

ISSN: 1674-0815

cjhmonline.com

DoI-10.564220/1674-0815

Chinese Journal of
Health Management

Chinese Medical Association



An Assessment to Understand Hahnemann's Guidelines to Mental Diseases in the Homoeopathic Management of Nightmare Disorder in the Age Group of 10-40 Years.

Dr. Saloni Raje, Dr. Vinodini Patil

Post Graduate Scholar, Department of Organon of Medicine & Homoeopathic Philosophy, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Pune.

Professor, Department of Organon of Medicine & Homoeopathic Philosophy, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Pune.

Corresponding Author Email id: saloniraje78@gmail.com

Article Information

Received: 13-12-2025

Revised: 04-01-2026

Accepted: 17-02-2026

Published: 28-03-2026

Keywords

Nightmare Disorder, NDS, nightmare

ABSTRACT:

Background: Nightmare disorder, also called dream anxiety disorder, is a type of sleep-related disorder (parasomnia) that causes distress and sleep problems. According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), Nightmare disorder diagnosis is assigned to individuals who experience frequent severe nightmares. Nightmare disorder falls under the parasomnia category of sleep disorders, characterized by abnormal events or experiences that occur when an individual is falling asleep, asleep, or waking up. **Materials and Methods:** The Bharati Vidyapeeth Homoeopathic Hospital served as the site of the study on nightmare disorder. The study was not a randomized clinical trial. Based on the inclusion and exclusion criteria, a total of 30 patients, both male and female, within the 10-40 age range, were selected for the study. Following case taking, a carefully chosen treatment was recommended based on Hahnemann's guidelines for mental diseases & the entirety of the symptoms. The follow-up was done every 15 days till the 5th follow-up. The NIGHTMARE DISTRESS SCALE (NDS) and the patients' subjective alleviation from their presenting symptoms were used to gauge recovery. The patient was requested to complete the NDS form on the first and fifth follow-up visits. **Result:** Homoeopathic medicine was given based on the totality of symptoms. Statistical result shows P Value <0.05, considered to be statistically highly significant. Hence, there is a significant difference in the score before and after the intervention of nightmare disorder. Out of 30 patients, a significant majority (62.86%) were categorized under psycho-somatic origin, while only 37.14% were attributed to exciting causes. Before treatment, the nightmare distress score was 37.43 ± 3.34 (mean \pm SD), which reduced significantly to 4.33 ± 2.94 after the treatment. Reduction in the nightmare distress score implies an improvement in the condition of patients. **Conclusion:** After the intervention, a minimum of 0 and a maximum of 12 was observed. This sharp decline suggests that the intervention was highly effective in mitigating the nightmare distress. The median score of 4 and

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

the interquartile range (Q1–Q3: 2–7) reflect a significant shift toward lower symptom severity in the majority of patients. These findings suggest that the intervention not only reduced the average severity of the Nightmare distress but also achieved meaningful improvements across the entire distribution of patients. Hence, we can conclude that Hahnemann's guidelines for mental diseases are effective in the management of cases of nightmares.

INTRODUCTION:

AIM AND OBJECTIVES

AIM- To assess Hahnemann's guidelines for mental diseases in the homeopathic management of nightmare disorder.

OBJECTIVE-

PRIMARY OBJECTIVE-

To study the effectiveness of Hahnemann's guidelines for mental diseases in the homeopathic management of nightmare disorder.

SECONDARY OBJECTIVE-

- To study the effectiveness of homeopathic medicines in the treatment of nightmare disorder
- To review the homoeopathic literature about mental diseases and dreams.

Background and Justification of Study:

A study reported insomnia, sleep-related breathing disorders, narcolepsy, and restless leg syndrome as 18.6%, 18.4%, 1.04% and 2.9% respectively. Other sleep disorders, such as night terrors, nightmares, somnambulism, and sleep talking, were found to be 0.6%, 1.5%, 0.6% and 2.6%, respectively.

Nightmare disorder can manifest differently in different individuals, and a homeopathic study can explore the individual variations in symptomatology and tailor remedies accordingly, because Homeopathy emphasizes individualized treatment, where remedies are prescribed based on the unique symptoms and constitution of each patient.

