SLEEP PARALYSIS AND HOMOEOPATHY

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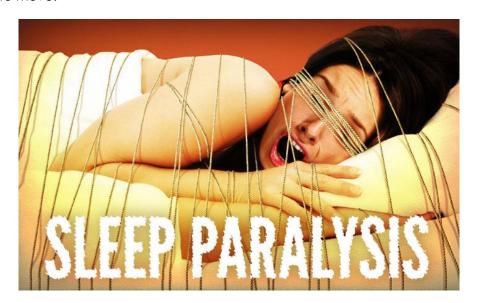
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INTRODUCTION

Sleep may be defined as a periodic state of rest accompanied by varying degrees of unconsciousness and relative inactivity (Psora/ Syphilis).

Sleep paralysis is a condition in which, upon waking, a person is aware of the surroundings but is unable to move.



SLEEP-WAKE CYCLE

The sleep-wake cycle varies in relation to the age and gender of the individual. Women past age 35 tend to sleep more than men. On an average-

NewbornChildAdultElderly20 hr each day
10 hr each day
7 hr each day
6.5 hr each day

There is great individual variation in the amount and depth of sleep.

STAGES OF SLEEP

Sleep has been found to have two states-

NON RAPID EYE MOVEMENTS

This is also called NREM or synchronized sleep and involves four stages.

- Stage 1- Eye movements are slow, EEG shows low brain wave activity.
- Stage 2- EEG activity is increased, with the appearance of spikes called K complexes
- Stage 3- Eye movement ceases; wave frequency is reduced and amplitude increased.
- Stage 4- EEG shows more delta activity.

RAPID EYE MOVEMENTS

This also called REM or dreaming sleep.

NREM and REM sleep alternate during the night; each cycle requires 90 to 100 min. NREM sleep composes approx. 75% of the sleep cycle and REM sleep approx. 25%, with variations among individuals.

Persons deprived of sleep for several days or more become irritable, fatigued, unable to concentrate, and usually disoriented (Psora/ Causa occasionalis). Performance of mental and physical tasks deteriorates. Some individuals experience paranoid thoughts and auditory, visual, and tactile illusions or hallucinations (Psora).

Deprivation of REM sleep may cause anxiety, overeating, and hypersexuality (Psora/Pseudopsora/Sycosis). The effects of sleep deprivation are reversed when the normal sleepwake cycle is resumed.

PHYSIOLOGICAL CHANGES DURING SLEEP

IN GENERAL

- Body temperature falls (Psora/ Syphilis)
- Secretion of urine decreases (Psora/ Syphilis)
- Increased secretion of growth hormone during the first 2 hr of sleep (Psora/Sycosis)
- Surges of adrenocorticotropic hormone (ACTH) and cortisol secretion occur in the last half of the sleep period (Psora/Sycosis)
- Luteinizing hormone secretion is increased during sleep in pubescent boys and girls (Psora/Sycosis)
- Prolactin secretion is increased in men and women, esp. immediately after the onset of sleep (Psora/ Sycosis)
- Hand waving, arm swinging, laughing, and flatus occur during normal sleep (Psora)
- Snoring (Psora/ Sycosis/ Pseudopsora) may be clinically insignificant but, when accompanied by apnea, can be harmful.

IN NREM SLEEP

Heart rate and respiration become slower and more regular (Psora/ Syphilis)

IN REM SLEEP

- Heart rate and respiration become more rapid and less regular (Psora/Sycosis)
- Blood flow to the brain is increased (Psora/ Sycosis)
- Breathing is more irregular (Psora/ Pseudopsora)
- Heart rate and blood pressure vary (Psora)
- Cerebral blood flow and metabolic rate increase (Psora/Sycosis)
- Penile erections may occur (Psora)

The consequences of loss of sleep may include- fatigue, loss of concentration, or difficulties in coping or job performance (Psora/ Causa occasionalis). Most people feel and perform best with 6 to 8 hours of sleep each night.

Sleep paralysis is a commonly experienced condition during sleep.

