

# REFINING INTERVENTION PROTOCOLS IN HOMEOPATHY FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASES IN DYSLIPIDEMIA

**C.Sherin Sheeba<sup>1</sup>, Nisha Gopinath<sup>1\*</sup>, H.Vaishnavi<sup>2</sup>, Fathima Shahunaj<sup>3</sup>, N.V.Sugathan<sup>1</sup> and A.S.Suman Sankar<sup>4</sup>**

<sup>1</sup>Department of Practice of Medicine, SaradaKrishna Homoeopathic Medical College,(Affiliated toThe Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari District,Tamilnadu,India.

<sup>2</sup>Department of Materia Medica,Jeeyar Integrative Medical Services (JIMS) Homoeopathic Medical College,Venkannaguda,Telangana,509325.

<sup>3</sup>Department of Materia Medica, Venkateswara Homeopathic Medical College and Hospital,(Affiliated to The Tamil Nadu Dr.M.G.R. Medical University,Chennai), Porur,Chennai,Tamilnadu,India-600116

<sup>4</sup>Department of Repertory, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr.M.G.R.Medical University,Chennai),Kulasekharam,Kanniyakumari District,Tamilnadu,India.

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*\*Corresponding Author Email: drnishagopinath@gmail.com*

## ABSTRACT

Dyslipidemia is a significant risk factor for cardiovascular disease (CVD), characterized by elevated levels of low-density lipoprotein cholesterol (LDL-C) and triglycerides, along with reduced levels of high-density lipoprotein cholesterol (HDL-C). Effective management of dyslipidemia is crucial for the primary prevention of CVD. Homeopathy presents a promising complementary approach, focusing on individualized treatment and holistic care. This abstract outlines an improved intervention plan and protocol for the homeopathic management of dyslipidemia, emphasizing early prevention of cardiovascular disease risk. The proposed plan combines traditional homeopathic principles with modern insights into lipid metabolism and cardiovascular health. Key components include personalized remedy selection based on a thorough patient assessment, considering both clinical symptoms and constitutional factors. The protocol is designed to lower LDL-C and triglyceride levels, enhance HDL-C, and address metabolic imbalances contributing to dyslipidemia. Additionally, lifestyle changes such as diet, exercise, and stress management are integrated as part of a comprehensive treatment strategy. The effectiveness of specific homeopathic remedies, including *Allium sativum*, *Crataegus oxyacantha*, and *Lycopodium clavatum*, is discussed, highlighting their potential to improve lipid profiles and prevent cardiovascular complications. By refining this treatment protocol, the goal is to improve patient outcomes, reduce cardiovascular risk, and offer a sustainable, non-invasive method for managing dyslipidemia. Further clinical studies are needed to validate these findings and refine the homeopathic approach for broader use in preventive cardiovascular care.

## INTRODUCTION:

Cardiometabolic parameters are a group of health indicators that are strongly linked to both cardiovascular and metabolic health. Tracking and controlling these parameters is crucial for preventing and managing conditions such as cardiovascular diseases, diabetes, and metabolic syndrome. Dyslipidemia is an important Cardiometabolic risk factor for coronary artery disease and stroke. All persons with dyslipidemia should be advised to focus on lifestyle interventions, including regular exercise, a healthy diet, maintenance of a healthy weight, and abstinence from smoking. In addition to lifestyle interventions, lipid-lowering therapy should be considered for persons at moderate to high risk for atherosclerotic cardiovascular disease moreover according to WHO Low risk Doesn't Mean No Risk Low risk patients also will be concentrated for further prevention and progression of CVD risk. Statin therapy is the first-line medical treatment for dyslipidemia due to its effectiveness and favorable adverse effect profile, but newer treatments provide additional tools for clinicians to effectively treat dyslipidemia (1) The key risk factors for dyslipidemia encompass advancing age, excessive weight, both general and abdominal obesity, diabetes, high blood pressure, and insufficient physical activity. (2) Research indicates that childhood dyslipidemia, even when it no longer persists in adulthood, remains a significant risk factor for the development of carotid plaque in adults. Additionally, among individuals who already have carotid plaque, the lipid levels during childhood are linked to the size of the plaque.

