

Beyond Blood Pressure: Exploring Homoeopathy in Hypertension Management

A Critical Review of Clinical Evidence and Repertorial Perspectives

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Abstract—Background: Hypertension is a major public-health concern associated with cardiovascular disease, stroke, kidney disease, and premature mortality. Effective management requires accurate diagnosis, lifestyle modification, appropriate medication, and regular monitoring. **Objective:** To review published literature concerning homoeopathy and hypertension, with particular attention to individualized prescribing, repertorial perspectives, and available clinical evidence. **Methods:** This narrative review is intended to examine relevant published literature, including clinical studies addressing homoeopathy in hypertension and prehypertension. Before submission, the author should document the databases searched, search dates, search terms, and selection criteria actually used.

Discussion: Clinical studies have investigated individualized homoeopathic treatment in people with prehypertension or stage I hypertension. The findings require cautious interpretation because preliminary studies do not establish efficacy and may have limitations in sample size and design. **Conclusion:** Further rigorous research is needed to establish whether homoeopathic interventions provide clinically meaningful benefits in hypertension. Repertorial analysis can describe prescribing approaches but does not itself prove therapeutic efficacy. Homoeopathy should not replace evidence-based hypertension treatment.

Index Terms—Hypertension; Homoeopathy; Repertory; Individualized Homoeopathy; Clinical Trials; Blood Pressure.

I. INTRODUCTION

Hypertension, commonly known as high blood pressure, is a chronic medical condition and a major risk factor for cardiovascular morbidity and mortality. It may remain asymptomatic for long periods, delaying diagnosis and increasing the risk of

complications when blood pressure remains uncontrolled.

The management of hypertension involves more than a single blood pressure reading. Accurate assessment, repeated measurements when appropriate, evaluation of cardiovascular risk, lifestyle modification, and pharmacological treatment according to clinical indications are essential components of care.

Homoeopathic practice traditionally emphasizes individualized assessment and medicine selection based on the patient's reported symptoms, general characteristics, associated complaints, and clinical presentation. However, traditional prescribing principles must be distinguished from evidence demonstrating that a treatment effectively lowers blood pressure or prevents cardiovascular complications.

This review considers published literature on homoeopathy and hypertension, emphasizing clinical research, repertorial perspectives, and the need for scientifically rigorous evaluation.

II. UNDERSTANDING HYPERTENSION

Blood pressure is expressed as systolic and diastolic values. Systolic pressure reflects arterial pressure during cardiac contraction, whereas diastolic pressure reflects pressure between heartbeats. Diagnosis should be based on appropriately performed measurements and applicable clinical guidelines; thresholds can differ between guidelines and clinical settings.

Persistent elevation of blood pressure increases cardiovascular workload and may contribute to damage involving the heart, brain, kidneys, retina, and blood vessels. Because hypertension may produce no obvious symptoms, headache, dizziness, or

palpitations cannot reliably establish whether blood pressure is high. Objective measurement and appropriate medical evaluation are essential.

Blood Pressure Classification (JNC VI Criteria)

The following classification is reproduced from the supplied reference image. Blood pressure categories should be interpreted using the guideline specified by the target journal and the relevant clinical context.

Category	Systolic (mmHg)	Diastolic (mmHg)
Optimal	<120	AND <80
Normal	<130	AND <85
High Normal	130–139	OR 85–89
Hypertension Stage 1	140–159	OR 90–99
Hypertension Stage 2	160–179	OR 100–109
Hypertension Stage 3	≥180	OR ≥110

Investigations in the Evaluation of Hypertension

Investigations help confirm persistent hypertension, assess cardiovascular risk, and identify possible target-organ involvement or secondary causes when clinically indicated. The choice of tests should be individualized according to the patient's history, examination, age, comorbidities, and applicable guidelines.

Investigation	Purpose / Clinical Relevance
Office blood pressure measurement (repeat readings)	Confirms elevated readings when measured with proper technique and an appropriate cuff.
Home blood pressure monitoring or 24-hour ambulatory BP monitoring, when available	Helps assess blood pressure outside the clinic and identify white-coat or masked hypertension.
Urinalysis	Screens for blood or protein in urine that may suggest renal involvement.
Urine albumin-to-creatinine ratio (UACR)	Assesses albuminuria and possible kidney damage.
Serum creatinine and estimated GFR (eGFR)	Evaluates kidney function.
Serum electrolytes (especially sodium and potassium)	Assesses electrolyte status and may help guide treatment or evaluation for secondary causes.

