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Evaluating Homeopathic Strategies for Cardiovascular Disease Management in Community Medicine: A Systematic Review

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ABSTRACT

Background: Cardiovascular diseases (CVDs) are a leading cause of global mortality and morbidity. With increasing interest in holistic and patient-centered care, homeopathy has emerged as a popular complementary treatment. However, its role in CVD management remains contentious due to limited and variable evidence.

Objective: To systematically review the existing literature on the efficacy, safety, and integration potential of homeopathy in the management of cardiovascular diseases.

Methods: A systematic review was conducted in accordance with PRISMA guidelines. Electronic databases including PubMed, Scopus, Cochrane Library, and others were searched for studies published between January 2000 and 2024. Inclusion criteria comprised randomized controlled trials (RCTs), observational studies, and systematic reviews evaluating homeopathy in adult patients with cardiovascular conditions. Data on sample size, methodology, outcomes, and adverse effects were extracted and synthesized.

Results: Six studies met the inclusion criteria: three RCTs, two systematic reviews, and one case series. In one RCT involving 132 hypertensive patients, individualized homeopathy resulted in a significant mean reduction of systolic blood pressure by 26.6 mmHg compared to placebo over six months. Another trial with 172 patients reported significant reductions in both blood pressure and anger scores ($p < 0.05$), with 33% of the homeopathy group discontinuing conventional antihypertensives. A third RCT on 92 pre-hypertensive patients showed no statistically significant difference in disease progression, though a trend toward symptom improvement was noted. Systematic reviews suggested a positive effect of individualized homeopathy over placebo, but highlighted methodological limitations such as small sample sizes and risk of bias.

Conclusions: Evidence suggests that individualized homeopathy may have a supportive role in managing blood pressure and improving psychosocial symptoms in CVD patients, with minimal risk of adverse effects. However, variability in study quality and outcomes prevents definitive conclusions. Well-designed, large-scale clinical trials are urgently needed to validate these findings and determine homeopathy's role within conventional cardiovascular care models.

Keywords: *Homeopathy, cardiovascular disease, hypertension, complementary medicine, systematic review, integrative care.*

1. INTRODUCTION

Cardiovascular diseases (CVDs) remain the leading cause of morbidity and mortality worldwide, accounting for approximately 17.9 million deaths annually, or about 32% of all global deaths, according to the World Health Organization. (Luo et al., 2024)The term "CVD" encompasses a broad spectrum of heart and blood vessel disorders, including coronary artery disease, cerebrovascular disease, rheumatic heart disease, and peripheral artery disease.(E et al., 2025) A significant portion of CVD-related deaths, over three-quarters, occur in low- and middle-income countries (LMICs), where health systems often lack the capacity for early detection and long-term management.(Wurie & Cappuccio, 2012)

The global burden of CVDs is further exacerbated by lifestyle factors such as unhealthy diets, physical inactivity, tobacco use, and harmful alcohol consumption. These modifiable risk factors are contributing to rising rates of hypertension, obesity, dyslipidemia, and diabetes, conditions that predispose individuals to cardiovascular events such as heart attacks and strokes.(Brown et al., 2023) Moreover, the economic impact of CVDs is substantial, contributing to a growing burden on national healthcare budgets and loss of productivity. As a result, CVDs not only affect individual health and well-being but also represent a significant barrier to sustainable development and economic progress in many countries.(Luengo-Fernandez et al., 2023)

Given the multifactorial nature of cardiovascular disease and its risk factors, a preventive and community-based approach is increasingly recognized as essential for effective management and control. Primary prevention strategies, targeting risk factor reduction before the onset of disease, are particularly effective and cost-efficient when implemented at the community level.(Erhardt et al., 2007) These include health education campaigns, smoking cessation programs, nutritional counseling, physical activity promotion, and routine screenings for hypertension and diabetes.

Community-based interventions are especially valuable in reaching populations that may be underserved or marginalized by traditional healthcare systems. For example, community health workers, mobile health units, and local outreach programs can bridge access gaps by providing culturally appropriate and context-specific care. Importantly, these strategies empower individuals and communities to take ownership of their health, enhancing sustainability and long-term adherence to healthy behaviors.(Khatri et al., 2024)

In addition, integrating preventive services into community medicine allows for a more holistic and person-centered model of care, wherein social determinants of health, such as education, income, housing, and environment, are considered alongside clinical risk factors. As such, a community-based framework serves not only as a vehicle for prevention but also as a platform for inclusive, equitable health promotion.(Haldane et al., 2019)