## KEYWORDS:

Cardiometabolic, Constitutional, Dyslipidemia, Homeopathy, Protocol, Prevention.

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These discoveries underscore the significance of early prevention of dyslipidemia during childhood to mitigate the development of atherosclerosis. (3) Dyslipidemia is mostly associated with conditions such as hypertension and diabetes mellitus. These conditions frequently coexist and can exacerbate one another, increasing the risk of cardiovascular disease and other health complications. (4) (5) Patients who have dyslipidemia may have an increased risk of cardiovascular diseases. Consequently, it is of utmost importance to conduct routine screenings for dyslipidemia in such patients to reduce the potential long-term complications. Management of these conditions often involves a multifaceted approach, including lifestyle modifications (such as dietary changes, regular physical activity, and weight management), (6) (7) medication (for controlling blood pressure, blood sugar, and lipid levels), and regular medical monitoring. It is crucial for individuals with these conditions to work closely with healthcare providers to address all aspects of their health and reduce their cardiovascular risk. (8)

A Randomized Controlled Trial was conducted at Sarada Krishna Homoeopathic Medical College, Kulasekharam, to evaluate the effect of Constitutional Homoeopathic Medicine for the reduction of lipid levels, controlling other cardiometabolic risk factors like hypertension, diabetes, and the primary prevention of cardiovascular disease (CVD). The study included 150 patients, divided into two groups, an intervention group and a control group. The intervention group received Homoeopathic Constitutional medicines along with Therapeutic Lifestyle Changes (TLC), while the control group received only TLC. The results demonstrated that the intervention group was significantly more effective in reducing lipid levels and controlling hypertension and diabetes compared to the control group. Based on these findings and other observations of this study, and the findings of a pilot study (68) an intervention plan and protocol was developed for the primary prevention of CVD using Homoeopathy.

#### Current Homeopathic Protocols for Dyslipidemia:

Homeopathic protocols for dyslipidemia, like many other medical treatments, should be individualized to suit each patient's unique constitution and symptoms. (9) Homeopathy focuses on addressing the root causes of the condition and aims to stimulate the body's self-healing mechanisms. Homeopathic treatment typically begins with identifying the patient's constitutional remedy. This is determined by a thorough evaluation of the patient's physical, mental, and emotional characteristics. The idea is to treat the individual as a whole, not just the disease. Some general homeopathic remedies that may be considered in the management of dyslipidemia are Cholesterinum, Lycopodium, Phytolacca, Nux Vomica, Calcarea Carbonica, Arsenicum Album (10, 11)

#### Enhanced Homeopathic Approach to Dyslipidemia

#### Management: Tailoring Treatment for Holistic Wellness.

##### Patient Education

According to the WHO, coronary heart disease is the foremost cause of mortality on a global scale and represents a significant health challenge across the world. Studies showing that India will experience a substantial surge in the prevalence of these diseases, with the country expected to bear more than 50% of the total cases of heart disease worldwide. (12) It was estimated that by the year 2030, approximately 23.3 million individuals will lose their lives due to cardiovascular disease. The conventional risk factors associated with this alarming statistic include high blood pressure, elevated cholesterol levels, high blood glucose levels, smoking, obesity, and physical inactivity. (13) Previous studies have noted that many patients are aware of certain risk factors for cardiovascular disease. However, a significant portion of the population lacks awareness regarding the link between certain risk factors, such as age and family history, and the development of cardiovascular disease, despite these factors serving as early indicators of the condition. Also, it has been found that only a limited number of participants were aware that individuals with diabetes tend to have low HDL cholesterol levels and male diabetic patients face a higher risk in comparison to female diabetic patients. (14) (15) so it is really important to educate the patient and develop educational materials and workshops for patients to raise awareness about risk factors.

