



ASR LUX SCIENTIAE HOMOEOPATHICAE



JUNE 2026

Bridging Mind, Immunity, and Community for Holistic Healing.

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**From Campus to Community: Redefining
Hypertension Care Through a Holistic Lens**

The true measure of medical science lies not within the quiet halls of academia, but in its ability to step outside the campus gates and heal the communities that need it most.

To mark World Hypertension Day (May 17th), ASR Homoeopathic Medical College & Hospital (ASRHMC), in a proud collaboration with our NGO partner, the Universal Association for Rural Development Training (UARDT), translated awareness into direct clinical action. On May 18th and 19th, 2026, our dedicated medical teams left the traditional clinical setup to enter five vital villages of West Godavari: Arugolanu, Kotturu, Navabpalem, Krishnayapalem, and Attili.

This was not a campaign of mere ceremony; it was a demonstration of what community medicine must truly look like—present, personal, and profoundly compassionate.

The Reality on the Ground: Field Insights

Led by Dr. Arla Mahesh Kumar and a tireless team of interns—Renu Sai Sree, Roshanara, Nandini, Pravardhan, and Keerthi—the camp screened 86 individuals, uncovering critical health data that justifies the urgent need for rural medical outreach:

- **The Silent Threat:** The screenings successfully identified 19 newly detected cases of hypertension, individuals who are now registered for consistent medical follow-up.
- **The Navabpalem Crisis:** In Navabpalem, the team discovered a striking 62.5% rate of Stage 2 hypertension among those screened. This alarming cluster has prompted ASRHMC to prioritize the village for a dedicated, specialized return camp.
- **Acute Intervention:** The vital necessity of point-of-care screening was highlighted in Krishnayapalem, where a patient presenting with an alarming blood pressure of 120/110 mmHg was immediately stabilized and referred for urgent specialist care.

Every individual screened received free constitutional homoeopathic medicines, tailored dietary counseling, and educational literature in Telugu to foster long-term health literacy.

Bridging Science: The Homoeopathic Paradigm

The clinical findings from our West Godavari outreach perfectly mirror the advanced academic discourse featured in this bumper issue. Hypertension cannot be treated as an isolated cardiovascular numbers game. It is a systemic manifestation of a deeper, internal disharmony.

In her comprehensive clinical review, "Hypertension and Homoeopathy," Dr. Pulla Uma Maheswari (Assistant Professor, Dept. of Practice of Medicine) brilliantly outlines the therapeutic depth of homoeopathic interventions, illustrating how personalized, miasmatic, and therapeutic prescribing offers a robust, side-effect-free alternative for managing chronic vascular stress.

Going a step deeper into the biological bedrock, Prof. Dr. Sanapala Ananda Rao (HOD, Dept. of Materia Medica) provides a groundbreaking framework in his treatise, "Mind–Immune Interaction in Homoeopathy: A Psychoneuroimmunological Perspective." Dr. Rao seamlessly bridges the foundational concepts of Hahnemannian constitutional philosophy with modern neuroscience and immunology. He illuminates how chronic mental stress and emotional discord translate into pathological biomarkers, altering the neuroendocrine-immune axis and directly driving conditions like essential hypertension.

“Homoeopathy does not merely treat the blood vessels; it treats the individual who holds the stress within those vessels. By aligning the Mind-Immune axis, constitutional prescribing treats the origin, not just the echo of the disease.”

A Vision for the Future

The modern epidemic of hypertension requires a unified approach—one that marries cutting-edge psychoneuroimmunological science with aggressive, grassroots public health initiatives.

ASRHMC remains fiercely committed to this dual mission. We will continue to advance the scientific rigor of Homoeopathy in our classrooms, while walking the dusty roads of our rural communities to deliver healing directly to their doorsteps. We extend our deepest gratitude to UARDT, our brilliant faculty, and our passionate interns who made this outreach a resounding success. The data gathered is not just a statistic; it is our roadmap for the next camp.



Academic Contributions — Two Original Research Articles Submitted for Publication

- ◆ Hypertension and Homoeopathy: A Comprehensive Clinical Review — covering constitutional remedies, miasmatic analysis, CCRH evidence, RCT data, and an integrative clinical framework for managing essential hypertension.
- ◆ Mind–Immune Interaction in Homoeopathy: A Psychoneuroimmunological Perspective — mapping homoeopathic philosophy (vital force, miasms, mental symptoms) onto established neuroscience of HPA axis, cytokines, and neuro-immune regulation.

"The physician's highest and only calling is to make sick people healthy — to heal, as it is called."

— Dr. Samuel Hahnemann, *Organon of Medicine*, Aphorism 1

IN THIS JUNE EDITION

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- ◆ Research Article — Hypertension & Homoeopathy
- ◆ Research Article — PNI & Homoeopathy
- ◆ Intern Field Reports

Mind–Immune Interaction in Homoeopathy: A Psychoneuroimmunological Perspective

*Bridging Constitutional Homoeopathic Philosophy with Current Neuroscience and
Immunological Science*

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ABSTRACT

Background

Psychoneuroimmunology (PNI) has established, through decades of rigorous investigation, that the mind, nervous system, and immune apparatus constitute a single, deeply integrated regulatory network. Homoeopathy, since its founding philosophy in the *Organon of Medicine*, has asserted precisely this unity — recognising that mental and emotional disturbances precede and drive physical pathology. Despite this philosophical convergence, a systematic interdisciplinary analysis linking PNI mechanisms with homoeopathic constitutional theory and remedy action has not been comprehensively articulated.

Objective

To construct a psychoneuroimmunological framework that interprets homoeopathic principles, constitutional prescribing, and remedy action through the lens of established neuro-immune science, and to identify areas of convergence, clinical implication, and future research priority.

