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Dreams, their miasmatic analysis and role in Homoeopathic prescription

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Abstract

Repertories and provings contain numerous references to dreams, their significance in the totality of symptoms, their role in identifying the predominant miasm, and their utility in selecting the simillimum remain subjects of debate. This study aimed to explore the miasmatic interpretation of dreams and evaluate their relevance in homoeopathic prescription. An open-label prospective study was conducted in which dreams were used as an eliminating rubric for simillimum selection. A total of 34 OPD/IPD patients presenting with dreams that were constant, recurrent, and not attributable to daily experiences were included. Participants were randomized to receive individualized homoeopathic remedies in 30C or 200C potency, or placebo, selected through repertorisation using the eliminating rubric approach. Follow-up was carried out every 3–4 weeks over a six-month period. Clinical outcomes were assessed using the Clinical Global Impression–Severity (CGI-S) and Quality of Life (QOL) scales, and statistical significance was tested using paired t-test. The calculated t-values for CGI-S (11.07) and QOL (9.45) exceeded the critical value (2.0345 at 5% significance), indicating statistically significant improvement. On the CGI-Improvement Scale, 41% of patients (n=14) showed marked improvement, 29% (n=10) moderate improvement, and 18% (n=6) mild improvement. These findings support the alternative hypothesis that dreams play a meaningful role in constructing the totality of symptoms and contribute effectively to the selection of the simillimum in homoeopathic practice.

Graphical Abstract
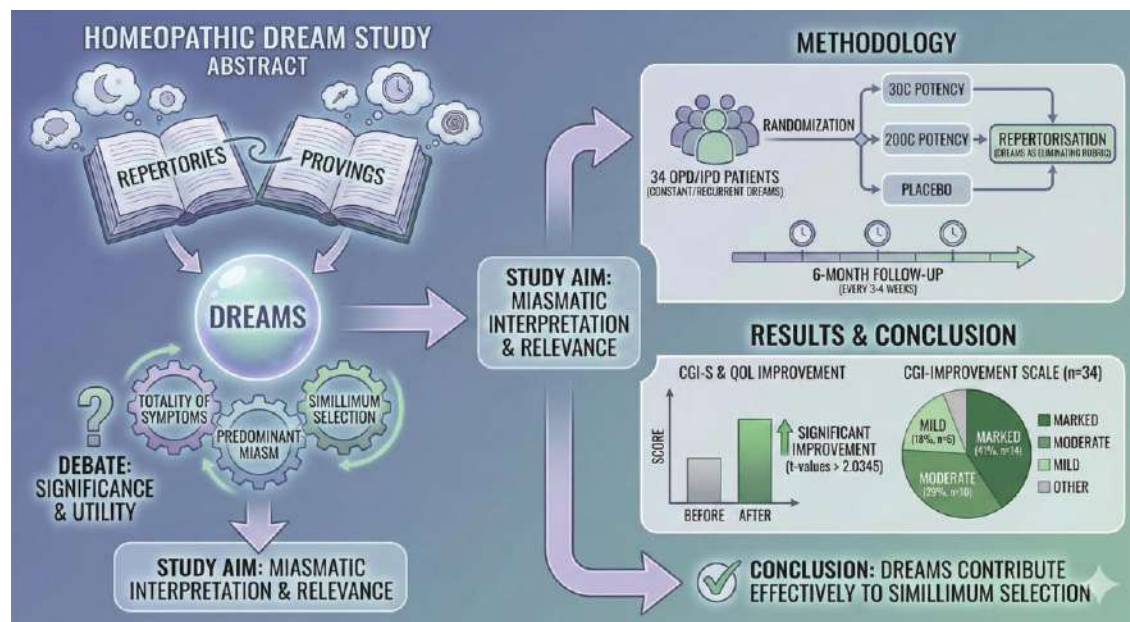
Research Highlights

- **Dreams as Clinical Clues:** The study demonstrates that recurrent, unrelated dreams can serve as meaningful indicators in homoeopathic case analysis.