##### Screening of patient:

Dyslipidemia being a symptomatic, a routine screening becomes essential for its early identification and can prevent or delay AS CVD-related mortality. Advance disease is an important risk factor for dyslipidemia. Annual or more frequent screening of risk factors, including plasma lipid profiles is essential in adults (men > 40 yrs; women > 45 yrs and/or post-menopausal) to assess the risk of coronary heart disease (CHD). Lifestyle diseases are primarily caused by unhealthy lifestyle choices such as poor diet, lack of physical activity, smoking, excessive alcohol consumption, and stress and also common lifestyle diseases include heart disease, diabetes, hypertension, and obesity. (16) The purpose of screening for lifestyle diseases is to identify individuals at risk early on and provide interventions to prevent or manage these conditions effectively. Here first comes History collection that is gathering a comprehensive health history from the patient. Ask about their family history of lifestyle diseases, personal medical history, current lifestyle habits (diet, exercise, smoking, alcohol consumption), and any symptoms they may be experiencing. Then Conduct a thorough physical examination, including measurements of weight, height, waist circumference, calculate BMI and blood pressure. These measurements can help assess the patient's risk for conditions like

obesity and hypertension. (17) Then investigate the patient for Blood Sugar and lipid. Then we have to do Dietary Assessment, Physical Activity Assessment, Stress Assessment. (18)

#### **Risk assessment:**

The next step after screening involves stratifying patients in appropriate risk categories (namely low, intermediate, high). The prime aim of this risk categorization and primary prevention is to reach the LDL goal. For risk assessment we can use Cardiovascular Risk Calculators Utilize a validated cardiovascular risk assessment tool or calculator (e.g., Framingham Risk Score, ASCVD Risk Estimator) to estimate the patient's 10-year and lifetime risk of CVD events. These tools incorporate multiple risk factors to stratify risk. (19) (20) Share the calculated risk estimates with the patient and discuss the implications. Explain the potential benefits of lifestyle modifications and, if indicated, pharmacological interventions. (21) These calculators are based on various risk factors and help doctors make informed decisions about prevention and treatment. The most commonly used cardiovascular risk calculator is the Framingham Risk Score, which was developed based on data from the Framingham Heart Study. The results from a cardiovascular risk calculator can help doctors and patients make decisions about lifestyle modifications (such as diet, exercise, and smoking cessation) and medication therapy to reduce the risk of cardiovascular events. (22)

The Framingham Risk Score (23) is a widely used cardiovascular risk assessment tool that helps estimate an individual's 10-year risk of developing cardiovascular events such as heart attacks (myocardial infarctions) and strokes. This risk assessment tool was developed based on data from the Framingham Heart Study, a long-term research study that began in 1948 and continues to provide valuable insights into cardiovascular disease risk factors. The Framingham Risk Score takes into account several key risk factors to calculate a person's risk, including Age: The older you are, the higher your risk. Gender: Men and women may have different risk profiles. Total Cholesterol Level: Specifically, the Total cholesterol level. HDL Cholesterol Level: Often referred to as "good" cholesterol. Blood Pressure: Systolic blood pressure is considered. Smoking Status: Whether the patient is a current smoker or not. Diabetes: Whether the patient has diabetes or not.

The result is typically expressed as a percentage, indicating the probability of a cardiovascular event occurring within the next 10 years. Based on the calculated risk score, healthcare professionals can make recommendations for lifestyle changes, such as dietary modifications, increased physical activity, smoking cessation, and, if necessary, medication interventions to reduce the patient's cardiovascular risk. (24)

#### **Customized Homeopathic Treatment Plans:**

#### **Individual Assessment:**

Homeopathy focuses on individualized treatment based on the principle of "like cures like." This means that a substance capable of producing symptoms similar to those of the patient's illness, when administered in a highly diluted and potentized form, can stimulate the body's healing response. Homeopathic remedies are chosen based on the totality of symptoms, and treatment plans should be highly individualized. (25) Thus, we can consider general principles when developing a customized homeopathic treatment plan for cardiovascular risk prevention.