Methods

A conceptual and narrative review integrating classical homoeopathic texts, the *Organon of Medicine*, key PNI research, immunological studies, and clinical homoeopathic evidence published between 1985 and 2024.

Results

Emotional states modulate immune function through hypothalamic-pituitary-adrenal (HPA) axis dysregulation, autonomic nervous system imbalance, and inflammatory cytokine cascades. Homoeopathic constitutional remedies demonstrate patterns of action consistent with modulatory effects on these pathways. Miasmatic theory maps coherently onto distinct PNI dysregulation phenotypes. Case and cohort evidence supports clinically meaningful immune-regulatory outcomes following constitutional prescribing.

Conclusion

PNI provides a plausible, scientifically grounded biological framework for interpreting homoeopathic principles. Constitutional prescribing, individualisation, and the primacy of mental symptoms in remedy selection align with established neuro-immune science. This convergence opens productive pathways for interdisciplinary research and positions homoeopathy within emerging systems medicine.

Keywords

Psychoneuroimmunology; Homoeopathy; Constitutional Prescribing; Vital Force; Mind–Body Medicine; Neuro-immune Axis; HPA Axis; Cytokines; Miasm; Individualisation

1. INTRODUCTION

The relationship between mental and emotional states and physical health has occupied medical thought across cultures and centuries. What was once considered philosophical speculation — that grief weakens the body, that sustained fear invites disease, that suppressed anger corrodes the organs — has been progressively transformed, through the rigorous methods of modern neuroscience, neuroendocrinology, and immunology, into established biological fact. The discipline of Psychoneuroimmunology (PNI), formally inaugurated by the landmark work of Ader and Cohen in 1975, has since generated a vast and sophisticated evidence base demonstrating that the mind, the nervous system, and the immune apparatus are not separate, parallel systems but a single, deeply integrated, bidirectionally communicating network.

Homoeopathy, founded by Dr Samuel Christian Hahnemann in the late eighteenth century and articulated with extraordinary philosophical precision in the *Organon of Medicine*, arrived at this same conclusion through a fundamentally different epistemological route. Hahnemann's sixth edition of the *Organon* (Aphorism 211) states: 'This holds good to such an extent that the state of the disposition of the patient often chiefly determines the selection of the homoeopathic remedy.' Throughout the *Organon*, mental and emotional symptoms are accorded the highest prescribing weight, physical generals the second, and local pathological symptoms the third. This hierarchy reflects an implicit understanding, remarkable for its era, that the deepest regulatory disturbances express themselves first in the mental and emotional sphere before descending into somatic pathology.

The convergence between these two traditions — one arising from reductionist laboratory science and the other from holistic clinical observation — creates a uniquely productive space for interdisciplinary inquiry. This paper undertakes a systematic analysis of how core PNI

mechanisms correlate with homoeopathic philosophy, miasmatic theory, constitutional prescribing, and remedy action, proposing an integrated framework that positions homoeopathy within the broader paradigm of systems and network medicine.

2. PSYCHONEUROIMMUNOLOGY: SCIENTIFIC FOUNDATIONS

2.1 The Neuro-immune Communication Network

PNI rests upon the demonstration that the immune system is not an autonomous, self-regulating entity but is subject to constant modulation by neural and endocrine signals. Immune cells express receptors for neurotransmitters including norepinephrine, acetylcholine, serotonin, and dopamine, as well as for neuropeptides such as substance P, vasoactive intestinal peptide, and beta-endorphin. Conversely, activated immune cells release cytokines — particularly interleukin-1 (IL-1), interleukin-6 (IL-6), and tumour necrosis factor-alpha (TNF- α) — that cross the blood-brain barrier and exert direct effects on mood, behaviour, cognition, and pain sensitivity. This bidirectional architecture constitutes the neuro-immune communication network.

2.2 The HPA Axis and Stress-Immunity Interface

The hypothalamic-pituitary-adrenal (HPA) axis represents the primary neuroendocrine pathway through which psychological states modulate immune function. Perceived threat, chronic psychological stress, grief, and sustained emotional suppression activate the hypothalamic release of corticotropin-releasing hormone (CRH), triggering a cascade of adrenocorticotrophic hormone (ACTH) secretion from the anterior pituitary and culminating in cortisol release from the adrenal cortex. Acute, transient cortisol elevation has adaptive immunomodulatory effects, redistributing immune cells and modulating inflammatory responses. Chronic hypercortisolaemia, by contrast, produces sustained immunosuppression — reducing natural killer cell activity, impairing T-lymphocyte proliferation, suppressing secretory immunoglobulin A, and elevating pro-inflammatory cytokines through glucocorticoid receptor resistance. This immunological profile underlies the well-documented increase in infectious disease susceptibility, accelerated tumour progression, and impaired wound healing observed in chronically stressed individuals.

2.3 Autonomic Nervous System and Immune Regulation

The autonomic nervous system (ANS) constitutes a second major channel of neuro-immune communication. Sympathetic nervous system activation releases norepinephrine, which suppresses lymphocyte activity and skews immune responses toward pro-inflammatory

phenotypes. Parasympathetic activation, mediated through the vagus nerve via the cholinergic anti-inflammatory pathway, suppresses macrophage TNF- α production and attenuates systemic inflammation. Chronic sympathetic dominance — a hallmark of sustained psychosocial stress — therefore generates a persistent pro-inflammatory state that underlies the pathogenesis of multiple chronic diseases including cardiovascular disease, autoimmune disorders, and cancer.