- **Miasmatic Insight Through Dreams:** Evaluating dreams helped identify predominant miasms, strengthening their relevance in constructing totality.

- **Evidence-Based Use of Eliminating Rubrics:** Using dreams as eliminating rubrics during repertorisation contributed to more precise simillimum selection.

- **Significant Clinical Improvement:** Statistical analysis showed highly significant improvements in both CGI-S and QOL scores, validating the therapeutic value of dream-based prescriptions.

- **High Response Rate:** Around 70% of patients showed moderate to marked improvement, supporting the clinical utility of dreams in homoeopathic prescribing.

- **Strengthens Alternative Hypothesis:** Findings affirm that dreams are not just symbolic experiences but practical diagnostic tools in homoeopathic practice.

Introduction

Dreams are successions of images, ideas, emotions, and sensations that occur usually involuntarily in the mind during certain stages of sleep. However, in modern times, dreams have been seen as a connection to the mind. They are considered as concealed examples of unconscious content of mind which are driven by unconscious wish fulfilment (Dream, *Wikipedia*, 2018; Verma et al., 2025).

Dreams are medium for compensation and complementation of those areas of psyche that need investigation and help to resolve emotional or religious problems and fears. It was believed that recurring dreams show up repeatedly to demand attention, suggesting that the dreamer is neglecting an issue related to the dream.

The dream provides a profound window into the subconscious, often revealing emotional patterns, suppressed conflicts, and constitutional tendencies that remain hidden in the waking condition (Chahakar and Tarale, 2025). In Homoeopathy, the exploration of dreams goes beyond symbolism and serves as an essential tool to understand an individual's inner state and predominant miasmatic influence. Miasmatic analysis of dreams helps to identify inherited predispositions and deeper roots of chronic disease. When integrated thoughtfully, dream interpretation enhances the totality of symptoms and guides the selection of an accurate simillimum, enriching the precision and effectiveness of Homoeopathic prescription (Prabha, 2025).

Most important dreams are those that have a strong effect on the waking state of the person or having recurring themes. Recurrent dreams are defined as a class of dreams that reoccur over time while maintaining not only the same theme, but the same content.

Homoeopaths have used dreams since Hahnemann's time. Our repertories and proving's contain many references to dreams, but the literature on the importance of dreams as a part of the totality of symptoms, role in understanding the predominant miasm and effective use in the selection of similimum is scanty. Dreams, their miasmatic analysis and role in homoeopathic prescription, have remained a point of great research warranting this study.

Materials and Methods

The study was conducted at D.N.De Homoeopathic Medical College and Hospital, 12-G.K. Road, Kolkata. Study population included the patients of outdoor-patient department (OPD) and indoor-patient department (IPD) of the college and 34 cases were enrolled for the study taking into consideration the inclusion/exclusion criteria i.e. patients with any dream which is constant, recurrent and unexplained by daily affairs were included and patients with emergency conditions, pregnant and lactating mothers, drug/alcohol addicts, subjects taking any medicines of homoeopathic or other systems, subjects having advanced pathological conditions were excluded for the study. The total study duration was 18 months with 12 months of enrolment period. Each case was followed for 6 months. This was an open label

prospective study designed to evaluate whether dreams form an important part of totality of symptoms for the purpose of selection of simillimum.

A detailed case history of each patient was recorded in a predesigned case taking proforma. Dreams of the patients were elicited using screening questionnaire.

Selection of Medicine

Procedures and Intervention

A total of 34 subjects were enrolled in the study. Every case was represented.