In homeopathy, individual assessment of patients with cardiovascular disease risk involves a thorough evaluation of their physical symptoms, mental and emotional state, lifestyle factors, and overall constitution. (26) Homeopathic treatment for cardiovascular disease risk patients is highly personalized and aims to address the underlying causes and imbalances that may contribute to their risk factors. Individual assessment in homeopathy is conducted for cardiovascular disease risk patients and begins with the effective case-taking. (27) The process begins with an in-depth case-taking session. This includes: Gathering information about the patient's cardiovascular risk factors, such as family history, age, gender, blood pressure, cholesterol levels, and other relevant medical history. Exploring the patient's lifestyle, including their diet, exercise habits, stress levels, and any other factors that may contribute to cardiovascular risk. Identifying any physical symptoms or discomfort related to the cardiovascular system, such as palpitations, chest pain, shortness of breath, or circulation issues. Assessing the patient's mental and emotional state, including stress, anxiety, depression, and any emotional factors that may impact their cardiovascular health. Constitutional Assessment and Miasmatic Analysis also applied to identify any underlying chronic miasms or predispositions that could contribute to cardiovascular risk. Understanding these inherited disease tendencies can guide remedy selection. After Remedy selection, the physician can determine the appropriate potency and dosage, taking into account the patient's sensitivity, the chronicity of the condition, and the desired therapeutic effect.

#### **Constitutional Treatment:**

Constitutional treatment (28) (29) in homeopathy for patients at risk of cardiovascular disease (CVD) involves a personalized assessment and the selection of a homeopathic remedy that targets both the specific CVD risk factors and the patient's overall constitution. This holistic approach aims to improve the patient's overall health, decrease susceptibility to CVD, and enhance overall well-being. After a comprehensive assessment of the patient's physical symptoms

toms, mental and emotional state, and lifestyle factors, the physician determines the patient's constitutional type, taking into account their physical makeup, temperament, thermal reactions, side affinity, sensation, and tendencies. Then, the CVD risk factors are identified, and a remedy that matches the patient's constitutional type is chosen, along with appropriate potency and dosage. Subsequently, a customized treatment plan is developed. Patients also receive guidance on lifestyle modifications that can help reduce their cardiovascular risk. Therefore, constitutional remedies are chosen based on the patient's overall constitution and susceptibility to certain conditions.

### Specific Risk Factor Management:

Homeopathic remedies that are organopathic or organ-specific remedies (30) (31) (32) (33) selected and prescribed along with Constitutional medicines to address specific cardiovascular risk factors, such as high blood pressure, high cholesterol levels, or diabetes. For example, in hypertensive patients, remedies like *Crataegus*, *Rauwolfia serpentina*, and *Baryta carbonica* may help regulate blood pressure. Remedies like *Crataegus oxyacantha* (hawthorn) or *Allium sativum* (garlic), *Cholstrinum* may be considered in Dyslipidemia also. For individuals at risk of or with diabetes, homeopathic remedies like *Syzygium Jambolanum*, *Phosphoric Acid*, and *Uranium Nitricum* may be prescribed based on their unique symptoms along with Constitutional medicines. This specific risk factor management will be considered to moderate and high risk patients.

