

## HOMOEOPATHY FOR SLEEP QUALITY IN ELDER ABUSE GERIATRIC PATIENT- A CASE REPORT

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### ABSTRACT

Elders are more vulnerable to reduced sleep quality, but the old people who have been abused in their lives, are more vulnerable to reduced sleep quality. Homoeopathy has a lot to do with patients undergoing this mental trauma and thus affecting their sleep quality. This article is a case report where Homoeopathic medicine has improved the quality of sleep of an elder abused geriatric patient.

**KEYWORDS:** Elder abuse, Homoeopathy, Geriatric.

### INTRODUCTION

"Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." A study estimated that 15.7% people aged 60 years and above were subjected to some form of abuse.<sup>[1]</sup>

Elder Abuse has been reportedly experienced by more than one fifth of the elderly with the most common forms experienced being disrespect and neglect. Most of the elderly are experiencing it almost daily. The extent of reporting of abuse is low and this can be attributed to maintaining confidentiality of family matter and fear of retaliation.<sup>[2]</sup>

"Sleep quality is defined as one's satisfaction of the sleep experience, integrating aspects of sleep initiation, sleep maintenance, sleep quantity, and refreshment upon awakening".<sup>[3]</sup> It is the measurement of how well a person is sleeping—in other words, whether the sleep is restful and restorative.<sup>[4]</sup> *Yunus et al* study showed that people with abuse experience poorer

sleep quality as compared to those who were not abused.<sup>[5]</sup> A study done on elderly population shows that most elders get beneficial results from Homoeopathic treatment in cases of disturbance in sleep.<sup>[6]</sup>

The patient was screened and assessed on following parameters

**Screening** for Elders abuse- HWALEK-SENGSTOCK ELDER ABUSE SCREENING TEST (H-S/EAST).<sup>[7]</sup>

**Parameter scale- PSQI** (Pittsburgh Sleep Quality Index)- The Pittsburgh Sleep Quality Index (PSQI) is an effective instrument used to measure the quality and patterns of sleep in the older adult. It differentiates “poor” from “good” sleep by measuring seven domains: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction over the last month.<sup>[8]</sup>

**The 5-item Geriatric Depression Scale (GDS)** is used as a screening tool for identifying depression in older adults. It can be used within a wide range of settings, and can be used with those that have a medical illness or those with mild to moderate cognitive impairment.<sup>[9]</sup>

**Generalized Anxiety Disorder** an anxiety questionnaire to screen patients suffering from anxiety.<sup>[10]</sup>

This is a case report from a research done on Elder abused geriatric patients with reduced sleep quality. The study was undertaken for a period of 18 months and following case was extracted from it and reported here.

## CASE REPORT

A 68-year married female reported to the OPD with diminished sleep quality since 1 ½ years. Following were the points shared by her for her sleep quality:

- Sleeps 4 hours at night and only for 15-20 min sometimes during day hours.
- She is constantly thinking about many things in midnight when she is in bed and not sleeping. The main thoughts which pertain during sleepless hours at night is about her daughter in law behavior with her.

## History of Present Complaint

3 years ago, patient's son got married and started living with her since 2 years. Since 1 ½ years, patient complains of disturbance in sleep. She wakes up with any kind of slightest noise and

then sleeping again is a tough thing for her. The patient complains that her daughter-in-law behaves abruptly with her.

### **Past History**

1 year back suffered from Typhoid Fever, took allopathic medicines and improved.

### **Family History**

Father suffered from Diabetes Mellitus.

### **Personal History**

Patient is a housewife and has M.A. as educational qualification belonging to a middle class socioeconomic group.

### **Generals**

She is a chilly patient with excessive desire for tea (but she specifically doesn't drink tea after 7pm so that she can sleep well in night). She has strong disliking for sweets. Her appetite sometimes is diminished and her tongue was coated white in the centre. Sleep is diminished and sometimes there are dreams of snakes. Menopause at the age of 50 years.

### **Mental Symptoms**

Since the time patient is living with her daughter-in-law, she has a complaint that her daughter-in-law abuses her. On complaining it to her son, son supports her wife only. Because of this the patient gets angry but she cannot express her anger and suppresses it. Patient likes drawing and painting and cooking new recipes.

### **Analysis of the case**

After analysing the case, it is seen that the patient has suppression of anger and ailments from being abused. These are the major reasons for her disturbed sleep quality. She has desire for tea and aversion for sweets with a white coating in the centre.

From the H-S/EAST (Fig.1) it is evident that the patient is elder abused. The GDS (Fig.2) shows that patient is not depressed. GAD-7 (Fig.3) shows that there is not much anxiety in the patient also. The PSQI score (Fig.4) shows a total score of 18 when the patient first came for the case taking.

ANNEXURE III

**HWALEK-SENGSTOCK ELDER ABUSE SCREENING TEST (H-S/EAST)**

**Purpose:** Screening device useful to service providers interested in identifying people at high risk of the need for protective services.

