

Role Of Antimiasmatic Medicine Management of Chronic Insomnia Associated with Health Anxiety: A Case Report

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Abstract— Background: Chronic insomnia is a highly prevalent, functionally disabling condition that is frequently intertwined with anxiety and health-related fear, and is often managed conventionally with hypnotics and cognitive-behavioural therapy, both of which have limitations in accessibility, tolerability, or long-term acceptability [1,2]. Homoeopathy, through detailed case-taking, repertorization and miasmatic analysis, permits the selection of an antimiasmatic remedy addressing the totality of mental and physical symptoms, offering an alternative therapeutic approach. Objective: To report the outcome of antimiasmatic homoeopathic treatment in a case of chronic insomnia driven by health anxiety and fear of serious cardiac illness. Case presentation: A 34-year-old married housewife presented with a four-month history of difficulty falling and staying asleep, waking between 1 and 3 a.m. with palpitation and cold perspiration, and a persistent conviction that an undiagnosed heart disease had been missed despite normal cardiac work-up. Repertorization using the Synthesis repertory pointed toward Arsenicum album, Nux vomica and Aconitum napellus; Arsenicum album 1M, single dose, was prescribed as the antimiasmatic medicine on the basis of the highest rubric coverage, closest similarity of the mental and general symptoms, and a Psoricmiasmatic diagnosis. Outcome: Sleep quality and daytime distress were monitored using the Regensburg Insomnia Scale (RIS) [3] over seven follow-up visits across six months, with the score falling from 24/40 (moderate insomnia) at baseline to 5/40 (no insomnia) at final follow-up, alongside progressive resolution of the health-anxiety symptoms. Conclusion: This case illustrates a favourable clinical response to antimiasmatic homoeopathic treatment in chronic, anxiety-driven insomnia, supporting the value of detailed case-taking, repertorization and miasmatic analysis; controlled studies are needed to establish generalizable efficacy.

Index Terms— Chronic insomnia; Homoeopathy; Arsenicum album; Health anxiety; Antimiasmatic medicine Regensburg Insomnia Scale; Psora.

I. INTRODUCTION

Insomnia is one of the most common complaints encountered in both general and specialist practice, characterized by dissatisfaction with sleep quantity or quality along with difficulty initiating sleep, difficulty maintaining sleep, or early-morning awakening with inability to return to sleep. When these difficulties occur at least three nights a week for three months or more, and are accompanied by clinically significant distress or impairment in social, occupational or other important areas of functioning despite adequate opportunity for sleep, the condition is classified as chronic insomnia disorder [1].

Epidemiological estimates of chronic insomnia vary considerably depending on the diagnostic criteria applied, but converge on the observation that it is a widespread public-health concern. Population surveys using DSM-5-based criteria report prevalence figures in the range of roughly 10-24% depending on the population and case definition used, while pooled meta-analytic estimates place the prevalence of clinically relevant insomnia disorder at around 12-16% of adults worldwide, with women consistently more affected than men [2,4]. Insomnia rarely occurs in isolation; it is strongly associated with anxiety disorders, and hyperarousal, excessive worry about sleep itself, and health-related fears are recognized perpetuating factors that convert a transient sleep disturbance into a chronic, self-sustaining disorder.

Homoeopathy approaches insomnia not as an isolated physical symptom but as an expression of the patient's overall constitutional and miasmatic state, selecting a single antimiasmatic remedy on the basis of the totality of characteristic mental, general and particular symptoms, refined through repertorization and miasmatic analysis [5,6,7]. The following table,

describes the relation of insomnia with different types of Miasms.[6]

