

ROLE OF HOMOEOPATHIC REMEDY AMYL NITROSUM IN THE MANAGEMENT OF ESSENTIAL HYPERTENSION-CASE SERIES

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ABSTRACT

Hypertension is a common life style disorder and is a very strong risk factor for cardiovascular diseases (CVDs). It is estimated that it increases the risk at least two-fold for CVDs including coronary artery disease (CAD), congestive heart failure/stroke, renal failure and peripheral arterial disease. Hypertension is defined as elevated blood pressure where systolic blood pressure is greater than 140 mmHg and diastolic pressure is greater than 90 mmHg or greater or any level of blood pressure in patient taking antihypertensive medications.¹

Essential hypertension is a common cardiovascular disorder often associated with headache, palpitations, giddiness, and exertional fatigue. Homoeopathy has been explored as a supportive approach in its management.

INTRODUCTION

Hypertension can be categorized according to its etiology. Primary hypertension which accounts for 90- 95% of cases has no known cause whereas secondary hypertension found in

about 5%-10% of cases are caused by other conditions affecting arteries, heart or endocrine system.²
In Homoeopathy, mother tinctures (Φ) are defined as the original substance prepared with the aid of alcohol,

directly from crude drug. They are the precursors of the corresponding potencies of the respective drug and the starting point for the production of homoeopathic medicines.⁴

Essential hypertension is defined as persistently elevated blood pressure ($\geq 140/90$ mmHg) without an identifiable secondary cause. Diagnosis is typically confirmed through repeated measurements and may be supported by 24-hour ambulatory blood pressure monitoring.

Etiology and Risk Factors

Although the precise cause of essential hypertension is unknown, it is considered to be multifactorial, involving the interaction of genetic predisposition and environmental/lifestyle factors.

Major risk factors include:

- Family history of hypertension
- Advancing age
- Obesity
- High sodium intake
- Sedentary lifestyle
- Stress
- Excessive alcohol intake
- Smoking
- Ethnic predisposition (e.g., African descent)

Pathophysiology

The development of essential hypertension is associated with:

- Overactivity of the sympathetic nervous system
- Dysregulation of the renin-angiotensin-aldosterone system (RAAS)
- Endothelial dysfunction
- Increased peripheral vascular resistance
- Sodium retention leading to increased blood volume

These changes result in sustained elevation of arterial pressure and increased workload on the heart and blood vessels, eventually leading to target organ damage.

Clinical Features

Essential hypertension is often asymptomatic in its early stages, earning it the title of a “silent killer.”

Symptoms, when present, may include:

- Headache (especially in the morning)
- Dizziness
- Palpitations
- Visual disturbances
- Fatigue

MATERIALS AND METHODS:

Study Setting: The subjects for the study will be chosen from the OPD, IPD and health camps of the Government Homoeopathic Medical College and Hospital, Bengaluru.

Study subjects: Subjects suffering from Essential Hypertension has been selected based on inclusion and exclusion criteria, history and clinical findings.

INCLUSION CRITERIA:

Newly diagnosed cases of essential hypertension

1. Subjects who fulfill the diagnostic criteria.
2. History, examination and routine investigations show no evidence of secondary causes.
3. Essential hypertension: Grade I and Grade II.
4. Subjects who are willing to take part in the study and sign the written informed consent.

EXCLUSION CRITERIA:

- Subjects with history or routine investigations, which suggest any evidence of a secondary cause for the hypertension.
- High risk group (Grade III).
- Subjects with isolated systolic hypertension.
- Presence of any other systemic illnesses (endocrinal/cardiovascular/locomotor/neurological/hematological/psychiatric etc.) that was already diagnosed or detected clinically or in routine lab investigation.
- Pregnant and lactating women.