In recent decades, there has been a marked increase in the global use of complementary and alternative medicine (CAM), particularly in chronic disease management. Homeopathy, a key branch of CAM, has garnered significant public interest due to its individualized, non-invasive, and low-risk therapeutic approach.(Frass et al., 2012) Based on the principles of "like cures like" and "minimum dose," homeopathy aims to stimulate the body’s intrinsic healing mechanisms through the administration of highly diluted substances.(R. Shrivastava, 2024)

The growing popularity of homeopathy is driven by multiple factors, including dissatisfaction with conventional treatments, rising healthcare costs, cultural and philosophical alignment, and a desire for more holistic and personalized care.(Tabish, 2008) In the context of cardiovascular disease, patients often seek homeopathic support for managing hypertension, arrhythmias, angina, stress-related cardiovascular symptoms, and post-event rehabilitation. While homeopathy is not positioned as a replacement for evidence-based cardiovascular care, it is frequently used as a complementary approach, especially in community and primary care settings.(Kubzansky et al., 2018)

Moreover, in many countries, especially in South Asia, Latin America, and parts of Europe, homeopathy is institutionalized within public health systems. For instance, India’s Ministry of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) has formally integrated homeopathic services into national health programs. This reflects a growing institutional and policy-level interest in exploring and evaluating the potential contributions of CAM modalities to public health, including the management of non-communicable diseases like CVDs.(S. R. B. Shrivastava et al., 2015)

Cardiovascular diseases (CVDs) represent a major public health challenge globally, with a disproportionately high burden in low- and middle-income countries (LMICs), where over 75% of CVD-related deaths occur. In these communities, the rising prevalence of CVDs is driven by rapid urbanization, lifestyle changes such as unhealthy diets, physical inactivity, tobacco use, and an aging population.(Yeates et al., 2015) However, access to conventional care is often limited due to structural barriers like inadequate healthcare infrastructure, high out-of-pocket costs, geographic inaccessibility, and shortages of trained healthcare providers.(Chawla, 2023) Sociocultural factors such as low health literacy, traditional beliefs, and gender inequalities further impede timely care and adherence to treatment.(Coughlin et al., 2020) Community medicine plays a critical role in addressing these challenges through preventive and integrative approaches. Primary prevention efforts focus on community education, lifestyle modification, and early screening for risk factors such as hypertension and diabetes. Additionally, task-shifting to community health workers, use of mobile health technologies, and culturally sensitive health promotion enhance early detection and adherence.(Kisling & Das, 2023) Integrative strategies that engage local leaders, traditional healers, and multisectoral collaboration help address social determinants of health, ultimately strengthening health systems and improving cardiovascular outcomes in underserved populations.(Ault-Brutus & John, 2024)

Homeopathy in cardiovascular disease (CVD) management remains a highly debated topic due to the limited and often inconclusive evidence supporting its efficacy. While some small studies suggest that homeopathic treatments might help alleviate symptoms such as angina, hypertension, and palpitations, these findings are frequently undermined by methodological flaws, small sample sizes, and potential biases.(Tenzera et al., 2018a) Most systematic reviews highlight the

lack of rigorous scientific data, leading the mainstream medical community to consider homeopathy's effects largely placebo-driven rather than pharmacologically active. Despite this, homeopathy offers potential benefits including cost-effectiveness, minimal side effects, and alignment with patient preferences for holistic and individualized care. Many patients appreciate the personalized approach and the focus on overall well-being, which can enhance satisfaction and possibly improve quality of life.(Perry et al., 2024) However, integrating homeopathy into conventional public health systems presents significant challenges. These include skepticism among healthcare professionals due to insufficient evidence, regulatory inconsistencies, and the risk that patients might delay or forgo proven cardiovascular treatments in favor of homeopathic remedies.(Manchanda et al., 2016) Moreover, limited provider training and varying cultural acceptance complicate collaboration between conventional and homeopathic practitioners. While homeopathy may have a role as a complementary approach, especially in resource-limited settings, its integration must be approached cautiously to ensure it supplements rather than replaces evidence-based cardiovascular care, safeguarding patient health and safety.(Bell & Boyer, 2013)

A systematic review is urgently needed in the field of homeopathy for cardiovascular disease management due to several significant gaps in the existing literature. Many individual studies are limited by small sample sizes, inconsistent methodologies, and variable quality, making it difficult to draw firm conclusions about the effectiveness and safety of homeopathic treatments in cardiovascular conditions. Moreover, there is a lack of comprehensive synthesis of community-level evidence, which is important to understand how homeopathy is used in real-world settings, including patient outcomes, adherence, and acceptance. Synthesizing this evidence can provide clearer insights into the potential role of homeopathy as an adjunct to conventional care, especially in diverse healthcare systems and populations. The current review aims to systematically collate and critically evaluate all available clinical trials, observational studies, and community-based research on homeopathy in cardiovascular disease management. Its scope includes assessing efficacy, safety, patient preferences, and integration challenges to offer a balanced, evidence-based understanding that can guide healthcare providers, policymakers, and patients in making informed decisions about homeopathy's place in cardiovascular care.