Nightmare disorder is a significant mental health issue that affects a considerable portion of the population. It leads to sleep disturbances, emotional distress, and can negatively impact the overall quality of life. The conventional treatments for nightmare disorder, including pharmacotherapy and psychotherapy, have limitations.

Some individuals may not respond well to these treatments or may experience adverse effects. Homeopathy can play a vital role for individuals with nightmare disorder who have unique experiences and underlying factors contributing to their condition, as Homeopathic treatment is highly individualized, taking into account the specific symptoms and overall health of the patient.

Investigating the applicability of the Hahnemannian classification of mental diseases in the context of nightmare disorder can offer a better understanding of how homeopathy, perceives and approaches mental health issues.

Investigating nightmare disorder from the perspective of the Hahnemannian classification can contribute to a deeper understanding of the underlying psychological factors that contribute to sleep disturbances. This knowledge can potentially lead to the development of more effective and targeted therapeutic interventions for patients experiencing nightmare disorder.

MATERIAL AND METHODS:

Study Design: The study was carried out in BHARATI VIDYAPEETH HOMOEOPATHIC HOSPITAL, KATRAJ, PUNE. Patients with complaints of nightmare disorder who satisfy the case definition, inclusion, and exclusion criteria were selected. All the 30 patients' follow-ups were taken in the respective OPD of BVDUHMC. Case taking was done, and the remedies were selected based on Hahnemann's guidelines for mental diseases. The follow-up was taken every fifteenth day till the end of the study period. Pre and post outcome assessment was done. The result was statistically analysed by a certified statistician.

Type of study: Clinical

Allocation: Non-randomized

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

End result: Effectiveness

Mode of intervention: Oral route

Assessment of improvement was based on NIGHTMARE DISTRESS SCALE (NDS), and subjective relief in their presenting symptoms. On the first and fifth follow up the patient was asked to fill the NDS form.

Inclusion and Exclusion criteria:

Inclusion criteria

- Patients fulfilling the diagnostic criteria.
- Patients opting for homoeopathic treatment for their illness.
- Patients complying with regular follow-up.
- Patients in the age group 10-40 years of both sexes.
- Patients who are willing to fill out the consent form.

Exclusion criteria

- Patients who require emergency medical treatment.
- Patients undertaking any other mode of treatment along with the homoeopathic mode of treatment.
- Pregnant and lactating females

Outcome Assessment:

The patient received carefully chosen homoeopathic medication after a thorough case assessment. Also, follow-ups were conducted every 15 days. Scale was used- Nightmare Distress Scale (NDS) on the first and fifth follow-up.

RESULT:

Table1: Distribution of patients according to age

Age	Number of patients	Percentage
11-15	3	8.57%
16-20	7	20.00%
21-25	9	25.71%
26-30	14	40.00%
31-35	2	5.71%

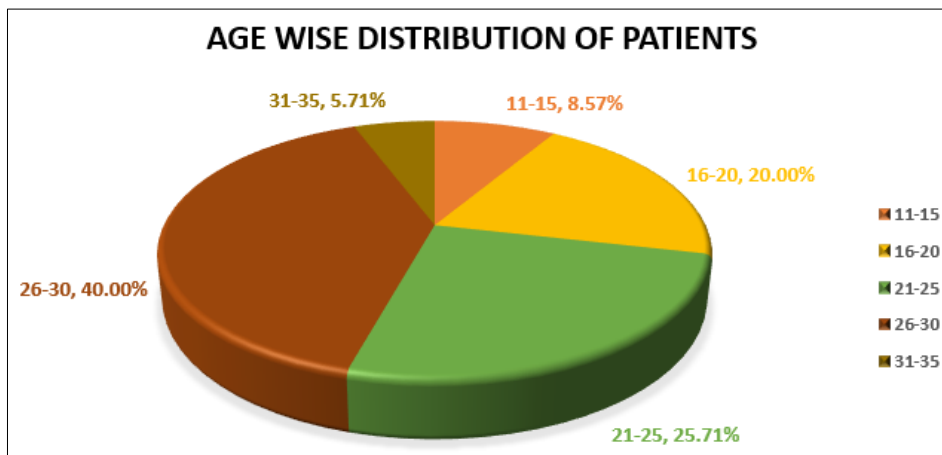


Figure 1: Pie diagram representing the Age-wise distribution of patients

Table 1 and Figure 1 show the age-wise distribution of patients.