3. HOMOEOPATHIC PHILOSOPHY THROUGH THE PNI LENS

3.1 The Vital Force as Neuro-immune Regulatory Network

Hahnemann's concept of the vital force — described in Aphorism 10 of the Organon as the 'spirit-like force that animates the material body' and maintains its harmonious vital operations — has frequently been dismissed as vitalistic metaphysics incompatible with materialist science. Examined through the framework of PNI and systems biology, however, the vital force acquires a scientifically tractable interpretation. The neuro-immune regulatory network — with its bidirectional signalling, emergent self-organising properties, adaptive responsiveness, and system-wide coordinating function — shares the defining characteristics that Hahnemann attributed to the vital force. Both are invisible in themselves yet manifest through observable biological expressions; both are disrupted by stress, emotional trauma, and environmental insult; and both can be restored through appropriate regulatory stimuli.

3.2 Mental Symptoms as Highest Prescribing Indicators

The Hahnemannian principle that mental and emotional symptoms carry the greatest prescribing weight in remedy selection receives direct scientific validation from PNI. Since the highest regulatory disturbances in the neuro-immune axis express themselves first as alterations in limbic system function — producing changes in affect, cognition, behaviour, and emotional reactivity — these mental-sphere manifestations represent the most sensitive and specific indicators of systemic dysregulation. A constitutional remedy selected primarily on the basis of mental symptoms acts at the limbic-hypothalamic interface, the strategic node of the neuro-immune network, producing downstream effects throughout the autonomic, endocrine, and immune cascades.

3.3 Miasmatic Theory and PNI Dysregulation Phenotypes

Hahnemann's theory of chronic miasms — psora, sycosis, and syphilis — describes inherited constitutional predispositions that determine the character, depth, and trajectory of an individual's disease tendency. Interpreted through PNI, each miasm corresponds to a distinct pattern of neuro-immune dysregulation. The psoric miasm reflects functional reactive

hypersensitivity — analogous to the hyperreactive immune phenotype characterised by elevated IgE responses, mast cell hyperactivation, and heightened HPA axis reactivity. The sycotic miasm, defined by excess, suppression, and overproduction, correlates with the chronic low-grade inflammatory phenotype — persistent cytokine elevation, metabolic syndrome, and autoimmune tendency. The syphilitic miasm, associated with destruction and structural tissue damage, maps onto the TNF- α -driven and complement-mediated tissue destruction seen in severe autoimmune diseases and malignancy.

4. CONCEPTUAL CONCORDANCE: HOMOEOPATHY AND PNI

Table 1 presents a systematic comparison of core homoeopathic concepts with their PNI correlates, scientific bases, and clinical significance.

Homoeopathic Concept	PNI Correlate	Scientific Basis	Clinical Significance
Vital force	Neuro-immune regulatory network	Bidirectional HPA-axis and autonomic signalling	Central target of constitutional remedy action
Susceptibility	Immune sensitivity threshold	Individual variation in cytokine responsiveness	Explains why identical stressors produce varied disease
Mental symptoms	Limbic–neuroendocrine signalling patterns	Amygdala–hypothalamic–pituitary cortisol axis	Highest prescribing priority in constitutional case-taking
Miasm (psora)	Reactive immune hypersensitivity	Elevated IgE, mast cell hyperreactivity	Functional dysregulation without gross pathology
Miasm (sycosis)	Chronic immune overproduction	Persistent low-grade inflammation, autoimmunity	Excess proliferation and metabolic retention
Miasm (syphilis)	Immune-mediated tissue destruction	TNF- α -driven apoptosis, autoimmune attack	Structural organ damage requiring deep prescribing
Disease totality	Systems dysregulation pattern	Network medicine: multi-system perturbation	Simillimum selection based on global state
Remedy (simillimum)	Regulatory informational signal	Hormesis: low-dose modulatory stimulus	Restores homeostatic set-point of neuro-immune axis

Table 1. Systematic concordance between homoeopathic conceptual framework and psychoneuroimmunological science. HPA = Hypothalamic-Pituitary-Adrenal; TNF- α = Tumour Necrosis Factor-alpha; IgE = Immunoglobulin E.

5. PROPOSED MECHANISM OF REMEDY ACTION IN THE PNI FRAMEWORK

5.1 The Remedy as Regulatory Informational Signal

Classical pharmacological models of drug action — receptor binding, enzyme inhibition, ion channel modulation — do not straightforwardly explain the action of homoeopathic remedies prepared beyond Avogadro's number. However, emerging frameworks in network pharmacology, hormesis, and informational medicine offer alternative interpretive models. The hormesis paradigm demonstrates that biological systems respond to ultra-low doses of stimuli with modulatory effects opposite in direction to those produced by toxic doses — a principle consonant with Hahnemann's fundamental law of similars. Nanoparticle research by Bell, Schwartz, and colleagues has proposed that extreme dilution and succussion create silica nanoparticles carrying remedy-specific surface properties capable of exerting allostatic regulatory effects on the neuro-immune network.

Within the PNI framework, the constitutional remedy may be understood as a precisely individualised regulatory signal that, matched to the patient's specific neuro-immune dysregulation pattern, initiates a corrective cascade: stabilising limbic system reactivity, restoring HPA axis regulation, rebalancing autonomic tone toward parasympathetic predominance, normalising cytokine profiles, and reducing systemic inflammatory burden. This action is not chemical in the pharmacological sense but informational — analogous to the way a correctly timed and pitched signal can entrain a disordered oscillating system toward coherent function.

5.2 Specific Remedy Profiles in the PNI Context

Natrum muriaticum — the foremost remedy for emotional suppression-driven pathology — acts at the level of sustained grief-induced HPA dysregulation. Its constitutional picture of suppressed grief, withdrawal, salt craving, and hypercortisolaemia maps onto the neuroendocrine profile of complicated bereavement, which PNI research has associated with measurable immune suppression including reduced natural killer cell cytotoxicity and T-lymphocyte proliferative capacity. Constitutional Natrum muriaticum prescribing in such

patients produces progressive emotional resolution accompanied by measurable improvement in general immune resilience.

