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# Clinical Depression and Anxiety with Severe Sleep Disturbance

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## ABSTRACT

### *Background*

Depression and anxiety may present with disturbances of sleep, restlessness, somatic symptoms, excessive worry and impaired functioning. Depression is a clinically significant disorder that can involve disturbed sleep, appetite changes, low energy, impaired concentration, guilt, hopelessness and anxiety.

### *Case Presentation*

A 35-year-old woman presented with a documented diagnosis of clinical depression and anxiety, with a history of approximately 73 months. The prominent initial symptoms included severe insomnia, marked restlessness, inability to remain in bed, repeated getting up and going to the window, claustrophobic sensations, a strong desire for company, loneliness, excessive concern regarding her son, gastrointestinal complaints with bloating and fear of loose motions, palpitations, guilt, helplessness and heightened emotional sensitivity.

Her psychosocial history revealed early marriage during class 10, difficulty adjusting after marriage, perceived lack of acceptance from in-laws because of limited formal education, prolonged emotional dependence on her family of origin, and significant psychological distress related to her son's vitiligo. She also experienced bereavement following her father's illness and death and ongoing concerns regarding her son's education and future.

The homeopathic case analysis recorded Pulsatilla as the constitutional prescription, with Belladonna 200C, Magnesia phosphorica 6X, Arsenicum album 200C and Natrum muriaticum 1M also documented during the course of management.

### *Outcome*

The longitudinal record from 2020 to August 2026 documents substantial improvement in anxiety, restlessness, sleep and depressive symptoms, with progressive reduction in conventional psychiatric medication. However, the record also demonstrates periods of relapse or symptom fluctuation and intermittent continued use of psychiatric medication. In March–June 2026, the patient was documented as taking substantially reduced clonazepam and had discontinued Prodep, while reporting that she was doing well. By August 2026, she was documented as having almost stopped allopathic depression medication and wished to continue homeopathic treatment.

### *Conclusion*

This case demonstrates a long-term, individualized approach to a complex presentation of anxiety, depressive symptoms, insomnia, somatic anxiety and psychosocial stressors. The extensive longitudinal follow-up provides clinically useful documentation of symptom trajectories and medication changes. However, because this is a single uncontrolled case with concurrent conventional psychiatric treatment and no standardized depression/anxiety outcome scales, the improvement cannot be attributed causally to homeopathic treatment alone.

**Keywords:** Depression; anxiety; insomnia; restlessness; Pulsatilla; homeopathy; case report.

## 1. Patient Information

| Parameter | Details |
|---|---|
| Patient | Female |
| Age at case presentation | 35 years |
| Documented diagnosis | Anxiety and depression / clinical depression |
| Duration | Approximately 73 months |
| Main presenting problems | Severe insomnia, restlessness, anxiety, depressive symptoms |
| Major psychosocial concern | Son's education and vitiligo |
| Marital history | Married at approximately class 10 |
| Treatment setting | Longitudinal outpatient follow-up |
| Follow-up available | 2020–2026 |

## 2. Chief Complaints

The principal complaints documented at presentation included:

- Severe difficulty sleeping
- Inability to remain in bed
- Marked restlessness
- Repeatedly getting up and going to the window
- Feeling suffocated indoors
- Desire for sunlight and fresh air
- Desire for company
- Loneliness
- Excessive worry
- Palpitations
- Bloating after eating
- Fear of loose motions
- Feelings of helplessness
- Guilt and excessive sympathy
- Depressive symptoms

## 3. History of Present Illness

### *Sleep disturbance*

Sleep disturbance was one of the most prominent initial symptoms. The patient reported that she could not sleep and would repeatedly get out of bed and go to the window. Even after treatment, she initially slept only for approximately 10–15 minutes before waking again and would get up approximately one to two times during the night.

The record subsequently documents repeated fluctuations in sleep, including periods when poor sleep precipitated emotional deterioration. In February 2022, it was specifically noted that when she stopped medication for two weeks, sleep became worse and emotional outbursts increased.

### *Restlessness and claustrophobic sensations*

Marked restlessness was a prominent symptom. The patient described a strong need for sunlight, air, open surroundings, movement, and leaving the house when she felt suffocated. She described feeling uncomfortable when adequate ventilation or fresh air was unavailable.

At one stage, anxiety was severe enough that she would leave the house and wanted to go to her mother's home. The record describes her as feeling suffocated inside the house and not knowing what she wanted.