### Lifestyle modification:

#### Dietary Changes: (34)

Diet plays a crucial role in managing the risk of cardiovascular disease (CVD). Making dietary changes can help reduce risk factors such as high blood pressure, high cholesterol levels, and obesity. (35) Limit intake of saturated fats found in red meat, full-fat dairy products, and tropical oils like coconut and palm oil. Avoid trans fats, often found in processed and fried foods. Check food labels for partially hydrogenated oils, a common source of trans fats. (36) Opt for sources of healthy fats such as unsaturated fats found in olive oil, avocados, nuts, and fatty fish like salmon, mackerel, and trout. Incorporate omega-3 fatty acids (37) by consuming fish, flaxseeds, chia seeds, and walnuts. (38) These are particularly beneficial for heart health. Include plenty of soluble fiber in the diet from sources like oats, barley, legumes, fruits, and vegetables to help lower LDL (bad) cholesterol levels. (39) Limit the sodium (salt) intake by avoiding adding extra salt to meals, and being mindful of processed and restaurant foods which can be high in sodium. - Cut back on added sugars, particularly in sugary drinks, snacks, and desserts, as high sugar intake can contribute to obesity and diabetes, which are risk factors for CVD. (40) Increase consumption of fruits and vegetables to

fill half the plate. They are rich in vitamins, minerals, antioxidants, and fiber that support heart health. Whole grains like whole wheat, brown rice, quinoa, and oats are over refined grains, as they are higher in fiber and nutrients. Lean sources of protein, such as skinless poultry, fish, legumes, and tofu, instead of red meat and processed meats which can increase CVD risk. "Additionally, Consumption of alcohol in moderation means up to one drink per day for women and up to two drinks per day for men. Drink plenty of water throughout the day to help maintain overall health and hydration. - Consider following heart-healthy diets like the DASH (Dietary Approaches to Stop Hypertension) or Mediterranean diet, which emphasize whole foods, vegetables, fruits, and healthy fats." (41)

#### Physical activity: (42)

Physical Activity plays a crucial role in managing cardiovascular disease (CVD) risk. Regular exercise provides numerous benefits for heart health and can help lower the risk of developing CVD. Physicians can offer guidance on the most suitable exercise regimen for individual circumstances. Aerobic or cardiovascular exercise is particularly beneficial for heart health. It helps improve cardiovascular fitness, lower blood pressure, and reduce levels of LDL (bad) cholesterol. (43) Examples of aerobic exercises include brisk walking, jogging, cycling, swimming, and dancing. (44) Aim for at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity per week, as recommended by organizations like the American Heart Association. Break this up into shorter sessions throughout the week, such as 30 minutes of exercise on most days. Incorporate strength training exercises at least two days a week. (45) Building muscle can help boost metabolism, improve insulin sensitivity, and contribute to overall cardiovascular health. Strength training exercises include weightlifting, bodyweight exercises (e.g., push-ups, squats), and resistance band workouts. Include stretching and flexibility exercises in the routine to improve joint mobility and reduce the risk of injury. (46) Activities like yoga or dedicated stretching routines are also beneficial. Gradually increase the duration, intensity, and complexity of workouts over time. This progressive approach helps prevent plateaus and reduces the risk of overuse injuries. Incorporate physical activity into daily life whenever possible. For example, take the stairs instead of the elevator, walk or bike for short trips, or engage in inactive hobbies like gardening or dancing. Pay attention to how the body responds to exercise. When experiencing unusual symptoms, such as chest pain, dizziness, or severe shortness of breath, stop exercising immediately and seek medical attention. (47) (48)

### Weight Management:

It's crucial to maintain a healthy weight to prevent Cardiovascular diseases. A balanced diet combined with regular physical activity is key to achieving and maintaining a healthy weight. Excess body weight, especially around the abdomen (central obesity), is linked to a higher risk of cardiovascular disease (CVD). (49) Calculate Body Mass Index (BMI) to determine the healthy weight range. Set realistic weight loss or achievable maintenance goals. Making small, gradual changes is more sustainable and can lead to long-term success. Even small reductions in body weight can positively impact cardiovascular health and reduce the risk of CVD. (50) It's important to approach weight management with a sustainable and balanced lifestyle in mind. (51)(52)

#### **Stress Management and Sleep Hygiene:**

Chronic stress can have harmful effects on both physical and mental health. It is important to practice stress-reduction techniques such as mindfulness, meditation, yoga, or deep breathing exercises. Additionally, quality sleep is crucial for overall health and cognitive function. (53) To improve your sleep, establish a regular sleep schedule, create a comfortable sleep environment, and limit exposure to screens and stimulants before bedtime. (54)(55)