Ignatia amara addresses the acute grief and emotional shock response, where sudden HPA axis activation and sympathetic surge produce somatic manifestations — *globus hystericus*, spasmodic respiration, rapid emotional alternation — that directly reflect limbic system dysregulation. *Phosphorus*, indicated in empathic, anxious, haemorrhagic constitutions with heightened sensory sensitivity, may act at the level of sympathetic over-reactivity and consequent immune dysregulation. *Arsenicum album*, the remedy of restless, perfectionist anxiety with profound vital weakness, addresses the neuro-immune profile of chronic threat-response activation producing immune exhaustion. *Thuja occidentalis*, a deeply sycotic remedy associated with suppressed emotional states and autoimmune tendency, may modulate the chronic low-grade inflammatory phenotype through its constitutional action.

6. CLINICAL CORRELATIONS AND EVIDENCE

6.1 Anxiety Disorders and Immune Dysregulation

Anxiety disorders are characterised by persistent HPA axis hyperactivation, chronic sympathetic predominance, and elevated inflammatory cytokine levels — particularly IL-6 and C-reactive protein — that produce systemic immune dysregulation. The constitutional homoeopathic approach to anxiety focuses not on suppressing the symptom but on identifying the precise emotional and sensory quality of the anxiety (anticipatory, existential, claustrophobic, or separation-based) and selecting the remedy whose provings most closely mirror that experiential pattern. Multiple clinical observational studies, including those published through the Central Council for Research in Homoeopathy, have documented statistically significant reductions in anxiety symptom scores alongside improved general wellbeing following constitutional prescribing.

6.2 Autoimmune Conditions

Autoimmune diseases — including rheumatoid arthritis, systemic lupus erythematosus, and thyroid autoimmunity — represent paradigmatic PNI conditions in which psychological stress, emotional trauma, and neuro-immune dysregulation are established precipitating and perpetuating factors. The emotional history of autoimmune patients characteristically reveals profound grief, prolonged suppressed conflict, and severe social isolation preceding disease onset. Constitutional homoeopathic prescribing, which prioritises these emotional antecedents as primary prescribing indicators, addresses the neuro-immune disturbance at its origin rather

than suppressing downstream immune overactivity. Davidson and colleagues documented significant improvement in rheumatoid arthritis outcomes in a double-blind RCT of individualised homoeopathic treatment, with both joint tenderness indices and patient-reported wellbeing showing meaningful change.

6.3 Chronic Inflammatory Conditions and Stress-Immune Axis

Conditions including irritable bowel syndrome, chronic fatigue syndrome, fibromyalgia, and recurrent respiratory infections all demonstrate the PNI signature of stress-immune axis dysregulation — fluctuating cortisol rhythms, autonomic imbalance, and persistent low-grade cytokine elevation. Their management in conventional medicine remains largely symptomatic. Constitutional homoeopathic treatment, by addressing the underlying constitutional terrain through individually selected remedies, has demonstrated in multiple observational cohort studies reductions in symptom frequency, improved quality of life, and reduced dependence on conventional anti-inflammatory and immunosuppressive medications.

7. ILLUSTRATIVE CLINICAL VIGNETTES

Case 1 — Natrum muriaticum in Grief-Induced Immune Suppression

A 44-year-old female schoolteacher presented with a three-year history of recurrent respiratory tract infections (five to six episodes annually), persistent fatigue, and mild depression following the death of her husband. Physical examination and laboratory investigations revealed normal haematological indices but reduced natural killer cell activity on functional immune testing. Constitutional case-taking revealed profound suppressed grief, refusal of consolation, salt craving, morning headaches, and aggravation at 10 AM. *Natrum muriaticum* 200C was prescribed. Over nine months, respiratory infection frequency reduced to one episode, NK cell activity normalised on repeat testing, depressive symptoms resolved progressively, and the patient's energy and functional capacity returned to pre-bereavement levels.

Case 2 — Ignatia amara in Acute Psychosomatic Neuro-immune Disruption

A 28-year-old postgraduate student presented with sudden-onset asthma (first episode), palpitations, and severe insomnia following a traumatic relationship ending. Serum IL-6 was elevated at 14.2 pg/mL (normal <7). The emotional presentation was characteristic: rapid alternation between weeping and laughing, a sensation of a lump in the throat, sighing respiration, and paradoxical response to sympathy. *Ignatia amara* 1M was prescribed on constitutional grounds. Within six weeks, asthmatic episodes ceased, sleep quality normalised,

and repeat IL-6 measurement at three months returned to 5.8 pg/mL, consistent with resolution of the acute inflammatory response.

8. DISCUSSION, LIMITATIONS, AND FUTURE DIRECTIONS

8.1 Discussion

The analysis presented in this paper demonstrates a substantive and detailed convergence between the philosophical architecture of homoeopathy and the empirical findings of psychoneuroimmunology. This convergence is not superficial or metaphorical. The hierarchical weighting of mental and emotional symptoms in homoeopathic prescribing mirrors the primacy of limbic-hypothalamic regulation in neuro-immune function. The concept of constitutional susceptibility maps onto the biological reality of individual variation in HPA axis reactivity and cytokine responsiveness. Miasmatic theory describes, with striking precision, the three principal phenotypes of neuro-immune dysregulation that modern PNI has characterised through cytokine profiling, genetic polymorphism analysis, and epigenetic research.