Key words	Psoric sleep	Sycotic sleep	Syphilitic sleep
1. Character of sleep and dreams	<ul style="list-style-type: none"> Unrefreshing sleep with fearful dreams and dreams of anxiety. Weariness on awakening. Twitching of muscles, loud talking and grinding of teeth during sleep. Somnambulism; sleeplessness during the day. <p>Dreams begin as soon as the eyes close; fearful images and distorted faces appear.</p>	<p>Disturbed sleep; sleeps only for a short period, wakes, then returns to sleep again.</p> <ul style="list-style-type: none"> Restless sleep is characteristic of sycosis. <p>Dreams are sexual, with fantasies.</p>	<ul style="list-style-type: none"> Rolling the head from side to side during sleep is characteristic of syphilis. Sexual dreams with perversions, and suicidal dreams. <p>Dreams of violence, destruction, death and dead bodies; generally gloomy forebodings.</p>
2. Modalities	<ul style="list-style-type: none"> Dreams are vivid (as if awake); sad, frightful, anxious and lascivious. Complaints are worse during sleep. <p>Sleeplessness is due to an abundance of ideas.</p>	<p>Sleep complaints aggravate during thunderstorm and in humid weather.</p>	<ul style="list-style-type: none"> Complaints worse at the coast, at night and during summer. Amelioration from a change of position.
3. Concomitants	<ul style="list-style-type: none"> Sweating, especially on the head; snoring, salivation, grinding of teeth, bedwetting. 	<p>Sleeplessness due to mental and physical disquiet.</p>	<ul style="list-style-type: none"> Sleepless because of tormenting ideas. <p>Sleep is unrefreshing, accompanied by depression and melancholia.</p>

Several published case reports have described improvement in persistent insomnia, including insomnia complicated by comorbid anxiety, following individualized antimiasmatic homoeopathic prescription, suggesting a role for this approach where the sleep disturbance is closely bound to anxious, fearful or hypochondriacal mental symptoms [5]. The present case report documents the systematic case-taking, repertorial analysis, antimiasmatic remedy selection and clinical outcome, assessed with a validated insomnia rating scale, in a patient with chronic insomnia rooted in cardiac health anxiety, with the aim of adding to the documented clinical evidence base for homoeopathy in this condition.

II. CASE REPORT

Patient Information

A 34-year-old married Hindu housewife (OPD No. 1063/25-26) presented on 09/12/2025 with the inability to sleep at night for the past four months, accompanied by a constant fear that something serious was wrong with her health. Written informed consent was obtained from the patient for the clinical details and follow-up data to be used and published for academic purposes, with personal identifiers withheld.

Chief Complaints

- Sensation: A restless, anxious sensation in the pit of the stomach at night.
- Modality: Symptoms aggravated after midnight, on lying down, when alone, and on thinking about the symptoms.
- Concomitant: Burning, crampy-type chest pain accompanying the sleeplessness.

History of Present Illness

Four months prior to presentation, while alone at home, the patient experienced a sudden episode of chest pain with palpitation. Cardiac evaluation at the time was reported as normal and the episode was attributed to anxiety, but the patient remained convinced that a serious cardiac condition had been overlooked. From this point onward she developed marked difficulty in falling and staying asleep, repeatedly checking her pulse and sleeping position through the night. Sleeplessness characteristically began after midnight and was accompanied by fear for the safety of her children.

Associated Complaints

Location	Sensation	Modality
Chest	Burning, crampy pain	< anxiety, cold, night; > warmth
Stomach	Sensation of emptiness	< night, fear

Personal History

- Appetite normal; thirst 6-7 glasses/day taken in small sips.
- Craving for warm food, drinks and sour food; aversion to heavy and fatty food.
- Stool: tendency to looseness during anxiety episodes; urine normal (10-14/day).
- Sleep disturbed after midnight; restless, changes sides frequently; falls asleep with difficulty around midnight; wakes suddenly between 1-3 a.m. with fear and palpitation; total sleep 3-4 hours; dreams of accidents and death.
- Cold perspiration on the face and head during anxiety; markedly chilly patient.

Past and Family History

Past history of an episode of chest pain four months earlier and a past attack of typhoid. Family history is notable for myocardial infarction in a maternal uncle,

and hypertension with a history of anxiety in the mother.

Gynaecological and Obstetric History

Menarche at 14 years; menstrual cycle regular at 28 days with normal flow. Obstetric history: gravida 2, para 2, with two full-term normal deliveries.