### *Desire for company and loneliness*

A prominent emotional contradiction was documented: she wanted company but felt suffocated by company. She strongly desired someone with whom she could talk and share her feelings, but also experienced interpersonal discomfort.

Her husband was described as a quiet person who did not communicate much. Following the death of her mother-in-law, she felt increasingly alone. Her sister-in-law was described as supportive and someone with whom she could communicate.

This pattern of desire for emotional companionship with concurrent feelings of suffocation and loneliness formed an important part of the individualized case assessment.

## 4. Marital and Social History

The patient married while studying in approximately class 10. She initially struggled to leave her parental home and move to Calcutta. She repeatedly returned to her parents because of intense homesickness and difficulty adjusting.

She reported feeling that her parents did not like her, that she was a burden, that she was leaving behind her family and friends, and that she missed her earlier social environment.

At the same time, she reported affection for her husband and eventually adjusted to married life. Her educational background became a source of sensitivity because she perceived that relatives in her husband's family valued more highly educated women. She particularly liked appreciation when others acknowledged that someone had created a “good home.”

## 5. Childhood and Family Background

The patient was the fourth among five siblings. Her father was a retired employee of Hindustan Motors. The family was described as a large joint family of approximately 15 members, including parents, siblings, uncle, aunt and other extended family members. She described her childhood home environment as generally happy and active.

A significant childhood emotional event occurred when she learned from a grandmother in the neighborhood that two elder siblings were her father's children from his first marriage. Her father had previously married her maternal aunt, who died during childbirth, after which he remarried.

The discovery produced considerable shock and anger toward her parents. She felt distressed that the information had not been disclosed to her. The distress gradually subsided over subsequent months, and she continued to describe herself as a beloved daughter and sister within the family.

## 6. Educational History

The patient was described as an average student. She had friends and enjoyed playing with dolls during childhood. She married while studying in class 10 and therefore did not complete class 10 education.

Her limited educational qualification later became an important psychosocial issue because she felt judged by members of her husband's family.

## 7. Maternal Role and Relationship with Son

The patient's son became the central focus of her emotional life. She placed substantial importance on his education, academic performance, future and emotional well-being. Although she herself did not particularly enjoy studying, she memorized substantial amounts of academic material to help her son. Her expectations were described as high.

When her son was in approximately class 5, she noticed vitiligo on his palm. The event produced a major emotional reaction: she described feeling as though “the whole hill came to my head.” Following this, she became quiet and psychologically overwhelmed.

Although she recognized that her son was intelligent and capable of carrying his vitiligo confidently, she found it difficult emotionally and became excessively concerned about his future. This concern remained a recurrent trigger throughout the longitudinal follow-up.

In September 2021, negative comments from others about her son's treatment increased her stress and weakened her emotionally. In November 2022, she continued to worry extensively about her son's vitiligo and how he would adjust his life.

## 8. Mental and Emotional Characteristics

### *Anxiety*

- Excessive worry
- Anxiety regarding family
- Anxiety regarding son
- Fear regarding recovery
- Somatic anxiety
- Palpitations
- Restlessness

### *Depression*

- Loss of desire to do anything
- Sitting without motivation
- Crying
- Feeling psychologically weak
- Feeling helpless
- Periods of emotional shutdown

### *Emotional sensitivity*

- Easily affected by comments
- Touchy
- Highly sensitive regarding her son
- Strong sympathetic response to suffering

### *Guilt*

She experienced marked guilt when watching television reports involving poor people. She questioned whether it was fair to provide good food to her son while others were suffering.

### *Helplessness*

A recurring thought was essentially: “I can't do anything for them.”

### *Need for companionship / Loneliness / Expectations*

She constantly searched for someone with whom she could talk or gossip. She disliked being alone and disliked darkness. She had high expectations of herself and her son; when she made significant efforts but her son did not perform accordingly, she became distressed.

## 9. Somatic Symptoms Associated with Anxiety

The patient reported bloating after eating, fear of loose motions, palpitations, constipation, gas formation and abdominal discomfort.

In December 2021, a simple episode of gas formation and palpitations precipitated marked anxiety and a desire to leave home and seek support from her sister.

In June 2026, bloating and gas formation remained intermittent, and a previously documented TSH of 4.97 was noted with advice to repeat testing.

