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Original Research Paper

Homeopathy

PRIMARY HYPERTENSION THROUGH THE LENS OF HOMOEOPATHY: A COMPREHENSIVE REVIEW

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ABSTRACT

Background: Primary hypertension is one of the most prevalent chronic non-communicable diseases and a leading modifiable risk factor for cardiovascular morbidity and mortality worldwide. Despite advances in conventional management, interest in complementary approaches such as homoeopathy has increased because of its individualized and holistic approach. **Objective:** To review the current understanding of primary hypertension and evaluate the role of individualized homoeopathic management based on classical homoeopathic principles and available clinical evidence. **Methodology:** A narrative review was conducted using standard medical textbooks, classical homoeopathic literature, and peer-reviewed published studies on primary hypertension and individualized homoeopathic management. The reviewed literature suggests that individualized homoeopathic management may contribute to improved blood pressure control and overall well-being in selected patients with Stage I primary hypertension.

KEYWORDS : Primary Hypertension, Homoeopathy, Individualization, Chronic Disease, Cardiovascular Disorders.

INTRODUCTION

Hypertension is one of the most important global public health challenges and remains a leading cause of premature morbidity and mortality. It is a major risk factor for cardiovascular diseases, cerebrovascular accidents, chronic kidney disease, heart failure, peripheral arterial disease, and retinal vascular disorders. Despite significant advances in preventive medicine and pharmacological therapy, hypertension continues to affect more than one billion individuals worldwide and contributes substantially to the global burden of disease[1,2]

Primary hypertension, commonly referred to as essential hypertension, accounts for nearly 90–95% of all hypertensive cases. Unlike secondary hypertension, no single identifiable pathological cause can be established. The disorder develops gradually through complex interactions among genetic predisposition, neuro-hormonal mechanisms, environmental influences, metabolic abnormalities, and lifestyle factors.

In recent decades, hypertension has increasingly affected younger adults, particularly those between 25 and 45 years of age. Sedentary occupations, reduced physical activity, excessive dietary sodium intake, obesity, psychological stress, tobacco consumption, alcohol use, and inadequate sleep have significantly contributed to this epidemiological transition. Because hypertension usually remains asymptomatic during its early stages, it is widely recognized as the "silent killer." Many individuals are diagnosed only after developing complications involving the heart, brain, kidneys, or eyes.[1]

From a homoeopathic perspective, elevated blood pressure represents only one manifestation of a deeper constitutional disturbance. Homoeopathy aims not merely to normalize blood pressure but to restore the equilibrium of the vital force through individualized treatment based upon the totality of symptoms. Constitutional prescribing, assessment of miasmatic background, careful follow-up, and evaluation of remedy response constitute the foundation of successful long-term management.

This review aims to provide a comprehensive overview of primary hypertension from both conventional and homoeopathic perspectives, with particular emphasis on individualized homoeopathic management, available clinical evidences.

Definition

Primary hypertension, also known as essential hypertension, is defined as a sustained elevation of systemic arterial blood pressure for which no specific secondary cause can be identified. It is diagnosed when systolic blood pressure is 140 mmHg or higher and/or diastolic blood pressure is 90 mmHg or higher on repeated measurements under standardized conditions. Approximately 90–95% of hypertensive patients are diagnosed with primary hypertension, whereas only 5–10% have secondary hypertension resulting from identifiable renal, endocrine, vascular, or other systemic disorders.[1,2]

Classification of Hypertension

Hypertension is classified according to blood pressure levels, underlying etiology, and severity. Appropriate classification assists clinicians in determining prognosis, selecting suitable therapeutic interventions, and reducing the risk of target organ damage.[2,3,4]

Classification According to Blood Pressure Levels

According to the European Society of Cardiology/European Society of Hypertension (ESC/ESH) Classification:

Category	Systolic Blood Pressure (mmHg)	Diastolic Blood Pressure (mmHg)
Optimal	<120	<80
Normal	120–129	80–84
High Normal	130–139	85–89
Grade 1 Hypertension	140–159	90–99
Grade 2 Hypertension	160–179	100–109
Grade 3 Hypertension	≥180	≥110
Isolated Systolic Hypertension	≥140	<90

Clinical Features

Primary hypertension is frequently asymptomatic, particularly during its early stages. Many individuals remain undiagnosed for years until hypertension is detected during routine health examinations or after complications develop. Because of this silent progression, hypertension has earned the title

"the silent killer."