#### **Tobacco and Alcohol Use:**

Smokers should quit smoking, and limit alcohol consumption. Both tobacco and excessive alcohol use are associated with Cardiovascular atherosclerotic diseases. (42)

#### **Stratifying Cardiovascular Risk: Categorizing Patients for Targeted Care:**

The Framingham Risk Score considers various risk factors and places individuals into different risk categories based on their calculated score. The categories include - Low Risk, Intermediate Risk and High Risk (57)

#### **Low Risk:**

Individuals with a 10-year FRS score of less than 10% are considered to be at low risk for developing a CHD event. This means that their risk of having a heart attack or coronary death in the next decade is relatively low. 2. Intermediate Risk: Individuals with a 10-year FRS score between 10% and 20% fall into the intermediate risk category. They have a moderate risk of developing a CHD event in the next 10 years. 3. High Risk: Individuals with a 10-year FRS score greater than 20% are categorized as high risk. They have a significant risk of experiencing a CHD event in the next decade (58) "By considering this risk category, we can choose the appropriate homeopathic management plan."

#### **Homeopathic Management of Low Risk Category:**

Individuals with a Framingham Risk Score (FRS) of less than 10% are considered to be at low risk for developing a Coronary Heart Disease (CHD) event. Management for such individuals includes healthy diet, regular exercise, smoking cessation, moderate alcohol consumption, maintaining a healthy weight, stress management, along with personalized homeopathic medicines, also recommendable.

#### **Homeopathic management of Intermediate Risk Category:**

Diet, exercise, smoking cessation, alcohol moderation, and stress management are essential components. Individualized homeopathic medicines can also be prescribed to help lower cholesterol levels and reduce the risk of cardiovascular disease (CVD). CVD risk management should be personalized based on the individual's specific characteristics and health profile. (59) Factors such as age, family history, overall health, and specific risk factors should be taken into account and select a Constitutional medicine. It is recommended that individuals in the intermediate-risk group should have regular check-ups to monitor their blood pressure, cholesterol levels, and other relevant health markers. If there is no improvement after regular treatment and LDL goal is not reached, specific risk factor management and organopathic or organ-specific remedies, along with constitutional medicines, can be considered. If there is still no improvement, the patient should be directed to get a Cardiologist's opinion.

#### **Homeopathic Management of High-Risk Category:**

An individualized homeopathic remedy should be prescribed based on the patient's physical, mental, and emotional constitution, identifying a remedy that corresponds to the totality of the patient's symptoms. It is important to target risk factors in high-risk patients. For example, in hypertensive patients, remedies like *Crataegus*, (60) *Rauwolfia serpentina*, (61)(62) and *Baryta carbonica* may help regulate blood pressure. In dyslipidemia, remedies such as *Allium sativum*, (63)(64) *Chelidonium majus*, and *Guatteria Gaumeri* (65) are used to manage cholesterol and lipid profiles, thereby reducing plaque formation in arteries. In diabetes, remedies like *Syzygium jambolanum*, (66) *Cephalandra indica*, (67) and *Gymnema sylvestre* may be used for patients with impaired glucose tolerance, aiming to reduce insulin resistance. Thus, it is advisable to consider an organopathic remedy along with constitutional medicine. Additionally, therapeutic lifestyle changes (TLC) are also advisable. If there is no improvement, refer the patient to get a Cardiologist's opinion.

#### **Regular Health Checkups:**

Regular checkups and screenings to catch and address health issues early is important in primary prevention of CVD risk. Incorporate lifestyle modifications such as diet, exercise, stress

management, and smoking cessation into homeopathic treatment plans. These modifications are crucial for managing cardiometabolic risk factors. Patient Compliance:

Develop strategies to improve patient compliance with treatment plans, including regular follow-ups, patient engagement, and ongoing support.