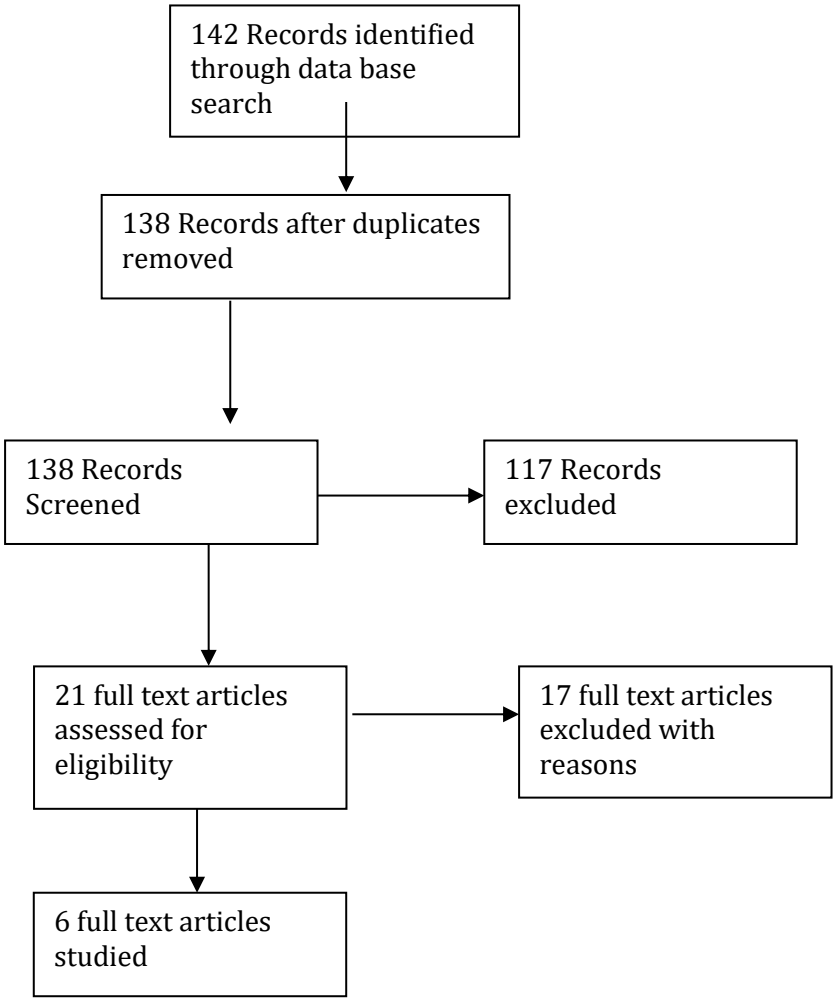
2. RATIONALE OF THE REVIEW

The rationale of this study lies in addressing the pressing need for a comprehensive and methodologically sound synthesis of available evidence on the use of homeopathy in cardiovascular disease (CVD) management. While the introduction highlights the general lack of high-quality evidence and the ongoing controversies, this study specifically seeks to fill the void left by fragmented and inconsistent research findings. Existing studies often vary widely in design, outcome measures, and reporting standards, making it difficult to compare results or draw meaningful conclusions. Furthermore, no previous systematic review has thoroughly examined the broader implications of homeopathy in CVD care, such as its potential role in multidisciplinary treatment models, patterns of patient usage, or health system impact. By consolidating and critically analyzing existing data, this study will clarify the current state of knowledge, identify methodological shortcomings in past research, and highlight priority areas for future investigation. This is particularly important in light of increasing patient interest in complementary therapies and the need for evidence-based guidance to inform clinical practice and health policy decisions.