Fasting blood glucose and/or HbA1c	Screens for diabetes and helps assess overall cardiovascular risk.
Lipid profile	Assesses dyslipidaemia and cardiovascular risk.
12-lead electrocardiogram (ECG)	May identify rhythm abnormalities or evidence suggestive of left ventricular hypertrophy or prior cardiac disease.
Fundoscopic examination, when indicated	May identify retinal vascular changes associated with severe or longstanding hypertension.
Additional tests for secondary hypertension, when clinically indicated	Selected according to clues from history, examination, age of onset, severity, resistant hypertension, or initial test results.

III. RISK FACTORS AND COMPLICATIONS

Risk factors include increasing age, family history, excess dietary sodium, physical inactivity, overweight or obesity, excessive alcohol consumption, tobacco use, and certain underlying medical conditions. Some risk factors are modifiable, while others are not.

Uncontrolled hypertension is associated with coronary artery disease, heart attack, stroke, heart failure, chronic kidney disease, retinal vascular damage, and increased overall cardiovascular risk. Prevention and management therefore require a comprehensive approach rather than reliance on symptoms alone.

IV. CONTEMPORARY MANAGEMENT OF HYPERTENSION

Evidence-based management includes lifestyle measures and antihypertensive medicines when indicated. Lifestyle interventions may include reducing excess dietary sodium, following a balanced diet, maintaining a healthy weight, engaging in regular physical activity, avoiding tobacco, and moderating alcohol consumption.

Depending on blood pressure levels, cardiovascular risk, associated conditions, and applicable clinical guidelines, a healthcare professional may prescribe one or more antihypertensive medicines. Regular monitoring is important to evaluate treatment response. Patients should not discontinue, reduce, or delay prescribed medication without consulting their treating clinician.

V. HOMOEOPATHIC PERSPECTIVE

Homoeopathic practice traditionally emphasizes individualized assessment and selection of medicines according to the totality of the patient's presentation. Practitioners may consider reported symptoms, general characteristics, associated complaints, medical history, and other features during case analysis.

A distinction must be maintained between principles used in homoeopathic case-taking and evidence demonstrating that a treatment effectively lowers blood pressure or prevents cardiovascular complications. A medicine selected according to an individualized assessment cannot be assumed to control hypertension unless reliable clinical evidence demonstrates that effect.

VI. HOMOEOPATHIC MANAGEMENT: MATERIA MEDICA AND REPERTORIAL PERSPECTIVES

Repertorial analysis may describe how practitioners identify symptom rubrics and compare medicine associations. A publishable analysis should specify the repertory title, edition, exact rubric wording, and criteria used to select the rubrics. The presence of a medicine under a rubric does not establish clinical effectiveness in hypertension.

Hypertension in Repertory:

DR. ROBIN MURPHY:

HYPERTENSION, high blood pressure – acon., adon., adren., agar., all-s., AML-N., anh., ant-ar., aran., aran-ix., arg-n., arn., ars., asar., aster., AUR., aur-br., aur-i., aur-m., aur-m-n., bar-c., bar-m., bell., calc., calc-f., calc-p., calcul-r., caust., chin-s., chloram., chlorpr., choc., coff., con., convo-s., cortico., cortiso., CRAT., cupr., cupr-acet., cupr-ar., cyna., cyt-l., dig., ergot., esp-g., fl-ac., gels., GLON., grat., hyosin., ign., iod., ipom., iris, kali-c., kali-chl., kali-p., kali-sal., kres., LACH., lat-m., lyc., lycps., mag-c., mand., methys., morg., naja, NAT-M., nit-ac., NUX-V., onop., ph-ac., phos., pic-ac., pitu-p., plb., plb-i., psor., puls., rad-br., rauw., reser., rhus-t., sang., saroth., sec., sep., ser-ang., sil., squil., stront-c., stront-i., stroph., sulph., sumb., tab., thal., thlaspi, thuj., valer., vanad., VERAT., verat-v., visc.

heart, disease, with – aur., coff., CRAT., glon., LACH., nat-m., reser., stroph.
sudden, rise of – adren., coff., glon.

