

Literature Review on Naturopathic Intervention in Insomnia

Dr. R. Anusha¹; Dr. P. Priya²; Dr. S. Esvin Sini³; Dr. D. Baby Shalini⁴;
Dr. M. S. Sowparnika⁵; Dr. R. S Shivadhini⁶

- ¹. Professor, Department of Naturopathy, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- ². Professor, Department of Community Medicine, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- ³. Professor, Department of Yoga, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- ⁴. Professor, Department of Fasting & Diet Therapy, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- ⁵. Lecturer, Department of Bio Chemistry, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- ⁶. Lecturer, Department of Human Pathology, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.

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Abstract: Insomnia is often diagnosed by the presence of a long sleep latency, many nocturnal awakenings, extended durations of wakefulness during the sleep phase, or even frequent transient arousals. Sleeplessness has been seen as an indicator as well as a symptom. An estimated 40% of people who suffer from sleeplessness also have another mental illness. Five articles that satisfied the inclusion requirements were found in our search. This small number of studies revealed a lack of understanding of key elements of insomnia in naturopathic management populations, such as the efficacy of behavioral and psychological approaches to insomnia in these therapies. The study is being conducted in Kulasekharam, Tamil Nadu, India, at the Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital. The reviewed research emphasizes that naturopathic methods, such as dietary changes, stress-reduction strategies, yoga, and meditation, are effective in treating insomnia.

Keyword: Poor Sleep Quality, Insomnia, Sleep Disturbance, Sleep Deprivation, Quality of Sleep, Delayed Sleep Onset.

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I. INTRODUCTION

Insomnia is often diagnosed by the presence of a long sleep latency, many nocturnal awakenings, extended durations of wakefulness during the sleep phase, or even frequent transient arousals. Sleeplessness has been seen as an indicator as well as a symptom. The following diagnostic criteria will be used to classify insomnia as a disorder: (1)

inability to fall asleep, stay asleep, or have restorative sleep; (2) inability to sleep despite having enough opportunity and circumstances to do so; (3) inability to sleep is linked to impairment or distress during the day; and (4) inability to sleep at least three times a week for at least one month. The effects of insomnia cannot be limited to the typical side effects of sleep deprivation. An estimated 75–90% of those who suffer from insomnia are thought to be at a higher risk of

developing concomitant medical problems, including those that cause hypoxemia and dyspnea, gastroesophageal reflux disease, pain disorders, and neurodegenerative diseases. 40% of those with insomnia are thought to also have another mental illness. The most prevalent of these mental illnesses is depression, and sleeplessness is a symptom of both anxiety and depression.

II. PATHOPHYSIOLOGY

According to insomnia, hyperarousal is mostly caused by physiological or neurophysiological reasons. The total body metabolic rate, heart rate variability, neuroendocrine markers, and functional neuroimaging have all been used to assess physiological arousal. The metabolic rate of the entire body is gauged by oxygen consumption. Chronic sleeplessness is frequently caused by stress. Your thoughts may be racing at night due to worries about your family, job, education, health, or finances. Stressful life events, such as a loved one's illness or death, divorce, or losing one's job, can also cause insomnia. After the initial triggers have passed, maladaptive attitudes, actions, and coping mechanisms known as perpetuating factors enable insomnia to persist. Insomnia can also result from stressful life events like divorce, losing a job, or a loved one passing away or becoming unwell. The maladaptive ideas, attitudes, and coping mechanisms that enable insomnia to persist after the initial causes have passed are known as perpetuating factors. Maladaptive habits can manifest physically as excessive bedtime or naps during the day. Dysfunctional sleep-related attitudes, expectancies, and attributions, as well as a strong desire to address the sleep issue, are less measurable perpetrators.

III. METHODS

Deprivation in indigenous cultures. In 2025, searches will be carried out without regard to a certain date or month. A narrative review and a synthesis of the literature are included in the current study, which is based on the previously described narrative review approach. Using PubMed, Journals, and Google Scholar, our research team and a social science librarian searched and reviewed the body of literature to find publications about the occurrence and management of sleep deprivation. After deleting duplicates, our research team found 500 sources to analyze. After looking over each title, the team chose ten that seemed to fit the inclusion requirements listed in this section. Five of the ten sources, which each investigator carefully reviewed, offered pertinent data on the reported prevalence or available treatments for insomnia and inadequate sleep in various populations. After thoroughly reading each of the included articles, the team members decided that they should be included in the review. We checked the references of a few chosen papers and didn't add any more.