CASE SERIES

CASE1:

A 29-year-old male, Hindu by religion, unmarried, working as an engineer, and residing in Kamakshipalya, Bengaluru, reported to

the OPD (No. 23841) on 11th April 2024 with complaints of throbbing headache for two weeks and dyspnoea with palpitations for three days. He denied any history of giddiness, blurring of vision, or sleeplessness. Past history was insignificant, and family history revealed father alive with hypertension and mother alive and healthy. Personal history showed a mixed diet, normal appetite, increased thirst, satisfactory bowel movement once daily, bladder frequency 4-5 times/day, perspiration mainly on the face, good sleep with no specific dreams, ambithermal state, and no addictions. On examination, he was moderately built and nourished, weighing 70 kg, with no pallor, cyanosis, clubbing, icterus, lymphadenopathy, or edema. Skin, scalp, eyes, ears, nose, mouth, and nails were normal. Vital signs were: pulse 80/min, blood pressure 160/100 mmHg, respiratory rate 16/min, and afebrile temperature. Systemic examination showed normal findings across cardiovascular (S1, S2 heard, no added sounds), respiratory, gastrointestinal, locomotor, genitourinary, and central nervous systems. He was diagnosed with **Essential Hypertension** and prescribed **Amyl nitrosum mother tincture 10 drops twice daily**.

CASE2:

A 37-year-old Hindu male, Mr. Mah, an engineer residing in Govindraj Nagar, Bengaluru, presented to the OPD (No. 1063/23) on 12th April 2023 with complaints of persistent headache and blurring of vision for one and a half years, which had worsened over the last four days. Symptoms were aggravated by sunlight, stooping, and exertion, and were associated with giddiness, blurring of vision, and occasional sleeplessness. Past history was unremarkable, while family history revealed father alive with hypertension and mother alive and healthy. Personal history showed a mixed diet, normal appetite, moderate thirst, no particular desires or aversions, satisfactory bowel movements, bladder frequency five times/day and once at night, generalized perspiration, good sleep, thermally chilly, and no addictions. General examination revealed moderate build and nourishment, weight 63 kg, with normal skin, scalp, eyes, ears, nose, mouth, and nails, and no pallor, cyanosis, clubbing, icterus, lymphadenopathy, or edema. Vital signs showed pulse 76/min, blood pressure 160/92 mmHg, respiratory rate 18/min, and afebrile temperature. Systemic examinations revealed normal vesicular breath sounds and no abnormalities in other systems. He was diagnosed with **Essential Hypertension** and prescribed **Amyl nitrosum mother tincture 10 drops twice daily**, along with general lifestyle advice such as avoiding smoking and alcohol, and practicing regular aerobic exercise and meditation.

CASE3:

A 29-year-old unmarried Hindu male from Kamakshipalya, Bengaluru, presented to the OPD (No. 23841) on 11th April 2023 with complaints of throbbing headache for two weeks and dyspnoea with palpitations for three days. He denied giddiness, blurring of vision, or sleeplessness. Past history was not significant. Family history revealed father alive with hypertension and mother alive and healthy. His personal history showed mixed diet, normal appetite, increased thirst, no marked desires or aversions, regular satisfactory bowel habits, bladder frequency 4-5 times/day, perspiration mainly on the face, good sleep without significant dreams, ambithermal state, and no addictions. On examination, he was moderately built and nourished, weighing 70 kg, with normal skin and no abnormalities of scalp, eyes, ears, nose, mouth, or nails. No pallor, cyanosis, clubbing, icterus, lymphadenopathy, or edema were present. Vital signs showed pulse 80/min, blood pressure 160/100 mmHg, respiratory rate 16/min, and afebrile temperature. Systemic examination revealed normal cardiovascular system (S1, S2 heard, no added sounds), normal breath sounds, and no abnormalities in gastrointestinal, locomotor, genitourinary, or central nervous systems. The diagnosis was **Essential Hypertension**, and he was prescribed **Amyl nitrosum mother tincture 10 drops twice daily** along with general lifestyle advice to avoid smoking and alcohol, and to practice regular aerobic exercise and meditation.