In the study, 8.57% of the patients were aged between 11 and 15 years, 20.00% were between 16 and 20 years, and 25.71% were between 21 and 25 years. A further 40.00% of the patients were aged between 26 and 30 years, while the remaining 5.71% were between 31 and 35 years.

Table 2: Distribution of Patients according to Gender

Gender	Number of patients	Percentage
--------	--------------------	------------

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

Female	16	45.71%
Male	19	54.29%

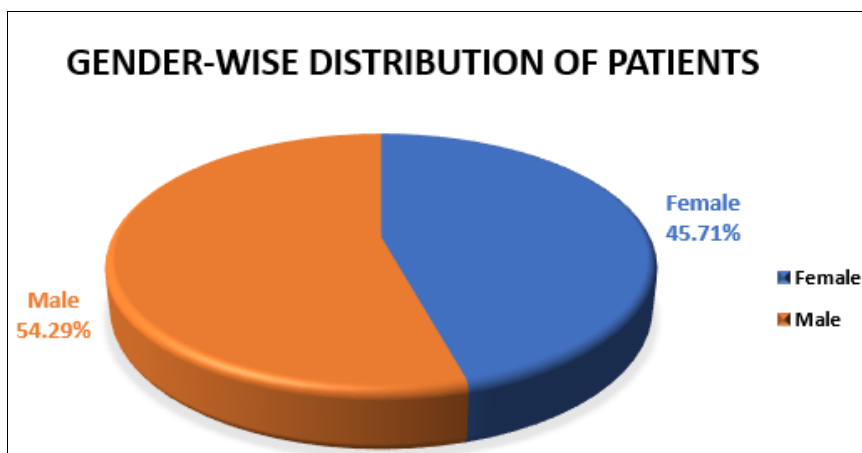


Figure 2: Gender-wise distribution of patients

Table 2 and Figure 2 indicate that 54.29% of patients were male and 45.71% were female in the study.

Table 3: Hahnemannian classification of mental diseases

Hahnemannian classification	Number of patients	Percentage
Due to an exciting cause	13	37.14%
Psycho-somatic	22	62.86%

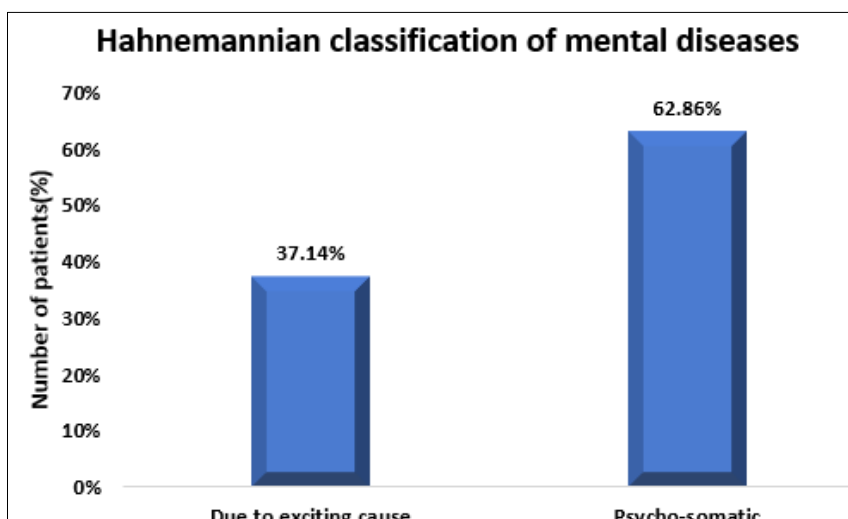


Figure 3: Hahnemannian classification of mental diseases.

Table 3 and Figure 3 show the Hahnemannian classification of mental diseases in the patients under study.

The analysis of patient classification according to Hahnemannian principles reveals a compelling trend in disease causation.

Out of 35 patients, a significant majority(62.86%) were categorised under psycho-somatic origin, while only 37.14% were attributed to exciting causes.

Table 4: First prescription-wise- wise distribution of medicines.

