WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 12, Issue 19, 232-238.

Review Article

ISSN 2277-7105

INSOMNIA DURING PREGNANCY

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Article Received on 07 Sept. 2023,

Revised on 27 Sept. 2023, Accepted on 17 October 2023

DOI: 10.20959/wjpr202319-30031

INTRODUCTION

For most women, pregnancy is a time of great joy, excitement and anticipation. Unfortunately, for many it can also be a time of serious sleep disturbance, even for women who have never had problems of sleeping.

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As sleep is one of the fundamental requirements of human body. Improper sleep can affect the health of any individual and the normal day to day functioning. Sleep relaxes and rejuvenates a tired body and mind at the end of the day. One of the fundamental requirements almost equivalent to balanced diet, it prepares body and mind for next day's action. So for a new mom-to-be, experiencing sleep deprivation after the baby is born is counted normal. But sleep disorder could also

occur during the first trimester of pregnancy is consider to be abnormal.

Most women experience sleep problems during pregnancy. Pregnant women tend to get more sleep during their first trimesters (hello, early bedtime) but experience a big drop in the quality of their sleep. It turns out that pregnancy can make them feel exhausted all day long. It can also cause insomnia at night.

Definition

Insomnia means when you have difficulty falling asleep, staying asleep, or both. Women can experience insomnia during all stages of pregnancy, but it tends to be more common in the first and third trimesters. Between midnight bathroom breaks, out-of-control hormones, and pregnancy woes such as congestion and heartburn, might be spending more time out of women bed than in it. Insomnia might be miserable, but it's not harmful to baby.

Physiology of Sleep

Normal sleep is divided into two distinctive states: rapid eye movement (REM) sleep and non-rapid eye movement (NREM) sleep, which can be differentiated by an electroencephalogram (EEG).

Normal sleep begins with NREM sleep and progresses through deeper NREM stages, before the first episode of REM sleep occurs about 80 to 100 minutes later. Thereafter, a sleep cycle, which is the alternation of periods of NREM and REM sleep, lasts approximately 90 minutes and recurs 3 to 7 times per night. NREM sleep is more prominent and deeper than REM sleep during the first half of the night; NREM constitutes the main sleep activity. NREM sleep is shallow during the second half of the night, and the proportion of REM sleep gradually increases during each subsequent sleep cycle.

Causes Insomnia in Pregnancy

Women could experience sleepless nights because of the following conditions.

- 1. Backache: With the growing uterus, the back muscles are strained as the abdominal muscles stretch. It may result in low back pain and discomfort where the pain may worsen during nighttime leading to sleep disturbance in some pregnant women. Also, the prolactin hormone in pregnancy causes ligaments to relax, which could lead to backache and discomfort.
- **2. Heartburn**: The growing uterus misplaces the intestines and the lower esophageal sphincter, which pushes the stomach acids up, back to the esophagus. They become bothersome in the third trimester and may disrupt sleep.
- **3. Restless leg syndrome** (**RLS**): Improved blood circulation and the bump's pressure on the nerves and muscles may lead to leg cramps. Also, RLS is common in the third trimester and is associated with frequent limb movements during sleep. These changes might cause a disturbance in the sleep, leading to insomnia.
- **4. Shortness of breath:** Your growing uterus applies pressure on the diaphragm, which is underneath the lungs. This increased pressure could make it difficult to hold the breath, making it difficult to sleep.

- 5. Snoring: The nasal passages swell during pregnancy, increasing your risk of snoring. Also, the extra pressure from the growing circumference could make the snoring worse. This might block breathing during sleep, forcing you to wake up multiple times during the night.
- **6. Anxiety:** The excitement, worry, and thoughts about the baby, labor, and changes in lifestyle could give you sleepless nights.
- 7. **Stress:** Though pregnancy is a time of relaxation, you may often find yourself stressed. Stressing about labor and parenthood might give you the jitters and disturb your sleep pattern.