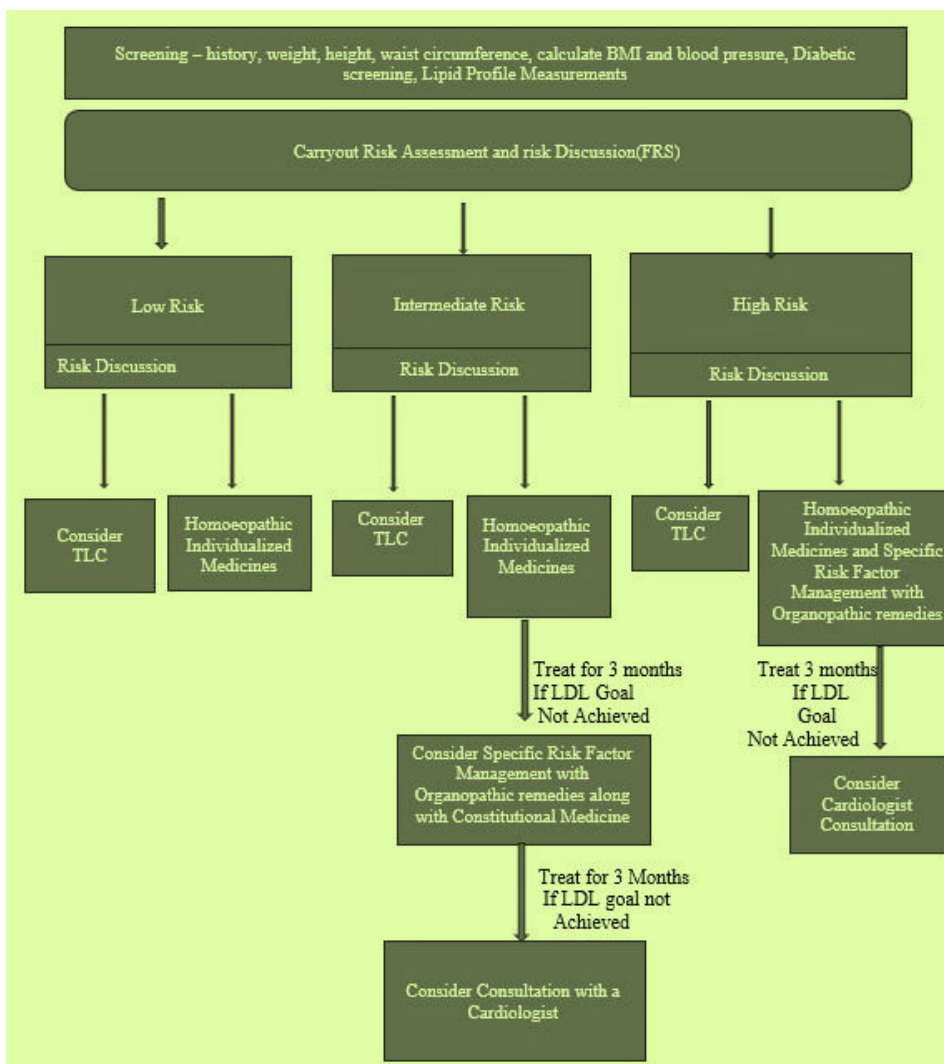


Fig1: Decision tree for Homoeopathic Management of Dyslipidemia in Primary Prevention of ASCVD

**CONCLUSION:**

The homeopathic management of dyslipidemia offers a promising complementary approach for the primary prevention of cardiovascular disease (CVD). This intervention plan involves personalized remedy selection and a focus on lifestyle modifications to address dyslipidemia and its associated metabolic imbalances. Although this approach shows potential to improve patient outcomes and reduce cardiovascular risks, further clinical trials and research are needed to validate these findings and establish a refined homeopathic protocol for broader preventive cardiovascular care. The outcomes highlighted that homeopathic management, when used as a complementary strategy, can play a vital role in primary prevention of cardiovascular diseases (CVD), especially in high-risk individuals.

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