DEFINITION

Sleep paralysis is a temporary, transitional state between wakefulness and sleep, experience by a person, either during falling asleep or awakening, with failure to move, speak or react associated with anxiety and intense fear, characterized by muscle atonia. (Psora)

TYPES

HYPNAGOGIC SLEEP PARALYSIS

It occurs during falling asleep when the body slowly relaxes. Now the person is subjectively awake and engaged in a mental struggle to move and to cry, but appears to be sleeping and sometimes dreaming. (Psora)

HYPNOPOMPIC SLEEP PARALYSIS

During sleep, body alternates between REM and NREM. The muscles are totally relaxed during REM sleep. If the person becomes aware before the REM cycle has finished, he may feel unable to move or speak. (Psora)

PATHOPHYSIOLOGY

Sleep paralysis occurs when person becomes aware during REM sleep and recognizes muscular atonia. This physiologic phenomenon occurs 4-6 times every night. Usually, the person are unaware of this state. Sleep paralysis is a dissociated state and is composed of two different states- REM sleep and waking, the latter being prominent part in contrast to normal REM sleep. Patients are aware of themselves and of their surroundings. REM sleep mental activity, however, may coexist with the above mentioned waking consciousness. The characteristic formal aspects of hallucinations associated with sleep paralysis e.g. the incubus, succubus, intruder, etc. correspond to characteristic aspects of physiological brain activation during REM sleep. (Psora)



CAUSES

- More common in teenagers and young adults
- Sleep deprivation (Psora/ Syphilis)
- Irregular sleeping patterns (Psora/ Syphilis/ Sycosis)
- Narcolepsy some people with narcolepsy, a condition characterized by an extreme tendency to fall asleep whenever in relaxing surroundings may also have sleep paralysis. (Psora/ Syphilis)
- Family history

SIGN AND SYMPTOMS

- The inability to move the body when falling asleep or immediately upon waking up; lasting for seconds or several minutes.
- Consciously wakefulness.
- Unable to speak.
- Hallucinations and sensations of a frightening nature- incubus, succubus, intruder, humanoid, shadow man, demon, or other non-human being with murderous intentions.
- Night mares- Feeling pressure on the chest, bed moving, door opening or shuffling footsteps.
- Unable to be sure what was real and what was a dream, in spite of remembering clearly the details of the sleep paralysis event.
- Difficulty in breathing
- Feeling as if about to die
- Diaphoresis
- Headache, muscle pains and paranoia.

RISK FACTORS

Insomnia and sleep deprivation, stress, overuse of stimulants, physical fatigue and medications used to treat ADHD.

DIAGNOSIS

Symptomatic

TREATMENT

- The symptoms of sleep paralysis can be minimized with good sleeping habits such as-
- Adequate sleep
- Regular exercise
- Stress reduction
- Regular and consistent sleep schedule

HOMOEOPATHIC REMEDIES

SLEEP - WAKING - paralyzed feeling, with etc... acon. caps. chin. ferr-i. kreos. meny. mill. nat-c. phos. plat. syph.

HOMOEOPATHIC THERAPEUTICS

SYPHYLINUM

EYE - PARALYSIS - Lids, of - Upper - sleepy; patient seems

PLATINA

EXTREMITIES - PARALYSIS - Hands - sensation of - sleep agg.; during

EXTREMITIES - PARALYSIS - Upper limbs - sensation of - sleep agg.; during

Arms - PARALYSIS, sensation of - sleep, during

Hands - PARALYSIS, sensation, hands - sleep, during

MILLIFOLIUM

EXTREMITIES - PARALYSIS - Upper limbs - sleep agg.; during

Arms - PARALYSIS, arms - sleep, during

CAPSICUM

EXTREMITIES - STIFFNESS - Joints - paralytic on rising from sleep

CHINA

Joints - STIFFNESS, joints - paralytic on rising from sleep

EXTREMITIES - STIFFNESS - Joints - paralytic on rising from sleep

MENYANTHES

Sleep - YAWNING, general - paralysis, of palate, with

SLEEP - Yawning - palate, paralysis of

ACONITE

SLEEP - WAKING - paralyzed feeling, with

FERRUM IOD

SLEEP - WAKING - paralyzed feeling, with

KREOSOTE

SLEEP - WAKING - paralyzed feeling, with

NATRUM CARB

PHOSPHORUS

SLEEP - WAKING - paralyzed feeling, with

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