SYNTHESIS REPERTORY:

HYPERTENSION: acon., adon., Adren., agar., aids., ail., Am-m., Ambr., aml-ns., androc., anh., ant-ar., aran., aran-ix., arg-n., arn., ars., asar., aster., atra-r., Aur., aur-br., aur-i., aur-m., aur-m-n., Bar-c., bar-m., bell., benz-a., borra-o., cactin-m., calc-ren., calc., calc-f., calc-p., caust., chinin-s., chlor., chloram., chlorpr., choc., coff., convo-s., cortico., cortiso., crat., crot-c., cupr., cupr-act., cupr-ar., cyna., cyt-l., dig., diph., dulc., ergot., esp-g., ferr-i., fl-ac., gels., glon., glycyrr-g., Grat., ign., iod., iris., kali-c., kali-chl., kali-m., kali-p., kali-sal., kres., lac-c., lach., lat-h., lat-m., lyc., mag-c., mand., med., meli., methys., morg-p., naja., nat-m., nit-ac., nux-v., onop., ph-ac., phos., pic-ac., pitu., Plb., plb-i., psor., pulm-a., puls., rad-br., Rauw., reser., rhus-t., sang., Sec., sep., sil., squil., Stron-c., Stront-i., sulph., Sumb., syph., tab., thal., thlas., thuj., tub., tub-m., valer., vanad., verat., verat-v., Visc.

Important Homoeopathic Medicine:

1. Aurum metallicum
2. Belladonna
3. Cactus grandiflorus
4. Crataegus
5. Glonoinum
6. Lachesis
7. Natrummuriaticum
8. Phosphorus
9. Plumbummetallicum
10. Rauwolfiaserpentina
11. Sanguinaria canadensis

Diet and Hypertension

1. Do not use salt at the table.
2. Check food labels for sodium content.
3. Choose unprocessed foods.
4. Limit processed meats and cheeses.
5. Limit pickled meats and vegetables.
6. Limit salty snacks
7. Limit intake of salty foods

Exercise and Hypertension

1. Patient should warm up for no less than 5 – 10 minutes.

2. Yoga exercises may be advised such as, Surya Namaskar Asana.
3. Aerobic Exercise

VII. REVIEW OF PUBLISHED CLINICAL EVIDENCE

A double-blind, randomized, placebo-controlled pilot trial published in 2021 investigated individualized homeopathic medicines in participants with stage I essential hypertension. The study primarily assessed the feasibility of conducting a larger definitive trial. Pilot findings should not be interpreted as definitive proof of efficacy.

A separate double-blind, randomized, placebo-controlled trial examined individualized homeopathic medicines in people with prehypertension. Its findings were described as inconclusive. Such studies should be interpreted in light of their design, sample size, outcome measures, statistical findings, and limitations.

Before submission, the author should read the full texts of the cited studies and accurately report their sample sizes, interventions, primary outcomes, results, confidence intervals where available, and limitations. Avoid drawing conclusions beyond the data.

VIII. CRITICAL DISCUSSION

The available clinical literature does not establish sufficiently reliable evidence to support replacing established antihypertensive treatment with homeopathic medicines. Future studies should use clearly defined eligibility criteria, adequate sample sizes, appropriate control groups, prespecified primary outcomes, standardized blood pressure measurement, transparent statistical analysis, and sufficient follow-up. Research should document concomitant treatments and lifestyle interventions because these factors can influence blood pressure. Repertorial analysis may describe the prescribing framework, but it must remain distinct from assessment of clinical efficacy. A balanced review should report favorable, unfavorable, and inconclusive findings.

IX. CONCLUSION

Hypertension is a potentially serious chronic condition requiring accurate diagnosis, regular monitoring, and

evidence-based management. Published studies have investigated individualized homeopathy in hypertension and prehypertension, but the available findings are insufficient to establish reliable clinical efficacy. Repertorial perspectives may help describe prescribing practices; however, they cannot substitute for controlled clinical evidence. Further high-quality research is required before meaningful conclusions can be drawn about the potential role of homeopathy in hypertension management. Patients should continue appropriate medical monitoring and prescribed antihypertensive treatment unless their treating clinician advises otherwise.

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