



Somnambulism and Homoeopathy

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Introduction

Sleep

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

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-

- Newborn- 20 hr each day
- Child- 10 hr each day
- Adult- 7 hr each day
- Elderly- 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 sleep-wake 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 adrenocorticotrophic 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)

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)

Snoring (Psora/ Sycosis/ Pseudopsora) may be clinically insignificant but, when accompanied by apnea, can be harmful. 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.

OVERVIEW

- Sleep almost definitely aids a vital function at the cellular level and is an absolute necessity for every animal
- Chronically poor or insufficient sleep has increased mortality, arterial disease, diabetes and possibly cancer
- Sleep is highly coordinated into distinct cycles of non-rapid eye movement (non-REM) and rapid eye movement (REM) stages
- Vivid dreams most often occur from the REM sleep stage
- Increasing age dramatically alters sleep quality and consolidation
- Due to insufficient deep non-REM sleep during a night, subjects generally awakes unrefreshed
- REM sleep is a very active brain state which has been proposed to facilitate memory consolidation and emotional processing
- At least 90% of the adult population needs 7–8 hours of good sleep per night
- Around 5% of the population can be considered excessively sleepy during the day
- During nocturnal sleep, a variety of bodily movements is experienced normally

Definition

Somnambulism or sleepwalking is a self-limited arousal disorder (Psora) of parasomnia, which is generally benign (Psora), caused by temporary and reversible state of altered consciousness (Psora) and perceptual disengagement during sleep, in which motor acts, like rising from bed, walking or other complex motor behavior are performed with amnesia for the event (Psora).

Somnambulism includes ambulation or other complicated behaviors while still asleep, with amnesia for the event (Psora).



Incidence

Somnambulism affects 15-30% of children and 1% of adults.

Boys are more affected.

Adult onset somnambulism is sometimes associated with drug abuse.

Sleepwalking is familial (Syphilis).

Pathophysiology

The disorders that intrude into the sleep process and create disruptive sleep-related events are called parasomnias. There are six common parasomnias that afflict sleepers-

1. Sleepwalking (Psora)
2. REM sleep behavior disorder (Psora)

3. Nightmares (Psora)
4. Night terrors (Psora)
5. Nocturnal sleep-related eating disorder (Psora)
6. Teeth grinding (Psora/ Syphilis)

Parasomnias include complex motor behavior disorders and arousal disorders.

- In complex motor behaviors, the person is awake enough to act out complex behaviors but still asleep and not aware or able to remember these actions (Psora).
- Arousal disorders are parasomnia disorders presumed to be due to an abnormal arousal mechanism. These arousals occur when a person is in a mixed state of being both asleep and awake, generally coming from the deepest stage of non-dreaming sleep, stages 3 and 4 (Psora).

One of the most common types of arousal disorders is somnambulism.

It has been noted that the incidence of sleepwalking decreases with age. Adult somnambulists are more prone to have serious problems with it (Psora/ Syphilis).

During somnambulism, brain activity shifts from smooth waves to a high-voltage burst of delta waves, which can be seen during deep sleep. The EEG shows a turmoil of activity in the area of the cingulate cortex, a part of the brain that controls regulation of emotions and certain motor functions. While there was activity in this area, there was no activity in the prefrontal cortex, which governs higher mental functioning (Psora).

These all phenomena reveal that sleepwalker are confused and upset and react by walking without consciously knowing that they are doing it (Psora).



Causes

The exact cause of somnambulism is unknown, but there are some theories-

- 1- The part of the brain that controls muscle function is aroused during sleep the sleepwalker begins to move even though he or she is still asleep (Psora).
- 2- In children, it may be related to fatigue, prior sleep loss, or anxiety or due to undergoing physical and chemical changes due to growth (Psora).
- 3- In adults, sleep walking is usually associated with a mental disorder but may also be seen with idiosyncrasies to drugs, medications and alcohol, and medical conditions such as partial complex seizures and dementia (Psora/ Syphilis/ Causa occasionalis).
- 4- In 10-20% of cases there is a familial history of sleep walking, so there is a possibility that it may be genetically inheritable (Psora/ Syphilis).
- 5- In elderly, it is often a symptom of dementia or complex motor seizure disorders (Psora/ Syphilis).



