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Expert Opinion Article

Evaluating the Role of Different Types of Repertories in Selecting the Individualized Homoeopathic Medicines in the Management of Insomnia

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Abstract
Introduction: Insomnia is a common sleep disorder characterized by difficulty in initiating or maintaining sleep, or early morning awakening, leading to impaired daytime functioning. It is classified under ICD-10 and DSM-5 criteria as a chronic condition when symptoms persist for at least three months.
Aim: To evaluate the role of different homoeopathic repertories in selecting the similimum for individualized treatment in insomnia.
Methodology: A conceptual and repertorial analysis of insomnia was carried out using various classical and modern homoeopathic repertories, including Kent, Boenninghausen, Boger, Synthesis, Lippe, and Phatak repertories etc.
Results: Different repertories emphasize different aspects such as mental symptoms, modalities, causation, and pathological generals. Integration of these repertories enhances accuracy in remedy selection.
Conclusion: Homoeopathic repertories play a crucial role in individualized management of insomnia by facilitating systematic analysis and selection of the similimum.
Keywords: Insomnia, Homoeopathy, Repertory, Similimum, Kent Repertory, Boenninghausen

Introduction

Insomnia is the most frequently encountered sleep disorder and is defined as persistent difficulty initiating or maintaining sleep, or experiencing premature morning awakening, accompanied by significant distress or impairment in daytime functioning[1,2]. Within the ICD-10 framework, insomnia is categorized as non-organic insomnia (F51.0) and as disorders of initiating and maintaining sleep (G47.0)[3]. The International Classification of Sleep Disorders, Third Edition (ICSD-3), further distinguishes chronic insomnia as a condition persisting for a minimum of three months with symptoms occurring at least three times per week. Similarly, the DSM-5 refers to this condition as persistent insomnia and emphasizes its association with clinically significant distress or functional impairment[4].

Epidemiological data highlight the widespread nature of insomnia. Findings from the National Foundation indicate that sleep-related complaints affect approximately one in four individuals, while nearly 10% experience insomnia as a chronic condition. Longitudinal observations reveal that insomnia often follows a persistent course, with about 70% of affected individuals continuing to report sleep disturbances after one year and nearly half remaining symptomatic even after three years[5]. Further evidence from the National Health Interview Survey demonstrates a rising trend in insomnia prevalence, showing an increase of approximately 8% over ten years—from 17.5% (37.5 million adults) in 2002 to 19.2% (46.2 million adults) in 2012[6].

Clinically, insomnia is diagnosed when sleep difficulties occur on at least three nights per week and persist for more than three months. The diagnosis is primarily symptom-based, relying on patient reports of difficulty falling asleep, frequent nocturnal awakenings, early-morning awakenings, and associated impairment in daytime functioning[1,2]. Daytime dysfunction represents a core consequence

of insomnia and significantly compromises quality of life. Manifestations of sleep deprivation may include fatigue, generalized malaise, deficits in attention, concentration, and memory, and reduced performance in social, occupational, academic, and family roles. Emotional and behavioral disturbances—such as irritability, mood instability, excessive sleepiness, hyperactivity, impulsivity, aggression, diminished motivation, increased error proneness, and persistent dissatisfaction with sleep—are also commonly reported[1,2].

Importantly, daytime dysfunction is not exclusive to insomnia and may arise from a variety of conditions, including obstructive sleep apnea, restless legs syndrome, depression, anxiety disorders, or age-related changes in sleep architecture. Consequently, accurate identification of the underlying sleep disorder and contributory factors is essential to restore optimal daytime functioning and overall well-being[1,2]. Evidence-based management strategies for insomnia primarily include hypnotic pharmacotherapy and cognitive behavioral therapy for insomnia (CBT-I), both of which have demonstrated empirical support in clinical practice.

BACKGROUND

Role of Homoeopathic Repertories in the Treatment of Insomnia

Homoeopathic repertories play a central role in the individualized management of insomnia by systematically correlating the patient's subjective and objective symptoms with appropriate remedies. Insomnia in homoeopathy is not viewed as an isolated sleep complaint but as an expression of the patient's totality, including mental state, emotional triggers, physical generals, and modalities. Repertories help the physician convert these clinically observed symptoms into rubrics, thereby narrowing down the group of remedies most similar to the patient's condition. This method ensures a rational, reproducible, and scientific approach to remedy selection rather than empirical prescribing.[7,8]