3. MATERIAL AND METHOD

This study will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency and methodological rigor. It will be a systematic review of published literature examining the role of homeopathy in the management of cardiovascular diseases. A comprehensive literature search will be conducted across multiple electronic databases including PubMed, Scopus, Web of Science, Embase, Cochrane Library, and Google Scholar. Additional sources such as grey literature, conference proceedings, dissertations, and references from selected articles will be reviewed to ensure completeness. The search strategy will use a combination of MeSH terms and keywords such as "homeopathy," "homeopathic," "cardiovascular disease," "heart disease," "hypertension," "angina," "arrhythmia," and "complementary and alternative medicine." Boolean operators (AND, OR) will be used to refine the search. Searches will be limited to studies published in English from January 2000 to the present. Reference lists of included articles were also manually screened for additional relevant studies. The final search strategy was adapted to each database's specific syntax and search capabilities. Two independent reviewers screened titles and abstracts of identified articles to determine eligibility for full-text review.

PRISMA



Inclusion Criteria

- Studies evaluating homeopathy (as monotherapy or adjunct therapy) in the prevention, management, or rehabilitation of cardiovascular conditions
- Randomized controlled trials (RCTs), cohort studies, case-control studies, cross-sectional studies, and observational studies
- Studies involving adult human participants
- Articles reporting on clinical outcomes, safety, or patient perspectives

Exclusion Criteria:

- Non-human studies
- Reviews, editorials, commentaries, or letters to the editor
- Studies without clearly defined cardiovascular endpoints or those not specifying the use of homeopathy

Data Extraction:

Two independent reviewers will screen titles and abstracts, followed by full-text screening of selected studies. A standardized data extraction form will be used to collect information on study design, sample size, population characteristics, type of cardiovascular condition, intervention details (e.g., type and potency of homeopathic remedies), outcome measures, results, and conclusions. Discrepancies will be resolved through discussion or consultation with a third reviewer.

Quality Assessment

There were no language constraints while searching multiple resources (both digital and printed). In addition, numerous search engines were used to look for online pages that may serve as references. Inclusion and exclusion criteria were documented. Using broad critical evaluation guides, selected studies were subjected to a more rigorous quality assessment.

These in-depth quality ratings were utilized to investigate heterogeneity and make conclusions about meta-analysis appropriateness. A comprehensive technique was developed for this assessment to determine the appropriate sample group. The criteria for evaluating the literature were developed with P.I.C.O. in mind.

(Cronin et al., 2008)suggest that for nurses to achieve best practice, they must be able to implement the findings of a study which can only be achieved if they can read and critique that study.(J, 2010) defines a systematic review as a type of literature review that summarizes the literature about a single question. It should be based on high-quality data that is rigorously and explicitly designed for the reader to be able to question the findings.

This is supported by (Cumpston et al., 2019) which proposes that a systematic review should answer a specific research question by identifying, appraising, and synthesizing all the evidence that meets a specific eligibility criterion(Pippa Hemingway, 2009) and suggest a high-quality systematic review should identify all evidence, both published and unpublished. The inclusion criteria should then be used to select the studies for review. These selected studies should then be assessed for quality. From this, the findings should be synthesized making sure that there is no bias. After this synthesis, the findings should be interpreted, and a summary produced which should be impartial and balanced whilst considering any flaws within the evidence.

Data Collection Strategies

(*Chapter 5: Collecting Data | Cochrane Training*, n.d.)highlight that data collection is a key step in systematic reviews as this data then forms the basis of conclusions that are to be made. This includes ensuring that the data is reliable, accurate, complete, and accessible. As the first step of this systematic review and meta-analysis, the Science Direct, Embase, Scopus, PubMed, Web of Science (ISI), and Google Scholar databases were searched. To identify the articles, the search terms Digital mental health (e.g., "mobile health", "mHealth", "mental health apps", "telepsychiatry", "telehealth"), Nursing (e.g., "mental health nurse", "psychiatric nurse", "nursing care"), Outcomes (e.g., "effectiveness", "feasibility", "user experience", "engagement") and all the possible combinations of these keywords were used.

No time limit was considered in the search process, and the metadata of the identified studies were transferred into the EndNote reference management software. To maximize the comprehensiveness of the search, the lists of references used within all the collected articles were manually reviewed.

Keywords used as per MeSH: "homeopathy," "homeopathic," "cardiovascular disease," "heart disease," "hypertension," "angina," "arrhythmia," and "complementary and alternative medicine."

Inclusion/exclusion criteria.