Sign and symptoms

Somnambulism is a parasomnia, a behavior during sleep that makes the sleeper appearing awoken (Psora). The somnambulist arises during stage 4 sleep, within one to two hours of falling asleep, during non-REM sleep and walks, hesitatingly, with a mystified facial expression and reduced alertness (Psora). On calling, he or she may look at caller, but does not converse or respond to the requests.

During the episode, the somnambulist may simply sit up and appear awake while actually asleep or may get up and walk around. If the walker is tried to be awoken forcefully, by shaking or speaking loud, the patient will become delirious (Psora). After a few minutes to half an hour, the patient lies down in route, or back in bed, resuming regular sleep, and does not recall the walk in morning after waking.

The somnambulist is at risk for injury; for example, he or she could walk into traffic, may jump through a window or commit some abnormal or inappropriate act, even suicide or murder. They may even do complex activities such as moving furniture, going to the bathroom, dressing and undressing, and several other activities. Some people even drive a car while actually asleep.



Diagnosis

Diagnosis is typically made by discussion with attendants, observers and clinical physical examination.

Radiological and biochemical studies may be needed to exclude any underlying organic disorder.

EEG may be indicated to reveal any abnormal brain activity as in seizure disorders.



Treatment

Often treatment is not needed if disorder is mild. Often the patient can voyage over objects, walk out of the house, fall out of windows, or injure themselves with sharp objects like knives. Measures should be taken to avoid him/ her from injury by keeping the floor clear of harmful objects and removing any dangerous materials and sharp objects from the room.

If sleepwalking is frequent or persistent, examination to rule out other disorders such as partial complex seizures may be appropriate. It may also be correct to undergo a psychological evaluation to determine causes such as excessive anxiety or stress, or clinical assessment to rule out other causes. Biofeedback and hypnosis have also been used effectively with individual sleepwalking patients. In very severe cases, tethering to the bed may be indicated.

Homoeopathic treatment

SOMNAMBULISM- **ACON.** aeth. agar. allox. alum-sil. alum. alumin-p. alumin-sil. am-br. **ANAC.** ant-c. arg-met. arg-n. arg-p. **ART-V.** aur-br. aur-m-n. bar-br. bell. brom. **BRY.** calc-br. calc. camph. **Cann-i.** carc. caste. cath-a. cham. chap. chel. chlol. cic. cocc. croc. crot-h. cupr-p. cur. cycl. des-ac. **DICT.** dros. gaert. guare. hell. hipp. hyos. hyper. ign. **Kali-br.** kali-c. kali-p. kali-s. kalm. **Kola** lach. lap-a. **LUNA** lyc. lys. lyss. m-ambo. m-arct. mag-br. mag-m. meph. mosch. nat-br. **NAT-M.** nit-ac. **NUX-M.** **OP.** paeon. petr. **PHOS.** plat. plb-p. podo. psor. rheum rumx. sep. **Sil.** sol-t. spig. **SPONG.** stann. **STRAM.** **SULPH.** **Tarent.** tein. teucr. titan-s. titan. tub. verat. zinc-i. zinc-m. zinc-n. zinc-p. **ZINC.**

Constitutions - WEAK, constitutions - somnambulism, after **cocc.** luna sulph.

DREAMS – SOMNAMBULISTIC **sil.**

Dreams - SOMNAMBULISTIC, dreams **op. sil.**

GENERALITIES - PAIN - somnambulism, after **sulph.**

GENERALITIES - PAIN - sore, bruised - somnambulism, after **sulph.**

GENERALITIES - WEAKNESS, enervation, exhaustion, prostration, infirmity-somnambulism, after **sulph.**