## 10. Physical Generals

| Parameter | Finding |
|---|---|
| Appetite | Reduced |
| Thirst | Reduced |
| Desire | Chicken, spicy food, salty food, fruits |
| Aversion | Milk/milk products; palak/saag |
| Acidity | Present; apple aggravation documented |
| Perspiration | Increased |
| Cold intolerance | Nil |
| Sun exposure | Cannot tolerate |
| Sleep | Markedly disturbed initially |
| Dreams | Not significant/not available |
| Sexual sphere | Did not enjoy sexual intimacy |

## 11. Clinical Examination and Investigations

The supplied longitudinal record contains limited objective physical examination data. At the initial stage, investigations included: Vitamin B12: 513; Hb: 8; TSH: 4.97. Menstrual irregularity/delayed bleeding was documented.

The record does not provide a complete psychiatric examination, standardized depression score, standardized anxiety score or formal psychiatric diagnostic instrument. Therefore, the diagnosis should be reported as the documented clinical diagnosis of anxiety/depression, rather than retrospectively assigning a specific DSM/ICD subtype.

## 12. Diagnostic Assessment

### *Primary documented diagnosis*

Clinical depression with anxiety / anxiety neurosis.

### *Differential considerations*

Based strictly on the supplied record, differential diagnostic considerations would include:

- Depressive disorder with anxious distress
- Anxiety disorder
- Panic-spectrum symptoms
- Insomnia associated with anxiety/depression
- Somatic manifestations of anxiety
- Adjustment-related psychological symptoms

## 13. Homeopathic Case Analysis

The case was analyzed constitutionally. The supplied prescribing rationale was: Pulsatilla 200C — she was soft, herself telling her story at length and, with a submissive voice, asked for recovery for herself.

An additional important feature recorded was: she wants company yet company gives her suffocation.

Other constitutional themes included softness, submissiveness, desire for company, loneliness, emotional sensitivity, sympathy, guilt, dependency on close relationships and need for emotional support.

## 14. Homeopathic Treatment Plan

| Sr. No. | Category | Remedy | Potency | Documented rationale |
|---|---|---|---|---|
| 1 | Constitutional | Pulsatilla | 200C | Soft, submissive, expressive, desire for company and emotional support |
| 2 | Acute/supportive | Belladonna | 200C | Documented as medicine given; specific rationale not supplied |
| 3 | Acute/supportive | Magnesia phosphorica | 6X | Documented as medicine given; specific rationale not supplied |
| 4 | Acute/episodic | Arsenicum album | 200C | Documented as medicine given; specific rationale not supplied |
| 5 | Constitutional/other | Natrum muriaticum | 1M | Documented as medicine given; specific rationale not supplied |

*The supplied case states: "200 covers maximum symptoms." This should be presented as the prescriber's rationale, not as an established pharmacological principle.*

### *Differential remedies considered*

The case documentation listed Pulsatilla, Natrum muriaticum, Sepia and Ignatia. Among these, Pulsatilla was selected as the constitutional remedy based on the documented mental and emotional presentation.

## 15. Longitudinal Treatment Timeline

### *2020 — Initial phase*

The patient presented with severe insomnia and anxiety. She could not remain in bed and repeatedly got up and went to the window. After one week of treatment, she reported some ability to lie down, although sleep remained fragmented. By October 2020, severe restlessness and inability to sleep continuously persisted, and psychiatric medication was also being used.

### *January 2021*

The record documented improvement in anxiety and restlessness while psychiatric medication was being used. Anger toward the husband's family was also documented. Menstrual delay was noted.

### *April–June 2021*

Episodes of unexplained mood deterioration continued, although restlessness gradually reduced. By June 2021, the record stated that the patient was no longer taking psychiatric medication from outside and was taking only the treatment provided at the clinic.

### *August–September 2021*

Mental symptoms improved, but motivation remained low. In September 2021, increased stress concerning her son's treatment and negative comments from others resulted in emotional weakening and consideration of restarting allopathic treatment.

### *December 2021–January 2022*

The patient experienced an acute anxiety episode following gas formation and palpitations. She felt unable to manage the symptoms independently and wanted to go to her sister's house. By January 2022, depression was reported as better and two antidepressant medications had reportedly been stopped.

### *February–May 2022*

Psychological stability improved, with reduction in anxiety and restlessness. However, sleep remained closely associated with emotional stability. When medication was stopped for approximately two weeks, sleep worsened and emotional outbursts returned.

### *June–August 2022*

The patient experienced renewed anxiety, numbness sensations and distress related to her father's illness. In August 2022, confidence was documented as improved and fear was reduced.