Remedy	Count of Potency	Percentag	Count of Potency	Percentag	Number of	Percentag
--------	------------------	-----------	------------------	-----------	-----------	-----------

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

	30	e	200	e	patients	e
Aconite	1	2.86%	0	0.00%	1	2.86%
Argentum Nitricum	2	5.71%	0	0.00%	2	5.71%
Arnica	1	2.86%	0	0.00%	1	2.86%
Arsenic Album	0	0.00%	1	2.86%	1	2.86%
Belladonna	1	2.86%	1	2.86%	2	5.71%
Calcarea carbonica	0	0.00%	1	2.86%	1	2.86%
Calcarea Phosphorica	1	2.86%	0	0.00%	1	2.86%
Chamomilla	1	2.86%	0	0.00%	1	2.86%
Coffea	3	8.57%	0	0.00%	3	8.57%
Ignatia	3	8.57%	1	2.86%	4	11.43%
Lycopodium	1	2.86%	0	0.00%	1	2.86%
Natrum Muriaticum	1	2.86%	3	8.57%	4	11.43%
Passiflora	2	5.71%	0	0.00%	2	5.71%
Phosphorus	1	2.86%	1	2.86%	2	5.71%
Pulsatilla	1	2.86%	2	5.71%	3	8.57%
Silicea	1	2.86%	0	0.00%	1	2.86%
Staphysagria	1	2.86%	0	0.00%	1	2.86%
Stramonium	0	0.00%	3	8.57%	3	8.57%
Veratrum Album	1	2.86%	0	0.00%	1	2.86%

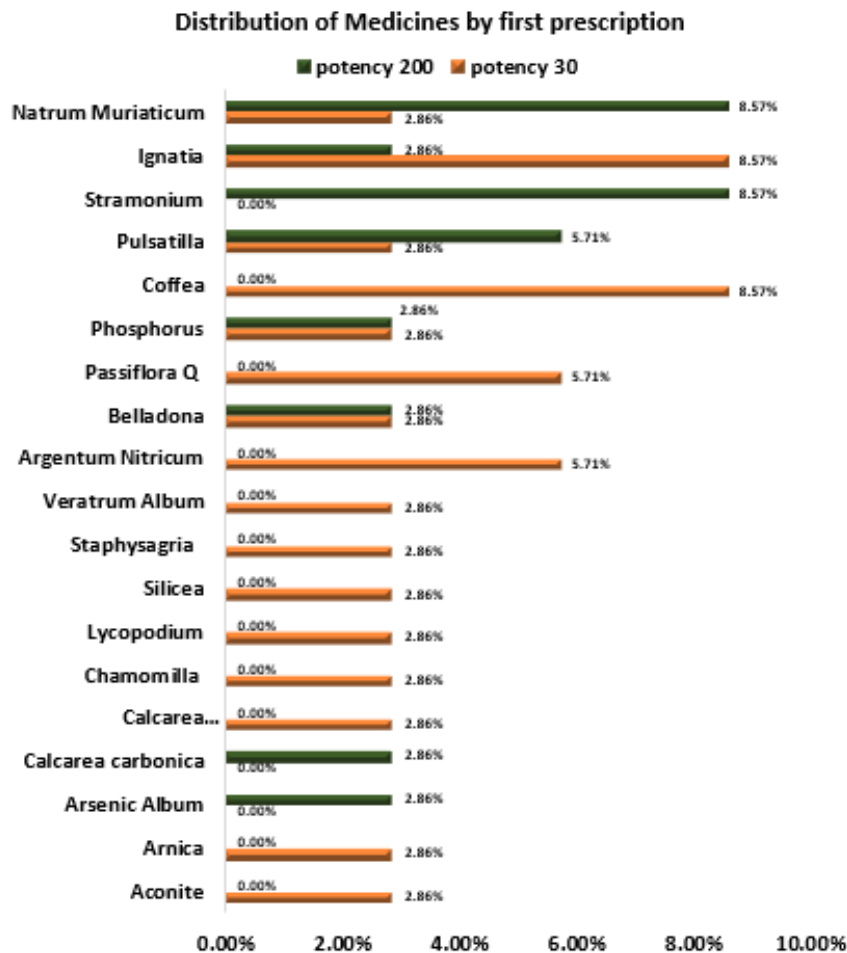


Figure 4: First prescription-wise frequency distribution of remedies (%)

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

Tables 4 and Figure 4 illustrate the frequency distribution of remedies administered to patients, categorized by potency.

