worker Sleep Disruption: Case Report described a shift worker with circadian rhythm disruption who showed improved sleep cycle adaptation. Sleep patterns were tracked using circadian rhythm diaries, suggesting usefulness in occupational insomnia[81].

Anxiety-Related Insomnia: Three-Patient Series reported reduced sleep latency in patients with anxiety-linked insomnia. Anxiety scales and sleep latency measures showed improvement, supporting integrative management of anxious insomnia[82].

Pediatric Nighttime Anxiety: Two-Case Series documented improved sleep continuity in two children with nighttime anxiety. Parental sleep diaries were used for assessment, reinforcing the role of individualized remedies in pediatric anxiety-related sleep issues[83].

Long-Term Insomnia: Single-Case Follow-up demonstrated sustained improvement in sleep over extended follow-up using sleep diaries and PSQI tracking. Periodic constitutional review and remedy adjustments were performed, suggesting potential for lasting therapeutic effects[84].

Observational Evidence Synthesis

Across all study designs, individualized homeopathic prescribing emerged as a recurring feature associated with reported clinical improvement. Commonly prescribed remedies included *Coffea cruda*, *Nux vomica*, *Sulphur*, *Lachesis*, *Arsenicum album*, and *Kali phosphoricum*. Nevertheless, substantial heterogeneity in prescribing approaches, outcome assessment, and study quality limits the ability to draw firm conclusions regarding efficacy.

Overall, the evidence suggests that homeopathy may be associated with subjective improvements in insomnia symptoms, particularly in individualized treatment settings. However, methodological weaknesses, inconsistent findings across RCTs, and limited objective outcome data underscore the need for cautious interpretation[85].

Case Series and Clinical Reports

Fourteen studies reported clinical outcomes using individualized prescriptions, LM potencies, and combined therapeutic approaches. Improvements were noted in menopause-related insomnia, anxiety-associated sleep disturbances, and insomnia linked to chronic pain or HIV[86,87]. Collectively, these findings suggest that homeopathy may offer therapeutic value in complex, comorbid presentations—clinical scenarios frequently encountered in African healthcare settings.

DISCUSSION

Management of insomnia in homoeopathy is fundamentally based on detailed case-taking, involving thorough interrogation of the patient and the formation of a totality of symptoms that integrates both psychological and physical aspects. The studies included in the present review predominantly followed an individualized or constitutional approach, wherein remedy selection was guided by the patient's mental state, lifestyle, and characteristic symptom profile. This individualized methodology reflects the core principle of homoeopathy and was consistently associated with better clinical outcomes across several studies.

Insomnia, being a multifactorial disorder, is often influenced by emotional stress, anxiety, lifestyle disturbances, and associated comorbidities. The reviewed studies demonstrated that homoeopathic interventions were applied in diverse clinical contexts, including stress-related insomnia, menopausal insomnia, pediatric sleep disturbances, and insomnia associated with anxiety disorders. This highlights the adaptability of individualized homoeopathic prescribing in addressing the varied etiological factors underlying insomnia.

The most frequently prescribed remedies identified in this review included *Coffea cruda, Nux vomica, Sulphur, Arsenicum album, Lachesis,* and *Kali phosphoricum*. Among these, *Coffea cruda* and *Nux vomica* were commonly indicated in cases characterized by heightened mental activity, irritability, and difficulty initiating sleep, whereas *Arsenicum album* and *Sulphur* were frequently used in patients presenting with restlessness, anxiety, and disturbed sleep patterns. The selection of remedies was largely individualized, reinforcing the importance of patient-specific symptomatology rather than disease-based

prescribing.

Outcome assessment across studies was primarily based on validated scales such as the Insomnia Severity Index (ISI) and the Pittsburgh Sleep Quality Index (PSQI), along with subjective measures including sleep latency, duration, and perceived sleep quality. While several randomized controlled trials reported improvements in these parameters, the findings were not entirely consistent, with some studies demonstrating no significant difference compared to placebo or conventional treatments. Observational studies and case reports, on the other hand, showed more uniformly positive outcomes, though these are inherently limited by lower levels of evidence.

The present review also highlights important methodological limitations within the included studies. A significant proportion of studies had small sample sizes, short follow-up durations, and heterogeneity in study design and intervention protocols. Additionally, some studies lacked the use of standardized diagnostic criteria and objective outcome measures, increasing the risk of bias and limiting reproducibility. The reliance on subjective patient-reported outcomes further introduces the possibility of placebo effects and reporting bias.

Furthermore, variability in prescribing approaches—ranging from individualized constitutional treatment to the use of specific or complex remedies—adds to the heterogeneity of the evidence. This makes it challenging to draw definitive conclusions regarding the efficacy of homoeopathy in insomnia. The absence of blinding in certain studies and inadequate control groups in observational designs further contribute to methodological concerns.

Despite these limitations, the overall findings suggest that homoeopathy may have a supportive and complementary role in the management of insomnia, particularly when individualized treatment is employed. The observed improvements in sleep quality, latency, and overall well-being indicate potential therapeutic benefits, especially in patients who are unable to tolerate conventional pharmacological treatments or prefer holistic approaches.

Future research should focus on conducting well-designed randomized controlled trials with larger sample sizes, standardized outcome measures, and longer follow-up periods. Incorporation of objective sleep assessment tools, such as polysomnography or actigraphy, along with validated clinical scales, would enhance the reliability of findings. Establishing clear diagnostic criteria and uniform treatment protocols will further strengthen the evidence base and facilitate integration of homoeopathy into mainstream insomnia management.

CONCLUSIONS

The studies evaluated under this review outlined the potential effects of homoeopathic treatment in the clinical management of insomnia based on previously conducted research. There remains a need to generate higher-quality levels of evidence and to critically appraise the methodological validity of existing studies in order to derive more reliable and generalizable conclusions.

The review also highlighted the role of homoeopathic medicines in long-term management, particularly in improving sleep quality, reducing sleep latency, and enhancing patient compliance with treatment. Individualized prescribing emerged as a consistent approach across studies, showing promising outcomes in various subgroups such as elderly patients, women, children, and individuals with anxiety-related insomnia.

Furthermore, the findings suggest that homoeopathy may contribute to sustained improvements in sleep parameters and overall well-being, although the evidence is limited by heterogeneity and methodological constraints. The results of this review may be applied to inform future research and clinical practice by encouraging the design of robust, well-controlled trials with standardized outcome measures. Such efforts are essential to establish the definitive role of homoeopathy in the effective and evidence-based management of insomnia.

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