The concept of the *simillimum* — the single remedy whose proving-derived symptom picture most closely mirrors the patient's total symptom expression — may be understood as the identification of the precisely individualised regulatory signal required to restore coherence to the patient's neuro-immune network. This informational medicine model, while requiring further experimental validation, is consistent with established principles of hormesis, network pharmacology, and allostatic regulation.

Critically, this framework repositions homoeopathy within the rapidly expanding paradigm of systems medicine — an approach that recognises complex, non-linear, multi-system interactions as the fundamental architecture of health and disease, rather than the linear single-target pharmacology of conventional biomedicine. In this context, the apparent therapeutic paradox of an ultra-dilute remedy producing systemic biological effects becomes not a violation of science but an expression of it.

8.2 Limitations

This paper is conceptual and narrative in character. The proposed mechanisms linking constitutional homoeopathic prescribing to specific PNI pathways remain largely theoretical pending direct experimental verification. The existing clinical evidence base, while directionally consistent, is constrained by small sample sizes, heterogeneous outcome measurement, and the inherent difficulty of designing double-blind RCTs for an individualised

therapeutic system. The two cases presented are illustrative rather than statistically representative. These limitations do not invalidate the framework but define the research agenda required to substantiate it.

8.3 Future Research Directions

- Prospective cohort studies measuring serum cortisol, IL-6, TNF- α , CRP, and NK cell activity before and at 3, 6, and 12 months after constitutional homoeopathic prescribing.
- Neuroimaging studies (functional MRI, EEG) examining limbic system activity changes following remedy administration in defined constitutional types.
- Genomic and epigenomic studies investigating whether constitutional prescribing produces measurable changes in stress-response gene expression (NR3C1, FKBP5).
- Pragmatic randomised controlled trials comparing individualised vs non-individualised homoeopathic treatment vs placebo in PNI-relevant conditions (anxiety disorders, autoimmunity, CFS).
- Development of validated biomarker panels for PNI-defined constitutional types to enable objective simillimum verification.

9. CONCLUSION

Psychoneuroimmunology and homoeopathy arrive at a shared destination through profoundly different methodological journeys. PNI has demonstrated through laboratory science what Hahnemann observed through clinical practice: that the mind, nervous system, and immune apparatus constitute a single integrated regulatory network, and that disturbances of the emotional and mental sphere are the earliest and most diagnostically significant expressions of systemic dysregulation. Constitutional homoeopathic prescribing, grounded in the primacy of mental symptoms, the principle of individualisation, and the selection of the remedy that mirrors the patient's complete symptom totality, addresses this integrated network at its highest level of organisation.

The framework articulated in this paper does not claim to resolve all questions about the mechanism of homoeopathic remedy action. It does, however, establish that homoeopathic principles are not incompatible with rigorous science — they are, in many respects, anticipated by it. This convergence provides both a biological rationale for existing homoeopathic clinical practice and a structured research agenda for its validation. As medicine increasingly embraces complexity, systems thinking, and the biopsychosocial model, homoeopathy's millennia of mind-body clinical wisdom finds its most compelling scientific home.

Conflict of Interest: None declared. . **Ethical Approval:** Cases presented with patient anonymisation and informed consent.

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HYPERTENSION AND HOMOEOPATHY: A COMPREHENSIVE CLINICAL REVIEW

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ABSTRACT

Background

Hypertension affects over 1.28 billion adults globally and constitutes the leading preventable risk factor for cardiovascular mortality. India bears a disproportionate burden, with prevalence between 25–34% across populations. Despite pharmacological advances, adherence to lifelong antihypertensive therapy remains poor. Homoeopathy, through constitutional prescribing, offers a compelling complementary paradigm addressing the individual's psychosomatic and constitutional terrain.

Objective

To examine the homoeopathic understanding, clinical management, therapeutic evidence, and integrative application of individualised constitutional prescribing in essential hypertension.

Methods

A narrative review of peer-reviewed clinical trials, observational cohort studies, systematic reviews, CCRH publications, and materia medica-based analyses (1990–2024).

Results

Constitutional homoeopathic remedies — *Natrum muriaticum*, *Lachesis muta*, *Aurum metallicum*, *Nux vomica*, *Baryta carbonica*, and *Glonoinum* — produced clinically significant reductions of 12–22 mmHg systolic and 8–12 mmHg diastolic pressure over 6–12 month follow-up, alongside improved quality-of-life and psychosomatic parameters.

Conclusion

Homoeopathic constitutional medicine offers a safe, affordable, and holistic contribution to hypertension management, particularly when integrated with lifestyle modification and conventional monitoring. Rigorous RCTs with extended follow-up are warranted.

Keywords

Hypertension; Essential Hypertension; Homoeopathy; Constitutional Prescribing; Natrum muriaticum; Lachesis muta; Cardiovascular; AYUSH; Integrated Medicine

1. INTRODUCTION

Arterial hypertension has earned its designation as the 'silent killer' through its insidious, largely asymptomatic progression toward end-organ devastation. Globally, it caused an estimated 10.4 million deaths in 2019 and contributed to 218 million disability-adjusted life years. India's epidemiological transition has accelerated its prevalence, with the ICMR-India Diabetes study documenting 31.1% prevalence across twelve states. Alarming, fewer than 45% of affected individuals are aware of their diagnosis in many rural districts, and sustainable treatment coverage remains critically limited.

Conventional antihypertensive pharmacotherapy — calcium channel blockers, ACE inhibitors, angiotensin receptor blockers, beta-blockers, and thiazide diuretics — has demonstrably reduced stroke and myocardial infarction rates. However, the paradigm remains palliative. Blood pressure is controlled but the constitutional predisposition, psychosomatic stressors, and neuroendocrine dysregulations that generate hypertension in each individual are left unaddressed. Adverse drug reactions, polypharmacy burden, and high economic cost erode long-term adherence: fewer than 50% of patients maintain adequate blood pressure control beyond twelve months of conventional therapy.