IV. RESULTS

Five publications from our search satisfied the requirements for inclusion. The paucity of research on key facets of insomnia in naturopathic management populations, such as the effectiveness of behavioral and psychological approaches to insomnia, was revealed by these few studies.

Table 1 The Literature Reviews of Naturopathic Interventions on Insomnia.

S.NO	Included articles	Sample description	Sleep assessment measure	Author recommendations
1	The wet sheetpack -a naturopathy intervention for primary insomnia	Single case study	Improve PSQI,PSS,ISI and ESS	Wet sheet pack for 7 days
2	Effect of mud pack to eyes in insomnia patients	30	Changes in body temperature, blood pressure, heart rate, respiratory rate	Mud pack to eyes
3	Plantain leaf bath on quality of sleep in primary insomnia patients	40	Changes in blood pressure, PQI value	Plantain leaf bath
4	Yoga and naturopathy treatment for insomnia	Single case study	Reduction in depression, Anxiety, stress and musculoskeletal pain with improvement in sleep quality.	Setubandhasana,ardhapawanmuktasan,arthahalasana,niralambasana,saral bhujangasana, ardha shalabhasana, makarasana, balakridasana, parvatasana, simhasana, tadasana, kati chakrasana, bhasrika, bhrumari, given twice a day for 1 hour. Alternate days of body massage for 1 hour, full immersion bath with epsom salt with

				facial steam for 20 minutes, cold spinal bath for 20 minutes, Daily hot foot bath with epsom salt along with chest pack, acupunture, partial massage to head and neck with eucalyptus oil long with facial steam thrice a week for 30 minutes, liquid and soft diet.
5	Acupunture for insomnia	590(15 -19 years)	Significant improvement in sleep parameters	Acupunture and acupressure, auricular magnetic and seed therapy, TEAS are given for 6 months to 19 years.

V. DISCUSSION

According to the authors of a wet sheet pack for insomnia, a single case study of insomnia patients who received a damp sheet pack for seven days reported better sleep in 2022. The authors of the paper suggested that thirty patients be chosen in order to assess the immediate effects of applying mud packs to the eyes of people who suffer from insomnia. The patients' body temperature, blood pressure, heart rate, and respiration rate were recorded both before and after the mud packs were applied. For patients with primary insomnia, the authors of the paper on plantain leaf bath's quality of sleep suggested that a 30-minute plantain leaf bath improved blood pressure and PIQ level, comparing post-intervention data with pre-intervention data. Insomnia sufferers who take a plantain leaf bath report much better cardiovascular and sleep quality. Setubandhasana, ardha pawanmuktasana, ardha halasana, saral bhujangasana, ardha shalabhasana, makrasana, nirlambasana, simhasana, parvatasana, lateral chakrasana, tadasana, kati chakrasana, bhastrika, and bhrumari twice a day for an hour, and body massage for an hour are suggestions made by the authors of the article on yoga and naturopathy treatments for insomnia. Daily hot foot baths with epsom salt, a 20-minute cold spinal bath, a 20-minute full immersion bath with epsom salt and facial steam, and acupuncture and chest pack, a 30-minute partial head and neck massage with eucalyptus oil and facial steam three times a week, along with a liquid and soft diet, increased sleep quality and decreased depression, anxiety, stress, and musculoskeletal pain. According to the writers of the article on acupuncture for insomnia, TEAS, auricular magnetic stimulation, acupressure, and acupressure administered for six months to nineteen years have demonstrated a notable improvement in sleep characteristics.

VI. CONCLUSION

Daily hot foot baths with epsom salt, a 20-minute cold spinal bath, a 20-minute full immersion bath with epsom salt and facial steam, and acupuncture. A variety of insomnia treatment approaches are covered by the writers. The examined research emphasizes the effectiveness of naturopathic methods for treating insomnia, such as dietary changes, stress reduction strategies, yoga, and meditation. In contrast to traditional pharmaceutical treatments, naturopathic therapies emphasize long-term well-being. To validate the effectiveness of these therapies and create consistent treatment regimens, more extensive, high-quality

attributes are required. treating insomnia with a holistic approach that incorporates naturopathic techniques.

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