Classical repertories such as **Kent's Repertory of the Homoeopathic Materia Medica** emphasize mental and emotional symptoms, which are particularly significant in insomnia cases associated with anxiety, overthinking, fear, grief, or emotional stress. Kentian philosophy gives prime importance to the mental plane, making this repertory especially useful in psychophysiological and stress-related insomnia. Rubrics related to sleeplessness from mental exertion, anxiety, or excitement guide the clinician toward remedies acting deeply on the nervous system.[9,10]

The **Boenninghausen's Therapeutic Pocket Book** contributes significantly by focusing on modalities, concomitants, and the causative factors of insomnia. It is particularly useful in cases where sleep disturbance is linked with physical complaints such as pain, fever, or digestive disturbances. Boenninghausen's concept of generalization allows the practitioner to apply modalities observed in one sphere of the body to sleep symptoms, thereby enhancing the accuracy of remedy selection.[11]

Modern repertories such as **Boger Boenninghausen's Characteristics & Repertory** integrate pathological generals and time modalities, which are highly relevant in insomnia marked by aggravation at particular hours of the night or early morning awakening. Boger's approach bridges the gap between classical symptom-based prescribing and clinical pathology, making it useful in chronic and long-standing cases of insomnia where structural or systemic involvement is present.[12,13]

Contemporary synthetic repertories, including **Synthesis Repertory**, offer extensive rubrics related to sleep disorders, incorporating data from classical and modern sources. These repertories allow cross-referencing of mental, physical, and etiological factors, making them valuable tools in complex or multi-dimensional insomnia cases. Computerized repertories further enhance efficiency, accuracy, and comparative analysis, especially in busy clinical practice.[14]

In conclusion, homoeopathic repertories serve as indispensable tools in the treatment of insomnia by enabling systematic analysis, individualization, and evidence-based remedy selection. Their use ensures consistency with homoeopathic philosophy while adapting to modern clinical demands. When applied judiciously, repertories significantly enhance therapeutic outcomes in insomnia by addressing the patient as a whole rather than merely suppressing sleep symptoms.[8,15]

Diagnostic criteria: DSM-V Diagnostic Criteria for Insomnia.[16]

1. Persistent dissatisfaction with the quantity or quality of sleep.
2. Difficulty initiating sleep (trouble falling asleep at bedtime).
3. Difficulty maintaining sleep, marked by frequent awakenings during the night or difficulty returning to sleep after waking.
4. Early-morning awakening with inability to fall asleep again.
5. Sleep disturbance causes significant distress or impairment in social, occupational, educational, academic, behavioural, or other important areas of functioning.
6. Sleep difficulty occurs on at least three nights per week.
7. Sleep difficulty present for a duration of at least three months.

8. Sleep problems occur despite having adequate opportunities and circumstances for sleep.
9. Sleep disturbance not better explained by another sleep–wake disorder (such as narcolepsy, breathing-related sleep disorders, circadian rhythm sleep–wake disorders, or parasomnias).
10. Sleep difficulty not caused by the physiological effects of a substance, including drugs of abuse or prescribed medications.
11. Coexisting mental disorders or medical conditions are not sufficient to explain the primary complaint of insomnia.

Symptoms of Insomnia[1,2,17,18]

Mental (Psychological) Complaints

- Difficulty in concentration and attention
- Impairment of memory and learning ability
- Irritability and low frustration tolerance
- Mood swings and emotional instability
- Anxiety, excessive worry, and restlessness
- Depressive symptoms and low mood
- Mental fatigue and reduced cognitive efficiency
- Decreased motivation and reduced productivity
- Increased stress sensitivity and poor coping ability
- Persistent concern or dissatisfaction regarding sleep

Physical (Somatic) Complaints

- Persistent tiredness and fatigue
- Excessive daytime sleepiness and non-refreshing sleep
- Headache or heaviness of the head
- Generalized body ache, muscle pain, and weakness
- Gastrointestinal disturbances such as indigestion or constipation
- Reduced physical energy and stamina
- Eye strain, burning sensation, and heaviness of eyelids
- Palpitations and autonomic instability
- Reduced immunity and increased susceptibility to illness
- Poor motor coordination and increased risk of accidents