Natrum Muriaticum (200) was prescribed to 8.57% of the patients, followed by Ignatia (30) prescribed to 8.57% of the patients. Each of Stramonium (200) and Coffea (30) was prescribed to 8.57% of the patients. Argentum Nitricum 30 and Nux Vomica 30 were given to one patient each in the follow-up of Coffea (30). Natrum Muriaticum (30) and Pulsatilla (30) were given to one patient each in the follow-up of Ignatia. Gelsenium (30) and Natrum Muriaticum (30) were given to one patient each in the follow-up of Passiflora Q.

Table 5: Distribution of Homeopathic Remedies According to Hahnemannian Classification

Hahnemannian classification	Due to an exciting cause		Psycho-somatic	
Remedies	Number of patients	Percentage	Number of patients	Percentage
Aconite	1	2.86%	0	0.00%
Arg Nit	2	5.71%	0	0.00%
Arnica	0	0.00%	1	2.86%
Ars Alb	1	2.86%	0	0.00%
Bell	1	2.86%	1	2.86%
Calc carb	1	2.86%	0	0.00%
Calc Phos	0	0.00%	1	2.86%
Cham	0	0.00%	1	2.86%
Coffea	1	2.86%	2	5.71%
Ign	1	2.86%	1	2.86%
Ignatia	0	0.00%	2	5.71%
Lyc	0	0.00%	1	2.86%
Nat Mur	1	2.86%	3	8.57%
Passiflora	0	0.00%	2	5.71%
Phos	1	2.86%	1	2.86%
Puls	0	0.00%	3	8.57%
Silicea	0	0.00%	1	2.86%
Staph	0	0.00%	1	2.86%
Stram	3	8.57%	0	0.00%
Ver Alb	0	0.00%	1	2.86%

Distribution of Homeopathic Remedies According to Hahnemannian Classification

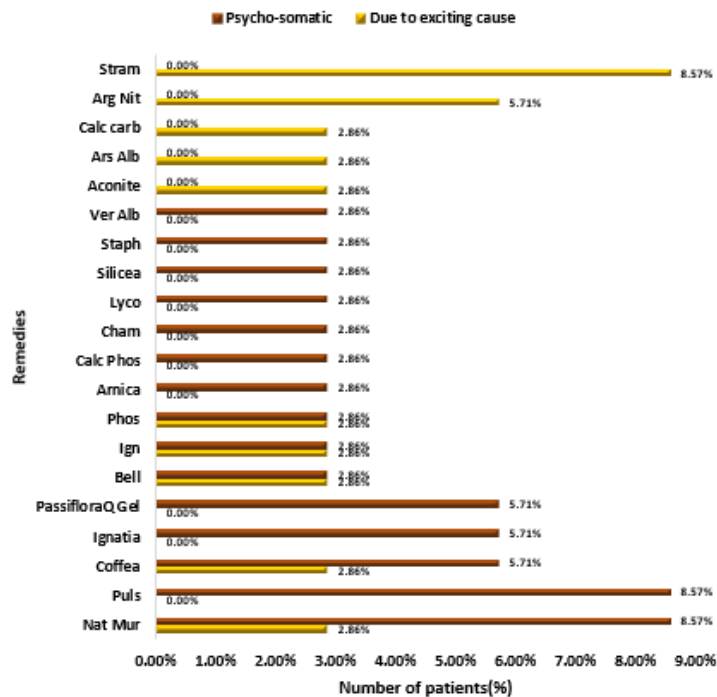


Figure 5: Distribution of Homeopathic Remedies According to Hahnemannian Classification

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

Table 5 and Figure 5 represents the distribution of homeopathic remedies administered under the framework of Hahnemannian classification, focusing on two distinct etiological categories: cases due to an exciting cause and psycho-somatic cases. The data spans 20 remedies, each evaluated for its frequency of use across both categories.

Remedies for Exciting Cause:

A total of 10 remedies were prescribed in this category.