After thorough case-taking, the concept of eliminating rubric was followed taking dream as an eliminating one and repertorisation was done according to eliminating rubric method (Tarafder, 1986). Due weightage was given to all other symptoms for the purpose of selection of simillimum. Selection of potency, dose, administration and repetition of medicines were done according to the guidelines laid down by different stalwarts (Hahnemann, 2005; Close, 2006 and Roberts, 2006). The patients included in the study were asked to report at suitable intervals (preferably) after every 3-4 weeks in the O.P.D. for proper follow up. At each time, a detailed follow up record was maintained regarding the improvement or worsening of the case. Patients' outcome has been

assessed as per the scoring of QOL Scale (Park, 2009) CGI-SS & CGI-IS, (Wikipedia,2018) along with the general worsening or improvement in the given case of the disease. Oral route was chosen for the administration of medicines.

In standardized case recording format as per homoeopathic principles. Eliminating rubric method (Tarafder,1986) was followed for repertorisation. Dreams of the patients were elicited using screening questionnaire and were taken as an eliminating rubric. Characteristic dreams were noted down and placed on the top and rest of the symptoms/rubrics were placed below it according to hierarchy. During repertorisation, the medicines mentioned under the dreams were first recorded and the grades tabulated.

Further rubrics were then referred to one by one and marks were added to those medicines only which were covered under dreams rubric whilst the rest medicines were rejected. Out of these medicines (medicines covered by rubrics of dream, which were selected as eliminating rubric), simillimum was selected accordingly.

The potency selection and repetition of the doses were done according to the demand of the case, with the consideration of potency selection criteria. Total duration of study was 18 months. Reference from the Materia Medica and Repertory was taken whenever required. General non-medicinal management which includes appropriate diet and regimen was given.

For the assessment of the severity of diseases and improvement status after treatment, no separate disease specific scale could be used because patients of varying complaints were enrolled in this study. Since, the objective of the present study was to find out the role of dreams in the selection of similimum, therefore CGI scale was used.

At the time of entry, patient's severity of disease was assessed using CGI-SS (1= Normal, not at all ill; 2= Borderline ill; 3= Mildly ill; 4= Moderately ill; 5= Markedly ill; 6= Severely ill and 7= Most Extremely ill). Patients' general sense of well-being was measured using 16-item QOL Scale recording the patients' response on 7-point scale (where 7-Delighted, 6- Pleased, 5- Mostly Satisfied, 4- Mixed, 3- Mostly

Dissatisfied, 2- Unhappy and 1 Terrible). Patients were asked to read each time and circle the number that best described how satisfied subjects were at that time. This scoring was done at the start of treatment and at the end of treatment.

The data was analyzed by paired 't' test, using the outcome assessment according to CGI-S and QOL scale.

Proper follow up of each individual case was done with special reference to the Quality of Life (QOL) Scale and Clinical Global Impression-Scale (CGI-S).

Statistical Technique and Data Analysis

Data was analyzed after the completion of the study and

represented by using appropriate statistical methods. Collected data was analyzed to test the Significance of Difference by using Paired 't' test (Snedecor et al., 1968) and presented in appropriate format.

Ethical approval

Necessary ethical approval was obtained from the Institutional Ethical Committee of the hospital where the study was conducted.

Results and Discussion

Results of the study indicated that 20 patients (59%) had a duration of illness ranging from 0-2 years, followed by seven patients (20%) between 3-5 years as shown in Table-1. Based on the totality of symptoms present, the maximum patients (41%) were prescribed pseudo-psoric medicines, followed by 26% anti-sycotic, and 12% each anti-psoric and tri-miasmatic medicines. As presented in Table 1, out of the total 34 patients, nine patients (26%) had skin complaints and equal number (n= 9, 26%) had complaints of musculoskeletal system. Five patients (15%) had GIT related ailments, followed by four patients having complaints related to the female sexual system. The three patients had complaints related to the peripheral nervous system.