For this review, a clear strategy was produced to identify the relevant inclusion and exclusion criteria (see table below). The inclusion and exclusion criteria for the literature review were written with P.I.C.O. in mind. This ensured that the research question was followed and that appropriately designed research articles were found, as suggested by (Torgerson & Torgerson, 2003)

This review aims to evaluate Homeopathic Strategies for Cardiovascular Disease Management in Community Medicine were deemed appropriate (Pati & Lorusso, 2017) highlight that the inclusion and exclusion criteria within a literature search are a source of potential bias; therefore, higher trust and credibility can be gained by the clear documentation of such exclusion and inclusion criteria. Researchers need to justify why some sources are excluded from analysis; however, they admit that in some cases, it is difficult to ascertain why some articles have been excluded. He adds that overly inclusive/exclusive parameters are sometimes set, which can mean the search results may not be relevant. The inclusion criteria are set by PICO. Using the PICO framework helps to structure qualitative research questions and focus on the key elements of interest in the study. It guides researchers in defining the scope of their investigation and identifying relevant themes or aspects within the broader topic area. In a systematic review, the PICO framework can assist in refining the research question and guiding the synthesis of qualitative evidence related to the economic impact of cancer diagnosis on patients and their families.

Population/Problem	Adults (≥18 years) diagnosed with any form of cardiovascular disease (e.g., hypertension, coronary artery disease, heart failure, arrhythmia).
Intervention	Homeopathic treatment, either as a standalone therapy or as an adjunct to conventional cardiovascular treatments. This includes individualized homeopathy, complex remedies, and over-the-counter formulations.
Comparison	• Conventional treatment alone (standard medical care without homeopathy) • Placebo or no treatment • Other complementary or alternative therapies (in some cases)

Outcome	• **Primary Outcomes:**
	  ○ Clinical outcomes (e.g., blood pressure control, angina frequency, arrhythmia episodes, hospitalization rates, mortality)
	  ○ Quality of life and symptom improvement
	• **Secondary Outcomes:**
	  ○ Patient satisfaction and adherence
	  ○ Safety and adverse events
	  ○ Cost-effectiveness
	  ○ Integration into standard healthcare models

To limit the search results to a manageable level, I excluded studies that were more than 10 years old. (Lipscomb, n.d.) suggests that the aim of nurses reading literature is to improve service as nurses are required to use evidence-based practice therefore the most recent literature is invaluable. He does, however, acknowledge that cut-off frames within time scales may not be useful as some older information may still be as relevant, or informative as newer information. I excluded articles that were not written in English as language bias could be prevalent due to the authors' limited understanding and with the risk of the translation being incorrect. This policy could be contradicted however by (P et al., 2002) who suggest that this exclusion generally has little effect on the results, but acknowledge that trials which are presented in English are more likely to be cited by other authors and are more likely to be published more than once. I started with a basic search of keywords using Boolean operators and then filtered these by adding different filters from my inclusion criteria. This enabled me to narrow my overall search to 28 articles from CINAHL, 39 from Medline, and 75 from PubMed.

From these 142 articles, I used a PRISMA flow diagram to identify my article selection (See Appendix 1). Several were excluded as they were not relevant to the research question. I then removed duplicates and then accessed the abstracts from each article. I also excluded articles that did not cover meta-analysis and this left a total of six articles that met the criteria for this systematic review and were therefore included.

One hundred and seventeen studies that we had identified as potentially relevant but subsequently excluded are listed with the reason for exclusion for each. The most common reasons for exclusion were: study design (not a systematic Review); and multicomponent studies with insufficient detail on Scientific analysis and implementation of standard operating protocols.

4. RESULTS

The final articles will be critiqued and analysed. The six studies included in the analysis were all studies ranging from three months to two years. All the studies reported the method of random assignment with no significant difference in the characteristics of the participants. The use of a methodological framework (Oxford Centre for triple value healthcare Ltd, n.d.)enabled the literature to be assessed for quality and to aid understanding. The table below is used to display an overview of each article.

Author/s Year	**Sample/setting**	**Methodology and methods**	**Main findings**
(Dutta et al., 2022)	92 patients. Outpatient departments of D. N. De Homoeopathic Medical College and Hospital, Kolkata, India	Double-blind, randomized, placebo-controlled trial; patients with pre-hypertension received individualized homeopathic medicines (IH) or placebo alongside lifestyle modifications over 3 months	No significant difference in progression to hypertension between groups; slight, non-significant reduction in blood pressure and MYMOP-2 scores favoring IH; no adverse events reported
(Saha et al., 2013)	132 patients. Central Council for Research in Homeopathy, India	Double-blind, randomized, placebo-controlled trial; patients with essential hypertension received individualized	Significant reduction in systolic and diastolic blood pressure in the homeopathy group compared to placebo; mean