**Instructions:** Read the questions and write in the answers. A response of "no" to items 1, 6, 12, and 14; a response of "someone else" to item 4; and a response of "yes" to all others is scored in the "abused" direction.

1. Do you have anyone who spends time with you, taking you shopping or to the doctor? *Yes*

2. Are you helping to support someone? *NO*

3. Are you sad or lonely often? *Yes*

4. Who makes decisions about your life—like how you should live or where you should live? *negue elone (son)*

5. Do you feel uncomfortable with anyone in your family? *daughters-in-law*

6. Can you take your own medication and get around by yourself? *Yes*

7. Do you feel that nobody wants you around? *Yes*

8. Does anyone in your family drink a lot? *NO*

9. Does someone in your family make you stay in bed or tell you you're sick when you know you're not? *NO*

10. Has anyone forced you to do things you didn't want to do? *Yes*

11. Has anyone taken things that belong to you without your O.K.? *Yes*

12. Do you trust most of the people in your family? *NO*

13. Does anyone tell you that you give them too much trouble? *Yes*

14. Do you have enough privacy at home? *NO*


15. Has anyone close to you tried to hurt you or harm you recently? *Yes*

Neale, A. V., Hwalek, M. A., Scott, R. O., & Stahl, C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test. *Journal of Applied Gerontology*, 10(4), 406-415.  
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Figure 1: H-S/EAST report of the patient.

ANNEXURE IV

 **5-Item Geriatric Depression Scale [GDS]**

The 5-Item Geriatric Depression Scale (GDS) is used as a screening tool for identifying depression in older adults. It can be used within a wide range of settings, and can be used with those that have a medical illness or those with mild to moderate cognitive impairment. In addition to the 5-item scale, there is a *long form* (30-item questionnaire) and *short form* (15-item questionnaire) for the GDS.

<b>Link to Tool</b>	5-Item Geriatric Depression Scale <a href="http://www.sagelink.ca/sites/default/files/uploads/tools/5ItemGDS.pdf">http://www.sagelink.ca/sites/default/files/uploads/tools/5ItemGDS.pdf</a>
<b>Time to Administer</b>	2.7 minutes
<b>Type</b>	Standardized screening tool.
<b>Setting</b>	This short screening tool is used to identify the possible presence of a depression.
<b>Administration</b>	The 5-item GDS consists of 5 items from the traditional short form (1, 4, 8, 9 and 12): 1. Are you basically satisfied with your life? YES/ NO <i>NO</i> 2. Do you often get bored? YES/ NO <i>NO</i> 3. Do you often feel helpless? YES/ NO <i>Yes (seldom)</i> 4. Do you prefer to stay at home rather than going out and doing new things? YES/ NO <i>NO</i> 5. Do you feel pretty worthless the way you are now? YES/ NO <i>NO</i> It is considered useful to augment the assessment of the presence of depression in older adults. It does <u>not</u> assess for suicide risk.
<b>Interpretation</b>	When using the 5-item GDS two or more answers in bold, as indicated above, are suggestive of a depression warranting further assessment. The clinician may proceed to the full 15-item scale for further clinical information. Research on the 5-item GDS has found an alpha coefficient of 0.80, sensitivity of 0.94, specificity of 0.82, positive predictive value of 0.82 and negative predictive value of 0.94 (Hoyl et al, 1999).
<b>Reference</b>	Hoyl, M.T., Alessi, C.A., Harker, J.O., Josephson, K.R., Pietruszka, F., Koefigen, M., Mervis, J.R., Fitten, L.J. and Rubenstein, L.Z. (1999). <i>Development and testing of a five-item version of the Geriatric Depression Scale</i> . JAGS, 47, 873-878.

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Figure 2: GDS report of the patient.



**Anxiety Screen Questionnaire**  
**GAD-7**

Over the last 2 weeks, how often have you been bothered by the following problems?  
(Use "v" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

**Scoring:**  
 0-5 Mild anxiety  
 6-10 Moderate anxiety  
 11-21 Severe anxiety

Total Score = 0 + 1 + 2 = 3  
 3 is no Anxiety.

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Figure 3: GAD-7 report of the patient.

ANNEXURE II(b)

रोगी का नाम Ms. Rekha Khatun रोगी नम्बर 285256 तारीख Jan. 11/21 समय 12pm

**पिठसर्गर्ग नींद गुणवत्ता प्रश्नावली**

**निर्देश :**  
 नीचे दिए गए सवाल पिछले महीने के दौरान (पिछले 30 दिनों में) आपकी नींद की आम आदतों से संबंधित हैं। आपके जवाब पिछले महीने के अव्यवस्थित दिनों और रातों को सबसे सही रूप से दिखाने वाले जवाब होने चाहिए। कृपया सभी सवालों का जवाब दें।