### *November–December 2022*

Anxiety and stress were reported as reduced. Sleep improved, although she still woke two to three times during the night. She continued to worry about her father and her son. Her husband was often away for work, leaving her responsible for managing her son. She frequently concealed her worries to maintain a normal appearance for her family.

### *2023*

The patient remained psychologically better for several months, although episodic anxiety and crying recurred. By April 2023, anxiety attacks had not occurred, and psychiatric medication was being taken intermittently. In July and August 2023, she was described as emotionally stable and mentally better.

### *Late 2023*

Her father developed cancer and subsequently died. This produced a significant emotional setback. In October 2023 she developed increased stress, restlessness, loss of interest and reduced motivation while simultaneously dealing with her father's illness and uncertainty regarding her husband's employment. After her father's death, she became particularly touchy and worried about her own and her son's recovery.

### *2024*

By February 2024, she was described as stable while taking one psychiatric medication. By March–June, she was reported as doing better. In July 2024, after having stopped psychiatric medication for approximately three years according to the record, she experienced recurrence of sweating, restlessness, insomnia, sudden awakening, weakness and a heavy head after approximately three months without medication, and restarted the medication briefly. By September–November 2024, depression and psychological symptoms were again reported as better, with reduced crying and less tendency to leave the home abruptly.

### *2025*

By February 2025, the patient was described as mentally stable while taking a reduced psychiatric medication dose. In May and June 2025, the record states that she was much better and that shouting and screaming had reduced substantially; at those visits she was reported as not taking allopathic medication. By July 2025, depression symptoms and mood swings were reduced, although one antidepressant was still documented.

### *2025–2026*

In December 2025, the patient was again described as anxious and worrying and as taking stress excessively. By March 2026, she was described as doing better. The record states that she had reduced from two depression medicines to one and was taking clonazepam intermittently, approximately once every three days.

In June 2026: depression was better; Prodep had been stopped; clonazepam had been reduced; anxiety management continued; sleep timing remained delayed; bloating/gas was present; repeat TSH was advised because the previous value was 4.97.

By August 2026, the patient was documented as having almost stopped her allopathic depression medication for approximately 4–5 months and expressed a desire to continue homeopathic treatment.

## 16. Outcome Summary

The overall longitudinal trajectory can be represented as: severe insomnia + restlessness + anxiety → fragmented sleep and repeated night awakening → psychiatric treatment + homeopathic treatment → reduction in restlessness/anxiety → improved sleep → reduction in depressive symptoms → periods of medication reduction → intermittent symptom recurrence during major stressors → long-term relative psychological stability.

### *Outcome Table*

| Clinical parameter | Initial presentation | Later course |
|---|---|---|
| Insomnia | Severe; unable to remain in bed | Markedly improved, although intermittent sleep problems persisted |
| Restlessness | Marked | Reduced substantially |
| Anxiety | Severe | Generally reduced |
| Depression | Clinically documented | Long periods of improvement |
| Crying | Present | Reduced |
| Emotional outbursts | Present | Reduced |
| Leaving home abruptly | Present during severe anxiety | Later absent |
| Palpitations | Present | Intermittent |
| Bloating/gas | Present | Intermittent |
| Appetite | Reduced at times | Variable |
| Concern regarding son | Persistent | Remained a recurrent stressor |
| Psychiatric medication | Multiple medications initially | Gradually reduced over time |
| Current status in Aug 2026 | — | Reported as doing much better / almost stopped allopathic depression medication |

## 17. Health-Related Quality of Life

The supplied record describes substantial functional improvement.

Initially: she could not sleep through the night; she repeatedly got out of bed; she felt suffocated inside the house; she wanted to leave home during anxiety; she felt helpless; she experienced significant emotional disturbance; she had difficulty coping with relatively minor physical sensations such as gas formation.

During later follow-up: sleep improved; anxiety reduced; restlessness reduced; crying decreased; she no longer felt the need to abruptly leave home; she reported feeling better overall; psychiatric medication was progressively reduced.

The supplied summary specifically states that she was “much better” and had been able to stop allopathic medicines for periods while doing well, although the longitudinal record shows intermittent restarting/reduction of psychiatric medication rather than a simple uninterrupted discontinuation.

## 18. Prognosis

The treating record classified the prognosis as curable. For scientific publication, however, it is safer to phrase this as: the treating physician considered the case to have a favorable prognosis based on the sustained longitudinal improvement.

The term “cure” should not be presented as an objective diagnostic endpoint because no standardized remission scale or formal psychiatric reassessment is documented.