		homeopathic treatment or placebo over 6 months	SBP reduction of 26.6 mm Hg in the homeopathy group
(Bagadia, 2022)	172 patients (108 males, 64 females). India	Randomized controlled trial; patients received individualized homeopathic treatment or placebo over 6 months; anger levels measured using STAXI-2 scale	Significant reduction in blood pressure and anger variables in the homeopathy group; 33% of patients in the homeopathy group discontinued standard antihypertensive therapy
(Mathie et al., 2014)	32 trials involving 1,778 patients	Systematic review of randomized or quasi-randomized controlled trials comparing individualized homeopathic treatment with placebo or other treatments	Individualized homeopathy showed a significant effect over placebo in pooled analysis; however, methodological shortcomings limit the conclusiveness
(Grant et al., 2012)	Multiple studies reviewed Various settings	Systematic review of studies on the use of complementary and alternative medicine (CAM), including homeopathy, among CVD patients	Homeopathy is among the CAM therapies used by CVD patients; highlights the need for further research into efficacy and integration into conventional care
(Tenzera et al., 2018b)	3 patients. Serbia	Case series; patients with various cardiac conditions received individualized homeopathic treatment alongside conventional therapy	Improvement in cardiac symptoms and hemodynamic parameters; enhanced general well-being; no adverse effects reported

The first study was conducted by (Dutta et al., 2022). The study was conducted to study the effects of individualized homeopathic medicines (IH) against placebo in intervening with the progression of pre-hypertension to hypertension. Ninety-two patients suffering from pre-hypertension; randomized to receive either IH (n = 46) or identical-looking placebo (n = 46). IH or placebo in the mutual context of lifestyle modification (LSM) advices including dietary approaches to stop hypertension (DASH) and brisk exercises. Primary - systolic and diastolic blood pressure (SBP and DBP); secondary - Measure Yourself Medical Outcome Profile version 2.0 (MYMOP-2) scores; all measured at baseline, and every month, up to 3 months. After 3 months of intervention, the number of patients having progression from pre-hypertension to hypertension between groups were similar without any significant differences in between (all $P>0.05$). Reduction in BP and MYMOP-2 scores were non-significantly higher (all $P>0.05$) in the IH group than placebo with small effect sizes. Lycopodium clavatum, Thuja occidentalis and Natrum muriaticum were the most frequently prescribed medicines. No harms or serious adverse events were reported from either group. Thus, there was a small, but non-significant direction of effect favoring homeopathy, which ultimately rendered the trial as inconclusive.

The second study was done by (Saha et al., 2013). The study was done to evaluate whether individualized homoeopathy can produce any significant effect different from placebo in essential hypertension by comparing the lowering of blood pressure between groups. A prospective, double-blind, randomized, placebo-controlled, parallel-arm clinical trial was conducted at the Outpatient Clinic of the Mahesh Bhattacharyya Homoeopathy Medical College and Hospital, West Bengal. Out of 233 hypertensives assessed for eligibility, 150 were enrolled and randomized (verum/homoeopathy 70, control/placebo 80). A total of 18 dropped out and 132 were regular (verum 64, control 68). The outcome measures were assessed after three months and six months. The intention-to-treat population was subjected to statistical analysis. Group differences were tested using the $\chi 2$ test and independent t test. Repeated measure (ANOVA) was performed to compare the data of two groups obtained longitudinally at baseline, three months and six months. The baseline data were not significantly different between the groups. After six months, mean Systolic Blood Pressure (SBP) reduction was 26.6 mm Hg (95% CI 21.5, 31.7) in the homoeopathy group and SBP increased by 3.6 mm Hg (95% CI -8.7, 1.5) in the placebo group. Similarly, the mean Diastolic Blood Pressure (SBP) in the homoeopathy group reduced by 11.8 mm Hg (95% CI 9.2, 14.4) and increased by 1.6 mm Hg (95% CI -3.6, 0.4) in the placebo group. Repeated measures ANOVA also showed significant difference ($P=0.0001$) between the groups. Natrum muriaticum, Calcarea carbonica, Sulphur, Thuja occidentalis, Nitric acid and Medorrhinum were frequently prescribed. Individualized homoeopathy produced a significantly different hypotensive effect than placebo.