Mental Generals

- Intense fear and anxiety about her health, with fixed fear of an undiagnosed heart disease.
- Anticipatory anxiety, worse at night, with fear of falling asleep lest something happen to her.
- Marked restlessness; fear of death.
- Anxiety about the safety of her children, with repeated checking on them and the house at night.
- Desires company; fastidious, house-proud, likes things in order.

General and Systemic Examination

Parameter	Finding	Parameter	Finding
Pulse	92/min, regular	Nails	Normal
Blood pressure	122/80 mmHg	Gait	Normal
Respiratory rate	20/min	Skin	Normal
Temperature	98.4°F	Lymphadenopathy	Absent
Weight / Height	52 kg / 157 cm	CVS / RS / CNS	S1S2 normal; bilateral airway clear; reflexes normal

Investigations: 12-lead ECG and 2D-echocardiography were both within normal limits, confirming the absence of any organic cardiac pathology.

Analysis, Evaluation and Totality of Symptoms

On analysis, the mental generals (anxiety with fear of serious disease, restlessness, fear of death, desire for company) were graded highest in intensity, supported by the physical general of chilliness with amelioration from warmth, cold perspiration during anxiety, and aversion to fatty food, together with the physical particular of burning, crampy chest pain and frequent nocturnal waking. The totality of symptoms selected for repertorization comprised: anxiety with fear of serious disease, restlessness, fear of death, sleeplessness from anxiety, desire for company, burning cramp-like chest pain, cold sweat during anxiety, and a chilly thermal reaction.

Miasmatic Analysis

The predominant features fear of death, health anxiety, burning chest pain, desire for company, and a family history of hypertension corresponded principally to a functional, reactive pattern without demonstrable

organic pathology (confirmed by normal ECG and 2D-echo), characteristic of the Psoric miasm, with restlessness reflecting a Sycotic component and the family history of myocardial infarction indicating an underlying Syphilitic taint [10]. The predominant working miasmatic diagnosis was Psora, forming the basis for antimiasmatic remedy selection.

Repertorization

Repertorial totality (Synthesis repertory) [9]:

- Mind – Anxiety, about health
- Mind – Cautious
- Mind – Company, desire for
- Mind – Fear, of death
- Mind – Restlessness
- Stomach – Thirst, for small quantities
- Chest – Pain, burning
- Sleep – Sleeplessness, after midnight
- Sleep – Sleeplessness, from anxiety

Remedy Name	Ars	Lyc	Nux-v
Totality	21	14	12
Symptoms Covered	7	6	6
Kingdom			
[Kent] [Mind]Cautious: (4)			
[Kent] [Mind]Company:Desire for: (58)	3	3	2
[Kent] [Mind]Fear (see Anxiety):Death, of: (103)	3	2	2
[Kent] [Mind]Restlessness, nervousness: (249)	3	3	2
[Kent] [Stomach]Thirst:Small quantities,for: (20)	3	3	
[Kent] [Chest]Pain:Burning: (121)	3	2	2
[Kent] [Sleep]Sleeplessness:Midnight:After: (49)	3	1	3
[Kent] [Sleep]Sleeplessness:Anxiety,from: (21)	3		1

Remedy	Rubrics Covered / Total
Arsenicum album	9/24
Nux vomica	9/18
Aconitum napellus	9/17

Differentiation of the Indicated Remedies

Arsenicum album (9/24): Extreme anxiety and restlessness centred on health, with fear of death and desire for company; symptoms worse after midnight and better from warmth. The anxious, fastidious, chilly, company-seeking picture matched the patient closely [8].

Nux vomica (9/18): Irritability and oversensitivity, with anxiety more typically linked to overwork or responsibility than to fear of disease; sleeplessness with waking around 3-4 a.m. from mental strain, but without the marked fear-of-death and health-anxiety picture seen in this patient [10].

Aconitum napellus (9/17): Sudden, intense fear and restlessness, classically following an acute fright or shock, useful in acute anxiety states but not matching the fastidious, warmth-loving, company-desiring chronic constitutional picture as completely as Arsenicum album [8,10].