Pregnancy Insomnia and Its Symptoms

- 1. Trouble in falling asleep during the night
- 2. Waking up frequently during the night
- 3. Waking up too early
- 4. Not feeling that you have adequately rested, even after a full night's sleep
- 5. Feeling sleepy during the day
- 6. Daytime tiredness
- 7. Depression and irritability
- 8. Difficulty paying attention
- 9. Increasing worries about sleep

Types of Sleep Disorders

a. Obstructive Sleep Apnea-Hypopnea (OSAH): Obstructive sleep apnea is a breathing related sleep disorder characterized by repeated episodes of apnea (cessation of breathing) or hypopnea (decrease in the flow of breathing accompanied by oxygen de saturation) secondary to obstruction of airflow in the upper airway. The association between breathing related sleep disorders and hypertension, cardiovascular disease, diabetes and chronic pain related conditions like fibromyalgia is well-established in the general adult population. There is a paucity of data about these conditions in pregnant women. Normal physiological and hormonal changes in pregnancy (including weight gain, edema and diaphragmatic displacement secondary to enlarging uterus) can contribute to breathing related sleep difficulties. In addition, higher circulating levels of estrogen cause edema of mucous membranes which can lead to nasal congestion and pharyngeal constriction, another cause of breathing related sleep disorders.

b. Restless leg syndrome (RLS): RLS is another condition that can contribute to insomnia in pregnancy (Table-I).21 Restless legs syndrome is common in the general population. For those who develop the condition during pregnancy, symptoms usually remit after delivery. In patients who suffer from RLS before pregnancy, symptoms can worsen during gestation. RLS is often under-diagnosed owing to lack of awareness of clinicians and because symptoms can be similar to leg cramps which is quite common in pregnancy.

Sleep Alterations during Pregnancy

A. First Trimester

Sleep problems and changes in sleep patterns start during the first trimester of pregnancy most likely influenced by the rapid changes in reproductive hormone levels. Levels of progesterone rise throughout pregnancy. At 36 weeks progesterone levels are 10 times greater than peak menstrual cycle levels. Women during first trimester take day time naps in part due to fatigue. During first trimester Stage of (NREM) non-rapid eye movement sleep increases whereas stage 3 of NREM decreases and sleep efficiency decreases compared to the prepregnancy period. Sleep during first trimester is also disturbed due to fatigue as well as nausea or vomiting.

B. Second and Third Trimester

By late in the second trimester (23-24 weeks of gestation), total night-time sleep time falls. There is an increased amount of stage 3 NREM sleep compared to the first trimester with a corresponding increase in complaints of interrupted sleep due to nocturnal GERD. During the third trimester, the majority of women have sleep difficulties. Despite increased wake time after sleep onset and reduced nighttime sleep time compared to the first 2 trimesters, total sleep time normalizes or increases to approximately pre-pregnancy sleep level. There is no evidence of a shift in circadian phase (e.g. delayed sleep phase or advanced sleep phase) with melatonin levels showing a diurnal rhythm.

Factors to Reduce the Risk of Pregnancy Insomnia

The following factors might help in reducing the sleep disturbances, and optimize your pregnancy sleep.

- 2. Do not drink water before sleep time
- 3. Limit caffeine intake
- 4. Drink lots of water during the day
- 5. Have a balanced diet

- 6. Follow exercise routine
- 7. Have a warm water bath every evening
- 8. Be open, not worried, stressed, or anxious, talk about it with your partner or with anyone you are comfortable talking.
- 10. Pillows for comfort
- 11. Try doing something if not sleepy
- 12. Sleep at different intervals
- 13. Stay away from electronic gadgets

Conventional Treatment For Sleeplessness

Conventional treatment for sleeplessness includes medicines, such as Benzodiazepines, Nonbenzodiazepines hypnotics, Selective gamma-aminobutyric acid medication, Quinazolinones, Barbiturates, Melatonin, etc.

Depending on the cause, antidepressant and antianxiety medicines are prescribed in some cases. Prescribing sleeping pills can have their side-effects, such as drowsiness during the daytime and an increased risk of falling. These medicines are often habit-forming and the patient may need the medicine in increasing dose over a period.

Homoeopathy and insomnia

In homeopathy, as we believe in treating a case holistically, we must enquire the causation and presentation from various point of views. Referring to basic homeopathic philosophy, we must see the presenting complaints and signs, causations, past history, family history, mental state, any specific illness etc. After we are done with a thorough examination of the individual and case, we draw a totality in which we must give importance to the uncommon and peculiar symptoms.

There are two major causes—modifiable causes which are just the home environment of the patient and non-modifiable causes which we can't modify and need counseling. In Homeopathy classification of diseases is done to establish logical basis for the recognition of disease conditions and to know their origin and relationship. Hahnemann's efforts to categorize diseases are unique in the sense that he used the expression of the diseases as the basis of classification of the diseases. He has not used the nosological basis, but put all the causative factors into different categories, based on the diseases expression. Insomnia belongs to the Master's classification of disease as Chronic disease of one sided disease

(Aph. 173) i.e. Diseases having few symptoms, hence less amenable to cure. They only display one or two principal symptoms, which obscure almost all others. These are most difficult diseases to treat as there is scarcity of symptoms.