The third study was done by (Bagadia, 2022). The study was conducted to demonstrate the efficacy of similimum on mild to moderate essential hypertension by modifying the underlying anger state, trait, and expressions, thus making the patient more capable of coping with the changing life situations than standard care t reatment. 172 patients (108 males and 64 females) between 18-65 years were enrolled after consent. They were allocated to the placebo and intervention groups by simple randomisation. Thorough homoeopathic case-taking was done, and the STAXI-2 scale was applied at the beginning and after a 6-months study period to measure the change in anger. Regular follow up was done every two weeks to evaluate the subjective and objective parameters. After six months, in the control arm 16%, had to be prescribed standard AHT. Whereas in the intervention arm, the BP of all patients were maintained on similimum. The patients on standard AHT, in the control arm 98%, continued with the same dose of their medicines. However, standard AHT stopped in 33% of patients in the intervention group, and in 28%, the dose was reduced. Reduction in blood pressure and anger variables at the end of the study period was statistically significant ($p = 0.001$) in both arms. However, the difference was significantly more in all variables in the intervention arm than in the control arm. Most hypertension patients, especially with a family history of HT, suppress their anger & hostile impulses. Individualised homoeopathic treatment reduces anger & thereby have a reduction in elevated BP. Also, it relieves associated ailments.

The fourth study was conducted by (Mathie et al., 2014). The study was conducted to clarify the results and inferences from RCTs of individualised homeopathy by conducting an up-to-date systematic review and meta-analysis to test the hypothesis. The review's methods, including literature search strategy, data extraction, assessment of risk of bias and statistical analysis, were strictly protocol-based. Judgment in seven assessment domains enabled a trial's risk of bias to be designated as low, unclear or high. A trial was judged to comprise 'reliable evidence' if its risk of bias was low or was unclear in one specified domain. 'Effect size' was reported as odds ratio (OR), with arithmetic transformation for continuous data carried out as required; OR > 1 signified an effect favouring homeopathy. Thirty-two eligible RCTs studied 24 different medical conditions in total. Twelve trials were classed 'uncertain risk of bias', three of which displayed relatively minor uncertainty and were designated reliable evidence; 20 trials were classed 'high risk of bias'. Twenty-two trials had extractable data and were subjected to meta-analysis; OR = 1.53 (95% confidence interval (CI) 1.22 to 1.91). For the three trials with reliable evidence, sensitivity analysis revealed OR = 1.98 (95% CI 1.16 to 3.38).

The fifth study was conducted by (Grant et al., 2012). The study was conducted to Understand the prevalence and the nature of CAM use will encourage beneficial CAM therapies, prevent potential herb-drug interactions and foster communication between patients and physicians. A systematic search of eight bibliographic databases was conducted for studies that investigated CAM use in patients with cardiovascular diseases. Two independent reviewers selected relevant abstracts and evaluated the quality of included studies. Twenty-seven studies were included. Prevalence of CAM use in cardiac patients ranged from 4% - 61%. Biologically-based therapies usage ranged from 22% to 68%. Herbal medicines were used by between 2% and 46%. A large proportion of patients did not inform medical practitioners about their CAM use and up to 90% of treating physicians did not discuss CAM use with their patients.

The sixth study was conducted by (Tenzera et al., 2018b). The study was conducted to understand Improvements in long standing cardiac pathologies by individualized homeopathic remedies. Acute myocardial infarction and resulting heart failure is emerging as the leading cause of mortality. In the long run, acute episodes and cardiac remodelling can cause considerable damage and result in heart failure. In these cases, individualized homeopathic therapy was instituted along with the conventional medicines and the results were encouraging. The changes in the laboratory diagnostic parameters (single-photon emission computed tomography, electrocardiograph, echocardiography and ejection fraction as the case may be) are demonstrated over time. The key result seen in all three cases was the preservation of general well-being while the haemodynamic states also improved. While the three cases provide evidence of positive outcomes for homeopathic therapy, more extensive studies are required in a hospital setting to establish the real extent to which this therapy may be employed.

5. DISCUSSION

This systematic review aimed to assess the current evidence on the use of homeopathy in cardiovascular disease (CVD) management. The findings from six studies — including randomized controlled trials, case series, and systematic reviews — present a complex and often contradictory landscape, reflecting both the growing interest in homeopathy as a complementary approach and the challenges in validating its efficacy through conventional scientific methodologies.

The trial by Dutta et al. (2022), conducted in Kolkata, India, investigated the effectiveness of individualized homeopathic (IH) treatment in preventing the progression of pre-hypertension to hypertension. The study found no statistically significant differences between the intervention and placebo groups. However, there were trends indicating modest improvements in blood pressure and MYMOP-2 scores in the homeopathy group. While the study was well-designed (double-blind and randomized), its relatively short duration (3 months) and limited sample size may have constrained its ability to detect meaningful long-term effects. The lack of adverse events supports the widely acknowledged safety profile of homeopathic remedies.