GENERALS - PAIN - somnambulism, after – sore **sulph.**

GENERALS - PAIN - somnambulism, after **sulph.**

GENERALS - WEAKNESS - somnambulism, after **sulph.**

GENERALS - WEAKNESS, enervation - somnambulism, after **sulph.**

MIND - CROWING like a cock before spells of somnambulism **lys.**

MIND - DREAMS – somnambulistic **sil.**

MIND - GESTURES, makes - angry - somnambulism; in **meph.**

MIND - GESTURES, makes - angry, somnambulism **meph.**

MIND - SOMNAMBULISM - children; in **kali-br.**

MIND - SOMNAMBULISM - climbing the roofs, railings of bridge or balcony **lyc. phos. psor. sulph.**

MIND - SOMNAMBULISM - disappearance of old eruptions, after **Zinc.**

MIND - SOMNAMBULISM - emotions; after suppressed **Zinc.**

MIND - SOMNAMBULISM - eruptions; after disappearance of old **Zinc.**

MIND - SOMNAMBULISM - fasting, from **lap-a.**

MIND - SOMNAMBULISM - fright, after, in plethoric subjects **acon.**

MIND - SOMNAMBULISM - honor; from wounded **ign.**

MIND - SOMNAMBULISM - mental exertion; doing **phos. sep.**

MIND - SOMNAMBULISM - moon - full moon **Sil.**

MIND - SOMNAMBULISM - moon - new moon **Sil.**

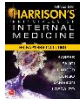
MIND - SOMNAMBULISM - strike sleepers from vengeance; to **NAT-M. nit-ac.**

MIND - SOMNAMBULISM - suppressed emotions, after **Zinc.**

MIND - SOMNAMBULISM - work of the day, to do **bry. nat-m. phos. sep. sil. sulph.**

MIND - SOMNAMBULISM - work; to make daily **art-v. bry. kali-p. mag-m. nat-m. sil. sulph.**

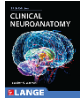
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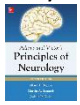
Sleep Disorders > Sleepwalking (Somnambulism) Harrison's Principles of Internal Medicine



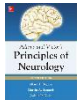
Chapter 45. Developmental Disorders of Attachment, Feeding, Elimination, & Sleeping > Night Terrors & Somnambulism CURRENT Diagnosis & Treatment: Psychiatry, 2e



Chapter 18. The Reticular Formation > Somnambulism and nocturnal enuresis Clinical Neuroanatomy, 27e ... Somnambulism (sleepwalking) and nocturnal enuresis (bed-wetting) are particularly apt to occur during arousal from slow-wave sleep. Somnambulists walk with their eyes open and avoid obstacles, but they cannot recall the episode (which may last several minutes) when they are awakened. ...



Chapter 19. Sleep and Its Abnormalities > Childhood Somnambulism and Sleep Automatism Adams & Victor's Principles of Neurology, 10e ... is that the sleepwalker is acting out a dream. The observations of sleep laboratories are entirely at variance with this view, as somnambulism has been found to occur almost exclusively during deeper stages of NREM sleep (stage N3) and during the first third of the night when dreaming is least likely to occur. In fact...



Chapter 19. Sleep and Its Abnormalities > Somnambulism in Adults Adams & Victor's Principles of Neurology, 10e ... a period of freedom between the childhood episodes and their reemergence in the third and fourth decades. Adult somnambulism also occurs during N3 of NREM sleep, but unlike the childhood type, is not confined to the earlier part of the night. If one extends the category of somnambulism to all forms...



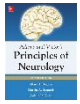
Chapter 45. Developmental Disorders of Attachment, Feeding, Elimination, & Sleeping > Differential Diagnosis CURRENT Diagnosis & Treatment: Psychiatry, 2e ... Somnambulism must be distinguished from nocturnal complex seizures. Complex seizures are usually associated with violent thrashing about and stereotyped movements. Post-traumatic stress disorder should also be considered. ...



Psychiatric Disorders > C. Sleepwalking Current Medical Diagnosis & Treatment 2016 ... Sleepwalking (somnambulism) includes ambulation or other intricate behaviors while still asleep, with amnesia for the event. It affects mostly children aged 6–12 years, and episodes occur during stage 3 or stage 4 sleep in the first third of the night and in REM sleep in the later sleep hours...