The most frequently used remedies were Stram and Arg Nit, each accounting for 8.57% and 5.71% respectively.

Stram (8.57%), Arg Nit (5.71%), Calc carb (2.86%), Aconite (2.86%), and Arc Alb (2.86%) were exclusively used in cases due to an exciting cause.

Remedies for Psycho-somatic Cases:

A total of 16 remedies were prescribed in this category.

Net Mur and Puls showed the highest usage, each at 8.57%, suggesting their relevance in addressing conditions with psycho-somatic cases.

Puls(8.57%), Ignatia (5.71%), Passiflora(5.71%), Arnica(2.86%), Calc Phos(2.86%) , Cham(2.86%) ,Lyco (2.86%), Silicea(2.86%) ,Staph (2.86%) and Ver Alb(2.86%) were exclusively used in Psycho-somatic cases.

HYPOTHESIS TESTED:

H₀: Hahnemann’s guidelines for mental diseases are not effective in the management of cases of nightmares. (The average nightmare distress score before and after the intervention is not significantly different.)

Vs

H₁: Hahnemann’s guidelines for mental diseases are effective in the management of cases of nightmares. (The average nightmare distress score before and after the intervention is significantly different.)

Table 6: Paired t-test and Descriptive statistics of the Nightmare distress score before and after the intervention.

Nightmare distress score	N	Mean±SD	Min	Max	T Statistic Value	P-Value
before intervention	30	37.43±3.34	31	43	T-stat with 29 df=38.45	P-value**<0.05
after intervention	30	4.33±2.94	0	12		
Mean difference		33.10 ± 4.71				
95% CI for the mean difference		(31.33, 34.86)				

P Value ** <0.05, Considered to be statistically highly significant.

A test used: Paired t-test, **: Highly Significant Difference, T Statistic-value: Test Statistic value, df: degrees of freedom.

Here, P Value ** <0.05 is highly significant.

Hence, there is a significant difference in the average nightmare distress score before and after the intervention.

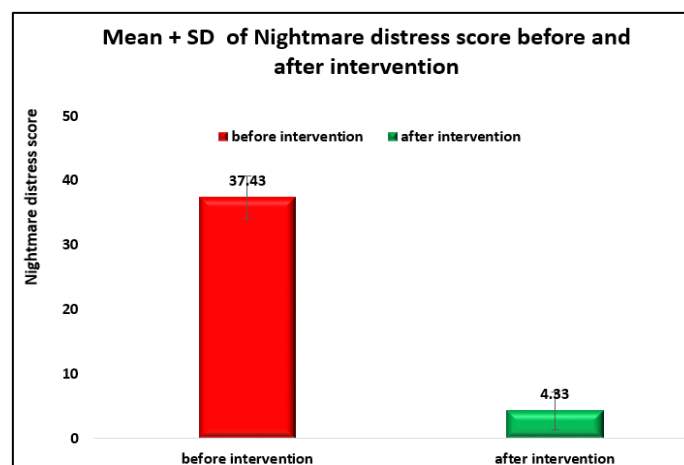


Figure 6: Bar diagram representing the Average ± SD of nightmare distress score before and after intervention.

Table 6 and Figure 6 gave descriptive statistics of the nightmare distress score before and after intervention.

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

Before treatment, the nightmare distress score was 37.43 ± 3.34 (mean \pm SD), which reduced significantly to 4.33 ± 2.94 after the treatment.

Reduction in the nightmare distress score implies an improvement in the mental condition of patients.

To test the hypothesis of whether the average nightmare distress score in patients, before and after Homoeopathic medicine, remains the same or not, the Paired t-test is used.

T-statistic value is 38.45 with a p-value $** < 0.05$, highly significant.

We reject H_0 and conclude that there is a significant difference in the average nightmare distress score before and after the intervention. hence, we can conclude that Hahnemann's guidelines for mental diseases are effective in the management of cases of nightmares.

Table 7: Descriptive statistics of the nightmare distress score in patients, before and after the intervention.