Prescription and Antimiasmatic Justification

Arsenicum album was selected as the antimiasmatic medicine on the basis of its coverage of the largest number of rubrics (9/24) and the closest match to the mental generals (health anxiety, restlessness, fear of death, desire for company) and physical generals (chilliness, amelioration from warmth) of the case. Given the Psoricmiasmatic diagnosis — functional, reactive anxiety without organic pathology, confirmed by normal cardiac investigations — Arsenicum album, a predominantly Psoricantimiasmatic remedy acting on functional anxiety states with restlessness and fear of disease or death, was considered the miasmatically appropriate choice over Nux vomica or Aconitum napellus [7,10].

Rx (09/12/2025): Arsenicum album 1M, single dose, followed by placebo (Saccharumlactis) twice daily for 15 days.

Progress and Follow-up

The patient was followed up over seven visits across approximately six months, and antimiasmatic management was continued on the basis of the totality of symptoms and the trend on the Regensburg Insomnia Scale (RIS) [3] at each visit, as summarized below.

Date	Change in Symptomatology	Remarks (RIS Score /40)	Prescription
23/12/2025	As it is — symptoms of sleeplessness persisting.	No improvement	Arsenicum album 1M, single dose; SL x BD x 15 days
09/01/2026	Nocturnal awakening decreased; feels slightly better in the morning.	Mild improvement RIS: 19	SL x BD x 15 days
22/01/2026	Increased sleep time; anxiety mildly decreased.	Improvement continues	SL x BD x 15 days
09/02/2026	Sleep 5 to 6 hours; decreased anxious thoughts on most nights.	Improvement continues RIS: 15	SL x BD x 1 month

09/03/2026	Falls asleep within 30-45 minutes; wakes only occasionally; feels refreshed on waking.	Improvement continues RIS: 10	SL x BD x 1 month
08/04/2026	Rarely awakens at night; mentally calmer; sleep pattern normal.	Improvement continues RIS: 8	SL x BD x 1 month
08/05/2026	Further overall improvement reported.	Improvement continues RIS: 7	SL x BD x 1 month
08/06/2026	Sleep has become normal; no new symptoms of insomnia.	Significant improvement RIS: 5	SL x BD x 15 days

Outcome Measure: Regensburg Insomnia Scale (RIS)

Assessment	Date	RIS Score	Severity
Baseline	09/12/2025	24 / 40	Moderate insomnia
Final Follow-up	08/06/2026	5 / 40	No insomnia

Across the seven follow-up visits, the RIS score fell in a stepwise fashion from 24/40 at baseline to 19, then 15, 10, 8, 7 and finally 5/40 at six months, tracking closely with the clinical narrative of progressively reduced sleep-onset latency, fewer nocturnal awakenings, resolution of chest pain and cold perspiration, and a calmer mental state — all achieved on the single antimiasmatic prescription of Arsenicum album 1M, repeated only as an unmedicated placebo between doses, without recourse to any hypnotic medication.

III. DISCUSSION

This case illustrates the resolution of chronic, anxiety-driven insomnia following a single antimiasmatic homeopathic prescription selected through detailed case-taking, repertorization and miasmatic reasoning. The clinical picture health anxiety following a cardiac scare, nocturnal hypervigilance, fear of death, desire for company and a chilly, warmth-loving thermal reaction mapped closely onto the recognized picture of Arsenicum album, and the stepwise fall in RIS score over seven follow-up visits paralleled the patient's own report of improved sleep and reduced health-related fear [4].

The findings are broadly consistent with previously published case-level evidence for antimiasmatic, individualized homeopathy in persistent insomnia complicated by anxiety, where remedies such as Arsenicum album have similarly been associated with measurable improvement in validated insomnia and anxiety scales alongside reduction or discontinuation of psychotropic medication [5]. Such reports, together with the present case, support the homeopathic

principle of treating the patient's totality of symptoms mental, general and particular through an antimiasmatic remedy rather than treating the sleep disturbance in isolation, and are consistent with the broader clinical observation that insomnia sustained by anticipatory anxiety and health-related fear may respond poorly to hypnotics alone but favourably to interventions addressing the underlying miasmatic and anxious state [7,11].

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