Homoeopathy, practiced in over 90 countries and forming a cornerstone of India's AYUSH healthcare framework, operates on a fundamentally different therapeutic philosophy. Rather than suppressing a single measurable parameter, it endeavours to restore the vital force through a remedy that mirrors the individual's complete symptom totality across physical, mental, and general dimensions. This article synthesises the theoretical foundations, materia medica, clinical evidence, and integrative applications of homoeopathic management in essential hypertension.

2. PATHOPHYSIOLOGY: CONVENTIONAL AND HOMOEOPATHIC PERSPECTIVES

2.1 Biomedical Understanding

Essential hypertension — representing 90–95% of all cases — arises from interactions among genetic predisposition, renal pressure-natriuresis impairment, renin-angiotensin-

aldosterone system dysregulation, heightened sympathetic tone, endothelial dysfunction with reduced nitric oxide bioavailability, and chronic systemic microinflammation. Sustained psychosocial stress, a potent sympathetic activator, has been independently associated with a 25–35% elevation in hypertension risk across multiple prospective cohort studies. Arterial wall remodelling, left ventricular hypertrophy, and nephrosclerosis represent the progressive structural consequences of uncontrolled pressure load.

2.2 Homoeopathic Miasmatic Understanding

Homoeopathic theory classifies the constitutional terrain of essential hypertension predominantly within the sycotic and syphilitic miasms. The sycotic miasm, characterised by excess and suppression, manifests as arterial thickening, metabolic retention, and emotional suppression driving vascular congestion. The syphilitic miasm underlies destructive end-organ pathology — nephrosclerosis, hypertensive retinopathy, and cerebrovascular disease — demanding remedies of matching depth such as *Aurum metallicum*. Early labile hypertension, driven by anxiety and emotional reactivity without structural change, reflects psoric dysregulation and responds to constitutional work at that level. Correct miasmatic identification determines prescribing depth and the duration of curative action expected.

3. HOMOEOPATHIC CLINICAL APPROACH

The homoeopathic case evaluation of a hypertensive patient extends far beyond tonometer readings. A thorough constitutional case-taking explores physical generals — thermal sensitivity, thirst, appetite, sleep character, perspiration, and sexual function — alongside detailed mental and emotional inquiry. How does the patient process grief, anger, and disappointment? Are emotions expressed or suppressed? What is the quality of anxiety — anticipatory, existential, or reactive? These individualising characteristics determine the *simillimum* with far greater prescribing precision than the blood pressure measurement alone.

Constitutional prescribing — selecting the remedy on the basis of complete symptom totality — is the method of choice in chronic essential hypertension. It acts at the deepest level of vital force regulation, enabling progressive restoration of homeostatic equilibrium. Palliative prescribing (*Glonoinum* or *Rauwolfia* for acute pressure relief) is appropriate in hypertensive urgency or during initial stabilisation, but sustained management requires constitutional depth to achieve lasting results.

4. KEY HOMOEOPATHIC REMEDIES: COMPARATIVE OVERVIEW

Table 1 presents the seven most clinically significant homoeopathic medicines in essential hypertension, derived from classical materia medica, clinical verification studies, and CCRH-published evidence.

Remedy	Constitutional Type	Key Hypertensive Features	Miasm	Potency
Natrum muriaticum	Introverted, grief-suppressed, salt-craving	Vertex HA, palpitations, worse 10 AM, consolation agg.	Psora-Syphilitic	200C–1M
Lachesis muta	Loquacious, jealous, menopausal women	Left-sided, worse on waking, aggr. constriction, flushing	Sycotic-Syphilitic	200C–1M
Glonoinum	Any type; acute crisis, heat-sensitive	Bursting throbbing HA, head congestion, worse sun/heat	Acute	30C–200C
Aurum metallicum	Melancholic, driven, self-condemning	Severe arteriosclerosis, palpitations, suicidal ideation	Syphilitic	200C–10M
Nux vomica	Ambitious, sedentary, stimulant-dependent	Morning aggr., constipation, oversensitive, indigestion	Psora-Sycotic	30C–200C
Baryta carbonica	Elderly, timid, memory-failing	Arteriosclerosis, cerebrovascular insufficiency, rigid arteries	Syphilitic	200C–1M

Remedy	Constitutional Type	Key Hypertensive Features	Miasm	Potency
Rauwolfia Q	Any type (specific/palliative)	Consistent SBP reduction; adjunct in moderate HT	—	Q-6C

Table 1. Key Homoeopathic Remedies in Essential Hypertension (SBP = Systolic BP; HA = Headache; HT = Hypertension; agg. = aggravated; Q = Mother Tincture)

5. SELECTED REMEDY PROFILES

5.1 *Natrum muriaticum*

The foremost constitutional remedy in emotionally driven hypertension. The typology presents an introverted individual who has endured significant grief, loss, or disappointed love, responding by emotional withdrawal and refusal of consolation. This sustained internal tension is physiologically borne by the arterial system. Clinically: hammering vertex or occipital headache, worse mornings and sunlight; unquenchable thirst for large quantities; strong salt craving; palpitations on lying down; aggravation at 10 AM. The *Natrum muriaticum* constitution spans all three miasms and is particularly indicated where structural cardiac changes are emerging alongside emotional pathology.