Nightmare distress score	N	Mean \pm Sd	Minimum	Lower quartile (Q ₁)	Median	Upper quartile (Q ₃)	Maximum
before intervention	30	37.43 \pm 3.34	31.00	35.00	38.00	40.00	43.00
after intervention	30	4.33 \pm 2.94	0.00	2.00	4.00	7.00	12.00
Difference	30	33.10 \pm 4.71	20.00	31.00	34.00	37.00	40.00

The statistical analysis reveals a substantial reduction in nightmare distress score following the intervention.

Before the intervention, the mean score was 37.43 ± 3.34 , indicating a relatively high and consistent level of nightmare distress score across patients.

After the intervention, the mean score decreased significantly to 4.33 ± 2.94 , with a range of 0 to 12. This sharp decline suggests that the intervention was highly effective in mitigating the nightmare distress.

The calculated difference in scores (33.10 ± 4.71) reinforces the magnitude of improvement. Notably, even the lowest observed reduction was 20 points, while the upper quartile reached a 37-point improvement.

The narrow standard deviation in the difference scores implies a reliable and reproducible effect, strengthening the case for its clinical efficacy.

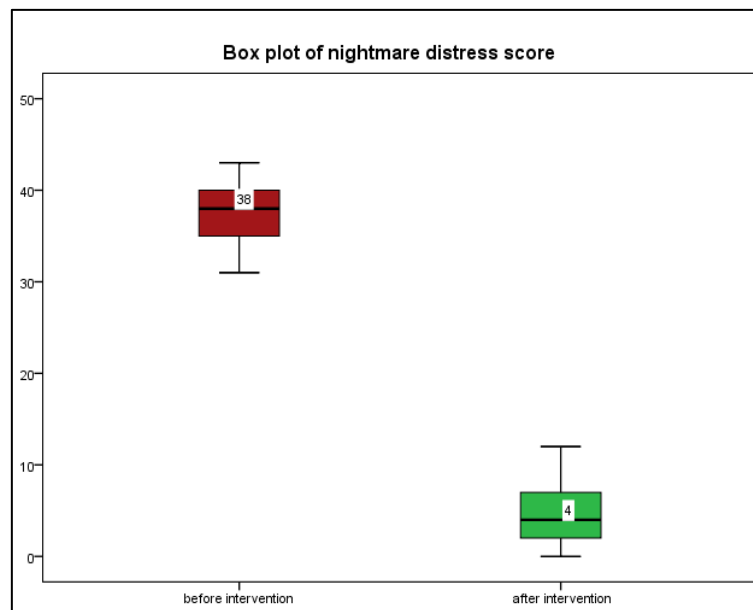


Figure 7: Boxplot representing the distribution of nightmare distress score, before and after the intervention.

Table 7 shows the descriptive statistics of the nightmare distress score in patients, before and after the intervention.

Figure 7 represents the boxplot of the distribution of nightmare distress score, before and after the intervention.

Before the intervention, the median score of 38 with the interquartile range (Q₁–Q₃: 35–40) was observed, and the maximum value of 43 further underscored the severity of the condition in the pre-intervention phase.

After the intervention, a minimum of 0 and a maximum of 12 was observed. This sharp decline suggests that the intervention was highly effective in mitigating the nightmare distress. The median score of 4 and the interquartile

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

range (Q1–Q3: 2–7) reflect a significant shift toward lower symptom severity in the majority of patients.

CONCLUSION:

In my study of 30 patients with Nightmare Disorder, the age group between 10-40 years, it was observed in the study 40% of the patients had an age between 26-30 years, 25.71% had an age between 21-25 years, and 20% of patients had an age between 16-20 years in the study.

Both sexes were included in the study, 54.29% of patients were males and the remaining 45.71% were females. Homoeopathic remedy Ignatia & Natrum Muriaticum was given as a remedy to 11.43% of patients each followed by Stramonium, Coffea, Pulsatilla which were used for 8.57% of patients each. Phosphorus & Belladonna was administered to 5.72% of patients each, while Argentum Nitricum was used for the other 5.71% of patients under study.

After the intervention, a minimum of 0 and a maximum of 12 was observed. This sharp decline suggests that the intervention was highly effective in mitigating the nightmare distress. The median score of 4 and the interquartile range (Q1–Q3: 2–7) reflect a significant shift toward lower symptom severity in the majority of patients.