Table 1. Baseline characteristics of patients enrolled in the study

Variable	No. of patients (*n=34*)	%
Gender:		
Male	12	35
Female	22	65
Religion:		
Hindu	22	65
Islam	12	35
Socio-economic status:		
Middle-income group	15	44
Lower-income group	19	56
Age		
<10 years	1	3
11-20 years	8	23
21-30 years	9	26
31-40 years	6	18
41-50 years	4	12
>51years	6	18
Duration of illness		
<2 years	20	59
3-5 years	7	20
6-8 years	2	6
9-11 years	3	9
>12 years	2	6
Anti-miasmatic property- wise distribution of prescribed medicines: [10,11]		
Anti-psoric	4	12
Anti-sycotic	9	26
Anti-syphilitic	3	9
Pseudo-psoric	14	41
Tri-miasmatic	4	12
Distribution of patients according to their body-system affected:		
Musculo-skeletal	9	26
Skin	9	26
Gastro-intestinal	5	15
Female reproductive	4	12
Peripheral nervous	3	9
Cardio-vascular	1	3
Excretory	1	3
Lymphatic	1	3
Others	1	3

Table 2. Distribution of dreams reported by the patients included in the study

Dreams of	No. of cases
Sailing in water	1
Falling	2
Wedding	2
Robbers	1
Flying	1
Ghosts and spectre	1
Journey	2
Dead relatives	4
Accidents	1
Disease	1
Death	2
Fire	2
Drowning	1
Swimming in water	1
Fish	1
Weeping	1
Snakes	3
Frightful dreams	3
Dreams of being murdered	1
Murder	1
Pleasant dreams	1
Amorous dreams	1

Table 3. Miasmatic analysis of dreams reported by patients

Sl.No.	Predominant miasm as per totality	Dream reported by the patient	Medicine prescribed	Anti-miasmatic property of prescribed medicine [10,11]	Result
1.	Sycosis	Sailing	Nat-s.	Anti-sycotic	Mark. Imp.
2.	Sycosis	Falling	Thuja.	Anti-sycotic	Mod. Imp.
3.	Sycosis	Death	Lach.	Anti-sycotic	Mark. Imp.
4.	Sycosis	Swimming	Iodum	Anti-sycotic	Mod. Imp.
5.	Sycosis	Fish	Kali-c.	Pseudo-psoric	Mod. Imp.
6.	Sycosis	Weeping	Sil.	Pseudo-psoric	Mark. Imp.
7.	Sycosis	Dead relatives	Kali-c.	Pseudo-psoric	Mark. Imp.
8.	Syphilis	Journey	Psorinum	Anti-psoric	Mod. Imp.
9.	Syphilis	Dead relatives	Fl-ac.	Anti-syphilitic	Mild Imp.
10.	Syphilis	Dead relatives	Fl-ac.	Anti-syphilitic	Mod. Imp.
11.	Psora	Falling	Thuja	Anti-sycotic	Mild Imp.
12.	Psora	Accidents	Ars.	Tri-miasmatic	Mark. Imp.
13.	Psora	Amorous	Nat-m.	Pseudo-psora	Drop. Out
14.	Psora	Robbers	Nat-m.	Pseudo-psora	Mark. Imp.
15.	Psora	Disease	Kreos.	Anti-syphilitic	Minimally Worse
16.	Psora	Death	Nat-m.	Pseudo-psora	Mark. Imp.
17.	Psora	Drowning	Ign.	Anti-psoric	Mod. Imp.
18.	Psora	Wedding	Sil.	Pseudo-psora	Mark. Imp.
19.	Psora	Wedding	Nat-c.	Pseudo-psora	Mod. Imp.
20.	Psora	Pleasant	Sil.	Pseudo-psora	Mark. Imp.
21.	Psora	Dead relatives	Mag-c.	Anti-sycotic	Mod. Imp.
22.	Psora	Ghosts, spectres	Sulphur	Anti-psoric	Mild Imp.
23.	Psora	Being murdered	Sil.	Pseudo-psora	Mark. Imp.