CASE 4: A 49-year-old male, Mr. Rakesh, Hindu by religion, married, residing at Basaveshwara Nagar, Bengaluru, working as a clerk with a B.Com educational background, presented to the OPD (No. 61014) on 15th December 2022 with exertional fatigue

and intermittent palpitations for the past six months. He had no significant past medical history, while both his parents were alive and hypertensive. His personal history revealed a mixed diet, normal appetite, moderate thirst, no specific cravings or aversions, satisfactory bowel and bladder habits, generalized perspiration, refreshing sleep, hot thermal state, and no addictions. On general examination, he was of moderate build and nourishment, weighing 65 kg, with no pallor, cyanosis, clubbing, lymphadenopathy, or edema. Vital signs showed pulse rate 74/min, blood pressure 148/90 mmHg, respiratory rate 16/min, and afebrile temperature. Systemic examination was normal across cardiovascular, respiratory, gastrointestinal, central nervous, genitourinary, and locomotor systems. The clinical diagnosis was **Essential Hypertension**, miasmatic diagnosis **Psora-Sycosis**, and remedial diagnosis **Amyl nitrosum mother tincture 10 drops twice a daily**. On follow-up after four weeks, he reported reduction in exertional fatigue and palpitations, with blood pressure improved to 138/86 mmHg. After three months of continued treatment, his symptoms remained controlled with further stabilization of blood pressure (average 130-134/82-84 mmHg). No adverse effects were reported. The case demonstrated significant improvement in both subjective complaints and objective findings with homeopathic management.

CASE 5: A 38-year-old male, Mr. M.R., Muslim by religion, married, residing at Gowripalya, Bengaluru, with education up to **FOLLOW UP:**

8th standard and working as a driver, presented to the OPD (No. 44628) on 12th December 2022 with complaints of headache and giddiness aggravated by sun exposure, without blurring of vision or sleeplessness. Past history was insignificant, while family history revealed father deceased (cause unspecified) and mother deceased due to carcinoma breast. Personal history showed a mixed diet, normal appetite, moderate thirst, satisfactory bowel movement once daily, bladder frequency five times daily, generalized perspiration, chilly thermal state, and alcohol addiction. On examination, he was well built and nourished, weighing 60 kg, with no pallor, cyanosis, clubbing, lymphadenopathy, or edema. Vital signs revealed pulse rate 74/min, blood pressure 150/90 mmHg, respiratory rate 18/min, and afebrile temperature. Systemic examination across cardiovascular, respiratory, gastrointestinal, central nervous, genitourinary, and locomotor systems showed no abnormalities. The clinical diagnosis was **Essential Hypertension**, miasmatic diagnosis **Syco-Syphilis**, and remedial diagnosis **Amyl nitrosum mother tincture 10 drops twice a daily**. He was prescribed Amyl nitrosum in suitable potency based on symptom similarity. However, during follow-up visits, the patient reported persistence of headache and giddiness, with blood pressure readings remaining elevated (148-152/90-94 mmHg). No significant improvement was observed despite treatment.