There was also a significant improvement in the overall well-being of the patient. At the end, my study showed that the intervention based on Hahnemann's guidelines for mental diseases was highly effective in mitigating nightmare distress. Hence, we can conclude that Hahnemann's guidelines for mental diseases are effective in the management of cases of nightmares.

CONFLICT OF INTEREST:

NIL.

REFERENCES:

1. Psychcentral: All About Nightmare Disorder <https://psychcentral.com/disorders/nightmare-disordersymptoms#nightmare-disorder-defined>
2. Nightmare Disorder DSM-5 307.47 (F51.5) - Therapedia – Theravive. [https://www.theravive.com/therapedia/nightmare-disorder-dsm--5-307.47-\(f51.5\)](https://www.theravive.com/therapedia/nightmare-disorder-dsm--5-307.47-(f51.5))
3. Nightmare disorder - Symptoms and causes - Mayo Clinic <https://www.mayoclinic.org/diseases-conditions/nightmare-disorder/symptoms-causes/syc-20353515>
4. Nightmares and nightmare disorder in adults – UpToDate <https://www.uptodate.com/contents/nightmares-and-nightmare-disorder-in-adults>
5. Homeobook: Dreams: their significance and trimiasmatic evaluation <https://www.homeobook.com/dreams-their-significance-and-trimiasmatic-evaluation/>
6. Prevalence and Detailed Experience of Nightmare and Nightmare Disorder in Chinese University Students <https://journals.sagepub.com/doi/10.1177/21582440211014193>
7. Aetiology and treatment of nightmare disorder: State of the art and future perspectives <https://onlinelibrary.wiley.com/doi/10.1111/jsr.12820>
8. Dreams: Scope & limitations of its use in clinical aspects of homoeopathy <https://www.homoeopathicjournal.com/articles/898/7-3-32-547.pdf>
9. Dreams and Their Interpretation and Applicability in Homoeopathy https://www.researchgate.net/publication/352864359_Dreams_and_Its_Interpretation_and_Applicability_in_Homoeopathy Sleep Disorders Prevalence Studies in Indian Population https://link.springer.com/chapter/10.1007/978-3-030-49345-5_20#:~:text=The%20study%20reported%20insomnia%2C%20sleep,%25%20and%202.6%25%2C%20respectively.
10. Hahnemann's Organon of Medicine, 6th edition.
11. Chronic diseases: their peculiar nature & their Homoeopathic cure by Samuel Hahnemann.
12. Dreams & Homoeopathic medicines by Dr.P.Sivar
13. Prevalence and correlates of disturbed dreaming in children Prevalence and correlates of disturbed dreaming in children - PubMed
14. Frequent Nightmares in Children: Familial Aggregation and Associations with Parent-Reported Behavioural and Mood Problems Frequent Nightmares in Children: Familial Aggregation and Associations with Parent-Reported Behavioral and Mood Problems - PMC
15. Insight Into the World of Nightmares and Night Terrors and Their Homeopathic Treatment [Insight Into the World of Nightmares and Night Terrors and Their Homeopathic Treatment – Hpathy.com](https://www.hpathy.com/insight-into-the-world-of-nightmares-and-night-terrors-and-their-homeopathic-treatment/)
16. A Nightmare of a Case: Homeopathic Approaches to Sleep Issues in Children [A Nightmare of a Case: Homeopathic Approaches to Sleep Issues in Children –](https://www.hpathy.com/a-nightmare-of-a-case-homeopathic-approaches-to-sleep-issues-in-children/)
17. Nightmares and psychiatric symptoms: A systematic review of longitudinal, experimental, and clinical trial studies. [Nightmares and psychiatric symptoms: A systematic review of longitudinal, experimental, and clinical trial studies - PMC](https://pubmed.ncbi.nlm.nih.gov/352864359/)
18. Nightmares: Under-Reported, Undetected, and Therefore Untreated Nightmares: Under-Reported, Undetected, and Therefore Untreated | Journal of Clinical Sleep Medicine
19. Bad dream, nightmares, and psychopathology: a systematic review [Frontiers | Bad dream, nightmares and psychopathology: a systematic review](https://doi.org/10.3389/fpsyg.2022.888888)

©2026 The authors

This is an Open Access article

distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)