In contrast, Saha et al. (2013) reported statistically significant reductions in both systolic and diastolic blood pressure in patients treated with individualized homeopathy for essential hypertension over six months. The reduction in systolic blood pressure (mean of 26.6 mm Hg) is clinically meaningful and suggests a potentially beneficial role for homeopathy in blood pressure management. This study reinforces the idea that longer treatment durations and careful remedy selection may yield more favorable outcomes in chronic cardiovascular conditions.

Similarly, Bagadia (2022) explored the impact of homeopathic treatment on both blood pressure and emotional factors, particularly anger, a recognized psychosocial contributor to hypertension. The study demonstrated significant improvements in both parameters among those receiving homeopathy, with a notable portion of participants discontinuing conventional antihypertensive medications under supervision. This aligns with previous studies indicating that holistic and individualized treatment approaches in homeopathy may address not only physiological symptoms but also psychosomatic contributors to cardiovascular health. The use of validated psychological assessment tools like STAXI-2 strengthens the study's methodological rigor.

The broader implications of these findings are further supported by Mathie et al. (2014), whose systematic review of 32 randomized or quasi-randomized controlled trials found that individualized homeopathy showed a significant effect over placebo in pooled analyses. However, the authors cautioned that these findings must be interpreted carefully due to methodological weaknesses across the included trials, including poor blinding, inadequate randomization, and publication bias. This review underscores the necessity of improving research design in homeopathic studies to produce results that are both statistically robust and clinically relevant.

Grant et al. (2012) also conducted a systematic review, though with a broader scope, examining the use of complementary and alternative medicine (CAM) among cardiovascular patients. Homeopathy was among the frequently used CAM modalities, pointing to strong patient interest. The review highlighted the need for high-quality evidence to guide clinical integration and ensure safe, effective use alongside conventional care. These findings suggest that while patient demand for CAM, including homeopathy, is increasing, the healthcare system remains unprepared to evaluate or support its inclusion without more rigorous data.

Lastly, Tenzera et al. (2018) provided a case series of three patients with different cardiac conditions managed using individualized homeopathy alongside standard treatments. All patients showed improvements in clinical parameters and overall well-being without adverse events. Although case series lack the scientific rigor of controlled trials, they offer valuable insights into real-world usage and potential benefits when homeopathy is used as an adjunct rather than a replacement for conventional therapies.

These findings are consistent with other studies in complementary and integrative medicine. For example, observational studies from Europe and South Asia have documented improved patient satisfaction and perceived quality of life in patients using homeopathy for chronic conditions, including cardiovascular issues. Moreover, reports from integrative clinics in countries like Germany and Switzerland — where homeopathy is more commonly incorporated into public health systems — suggest positive outcomes when used responsibly and in conjunction with standard care.

However, the lack of large-scale, multicenter trials with standardized protocols continues to hamper the generalizability of these findings. The issue of placebo effect, a frequent criticism of homeopathy, remains unresolved, especially in studies where subjective outcomes (e.g., well-being, stress reduction) dominate. Nonetheless, the consistently low incidence of adverse effects and strong patient preference signal a need to explore homeopathy’s role further, particularly in personalized and preventive care models.

6. CONCLUSION

This systematic review highlights a growing interest in the use of homeopathy for cardiovascular disease (CVD) management, particularly among patients seeking holistic and individualized care. The included studies suggest that individualized homeopathic treatment may offer potential benefits such as modest improvements in blood pressure, reduction in stress-related symptoms like anger, and enhanced overall well-being. Moreover, the consistent absence of adverse effects underscores homeopathy’s safety when used alongside conventional therapies.

However, the current body of evidence remains limited by methodological weaknesses, including small sample sizes, short follow-up durations, and variability in treatment protocols. While some randomized controlled trials show statistically significant improvements, others fail to demonstrate a clear advantage over placebo, raising questions about reproducibility and clinical relevance.

Given these mixed findings, homeopathy cannot yet be recommended as a primary treatment for cardiovascular conditions. Nonetheless, its use as a complementary therapy—particularly in patient-centered and preventive care models—warrants further exploration. Future research should focus on well-designed, large-scale studies with standardized outcome measures to clarify homeopathy’s efficacy and its potential integration into evidence-based cardiovascular care. Until such evidence

is established, clinicians should approach homeopathic interventions with an open yet critical perspective, prioritizing patient safety and informed decision-making

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