24.	Psora	Murder	Nat-m.	Pseudo-psora	Mark. Imp.
25.	Psora	Snakes	Lach.	Anti-sycotic	Unchanged
26.	Psora	Snakes	Lac-c	Anti-sycotic	Mild Imp.
27.	Psora	Snakes	Sep.	Tri-miasmatic	Mild Imp.
28.	Psora	Flying	Apis.	Pseudo-psora	Mod. Imp.
29.	Psora	Frightful	Sep.	Tri-miasmatic	Mark. Imp.
30.	Psora	Frightful	Lyc.	Tri-miasmatic	Mild Imp.
31.	Psora	Frightful	Sil.	Pseudo-psora	Unchanged
32.	Psora	Journey	Lach.	Anti-sycotic	Mark. Imp.
33.	Psora	Fire	Hep.	Anti-psoric	Mod. Imp.
34.	Psora	Fire	Graph.	Pseudo-psora	Mark. Imp.

Compared to the available literature, variation was found (Table-3) in the miasmatic analysis of dreams in the present study. Dreams of sailing and swimming were found to be sycotic miasmatic manifestation, whereas another worker (Patel, 1996)has mentioned them as manifestations of psoric miasm.

Table 4. Assessment of severity of patients according to Clinical Global Impression-Severity Scale

CGI-SS	No. of patients (n)	
	Before treatment	After treatment
1. Normal, not at all ill	-	13
2. Borderline ill	2	15
3. Mildly ill	13	4
4. Moderately ill	17	1
5. Markedly ill	2	0
6.Severely ill	-	-
7. Extremely ill	-	-
Total	34	33

According to CGI-SS classification of patients (Table 4.) before treatment, maximum numbers of patients (n= 17) were found to be moderately ill, 13 mildly ill, 2 markedly ill and 2 borderline ill. After the treatment ,15 patients were found to be borderline ill, followed by 13 normal, not at all ill, 4 mildly ill and only one remained moderately ill during the course of treatment.
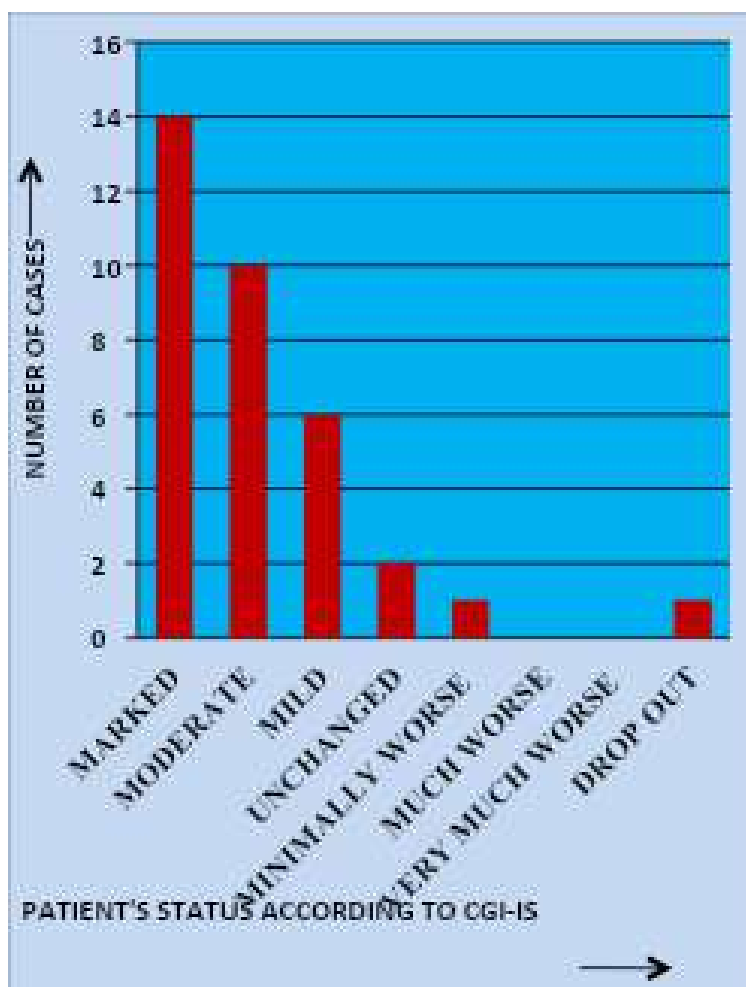
Fig.1. Assessment of improvement of patients according to CGI-IS.

