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Letter to the Editor

Homeopathy may not Improve Sleep Quality Unless all Factors Influencing Sleep are Included in the Analysis

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Letter to the Editor

We read with interest the article by Simoes da Costa Fujino *et al*. on an observational, longitudinal, and prospective study of the influence of homeopathy on sleep quality, measured using the Pittsburgh Sleep Quality Index (PSQI), as well as on stress, anxiety, and depression, measured using the Depression, Anxiety, and Stress Scale (DASS) in 26 patients at baseline and three and six months after the start of treatment [1]. Homeopathic treatment improved sleep quality and reduced stress, anxiety, and depression [1]. Poor sleep was associated with anxiety and stress [1]. The study is interesting, but some points should be discussed.

The first point is that sleep quality was assessed using the PSQI [1]. However, the PSQI has several limitations when it comes to assessing sleep quality [2]. The PSQI is based on subjective assessments, has a weak correlation with objective sleep measurements, provides inconsistent results across different populations, has limited validity for people with comprehension or writing difficulties, has low test-retest reliability, and lacks guidelines regarding test-retest intervals [2]. Sleep quality and sleep patterns can only be reliably analyzed using polysomnography [3].

The second point is that sleep quality depends not only on stress and anxiety, but also on numerous other influencing factors such as endogenous factors (personality type, ability to cope with exogenous or endogenous stressors, genetic predisposition, comorbidities, sleep habits (going to bed at a certain time, television, headphones, radio, cell phone, iPad, and bedroom lighting), fresh air, pain, and removing and turning off all devices that generate electrosmog) or exogenous factors (type of work, noise, light, vibrations, drafts, insects, pets, earthquakes, type of bed, children, partner, electrosmog, cell phone towers, relationships with neighbours, socioeconomic status, time of last meal or fluid intake, concomitant medications, consumption of alcohol, adrenergic stimulants, or illegal dietary supplements, as well as local and geopolitical stress) [4].

The third point is that comorbidities and concomitant medications were not included in the analysis. Sleep quality can be impaired not only by comorbid conditions such as depression, anxiety, and stress, but also by post-traumatic stress disorder, psychosis, mania, autism spectrum disorders, or central nervous system disorders such as epilepsy, dementia, Parkinson's disease, and developmental disorders, sleep apnea syndrome, cardiovascular disease, restless legs syndrome, chronic pain syndromes, or polyneuropathy [5]. In addition, various medications can disrupt sleep [6], which is why it is essential to include current medication in the interpretation of the results. Antihistamines, beta blockers, benzodiazepines, opioids, some antidepressants, neuroleptics, muscle relaxants, and antiepileptics can intensify sleep, while ritalin, dexedrine, steroids, decongestants, theophylline, or SSRIs can lead to insomnia.

The fourth point is that the patients included were not systematically subjected to cerebral imaging using computed tomography, cerebral MRI, or EEG [1]. Since sleep is highly dependent on brain functions, it would have been essential to examine all patients for cerebral abnormalities using imaging and functional tests. In this context, we should know how many patients had a positive history of central or peripheral nervous system disorders.

In summary, sleep quality depends not only on anxiety and stress, but also on numerous other influencing factors that must be taken into account before definitive conclusions can be drawn.

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