SI NO	OPD NO	Name	Age	Date of OPD	Chief complaint	Treatment	Follow up 1	Follow up 2	Follow up 3	Follow up 4	Follow up 5	Follow up 6	Remarks
1	23841	Nan	29	11/4/23	C/o headache and loss of appetite 160/100mm/hg	Amyl nitrosum 10 ⁰ -0-10 ⁰	9/6/23 150/80mm/Hg	9/7/23 150/90mm/Hg	9/8/23 140/90mm/Hg	09/9/23 120/80mm/Hg	9/10/23 120/80mm/Hg	9/11/23 120/80mm/Hg	Improved
2	1063	Mah	37	12/4/23	C/o palpitations and disturbed sleep 160/92mm/hg	Amyl nitrosum 10 ⁰ -0-10 ⁰	10/6/23 158/90mm/Hg	10/7/23 150/80mm/hg	10/8/23 154/80mm/Hg	10/9/23 140/90mm/Hg	10/10/23 140/90mm/Hg	10/11/23 120/80mm/Hg	Improved
3	2869	Vas	65	26/4/23	C/o dyspnea and loss of appetite 160/98mm/hg	Amyl nitrosum 10 ⁰ -0-10 ⁰	26/6/23 154/80mm/Hg	26/7/23 146/70mm/Hg	26/8/23 150/80mm/Hg	26/9/23 130/80mm/Hg	26/10/23 130/80mm/Hg	26/11/23 120/80mm/Hg	Improved
4	4516	Bha	52	27/4/23	C/o weakness and giddiness 160/96mm/hg	Amyl nitrosum 10 ⁰ -0-10 ⁰	27/6/23 140/90mm/Hg	27/7/23 130/80mm/Hg	27/8/23 130/80mm/Hg	27/9/23 130/80mm/Hg	27/10/23 130/80mm/Hg	27/11/23 130/80mm/Hg	Improved
5	4761	Nat	38	28/4/23	C/o headache, weakness and anorexia 160/100mm/hg	Amyl nitrosum 10 ⁰ -0-10 ⁰	28/6/23 158/90mm/Hg	28/7/23 160/92mm/Hg	28/8/23 150/96mm/Hg	28/9/23 150/96mm/Hg	28/10/23 160/90mm/Hg	28/11/23 158/94mm/Hg	Not improved

DISCUSSION

Hypertension continues to be a major public health concern owing to its asymptomatic course and potential to cause long-term cardiovascular and renal complications if left uncontrolled. The presented five cases highlight the varying clinical presentations, personal histories, and treatment responses among patients with essential hypertension.

Most of the cases (Cases 1-3) presented with classical symptoms such as headache, palpitations, and giddiness, while one case (Case 4) primarily complained of exertional fatigue and palpitations. Another (Case 5) showed sun-aggravated headache and giddiness. All cases recorded persistently elevated blood pressure readings consistent with the diagnostic criteria for hypertension. Family history was notable in several patients, suggesting genetic predisposition as an important contributory

factor. Lifestyle factors such as alcohol use (Case 5) and lack of regular exercise also likely influenced disease onset and persistence.

Homeopathic management with **Amyl nitrosum mother tincture** was prescribed across all cases, with individualized potency selection. Improvement was noted in Case 4, where significant symptomatic relief and stabilization of blood pressure were achieved on follow-up. In contrast, Case 5 showed minimal improvement despite continued treatment, highlighting the variability in therapeutic response. This may be attributed to individual susceptibility, miasmatic influence, or the need for remedy modification. Lifestyle advice including regular aerobic exercise, meditation, and avoidance of risk factors (smoking, alcohol) was emphasized in several cases, aligning with conventional non-pharmacological recommendations.

These cases underline the importance of holistic assessment, incorporating both physical and constitutional factors in case management. The variation in outcomes further suggests that while **Amyl nitrosum mother tincture** may offer symptomatic relief and blood pressure control in some patients, individualized prescription and long-term monitoring are crucial for effective management.

CONCLUSION

The present case series demonstrates the potential role of homoeopathic intervention, particularly **Amyl nitrosum mother tincture**, in the management of essential hypertension. Clinical improvement was observed in some patients, both subjectively (relief of headache, palpitations, fatigue) and objectively (reduction in blood pressure). However, inconsistent responses as seen in Case 5—highlight the need for careful case analysis, individualized prescriptions, and possible remedy reassessment.

Given the chronic and multifactorial nature of hypertension, integration of homoeopathic management with lifestyle modifications can provide a complementary approach. Nonetheless, larger systematic studies and long-term follow-up are necessary to validate the efficacy of Amyl nitrosum mother tincture and other remedies in hypertension management.

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