Sleep Disorders > Epilepsy Behavioral Medicine: A Guide for Clinical Practice, 4e ... Epileptic discharges often occur during sleep and may be misinterpreted as other sleep arousal phenomena, such as somnambulism or pavor nocturnus. Onset of a seizure disorder can be at any age, but most commonly will begin in adolescence. Epileptic events generally occur in the non-REM stages...



Chapter 19. Sleep and Its Abnormalities > Clinical Features Adams & Victor's Principles of Neurology, 10e ... is no greater than that of a normal individual. Narcoleptics have an increased

incidence of sleep apnea and periodic leg and body movements, but not of somnambulism. Approximately 70 percent of narcoleptics first seeking help will report having some form of cataplexy, and about half of the remainder...



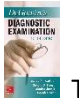
Chapter 27. Sleep Disorders > Essentials of Diagnosis CURRENT Diagnosis & Treatment: Psychiatry, 2e



Chapter 45. Developmental Disorders of Attachment, Feeding, Elimination, & Sleeping > Parasomnia CURRENT Diagnosis & Treatment: Psychiatry, 2e



Child Development & Behavior > A. Night Terrors and Sleepwalking CURRENT Diagnosis & Treatment: Pediatrics, 22e



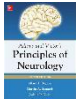
The Mental Status, Psychiatric, and Social Evaluations > Sleepwalking DeGowin's Diagnostic Examination, 10e



Child Development & Behavior > 1. Parasomnias CURRENT Diagnosis & Treatment: Pediatrics, 22e ... Parasomnias include both NREM arousal disorders such as confusional arousals, night terrors, sleeptalking (somniloquy), and sleepwalking (somnambulism), and REM-associated sleep abnormalities which are beyond the scope of this chapter. ...



Chapter 45. Developmental Disorders of Attachment, Feeding, Elimination, & Sleeping > General Considerations CURRENT Diagnosis & Treatment: Psychiatry, 2e ... Somnambulism and night terrors are probably of inherited origin. Nightmares are more prevalent in association with anxiety, particularly posttraumatic stress disorder. The etiology of head banging and body rocking is unknown. Somnambulism and night terrors occur in 2.5–9% of children. Head...



Chapter 19. Sleep and Its Abnormalities > Parasomnic Disturbances and Isolated Sleep Symptoms Adams & Victor's Principles of Neurology, 10e ... Although new classifications have rearranged the nosology of these phenomena, included under this title are several diverse disorders: somnolescent starts, sensory paroxysms, nocturnal paroxysmal dystonia, sleep paralysis, night terrors and nightmares, somnambulism, and REM sleep behavior disorder. ...



Chapter 24. Dissociative Disorders > Essentials of Diagnosis CURRENT Diagnosis & Treatment: Psychiatry, 2e ... DSM-IV Diagnostic Criteria Includes dissociative symptomatology that does not fit all the criteria for the other four types of dissociative disorder. Includes dissociative hallucinosis, dissociative states following torture or political indoctrination, somnambulism, “out-of-body...



Neurologic & Muscular Disorders > 3. Nocturnal Frontal Lobe Epilepsy CURRENT Diagnosis & Treatment: Pediatrics, 22e ... forms, the latter related to a genetic abnormality affecting nicotinic receptors. Lack of definitive epileptiform abnormalities on EEG recordings may lead to misdiagnoses of nocturnal dystonia or a parasomnia, such as night terrors or somnambulism. ...



Neurologic & Muscular Disorders > 4. Parasomnias CURRENT Diagnosis & Treatment: Pediatrics, 22e

..., disorientation, and motor disturbances and include sleep-walking/somnambulism and sleep terrors/pavor nocturnes among others. These are discussed in more detail in Chapter 3 . . .



Psychiatric Disorders > Treatment Current Medical Diagnosis & Treatment 2016 ... Treatment for sleep terrors is with benzodiazepines (eg, diazepam, 5–20 orally mg at bedtime), since it will suppress stage 3 and stage 4 sleep. Somnambulism responds to the same treatment for the same reason, but simple safety measures should not be neglected. Enuresis may respond...



Encyclopedia Homoeopathica



Radar 10