5.2 *Lachesis muta*

Prepared from bushmaster venom, *Lachesis* addresses the intense circulatory congestion of the passionate, loquacious, jealous temperament — pre-eminently relevant in perimenopausal and menopausal women. Blood rushes upward producing facial flushing, throbbing occipital headaches, and a sensation of pressure demanding loosening of neck and abdominal clothing. Characteristic modalities: marked aggravation on waking from sleep; worse from any external constriction; amelioration with onset of flow (menstrual, haemorrhoidal, or perspiratory). Left-sided predominance is pathognomonic. In hypertension associated with suppressed anger, grief, or menopausal transition, *Lachesis* is among the most profoundly curative prescriptions.

5.3 *Aurum metallicum*

Indicated in the gravest hypertensive presentations — severe arteriosclerosis, concentric left ventricular hypertrophy, and deep syphilitic constitutional suffering characterised by

melancholy, loss of joy, sense of worthlessness, and suicidal ideation. The cardiovascular picture: markedly elevated blood pressure, hard tortuous arteries, violent palpitations shaking the entire body, and nocturnal dyspnoea. Aurum metallicum is one of the few medicines where the severity of cardiovascular pathology and the depth of psychic suffering demand a single remedy of equivalent constitutional depth.

5.4 Nux vomica and Baryta carbonica

Nux vomica addresses the driven urban professional — ambitious, irritable, oversensitive, sedentary, dependent on coffee, alcohol, and tobacco. Morning aggravation, constipation, and digestive irritability accompany hypertension. It serves both as a constitutional remedy and as an intercurrent medicine to antidote pharmaceutical drug effects. Baryta carbonica is indicated in elderly hypertensive patients with significant arteriosclerosis, timidity, memory impairment, and early cerebrovascular insufficiency — slowing the progression of vascular degeneration when prescribed early and sustained.

6. CLINICAL EVIDENCE

6.1 Randomised Controlled Trials

Bignamini, Saruggia, and Sansonetti conducted a double-blind placebo-controlled trial in mild-to-moderate essential hypertension using individualised homoeopathic prescriptions over twelve weeks, demonstrating statistically significant reductions in both systolic and diastolic pressure in the treatment group versus placebo. Quality of life indices showed particularly meaningful improvement. Subsequent Indian trials, while constrained by sample size, have consistently supported these directional findings.

6.2 Systematic Reviews and CCRH Data

Mathie and colleagues' systematic review of eleven eligible homoeopathic hypertension trials (n=856) revealed consistently favourable directional effects despite study heterogeneity, and recorded no serious adverse events across any included study. CCRH multicentre observational studies documented mean systolic reductions of 12–18 mmHg and diastolic reductions of 8–12 mmHg over 6–12 months with constitutional prescribing, alongside improved general wellbeing scores. Rauwolfia serpentina Q, evaluated in pharmacognostic and clinical studies at multiple Indian institutions, demonstrated reliable blood pressure reduction as a specific palliative agent.

7. INTEGRATED CLINICAL FRAMEWORK

The optimal management of essential hypertension does not require a binary choice between systems. An integrated framework in which conventional pharmacotherapy provides acute safety and monitoring while constitutional homoeopathic prescribing addresses the deeper terrain produces the best multidimensional outcomes. The following clinical principles govern integrated practice:

- Never abruptly discontinue antihypertensive medications in favour of homoeopathic treatment; dose reduction should occur gradually under continuous monitoring as constitutional improvement is established and confirmed by serial blood pressure readings.
- Home blood pressure monitoring with validated sphygmomanometers, shared at every homoeopathic consultation, provides an objective record of constitutional response over time.
- Dietary modification (DASH pattern), aerobic physical activity (150 minutes weekly), sodium restriction, alcohol moderation, and tobacco cessation form the non-negotiable lifestyle foundation upon which all therapeutic work rests.
- Psychological and emotional factors identified through constitutional case-taking should be addressed through counselling, relaxation techniques, and family support as adjuncts to remedy action.
- Serial reassessment of the symptom totality is essential; the constitutional picture evolves through miasmatic layers as curative action deepens, and the prescription may require periodic review and adjustment.

8. ILLUSTRATIVE CASE VIGNETTES

Case 1 — Natrum muriaticum (BP: 158/96 → 128/84 mmHg over 6 months)

A 47-year-old schoolteacher presented with three-year-duration essential hypertension following bereavement. Introverted, averse to consolation, with persistent unexpressed grief, intense salt craving, morning vertex headaches, and aggravation at 10 AM. *Natrum muriaticum* 200C prescribed constitutionally. Blood pressure normalised progressively over six months; sleep quality, emotional state, and energy levels improved markedly. Conventional antihypertensive agent was gradually withdrawn under physician supervision by month four.

Case 2 — Aurum metallicum (BP: 180/110 mmHg; LVH confirmed echocardiographically)

A 68-year-old retired officer with severe hypertension, echocardiographically confirmed concentric left ventricular hypertrophy, nihilistic depression, nocturnal weeping, and stated loss of desire to live. Aurum metallicum 1M prescribed. Systolic pressure fell 22 mmHg over nine months; depression lifted progressively through months three to seven; repeat echocardiography at twelve months confirmed measurable reduction in left ventricular wall thickness. No adverse effects were observed.

9. DISCUSSION AND CONCLUSION

The evidence reviewed in this article supports the proposition that constitutional homoeopathic prescribing produces clinically meaningful reductions in arterial blood pressure alongside improvements in quality of life, psychosomatic wellbeing, and cardiovascular structural parameters. The individualised nature of homoeopathic prescribing resists standardised RCT design, and the long time horizons required for constitutional curative action do not align with short-duration trial protocols — methodological challenges that must be acknowledged alongside the positive findings.

Nevertheless, the absence of serious adverse effects across all reviewed studies, the low economic cost of homoeopathic treatment, the systematic attention to psychosocial and constitutional dimensions that conventional therapy does not address, and the growing evidence base collectively justify the incorporation of homoeopathic management within integrated hypertension care. India, with its unique convergence of public health burden and AYUSH infrastructure, is positioned to lead this integration at scale.

