

A Homoeopathic Case Series in the treatment of essential hypertension

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DOI: 10.63001/tbs.2025.v20.i04.pp1156-1164

Keywords:

Homoeopathy, essential hypertension, systolic blood pressure, diastolic blood pressure, *materia medica*.

Received on:

30-09-2025

Accepted on:

10-11-2025

Published on:

11-12-2025

Abstract

Hypertension is a major risk factor of cardiovascular disease. It increases the risk of congestive heart failure and coronary artery disease. About 95% of cases are classified as essential hypertension. Homeopathic medicines are used as a complementary approach to the management of hypertension. In this case series, the hypertension patients were treated with individual homoeopathic medicines following homoeopathic principle. Case taking and repertorisation was taken of all patients. The prescribed homoeopathic medicines were Lachesis Mutus, Glonoine, Ignatia Amara, Calcarea Carbonium. The results outcome was measured based on systolic blood pressure and diastolic blood pressure at baseline and after three months of treatment. At the end of interventions, we observed that the individual homoeopathic medicines were reduced blood pressure levels in both systolic and diastolic. There was an improvement of physical symptoms. During the treatment no adverse events was reported. Homoeopathic individual medicine can be useful to manage the blood pressure levels in essential hypertension patient.

Abbreviations: Hypertension (HTN), blood pressure (DBP), JNC-7 (Joint National Committee-seven). SL (Sac Lac).

nad (not abnormally detected).

1. Introduction:

The term of hypertension (HTN) is an elevated blood pressure¹⁾. According to JNC-7 the classification of blood pressure is based on systolic blood pressure (SBP) and diastolic blood pressure (DBP)²⁾. In essential hypertension, the SBP ranges between 140-159 mm Hg and DBP ranges between 90-99 mm Hg²⁾. Essential hypertension is highly prevalent, approximately 95% of all cases of hypertension³⁾. The common causative factors of essential hypertension are life style related disorders such as unhealthy diet, physical activity, tobacco use, stress, poor sleep pattern⁴⁾. The initial phase of hypertension is usually asymptomatic however, symptoms such as early morning headache, vertigo, dimness of vision, chest pain may occur in some cases⁵⁾. Various methods are used to control the blood pressure levels of hypertension cases. Homoeopathy is one of the alternative medicines which is used to control the blood pressure⁶⁾. The mode of treatment in homoeopathy is based on the physical, mental, and emotional aspect of each individual⁷⁾. Several studies have shown that

homoeopathic medicines reduces blood pressure levels⁸⁾. This case series consider of essential hypertension patients who are treated with individual homoeopathic medicines. The purpose of the study is early detection of hypertension and prevention of complications.

2. Case Presentation

Case:01

A 40-year-old female patient came to the O.P.D. of Jawaharlal Nehru Homoeopathic Medical College and hospital, Parul University, Vadodara. The patient presented with vertigo when closing her eyes. She feels like something heavy ball inside her head when rising from bed, and morning anxiety. She had history of higher blood pressure for one months but had never received any anti-hypertensive medication. Her mother had rheumatic arthritis and her father had hypertension. The personal history was loss of appetite. She had history of irregular and painful menstrual cycle for the past four years. On clinical examination her blood pressure was measured in both the arm and calculated the mean reading was 142/90 mm Hg. Repertorisation of the case is illustrates in Figure 1:

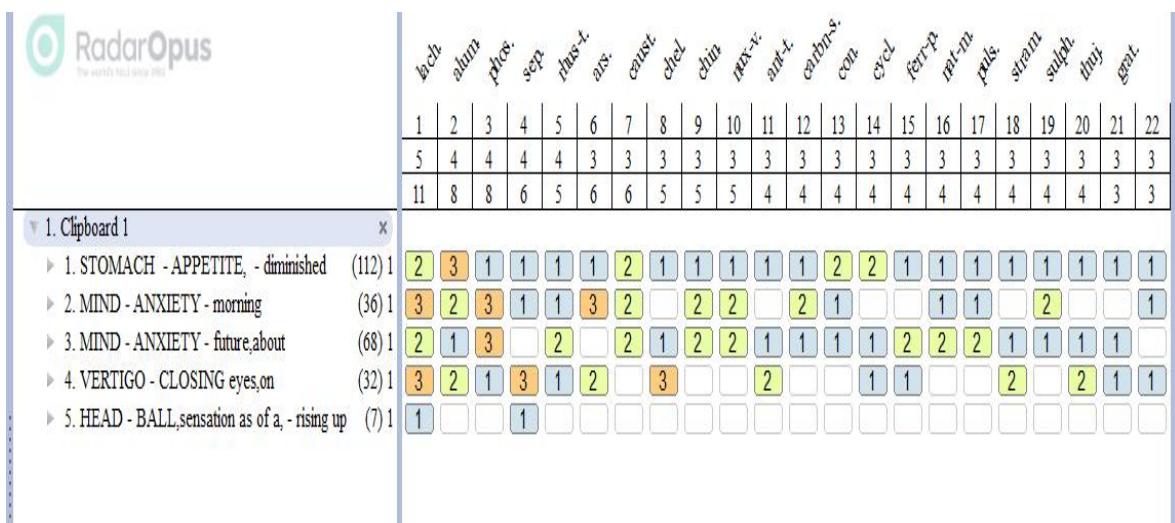
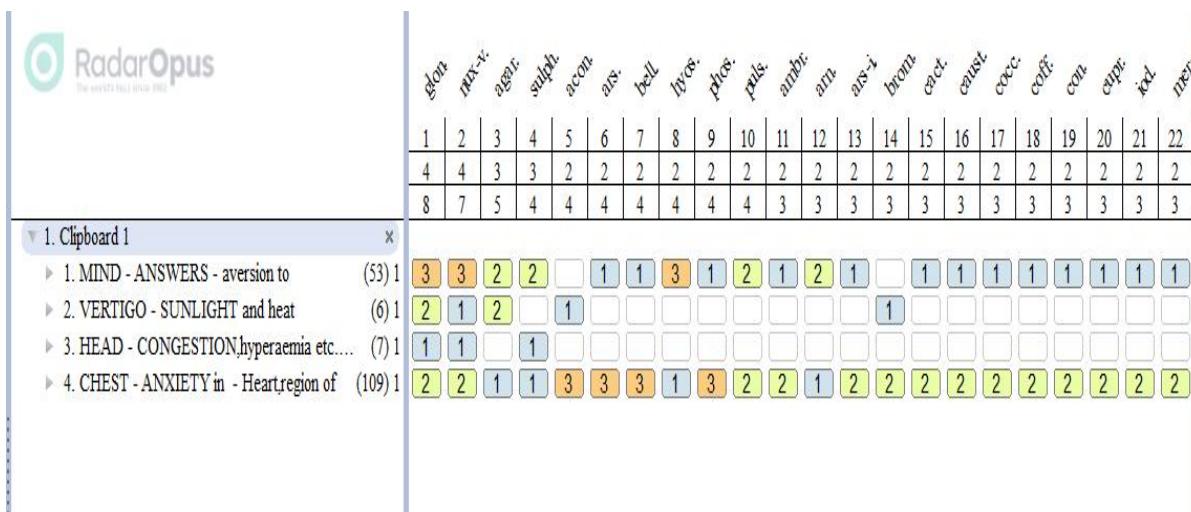


Figure 1: Repertorisation case:01

Case:02

A 36-year-old male patient came to the O.P.D. of Jawaharlal Nehru Homoeopathic Medical College and hospital, Parul University, Vadodara. The patient presented with vertigo at sunlight, accompanied with head congestion and chest pain. He had no history of any regular medication. His past medical history was covid-19 infection. His father had diabetes mellitus. In his mental generals, he had declined to respond the question. At the time of clinical examination his blood pressure was measured in both the arm and calculated mean reading was 148/90 mm Hg. He does not have previous history of hypertension. The repertorisation



of the case is presented in Figure 2:

Figure 2: Repertorisation Case:02

Case:03

A 42-year-old male patient came to the O.P.D. of Jawaharlal Nehru Homoeopathic Medical College and hospital, Parul University, Vadodara with chief complaint of vertigo on moving head, along with pulsating and throbbing headache. He had dream of animals during sleep. He was very reserved, do not like to share anything with others. He had no drug history. His past medical history was dengue fever. His mother had hypertension. On the first visit his blood pressure was measured in both the arm and mean reading was calculated 148/92 mm Hg. Repertorisation of the case is presented in Figure 3:

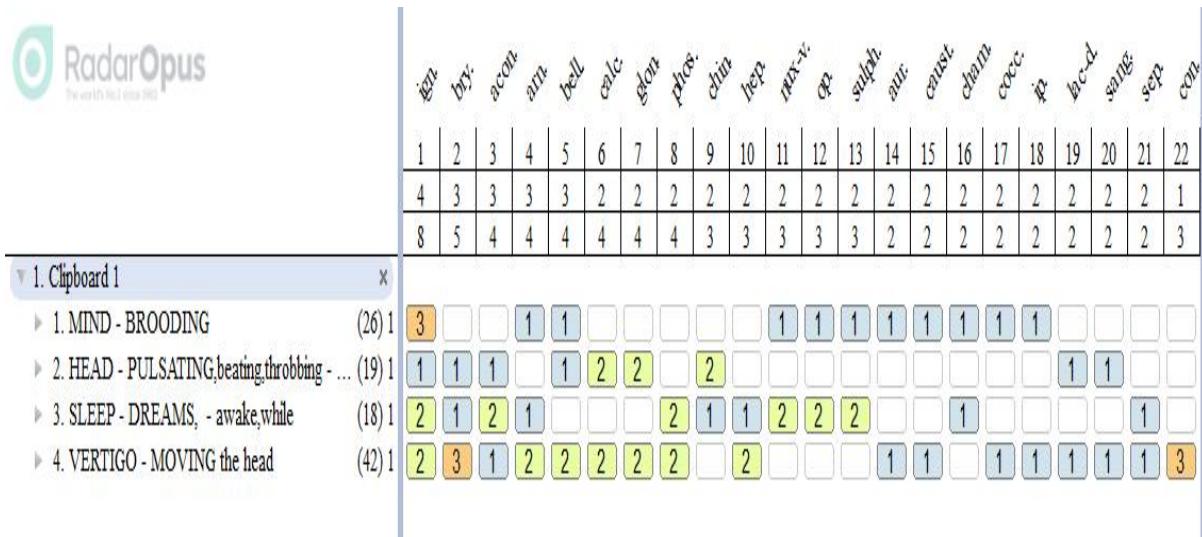


Figure 3: Repertorisation Case:03

Case:04

A 45-years-old female patient came to the O.P.D. of Jawaharlal Nehru Homoeopathic Medical College and hospital Parul University, Vadodara with chief complaint of vertigo, multiple warts on hands, and profuse perspiration to the scalp and forehead. She had no ongoing modern medicine treatment. She had a history of hepatitis in 2018. Her father had hypertension. Her menstrual cycle was irregular. In general examination, blood pressure was measured in both arms and calculated mean reading was 148/94 mmHg. Repertorisation of the case presented in Figure 4.

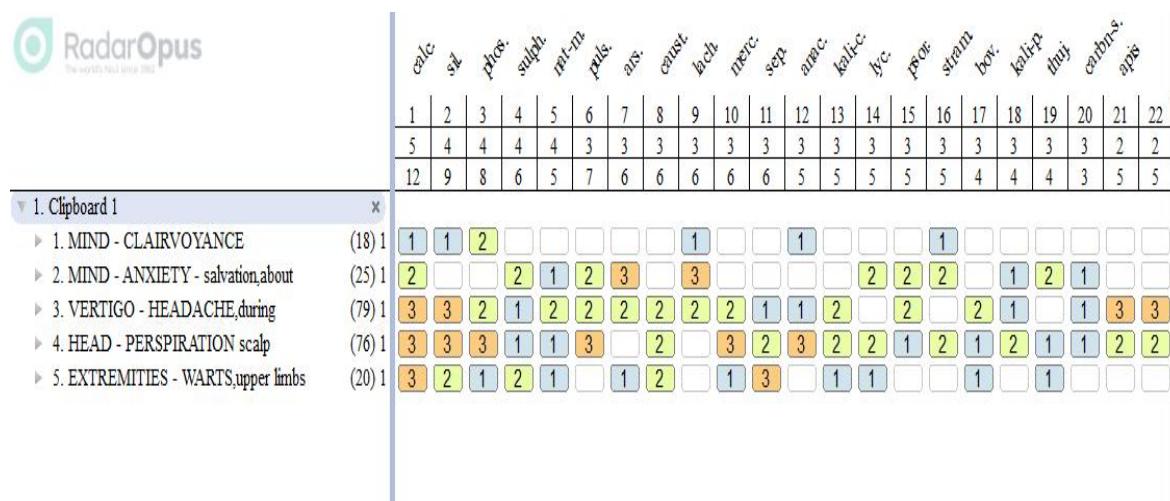


Figure 4.Repertorisation Case:04

The demographic data and general examination data of all four cases are summarised in Table 1. and Table 2.

