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RESEARCH ARTICLE

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HYPERTENSION AND THE ROLE OF HOMOEOPATHY

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An Academic Review for BHMS, Homoeopathy Students, India

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ABSTRACT

Hypertension is a common chronic cardiovascular risk factor characterized by persistently elevated blood pressure. It is frequently asymptomatic but can contribute to stroke, coronary artery disease, heart failure, chronic kidney disease and other complications. Management is based on accurate diagnosis, cardiovascular-risk assessment, lifestyle modification and, when indicated, evidence-based antihypertensive medication. Homoeopathy is sometimes used as a complementary or alternative approach. However, current high-quality evidence does not establish homoeopathic medicines as a substitute for proven blood-pressure-lowering treatment. This article outlines hypertension and discusses homoeopathy from an evidence-aware academic perspective.

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INTRODUCTION

Blood pressure is influenced by cardiac output, vascular resistance, blood volume, renal mechanisms and neurohormonal regulation. Hypertension develops through interacting genetic, environmental and lifestyle factors. Because symptoms may be absent for years, routine measurement is important, particularly in adults with cardiovascular risk factors.

Classification and Diagnosis: Blood pressure should be measured using a validated device with appropriate cuff size and proper patient positioning. A diagnosis should generally be based on repeated measurements rather than a single elevated reading. Home or ambulatory monitoring may help confirm persistent hypertension and identify white-coat or masked hypertension.

Risk Factors: Important modifiable factors include excess dietary sodium, obesity, physical inactivity, excessive alcohol intake, tobacco exposure, unhealthy diet and poor sleep. Age, family history, diabetes, kidney disease and some endocrine or medication-related conditions may also increase risk.

Clinical Features and Complications: Most people with hypertension have no specific symptoms. Severe hypertension may be associated with headache, visual symptoms, chest

discomfort, breathlessness, neurological symptoms or other manifestations depending on the organ affected. Long-standing uncontrolled hypertension can damage the brain, heart, kidneys, eyes and peripheral blood vessels.

Conventional Management: Lifestyle measures include reducing dietary sodium, eating a balanced diet rich in vegetables and fruits, maintaining a healthy weight, engaging in regular physical activity, avoiding tobacco and limiting alcohol. Antihypertensive drugs such as ACE inhibitors/ARBs, calcium-channel blockers and thiazide-type diuretics may be prescribed according to the patient's blood pressure, cardiovascular risk, age, comorbidities and other clinical factors. Patients should not stop prescribed antihypertensive medicines without medical advice.

Homoeopathic Perspective: Classical homoeopathy individualizes treatment according to the totality of symptoms, including general and characteristic features. Traditional homoeopathic literature discusses medicines such as Crataegus, Glonoine, Belladonna, Rauwolfia, Natrum muriaticum and others in cardiovascular or hypertension-related symptom pictures. These references describe traditional prescribing concepts; they should not be interpreted as proof that these medicines reliably lower blood pressure or prevent cardiovascular complications.

Category	Systolic BP	Diastolic BP
Normal	<120 mmHg	<80 mmHg
Elevated	120–129 mmHg	<80 mmHg
Hypertension (Stage 1)	130–139 mmHg	80–89 mmHg
Hypertension (Stage 2)	≥140 mmHg	≥90 mmHg

Note: Thresholds and treatment targets can differ between guidelines and clinical circumstances. The table above reflects commonly used ACC/AHA categories and is provided for academic reference.

Evidence and Safety: Systematic reviews and major evidence-based health organizations have not established homeopathy as an effective replacement for standard antihypertensive therapy. Evidence for clinically meaningful blood-pressure reduction from homeopathic preparations remains insufficient and inconsistent. The main safety concern is delayed or discontinued effective treatment, especially when hypertension is severe or accompanied by organ damage. Therefore, homeopathy, if chosen by a patient, should be discussed with a qualified healthcare professional and used only in a way that does not replace necessary evidence-based care.

Role of the Homeopathic Physician: A homeopathic physician can contribute by taking a detailed history, identifying lifestyle and psychosocial factors, encouraging adherence to appropriate medical care, monitoring symptoms and blood pressure, and recognizing warning signs requiring urgent referral. Any patient with markedly elevated blood pressure or symptoms suggesting acute organ injury requires prompt medical assessment rather than reliance on alternative treatment alone.

CONCLUSION

Hypertension is a major preventable cause of cardiovascular and renal morbidity. Accurate diagnosis, regular monitoring, healthy lifestyle practices and evidence-based treatment are central to reducing risk. Homeopathy has a traditional individualized therapeutic framework, but current evidence does not support using it as a substitute for proven antihypertensive treatment. An integrated, patient-centred approach should prioritize safety, informed choice and prevention of complications.

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