- पिछले महीने के दौरान, आप आमतौर पर रात में कितने बजे बिस्तर में लेटने के लिए जाते थे ?  
 बिस्तर में लेटने का समय 11pm (WBR)
- पिछले महीने के दौरान, आपको आमतौर पर हर रात सो जाने में कितनी देर (कितने मिनट) लगती थी ?  
 मिनट 90min (WBR)
- पिछले महीने के दौरान, आप आमतौर पर सुबह को बिस्तर से कितने बजे उठते थे ?  
 बिस्तर से उठने का समय 5am (WBR)
- पिछले महीने के दौरान, आप रात में आमतौर में कितने पंटे सोते थे ? (यह समय बिस्तर में बिताए गए पंटे से अलग हो सकता है।)  
 नींद के पंटे 4hrs (WBR)

बाकी बचे हुए हर सवाल के लिए, सबसे बेहतर एक जवाब पर निशान (✓) लगाएं। कृपया सभी सवालों का जवाब दें।

- पिछले महीने के दौरान, आपको कितनी बार नीचे दिए गए कारणों की वजह से नींद में परेशानी हुई ?  
 क) क्योंकि आप 30 मिनट के अन्दर-अन्दर सो नहीं पाए ?  
 पिछले महीने के दौरान नहीं            हफ्ते में एक            हफ्ते में एक            हफ्ते में तीन या तीन से ज्यादा बार ✓  
 ख) क्योंकि आपकी आँखें बीच रात में या सुबह जल्दी खुल गई ?  
 पिछले महीने के दौरान नहीं            हफ्ते में एक            हफ्ते में एक            हफ्ते में तीन या तीन से ज्यादा बार ✓  
 ग) क्योंकि आपको बावजूम जाने के लिए बिस्तर से उठना पड़ा ?  
 पिछले महीने के दौरान नहीं            हफ्ते में एक            हफ्ते में एक ✓ हफ्ते में तीन या तीन से ज्यादा बार

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Figure 4: 1st 5 question PSQI report of the patient.

The case was reportorized using RADAR opus software with Synthesis repertory 9. Table 1 shows the repertorization chart with all the above mentioned symptoms of the patient and the

medicines in the chart are *Lycopodium*, *Pulsatilla*, *Natrum muriaticum*, *Staphysagria*, *Hyoscyamus* and *Sulphur*. Patient was prescribed *Lycopodium 1M* single dose followed by.

Placebo BD for 15 days. Table 2 shows all the follow ups and the reduction in the PSQI score of the patient. The patient was repeated with only one dose of *Lycopodium 1M* on the 5<sup>th</sup> followup and the PSQI reduced to 7 from 18 in 3-4 months.

**Table 1: Repertorization Chart.**

Rubrics	Medicines					
	<i>Lycop.</i>	<i>Puls.</i>	<i>Nat-m.</i>	<i>Staphy.</i>	<i>Hyosc.</i>	<i>Sulph.</i>
Mind-Ailment From- anger-suppressed	3	1	2	3	-	-
Mind-Ailment From-abused-after being	1	-	3	2	2	-
Sleep-disturbed- Thoughts;by	1	2	-	1	2	1
Sleep- Disturbed- easily	2	1	-	-	-	2
Dreams- Snakes	-	-	-	-	1	-
Generals- Food and Drinks- tea-desire	-	2	1	1	-	-
Generals- Food and Drinks- sweets- aversion	2	1	1	-	1	2
Mouth- Discoloration- Tongue-white-centre	-	-	-	-	-	1

**Table 2: Date-wise prescription of the patient.**

Date	Symptom	PSQI score	Prescription
11.01.2021	Disturbed sleep. Thoughts persistent.	18	Lycop. 1M/ one dose P.L. 200/ BD for 15days
12.02.2021	Sleep disturbance SQ. Thoughts better	18	P.L. 200/ BD for 15 days
03.03.2021	Sleep disturbance reduced slightly. Anger reduced and she replies back without suppressing much	16	P.L. 200/ BD for 15days
19.03.2021	Sleep quality better, sleeps for 5 hours	10	P.L. 200/ BD for 15 days
01.04.2021	Sleep improved in both quality and quantity	08	P.L. 200/ BD for 15 days
20.04.2021	Slight disturbance in sleep due to another episode of abuse	09	Lycop. 1M one dose, P.L. 200/ BD for 15days
02.05.2021	Sleep quality improved	07	P.L. 200/ BD for 15 days

## DISCUSSION AND CONCLUSION

Researches have shown that elder abuse is a great cause of sleeplessness in geriatric age group. Homoeopathy is a science with similars curing similar. Homoeopathy has shown its results in various places of elder abuse and also in various sleeplessness cases. This case report is for a patient with sleeplessness due to elder abuse. Though there are many rubrics not covered by *Lycopodium*, but the mental symptoms are covered completely by this medicine and thus helping to improve the case. A reduction in PSQI scale is seen clearly in the above case which shows that Homoeopathy is effective in improving sleep quality in Elder abused cases.

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