Table 1. Demographic data of presented cases

Data	Case-01	Case-02	Case-03	Case-04
Name	XXX	XYZ	XXY	YYY
O.P. D	110	110	110	110
D.O. A	20/3/24	22/3/24	2/4/24	13/4/24
Age	40	36	42	45
Sex	F	M	M	F
Marital status	married	married	married	married
Occupation	housewife	business	business	housewife
Diet	vegetarian	vegetarian	vegetarian	vegetarian
Emotional status	anxiety at morning	he does not give answer of the question	nil	nil
sleep	good	good	disturbed	good
Family History	mother- rheumatism father- hypertension	father- diabetes mellitus	mother- high blood pressure	father- high blood pressure
Treatment past History	nil	nil	nil	nil

Table 2. General Examination

Data	Case-01	Case-02	Case-03	Case-04
Built	Fatty	Thin	slim	thin
Height	152 cm	157 cm	155 cm	154 cm
weight	62kg	54 kg	52kg	53 kg
Body temperature	98.6° F	99° F	97.8° F	98.2° F
Blood pressure	142/90 mm Hg	148/90 mm Hg	148/92 mm Hg	148/94 mm Hg
Pulse rate	82 bpm	84 bpm	88 bpm	82 bpm
Pallor	absent	absent	absent	absent
Icterus	absent	absent	absent	absent
Clubbing	absent	absent	absent	absent
Cyanosis	absent	absent	absent	absent
Oedema	absent	absent	absent	absent
Lymphadenopathy	nad	nad	nad	nad

2. Materials & Methods:

The patients are enrolled as three months of interventions. Consent form is taken from each patient. Follow ups are taken at every seven days intervals and as when required of the cases. Selection of the remedy is following case analysis and repertorisation. The repertorisation has been done using Kent repertory, version 9.0 of RADAR SOFTWARE. The dose and repetition are given following homoeopathic principles.

Table 3. Treatment

	Case-01	Case-02	Case-03	Case-04
Name of medicine	Lachesis Mutus 200 CH	Glonoine 30 CH	Ignatia Amara 200 CH	Calcarea Carb 200 CH
Dose	4 medicated globules(no:30) OD with SL- 4 medicated globules OD	4 medicated globules OD (no:30) with SL- 4 medicated globules OD	4 medicated globules(no:30) OD with SL- 4 medicated globules OD	4 medicated globules(no:30) OD with SL- 4 medicated globules OD
Duration	3 months	3 months	3 months	3 months

Table 4. Objective Parameters- Before treatment (BT) and After treatment (AT)

Case		Case-01	Case-02	Case-03	Case-04
Blood pressure (mm Hg)	BT	142/90 mm Hg	148/90 mm Hg	148/92 mm Hg	148/94 mm Hg
	AT	132/82 mm Hg	142/86 mm Hg	140/86 mm Hg	138/88 mm Hg

3. Results and Discussion

Four distinct cases of essential hypertension have been discussed. The diagnosed are based on clinical symptoms, medical history, family history, general, and physical examination and the test results. The medicine has been selected for a particular case following repertorial analysis and the remedy compared with the homoeopathic *Materia Medica*10). Homoeopathic medicines are prescribed as a centesimal potency. The administration of medicines to the patients are *Lachesis Mutus*, *Glonoine*, *Ignatia Amara* and *Calcarea Carbonium*Table 3. The remedies which are often used for managing hypertension. *Lachesis* is the remedy known to effectively acted in the climacteric period and addressing some symptoms such as anxiety at morning, vertigo, pressure and burning in the vertex, palpitation with anxiety. The known cardiovascular symptoms of *Glonoine* such as palpitation, dyspnoea, congestion of head, headache on sun heat. *Ignatia Amara* the known symptoms of this remedy are very changeable mood, brooding, acute grief, congestive headache, anger. The known symptoms of *Calcarea*

Carbonium are obese, anxiety with palpitation, vertigo, profuse perspiration on scalp. In between the interventions the acute complaints are treated using *pulsatilla*, *Rhus Toxicodendron* and *Bryonia* following homoeopathic principles. It has been observed that, the individual homoeopathic medicines are reducing blood pressure levels from the baseline and after three months of interventions. The results are shown that, the systolic blood pressure decreases more than the diastolic blood pressure in all the four casesTable 4. To controlling the blood pressure is very important to decrease the burden of hypertension cases in health care system. Homoeopathy is a holistic approach to managing the essential hypertension based on the individual symptoms and the constitution of the patient.

4. Conclusion:

The study has shown the individual homoeopathic medicines are clinically reduced blood pressure levels on essential hypertension cases. No adverse effects are reported during the study. However, in future to explore the more utilization of homeopathic medicines on essential

hypertension cases, needed large sample size randomized and non-randomized studies.

5. Funding: no funding.

6. Data Availability Statement: Patients data are confidential, not publicly available due privacy concern. But may be shared by the corresponding author with appropriate ethical approval.

7. Conflicts of Interest: The authors declare no conflict of interest.

8. Acknowledgements:

I would like to thank DR. Debanjan Show for his constant support and suggestion during writing process.

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J Intgr Stand Homoeopathy. 2023; 6:108-14.

augmented edition based on
ninth edition, Published by B.

Jain publications pvt. Ltd.; New
Delhi.