When symptoms are present, patients may complain of:

- Persistent or early morning headache
- Dizziness or light-headedness
- Palpitations
- Easy fatigability
- Nervousness or anxiety
- Shortness of breath on exertion
- Blurring of vision
- Epistaxis
- Tinnitus
- Disturbed sleep

Severe or uncontrolled hypertension may present with symptoms related to target organ damage, including chest pain, neurological deficits, heart failure, renal impairment, or visual loss.[1,2]

The Principal Objectives of Homoeopathic Management

- Restoration of the disturbed vital force.
- Individualized constitutional prescribing.
- Improvement in general well-being and quality of life.
- Reduction of susceptibility to disease.
- Prevention of disease progression through regular follow-up. [5,6]

Homoeopathic Therapeutics [10,11]

Remedy	Characteristic Indications
Natrum muriaticum	Hypertension associated with grief, emotional suppression, headache, palpitations, and craving for salt.
Lachesis mutus	Menopausal hypertension, left-sided complaints, intolerance of tight clothing, hot flushes, and congestion.
Nux vomica	Sedentary lifestyle, mental overwork, irritability, stress, stimulants, alcohol use, and gastric disturbances.
Aurum metallicum	Hypertension with depression, hopelessness, arteriosclerosis, and cardiac hypertrophy.
Glonoinum	Sudden vascular congestion, throbbing headache, facial flushing, and marked elevation of blood pressure.
Belladonna	Acute congestive episodes with flushed face, bounding pulse, throbbing carotids, and severe headache.
Baryta muriatica	Elderly patients with arteriosclerosis, vascular degeneration, and cerebral circulatory insufficiency.
Sulphur	Chronic constitutional cases with heat, burning sensations, unhealthy skin, and psoric manifestations.
Crataegus oxyacantha	Cardiac weakness, reduced myocardial efficiency, and early cardiac involvement associated with hypertension.

Evidence Supporting Homoeopathy in Primary Hypertension

Sadhukhan et al. (2021)

- Study design: Double-blind, randomized, placebo-controlled pilot trial. Participants: 68 patients with Stage I essential hypertension (34 in the individualized homoeopathy group and 34 in the placebo group). Intervention: Individualized homoeopathic medicines selected after detailed case-taking, repertorization, and constitutional assessment. The control group received placebo. Duration: Six months. Outcome measures: Systolic blood pressure (SBP), diastolic blood pressure (DBP), and Measure Yourself Medical Outcome Profile (MYMOP-2) scores. Conclusion: The authors concluded that individualized homoeopathic treatment may be beneficial as an adjunctive approach in Stage I essential hypertension, while emphasizing the need for larger multicentric randomized controlled trials.[7]

Varanasi et al. (2020)

- Study Design: Single-blind, randomized, placebo-controlled clinical trial. Participants: 2,127 individuals were screened, of whom 217 eligible patients with Stage I essential hypertension were enrolled and randomized (116 received individualized homoeopathy with lifestyle modification and 101 received placebo with lifestyle modification). Intervention: Individualized constitutional homoeopathic medicines selected according to classical homoeopathic principles, combined with lifestyle modification. Duration: Three months. Outcome measures: Blood pressure and anger scores. Conclusion: The study suggested that individualized homoeopathic treatment, when combined with lifestyle modification, may improve both blood pressure control and psychological well-being in patients with Stage I essential hypertension.[8]

Saha et al. (2013)

- Study Design: Randomized, double-blind, placebo-controlled clinical trial. Participants: 150 patients were randomized (70 to individualized homoeopathy and 80 to placebo), with 132 completing the study. Intervention: Individualized constitutional homoeopathic medicines selected after comprehensive case-taking and repertorization. Duration: Six months. Outcome measures: Systolic blood pressure, diastolic blood pressure, and quality-of-life assessment. Conclusion: The study provided preliminary evidence supporting individualized homoeopathic treatment in Stage I essential hypertension, while recommending larger confirmatory trials.[9]

CONCLUSION

- Homoeopathy offers a holistic and individualized approach to the management of primary hypertension by considering the patient's constitutional characteristics, mental and emotional state, physical generals, and totality of symptoms rather than blood pressure values alone. Constitutional prescribing aims to improve overall health and quality of life while addressing the individual's susceptibility to disease. [10,11]
- Available clinical evidence suggests that individualized homoeopathic treatment may contribute to improved blood pressure control and psychological well-being in selected patients with Stage I primary hypertension. However, the current evidence is limited by small sample sizes, methodological heterogeneity, and short follow-up periods.[7–9] Therefore, larger multicentric randomized controlled trials are required to establish stronger scientific evidence regarding the effectiveness of individualized homoeopathic management. Further high-quality clinical research is needed to better define the role of homoeopathy as a complementary approach in the management of primary hypertension.

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