As shown in Fig.1, according to CGI-IS, 41% of the patients showed marked improvement, 29% moderate, 18% of the patients revealed mild improvement, whereas condition of 6% of the patients remained unchanged and one patient became minimally worse after treatment. One

patient dropped out of study before completion.

While formulating the hypothesis, the level of significance was set at 5% level, null hypothesis (H_0) was considered i.e. dreams have no role in the selection of similimum and alternate hypothesis (H_1) was formulated i.e. dreams form an important part of totality of symptoms, for the purpose of selection of similimum. As evident from the results presented in Table 5, there was significant improvement ($p<0.05$) in the clinical conditions and quality of life of the patients undergone the treatment during the course of study.

Psora predominance was seen in 24 cases (Table 6) and out of this improvement was found in 62.5%. Cases with sycotic predominance (n=7) showed cent percent improvement followed by cases with syphilitic miasm (66.67%) predominance and psoric miasm predominance which is in accordance with the Theory of Chronic Miasms, (Hahnemann , 2005).

Table 5.: Outcome of the Study According to Quality of Life (QOL) and Clinical Global Impression-Improvement Scale (CGI-IS)

Serial Number.	Complaint	Before Treatment (QOL)	After Treatment (QOL)	Points of Improvement	Comments (CGI-IS)
1.	Psoriasis	45	108	63	Mark. imp. (1)
2.	Neurofibroma	70	85	15	Mild. imp. (3)
3.	Worm infestation	68	110	42	Mark. imp. (1)
4.	Alopecia	76	92	16	Mod. imp. (2)
5.	Premature greying of hairs	70	-	-	Dropped out
6.	Sciatica	54	105	51	Mark. imp. (1)
7.	Paraesthesia	74	87	13	Mod. imp. (2)
8.	Low back pain	60	80	20	Mod. imp. (2)
9.	Fibro-epithelial polyp	80	88	8	Mild imp. (3)
10.	Procidentia	44	54	10	Minimally worse (5)
11.	Post CVA Syndrome	62	112	50	Mark. imp. (1)
12.	Warts	84	106	22	Mark. imp. (1)
13.	Post auricular lymphadenopathy	70	108	38	Mark. imp. (1)
14.	Chronic gastritis	63	86	23	Mod. imp. (2)
15.	Irritable bowel syndrome	61	104	43	Mark. imp. (1)
16.	Allergic dermatitis	50	94	44	Mod. imp. (2)
17.	Knee joint arthritis	60	92	32	Mod. imp. (2)
18.	Metabolic syndrome	78	110	32	Mark. imp. (1)
19.	Ankle pain	55	87	32	Mod. imp. (2)
20.	Knee joint arthritis	60	72	12	Mild imp. (3)

21.	Acne vulgaris	63	70	7	Mild imp. (3)
22.	Exostosis	92	94	2	Unchanged (4)
23.	Paraesthesia	68	112	44	Mark. imp. (1)
24.	Gastro-oesophageal reflux disorder	56	100	44	Mark. imp. (1)
25.	Nocturnal enuresis	78	104	26	Mark. imp. (1)
26.	Pelvic inflammatory disease	60	83	23	Mod. imp. (2)
27.	Alopecia	67	70	3	Unchanged (4)
28.	Uterine fibroid	61	72	11	Mild imp. (3)
29.	Polyarthralgia	80	94	14	Mod. imp. (2)
30.	Haemorrhoids	69	108	39	Mark. imp. (1)
31.	Dysfunctional uterine bleeding	54	100	46	Mark. imp. (1)
32.	Low back pain	75	82	7	Mild imp. (3)
33.	Low back pain	53	110	57	Mark. imp. (1)
34.	Allergic dermatitis	60	93	33	Mod. imp. (2)

It was inferred that since the calculated 't' value was higher i.e. 11.07 as per CGI-S and 9.45 as per QOL scale, as compared to the table value (2.0345), the alternative hypothesis was found to be true.