Repertorial totality[19]-

Name of repertory	**Rubrics and sub-rubrics**	**remedies**
Complete repertory	[Sleep] Sleepiness: Alternating with: Sleeplessness: (10)	1 Sep, **3 Hyos**, 1 Lach, **3 Bell**, 1 Caust, **3 Tub**, 1 Crot-h, 1 Asim, 1 Meli-a, 1 Benz-ac,
	[Sleep] Sleepiness: Sleeplessness, with: Restlessness, with: (2)	**3 Graph**, **3 Petr**,
	Sleep] Sleeplessness: Anxiety, from: (101)	**3 Calc**, **4 Sep**, **4 Puls**, **3 Hyos**, **3 Nux-v**, **3 Sil**, 1 Coff, *2 Graph*, **3 Lach**, 1 Sulph, **4 Ars**, **3 Bell**, 1 Kali-c, 1 Hep, **3 Merc**, 1 Nat-m, **4 Chin**, **4 Rhus-t**, **3 Caust**, **4 Acon**, **3 Bry**, **3 Ferr**, **3 Cham**, **4 Cocc**, **3 Phos**, **4 Verat**, **3 Con**, 1 Lyc, 1 Nit-ac, 1 Zinc, 1 Apis, 1 Nat-c, 1 Ign, **3 Plb**, **3 Carb-v**, **3 Ran-s**, *2 Agar*, **3 Calad**, 1 Canth, 1 Arg-n, **3 Crot-h**, 1 Ran-b, **3 Samb**, **3 Alf**, **3 Kali-br**, 1 Arn, 1 Cupr, 1 Thuj, 1 Carc, 1 Kali-p, **3 Sabin**, **3 Plat**, 1 Bar-c, 1 Stram, **3 Carb-an**, **3 Laur**, 1 Podo, 1 Alum, 1 Coloc, *2 Xan*, **3 Cann-s**, **3 Mag-c**, **3 Merc-c**, 1 Alch, 1 Am-c, 1 Am-m, 1 Ant-c, 1 Cench, 1 Clad-r, 1 Culx-p, 1 Dysp, 1 Guai, 1 Hist, 1 Impa-gl, 1 Lamp-c, 1 Led, 1 Mag-m, 1 Posit, 1 Salx-f, 1 Saroth, 1 Sol, 1 Telo-s, 1 Abrot, 1 Atro, 1 Bism, 1 Cupr-ar, 1 Dig, 1 Eup-per, 1 Herin, 1 Hura, 1 Jab, 1 Kali-i, 1 Lyss, 1 M-arct, 1 Mang, 1 Oci-s, 1 Onc-t, 1 Stry, 1 Tax-br, 1 Vip, 1 Wies,
	[Sleep] Sleeplessness: Thoughts, from: (220)	**4 Calc**, **3 Sep**, **4 Puls**, **3 Hyos**, **4 Nux-v**, **3 Sil**, **4 Coff**, **3 Graph**, **3 Lach**, **3 Sulph**, **4 Ars**, *2 Bell*, **3 Kali-c**, **4 Hep**, *2 Merc*, **3 Nat-m**, **4 Chin**, **4 Rhus-t**, 1 Caust, 1 Acon, **3 Bry**, **3 Ferr**, **3 Cham**, **3 Cocc**, 1 Phos, **4 Op**, **3 Verat**, 1 Con, **3 Lyc**, 1 Nit-ac, **3 Zinc**, **3 Tub**, 1 Apis, 1 Nat-c, **4 Ign**, *2 Plb*, **3 Staph**, **3 Carb-v**, 1 Agar, 1 Calad, **3 Canth**, 1 Spig, **3 Ambr**, **3 Arg-n**, **3 Carbn-s**,