## 19. Learning From the Case

The original case notes state: “Right remedy can reduce the allopathy medicines and bring cure.” For a scientific case report, this should be reframed more cautiously: the case highlights the importance of individualized longitudinal management and close monitoring of psychiatric symptoms and conventional medication requirements.

The record demonstrates that medication changes occurred over several years and that symptom recurrence sometimes accompanied medication reduction or major psychosocial stressors. Therefore, medication reduction cannot be attributed solely to homeopathic treatment from this case.

## 20. Discussion

This case illustrates a complex interaction between depressive symptoms, anxiety, insomnia, somatic symptoms and psychosocial stress.

The patient's initial presentation was dominated by severe sleep disturbance and restlessness. Her inability to remain in bed, repeated awakening, desire to leave the house and sensations of suffocation occurred alongside anxiety and depressive symptoms.

Her psychological symptoms were strongly linked to interpersonal and family circumstances. Important stressors included early marriage, difficulty adjusting to a new family, feeling inadequately educated compared with relatives, limited communication with her husband, loneliness after the death of her mother-in-law, her son's vitiligo, her son's education, father's serious illness and subsequent death, and husband's employment uncertainty. These stressors were temporally associated with worsening symptoms in several portions of the longitudinal record.

### *The role of sleep in the clinical course*

Sleep was one of the clearest longitudinal markers. At presentation, the patient was unable to sleep and repeatedly left the bed. During treatment, sleep improved. Several later episodes demonstrated that worsening sleep was associated with worsening emotional symptoms. For example, in February 2022, after stopping medication for approximately two weeks, her sleep worsened and emotional outbursts increased. This suggests that sleep disturbance was not simply a secondary complaint but an important component of the patient's overall clinical course.

### *Psychosocial trigger pattern*

An important observation was that symptom exacerbations frequently occurred around major stressors: 2021 → negative comments concerning son's vitiligo; 2022 → father's illness; 2023 → father's cancer and death, husband's unstable employment, concern about son's future; 2024 → family-related worry; 2025–2026 → continuing concern regarding son's examinations and family health. This recurrent pattern supports the importance of psychosocial assessment in longitudinal management of anxiety/depression.

### *Homeopathic interpretation*

From the treating physician's homeopathic framework, the central constitutional features were: soft, submissive, expressive, desire for company, loneliness, emotional sensitivity, guilt and sympathy. These were used to select Pulsatilla 200C as the constitutional remedy.

The repertorial differential reportedly included Pulsatilla, Natrum muriaticum, Sepia and Ignatia. Pulsatilla was selected because the treating physician considered the totality most closely represented by this remedy. This is a description of the clinical reasoning used in the case, not evidence that these symptoms are diagnostically specific to Pulsatilla.

## 21. Strengths of the Case

### *1. Very long follow-up*

The record spans approximately 2020–2026, allowing observation of multiple phases of the illness.

### *2. Detailed psychosocial history*

The case documents childhood, marriage, family relationships, educational limitations, motherhood, son's illness, bereavement and work/family stress.

### *3. Repeated outcome documentation*

Anxiety, restlessness, sleep, crying, mood and medication use were repeatedly reassessed.

### *4. Documentation of conventional medication*

The record does not simply state that allopathic treatment was stopped; it documents multiple stages of continuation, reduction, discontinuation and occasional restarting.

### *5. Real-world longitudinal course*

The case demonstrates improvement with intermittent exacerbations rather than an artificially linear recovery.

## 22. Conclusion

This case describes a 35-year-old woman with a long-standing documented history of anxiety and depression characterized initially by severe insomnia, marked restlessness, claustrophobic sensations, loneliness, excessive worry, somatic anxiety and significant concern regarding her son.

Her psychosocial history revealed multiple important stressors including early marriage, difficulty adjusting to her marital family, perceived educational disadvantage, loneliness, her son's vitiligo and education, and bereavement following her father's illness and death.

Individualized homeopathic prescribing was documented, with Pulsatilla 200C selected constitutionally based on the treating physician's assessment of her soft, submissive, expressive and companionship-seeking personality.

The six-year longitudinal record demonstrates substantial periods of improvement in sleep, anxiety, restlessness, crying and depressive symptoms, together with substantial reduction in conventional psychiatric medication. Nevertheless, symptom fluctuations and concurrent psychiatric treatment occurred throughout the course.

Therefore, this case supports the value of detailed longitudinal documentation and individualized psychosocial assessment, but it cannot establish that homeopathic treatment alone produced the observed improvement.

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