Table 6. Miasmatic distribution of improved patients

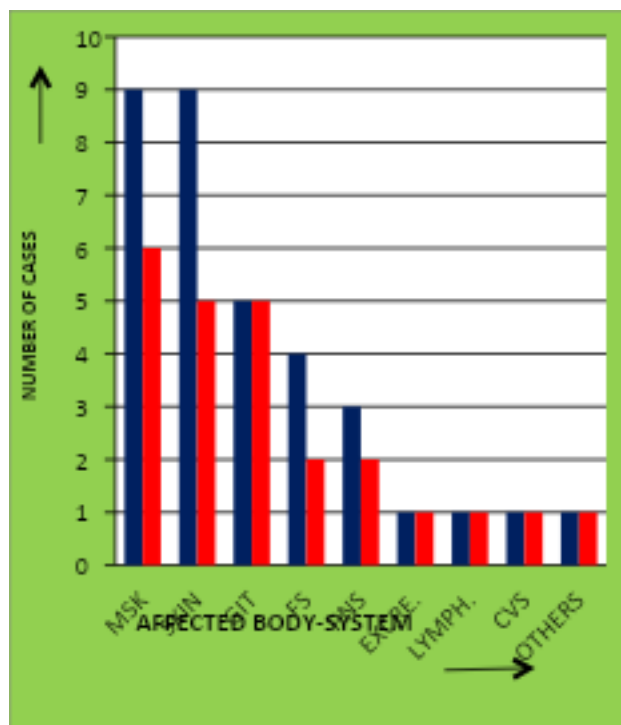| Predominant miasm	Total cases	Improved cases	% of improvement
Psora	24	15	62.50
Syphilis	3	2	66.67
Sycosis	7	7	100.00

Fig.2. Affected body system-wise distribution of improved patients

(M=Musco-skeletal system, S=Skin, G=Gastro-Intestinal, F=Female reproductive system, P=Peripheral nervous system, C=Cardio-vascular system, E=Excretory system, L=Lymphatic system, O=Others)

In case of body-systems affected Fig. 2,all the patients (100%) suffering from GIT, excretory, CVS and lymphatic system complaints shown significant improvement, followed by patients suffering from MSK and PNS complaints at 67% improvement each.

Baseline characteristics of enrolled patients in the study revealed that females and patients belonging to lower-income group had more occurrence of dreams, which could be attributed to their greater vulnerability to malnutrition, lack of education, poverty etc.

The 26% patients had incidence of skin ailments and same percentage the musculo-skeletal disorders. The reasons for getting attracted towards homoeopathic system of treatment are that such diseases get cured rapidly, gently and permanently (Hahnemann, 2005) without any adverse effects on the patients. Secondly, homoeopathic treatment is much economical and cheaper as compared to other treatment modalities.

Twenty patients (59%) had duration of illness ranging from 1 day to 2 years and out of those, 18 were with duration of illness more than 6 weeks, which indicates that people prefer homoeopathic treatment more for chronic ailments, compared to acute ones.

As evident from Table 3, one patient had dreams of falling with sycosis as predominant miasm of the case and was prescribed anti-sycotic medicine i.e. Thuja which showed moderate improvement in the patient's condition. From this observation it may be inferred that dreams of falling are sycotic miasmatic manifestations

(Allen,2013). In another case with same dream, psora was found to be the predominant miasm and here also Thuja was prescribed, which showed signs of improvement. This might be either because dreams of falling are also manifestations of psoric miasm (Patel, 1996) or apart from sycosis Thuja also has some psoric component in it which can be established by new proving's of Thuja as the old proving's had not given clear symptom picture (Kent, 2005).