		3 Gels, **3 Alf**, **3 Kali-br**, 1 Arn, *2 Bor*, *2 Cact*, 1 Cupr, *2 Thuj*, **3 Carc**, **3 Kali-p**, **3 Sabad**, 1 Sabin, **3 Aesc**, **3 Calc-s**, **3 Fl-ac**, **3 Pic-ac**, *2 Plat*, **3 Psor**, **3 Pyrog**, 1 Bar-c, 1 Ph-ac, 1 Stram, *2 Teucr*, **3 Aloe**, 1 Carb-an, **3 Cypr**, **3 Kola**, 1 Petr, **3 Podo**, **4 Bapt**, 1 Alum, 1 Aur, 1 Coloc, 1 Kali-ar, 1 Nat-p, 1 Syph, 1 Viol-o, 1 Lam, 1 Xan, **3 Adon**, **3 Passi**, **3 Raph**, **3 Viol-t**, **3 Yohim**, 1 Alch, 1 Ant-t, 1 Asim, 1 Bamb-a, 1 Camph, 1 Cench, 1 Cina, 1 Cinnb, 1 Clad-r, 1 Corn-a, 1 Culx-p, 1 Dios, 1 Dysp, 1 Fago, 1 Grat, 1 Guai, 1 Ham, 1 Hell, 1 Hist, 1 Hyper, 1 Impa-gl, 1 Lac-leo, 1 Lamp-c, 1 Led, 1 Lycps, 1 Meli-a, 1 Nat-ar, 1 Posit, 1 Salx-f, 1 Saroth, 1 Sol, 1 Telo-s, *2 Cadm*, *2 Corv-c*, *2 Excr-can*, *2 Falco-p*, *2 Kali-n*, *2 Plac*, *2 Spong*, *2 Tab*, 1 Acal, 1 Act-sp, 1 Aego-p, 1 Agri, 1 Ana-i, 1 Anh, 1 Ap-g, 1 Aran-ix, 1 Arge, 1 Aur-ar, 1 Aur-m-n, 1 Aven, 1 Bell-p, 1 Benz, 1 Biti-a, 1 Bos-s, 1 Bov, 1 Bros-g, 1 Calc-ar, 1 Calc-f, 1 Calc-sil, 1 Caul, 1 Cer, 1 Cer-p, 1 Chrysan, 1 Cinis-p, 1 Coff-t, 1 Colch, 1 Cordy-a, 1 Cortico, 1 Cortiso, 1 Cupr-acet, 1 Cygn-c-b, 1 Cyt-l, 1 Diosp-k, 1 Dros, 1 Dulc, 1 Emer, 1 Eur-n, 1 Eur-p, 1 Ferr-i, 1 Gink, 1 Glyc-g, 1 Haliae-lc, 1 Harp, 1 Helo, 1 Hydrog, 1 Hypoth, 1 Jatr, 1 Kali-m, 1 Kali-sil, 1 Lac-h, 1 Lac-lox-a, 1 Lac-lup, 1 Lac-m, 1 Latex, 1 Lil-t, 1 Lith-c, 1 Loxo-r, 1 Lsd, 1 Maland, 1 Marm-a, 1 Meph, 1 Merc-s, 1 Nat-s, 1 Niob, 1 Nitro, 1 Nux-m, 1 Olea, 1 Oxyg, 1 Ozone, 1 Par, 1 Pier-b, 1 Pisc, 1 Plut, 1 Polyst, 1 Rheum, 1 Scorp, 1 Scut, 1 Sia-c, 1 Sid-al, 1 Sop-m, 1 Thea, 1 Thlaspi, 1 Tung, 1 Uran, 1 Uro-h, 1 Valer, 1 Vani-p, 1 Visc, 1 Zinc-p,
	Sleep Disturbed: Vivacity, by: (49)	**4 Calc**, **3 Sep**, **3 Puls**, **3 Hyos**, **3 Nux-v**, 1 Sil, **4 Coff**, **3 Graph**, **3 Lach**, **3 Sulph**, 1 Kali-c, **3 Merc**, **3 Nat-m**, 1 Chin, *2 Rhus-t*, 1 Caust, **3 Acon**, 1 Phos, 1 Verat, 1 Lyc, **3 Nit-ac**, 1 Zinc, **3 Apis**, *2 Nat-c*, 1 Staph, **4 Ran-s**, 1 Canth, **3 Spig**, 1 Ambr, **4 Ran-b**, 1 Arn, 1 Bor, 1 Teucr, 1 Cypr, 1 Kola, **3 Sul-ac**, 1 Aur, *2 Lam*, **3 Ang**, **3 Nicc-s**, **3 Prun**, 1 Ant-c, 1 Bamb-a, 1 Lycps, 1 Mez, 1 Ruta, 1 Sel, 1 Caps, 1 M-aust,
	[Sleep]Sleeplessness: Night: Thoughts, with activity of: (4)	1 Cact, 1 Syph, 1 Corn-a, 1 Lac-leo,
	[Mind]Thoughts: Rush, flow of: Sleeplessness: From: (1)	1 Carc,
Kent repertory	Sleep] Sleeplessness: Sleepiness, with: (82)	*2 Calc*, **3 Sep**, **3 Puls**, 1 Hyos, *2 Nux-v*, *2 Sil*, *2 Coff*, 1 Graph, *2 Lach*, *2 Sulph*, 1 Ars, **3 Bell**, *2 Kali-c*, *2 Hep*, *2 Merc*, *2 Nat-m*, 1 Chin, *2 Rhus-t*, *2 Caust*, *2 Acon*, *2 Bry*, *2 Ferr*, **3 Cham**, 1 Cocc, **3 Phos**, **3 Op**, 1 Verat, *2 Con*, 1 Lyc, 1 Nit-ac, 1 Zinc, 1 Apis, *2 Nat-c*, 1 Plb, 1 Staph, 1 Carb-v, *2 Agar*, 1 Calad, 1 Canth, 1 Spig, 1 Carbn-s, *2 Crot-h*, 1 Ran-b, *2 Samb*, 1 Arn, 1 Bor, *2 Cupr*, 1 Thuj, 1 Kali-p, 1 Sabad, 1 Sabin, 1 Bar-c, *2 Ph-ac*, *2 Stram*, **3 Chel**, 1 Laur, 1 Sul-ac, 1 Kali-ar,