Essential hypertension demands approaches that are effective, safe, affordable, and sensitive to the full dimensionality of human suffering — biological, psychological, and social. Constitutional homoeopathic medicine, practiced with clinical rigour and commitment to individual symptom totality, offers a genuine and irreplaceable contribution to this imperative. Future research must prioritise well-designed pragmatic RCTs with minimum twelve-month follow-up, patient-reported outcome measures, and biomarker endpoints alongside blood pressure values.

Conflict of Interest: None declared. **Ethical Approval:** Cases presented with patient anonymisation and informed consent.

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Visit any of our Peripheral Outpatient Departments near you.
Watch community notice boards for health camp schedules.

DISCLAIMER

This material is for public awareness only. Constitutional Homeopathic treatment must always be taken under the supervision of a qualified, registered Homeopathic physician. Do not discontinue any prescribed medications without your doctor's advice.

Sources: WHO 2025 | BMC Public Health 2025 | NFHS-5 | The Lancet 2025 | CCRH India | Homeopathic Links 2023
Prepared by ASRHMC & UARDT — World Hypertension Day, 17 May 2026

UNDERSTANDING HYPERTENSION

The Silent Killer — A Non-Communicable Disease

Hypertension (High Blood Pressure) is when pressure in blood vessels consistently stays at 140/90 mmHg or above. It has almost no symptoms, silently damaging the heart, brain, kidneys, and eyes for years before complications strike.

GLOBAL & INDIA BURDEN

1.4 Billion adults worldwide live with hypertension (WHO, 2024)

Only 1 in 4 people have blood pressure adequately controlled

India: 24–30% urban | 12–14% rural | Only 12.6% have controlled BP (NFHS-5)

54% of all strokes and 47% of heart disease deaths are attributed to hypertension

KNOW YOUR NUMBERS — BP CLASSIFICATION

- **NORMAL:** Systolic <120 | Diastolic <80 mmHg
- **ELEVATED:** Systolic 120–129 | Diastolic <80 mmHg
- **STAGE 1 HTN:** Systolic 130–139 | Diastolic 80–89 mmHg
- **STAGE 2 HTN:** Systolic ≥140 | Diastolic ≥90 mmHg
- **CRISIS:** **Systolic >180 | Diastolic >120 — EMERGENCY**

WHAT UNCONTROLLED HYPERTENSION CAN CAUSE

- Heart Attack & Chronic Heart Failure
- Stroke & Brain Damage
- Chronic Kidney Disease & Renal Failure
- Vision Loss — Hypertensive Retinopathy
- Dementia & Cognitive Decline

MONITORING — EARLY DETECTION SAVES LIVES

Blood Pressure: Check monthly (weekly if elevated)

Lipid Profile: Every 6–12 months

Blood Sugar (FBS): Every 6 months

BMI & Waist: Monthly self-check

Free BP screening available at all ASRHMC & UARDT peripheral OPD camps.

WORLD HYPERTENSION DAY
17 May 2026

DEFEAT THE SILENT KILLER

Control Your Blood Pressure

Prevent • Detect • Control

"Controlling Hypertension Together. Check your blood pressure regularly, defeat the silent killer"

High Blood Pressure has NO Symptoms

The ONLY way to know is to get it measured

A Public Awareness Initiative by



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Umar Alisha Rural Development Trust (NGO Partner)

WHO Theme 2026

THREE PILLARS OF MANAGEMENT

Diet • Exercise • Constitutional Medicine

1. DIET — Eat Right to Keep BP in Check

Low Salt: Below 5g (1 tsp) per day. Avoid pickles, papad, packaged & processed snacks.

High Fibre: Whole grains, oats, millets, legumes, pulses, 5 portions fruits & vegetables daily.

Hydration: Drink 8–10 glasses (2–3 litres) water daily. Limit caffeine & sugary drinks.

Low Oil: Reduce saturated & trans fats. Use cold-pressed oils — 2–3 tsp/day only.

Potassium-rich: Banana, coconut water, spinach, tomato, sweet potato — naturally lower BP.

Avoid: Tobacco, excess alcohol, fried food, maida & high-sugar items.

DASH Diet can reduce systolic BP by 8–14 mmHg.

2. EXERCISE — Move More, Live Longer

Regular moderate exercise can reduce systolic BP by 5–8 mmHg.

- Brisk Walking — 30 min daily, 5 days per week
- Swimming, Cycling, Light Aerobics
- Yoga & Pranayama (breathing exercises)
- Target: 150 minutes of moderate activity per week

Adequate sleep (7–8 hrs) and stress management — meditation & deep breathing — are vital for BP control.

3. CONSTITUTIONAL HOMOEOPATHIC MEDICINE

Homeopathy addresses the patient as a whole — body, mind, and constitution. For essential hypertension (85–95% of all cases), constitutional treatment offers an individualised, holistic approach.

A qualified Homeopathic physician assesses mental state, emotional stressors, food habits, sleep, and body constitution before prescribing an individualised remedy.

Helps manage: Hypertension • Obesity • Hyperlipidaemia • Anxiety

Key remedies (individually prescribed): Rauwolfia serpentina, Natrum muriaticum, Nux vomica, Belladonna, Glomium, Aurum metallicum, Calcarea carbonica, Lachesis.

A review of 18 published studies found 11 reported statistically significant BP reduction with individualised Homeopathic treatment combined with lifestyle modification.

VISIT ASRHMC / UARDT HOMOEOPATHIC OPDs

Get a FREE Constitutional Assessment

Get your BP checked • Know your lipid profile • Seek expert guidance
Together, we can defeat the Silent Killer.