On the basis of analysis of dreams of sailing and swimming, it may be stated that they are the manifestations of sycotic miasm, as the predominant miasm of both the cases was sycosis and prescribed anti-sycotic medicines showed signs of improvement in both the cases. This view corroborates with the findings of earlier worker (Allen, 2013) who mentioned similar dreams as sycotic miasmatic manifestations. But differs from the findings of other (Patel, 1996) who observed them as psoric miasmatic manifestations.

Four patients had dreams of dead relatives (Table 2). Two of them had syphilis as predominant miasm. One of the cases showed moderate improvement with anti-syphilitic medicine and another showed mild improvement. This case might have shown significant improvement by administering higher potency or longer study period. From this finding it may be inferred that dreams of dead relatives are syphilitic miasmatic manifestations. This is somewhat similar to the previous findings (Ortega ,1980). where dreams of funeral were mentioned as syphilitic miasmatic manifestations. In third case with dreams of dead relatives, predominant miasm was sycosis and

showed marked improvement with pseudo-psoric medicine and in fourth patient, psora was the predominant miasm and showed marked improvement with anti-sycotic medicine. Therefore, it may be stated that such dreams are psoric as well as sycotic miasmatic manifestations.

In cases with dreams of robbers, wedding, murder, ghosts, fire, flying and pleasant dreams, predominant miasm was noticed to be psora and they showed signs of improvement with pseudo-psoric and anti-psoric medicines. As it is known that pseudo-psora is advanced form of psora, it can be stated that these dreams are owing to psoric miasmatic (Ortega, 1980) manifestations**.**

In this study, three cases with frightful dreams were found with psora as the predominant miasm. Two cases showed improvement with tri-miasmatic medicines. From this observation it may be inferred that frightful dreams might be the manifestations of all three miasms. And this finding is similar to the findings of earlier researchers, (Patel, 1996; Hahnemann, 2005) who observed such dreams as psoric, (Hahnemann, 2005) syphilitic (Ortega, 1980) as well as sycotic miasmatic manifestations.

In a patient with dreams of accidents (Table 2), predominant miasm was psora and marked improvement was seen with tri-miasmatic medicine. From this observation it may be stated that such dreams might be the manifestation of all the miasms but chiefly has psoric component.

Two patients had dreams of death. In one case sycosis was the predominant miasm and showed marked improvement with anti-sycotic medicine indicating that such dreams might be sycotic miasmatic manifestation (Allen, 2013). In another case, psora was found to be predominant miasm and showed marked improvement with pseudopsoric medicine. From this finding it may be inferred that such dreams might be the manifestation of psora

also**.**

Three patients reported dreams of snakes (Table 2) with psora as predominant miasm. One case showed improvement with anti-sycotic medicine and another with tri-miasmatic medicine. Thus, the dreams

of snakes might be psoric as well as sycotic miasmatic manifestations.

One of the patients had dreams of fish and another had dreams of weeping. Sycosis was the predominant miasm in both the cases. The patients showed improvement with pseudo-psoric medicines. Therefore, it may be inferred that such dreams are sycotic as well as psoric miasmatic manifestations.

In two cases, patients reported dreams of journey (Table 2). In one case predominant miasm was syphilis and in another it was psora.

One of the cases showed improvement with anti-psoric medicine and another with anti-

sycotic medicine. From this finding it may be stated that such dreams are manifestations of all three miasms which differs from the earlier findings where such dreams were mentioned chiefly as manifestation of psoric miasm.

Conclusion

From the results of the study conducted under the described set of conditions, it is concluded that in comparison to null hypothesis (H_0) that the dreams have no role in the selection of simillimum, the alternative hypothesis (H_1) is proved true i.e. dreams form an important part of totality of symptoms for the purpose of selection of simillimum. However, more such studies are required for longer duration involving larger population with different socio-economic strata, occupations, rural population, level of education etc. to extrapolate the statistically analysed results to the overall population.

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