		1 Nat-p, 1 Syph, 1 Viol-o, 1 Am-c, 1 Am-m, 1 Camph, 1 Cina, 1 Daph, 1 Mag-m, 1 Nat-ar, 1 Sel, 1 Apoc, 1 Cann-i, 1 Cic, 1 Clem, 1 Corn, 1 Dirc, 1 Euphr, 1 Eupi, 1 Ferr-ar, 1 Ferr-p, 1 Med, 1 Mosch, 1 Rhod,
	[Sleep]Sleepiness: Alternating with sleeplessness: (4)	1 Sep, *2 Hyos*, 1 Lach, 1 Caust,
	[Sleep]Sleeplessness: Thoughts, activity of mind: From: (60)	**3 Calc**, *2 Sep*, **3 Puls**, *2 Hyos*, **3 Nux-v**, *2 Sil*, **3 Coff**, *2 Graph*, *2 Lach*, *2 Sulph*, **3 Ars**, 1 Bell, *2 Kali-c*, **3 Hep**, *2 Nat-m*, *2 Chin*, 1 Caust, *2 Bry*, *2 Ferr*, *2 Cocc*, 1 Con, *2 Lyc*, *2 Zinc*, *2 Tub*, 1 Ign, 1 Plb, *2 Staph*, 1 Agar, 1 Spig, *2 Ambr*, *2 Arg-n*, *2 Carbn-s*, *2 Gels*, 1 Bor, 1 Cact, 1 Cupr, 1 Thuj, 1 Sabad, *2 Aesc*, *2 Calc-s*, *2 Fl-ac*, *2 Pic-ac*, *2 Psor*, *2 Pyrog*, 1 Bar-c, 1 Teucr, 1 Aloe, 1 Alum, 1 Coloc, 1 Kali-ar, 1 Nat-p, 1 Viol-o, 1 Ant-t, 1 Cinnb, 1 Dios, 1 Fago, 1 Grat, 1 Ham, 1 Hell, 1 Hyper,
	[Sleep]Sleeplessness: Vivacity, from: (10)	*2 Calc*, 1 Sep, *2 Sil*, 1 Graph, *2 Sulph*, 1 Kali-c, 1 Merc, *2 Nit-ac*, 1 Aur, 1 Mez,
Lippe repertory	[Sleep and dreams] Sleeplessness: Sleepiness with: (31)	1 Calc, 1 Sep, 1 Puls, 1 Nux-v, 1 Sil, 1 Coff, 1 Sulph, 1 Ars, 1 Bell, *2 Kali-c*, 1 Hep, 1 Merc, 1 Nat-m, 1 Caust, 1 Acon, 1 Bry, 1 Ferr, 1 Cham, 1 Phos, 1 Op, 1 Con, 1 Apis, 1 Nat-c, 1 Calad, 1 Samb, 1 Arn, 1 Ph-ac, 1 Chel, 1 Daph, 1 Ruta, 1 Sol-m,
Phatak repertory	[Phatak A-Z] Sleeplessness (insomnia): Rush of ideas from: (10)	1 Calc, 1 Puls, 1 Hyos, 1 Nux-v, 1 Coff, 1 Ars, 1 Hep, 1 Op, 1 Ign, 1 Gels,
Allen	[S]Sleeplessness: Night, first part of: Ideas, from rush of: (1)	1 Cact,
	[S]Sleeplessness:2 a.m., till: Thoughts, from rush of: (1)	*2 Sil*
Murphy	[SLEEP] INSOMNIA, general : (4)	**3 COFF, 3 ACON, 3 IGN, 3 NUX-V**
	[SLEEP] INSOMNIA, anxiety, from : (3)	**3 ARS, 3 ACON,** 2 *Cann-i*
	[SLEEP] INSOMNIA, grief, from : (3)	**3 IGN, 3 NAT-M,** 2 *Hyos*
Synthesis	[Sleep] Sleeplessness from Activity of Thoughts : (8)	**4 COFF, 4 NUX VOM, 3 *Lach*, 3 *Calc Carb*, 3 *Hyos*,** *2 Graph* **,** *2 Lyco*, *2 Staph*
	[Sleep] Sleeplessness from Anxiety : (5)	**4 ACON, 4 ARS, 3 *Bell*, 3 *Puls* , 3 *Calc Carb***