Miasmatic influence

If we are able to differentiate our patient on the basis of miasms, we can go deeper into the case, looking for prima causa morbid. Then only we can apply a remedial agent which has a deeper and closer relationship with perverted life force. By Homoeopathy can also prevent disease at an early age by giving an anti-miasmatic medicine which can abort the development of many diseases due to insomnia during pregnancy.

Homeopathic treatment for Insomnia is a patient-oriented science i.e. treatment of person as a whole. The medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution, exciting cause of disease followed by miasmatic tendency (predisposition/susceptibility) are also often taken into account for the treatment of chronic conditions.

According to Hahnemann Insomnia during pregnancy is psoric in origin chronic in nature and shall be treated with antipsoric remedies. Homeopathic remedies work towards balancing the maintaining cause which later helps in preventing relapses as well as help to build self-esteem and self-confidence for upcoming delivery.

Homeopathic medicines can formulate a positive change in people suffering from these distressing states of sleeplessness, mind and behavior by reducing their anxiety levels and thus make patients capable of dealing with stressful situations.

HOMOEOPATHIC MEDICINES FOR INSOMNIA DURING PREGNANCY

- Coffea Cruda: This homeopathic remedy is derived from unroasted coffee beans and is
 often used to treat insomnia caused by an overactive mind, racing thoughts, or excessive
 mental activity. Coffea Cruda may also be helpful for those who wake frequently during
 the night and have difficulty falling back to sleep.
- Aconitum Napellus: Aconitum Napellus is a homeopathic remedy derived from the plant monkshood and is often used to treat insomnia related to anxiety, fear, or panic. This remedy can be particularly helpful for those who experience restless sleep, nightmares, or night sweats.

- 3. Nux Vomica: Derived from the seeds of the Strychnos nux-vomica tree, this homeopathic remedy is often used to treat insomnia caused by overindulgence in stimulants, such as caffeine, alcohol, or nicotine. Nux Vomica may also be helpful for those who have difficulty falling asleep due to an overactive mind or work-related stress.
- 4. Passiflora Incarnata: Also known as passionflower, Passiflora Incarnata is a homeopathic remedy that has sedative and calming properties. It is often used to treat insomnia related to anxiety, restlessness, or nervous exhaustion.
- 5. Ignatia Amara: Produced from the St. Ignatius bean's seeds, Ignatia Amara is a homeopathic remedy often used to treat insomnia related to grief, emotional stress, or depression. This remedy may be particularly helpful for those who experience frequent waking, vivid dreams, or difficulty falling asleep due to a racing mind.

REFERENCES

- 1. Ahuja, Niraj(2006); A Short Text Book Of Psychiatry (6th ed.), Jaypee, Medical publishers(P) ltd, New Delhi.
- 2. Sadock BJ. Kaplan and Sadok's Synopsis of Psychiatry. Anxiety Disorders. 10thed. Frederick G, Guggenheim MD. Lipton Williams & Wilkins; 2007.English
- 3. Hahnemann S. Organon of Medicine. 5th and 6th ed. Translate by Dudgeon RE, Addition and Alteration by Boericke W (MD). Modern homoeopathic publication: 2003 [new ed]. English.
- 4. Boerick William, (MD), Pocket Manual of Homoeopathic Materia Medica, (9th ed, revised and enlarged), by Boerick O.E., Modern Homoeopathic Publication, Kolkata, India.
- 5. Kent James Tyler, Repertory Of The Homoeopathic Materia Medica.
- 6. Boger MC. General Analysis. Von Dl. Kandern, Germany: Narayana Verlag Gmbh. English.
- 7. Murphy R. Homeopathic Clinical Repertory. 3rd Ed. Kandern, Germany: Lotus Health. English.
- 8. Dewey WA (MD). Practical Homoeopathic Therapeutics (Indian Ed). New Delhi: Jain M; IBPP. English.
- https://www.lybrate.com/topic/ayurveda-for-stress-and-sleepdisorder/d0c1edfb23d623602dd75f7d258b0198
- 10. https://www.mapi.com/ayurvedic-knowledge/sleep/balance-your-body-with-ayurved-to-sleep-better.html