DISCUSSION

The present study highlights the significant role of different homoeopathic repertories in the individualized management of insomnia. Insomnia, being a multifactorial disorder with strong psychological and somatic components, demands a holistic and patient-centered approach. The findings of this review emphasize that repertories are not merely indexing tools but analytical frameworks that guide physicians in converting the patient's symptomatology into a logical process for selecting a remedy.

The analysis demonstrates that various repertories contribute differently based on their philosophical foundations and structural design. Kent's repertory, with its emphasis on mental and emotional symptoms, proves particularly useful in cases where insomnia is associated with anxiety, overthinking,

grief, or emotional disturbances. Since a large proportion of insomnia cases are psychophysiological in origin, Kent's hierarchical structure aids in identifying deep-acting remedies that correspond to the patient's mental state.

In contrast, Boenninghausen's Therapeutic Pocket Book offers a unique advantage in cases where modalities, concomitants, and causative factors play a dominant role. Insomnia associated with physical complaints such as pain, gastrointestinal disturbances, or environmental influences can be effectively analyzed through this approach. The concept of generalization further enhances its applicability in clinical practice.

Boger Boenninghausen's repertory bridges the gap between symptom-based and pathology-oriented prescribing. Its focus on time modalities and pathological generals is particularly relevant in chronic insomnia cases, especially those with specific periodicity or systemic involvement. Similarly, synthetic repertories such as Synthesis provide a comprehensive database that allows cross-referencing of mental, physical, and etiological symptoms, thereby improving accuracy in complex cases.

The repertorial analysis presented in this study reveals a wide range of remedies frequently indicated across different rubrics, such as *Calcarea carbonica, Pulsatilla, Nux vomica, Coffea cruda, Arsenicum album,* and *Sepia*. The recurrence of these remedies across multiple repertories suggests their clinical relevance in insomnia. However, the study also underscores that remedy selection should never be based solely on frequency but must always align with the individual symptom totality.

Another important observation is the growing role of computerized repertories, which enhance efficiency, reduce manual errors, and allow rapid comparison of multiple repertories. This is particularly beneficial in modern clinical settings where time constraints and case complexity demand quick yet accurate decision-making.

Despite these advantages, certain limitations must be acknowledged. The effectiveness of largely depends on the skill of the physician in case-taking, rubric selection, and interpretation. Inaccurate symptom evaluation or inappropriate rubric selection can lead to incorrect remedy choice. Additionally, repertories cannot replace Materia Medica; rather, they serve as complementary tools that require final verification through remedy study.

Overall, this study reinforces the importance of repertories as indispensable tools in homoeopathic practice. Their judicious use enhances precision, reproducibility, and scientific validity in remedy selection, particularly in complex conditions like insomnia.

CONCLUSION

This study concludes that different types of homoeopathic repertories play a crucial and complementary role in selecting the similimum for individualized treatment of insomnia. Each repertory offers distinct advantages—Kent's repertory excels in mental symptom analysis, Boenninghausen's in modalities and concomitants, and Boger and synthetic repertories in integrating clinical and pathological aspects.

The effective use of repertories ensures a systematic, rational, and individualized approach to remedy selection, which is fundamental to homoeopathic practice. When combined with accurate case-taking and Materia Medica verification, repertorization significantly enhances therapeutic outcomes in insomnia.

Furthermore, the integration of computerized repertories has improved the efficiency and accuracy of clinical practice, making repertorization more accessible and reliable. However, the success of this approach ultimately depends on the physician's knowledge, clinical judgment, and adherence to homoeopathic principles.

In conclusion, repertories remain indispensable tools in the management of insomnia, facilitating individualized treatment and contributing to improved patient outcomes while maintaining the core philosophy of homoeopathy.

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