

Research Article

Role of Homoeopathy as Curative and Prevention of Peripheral Arterial Disease

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Abstract Peripheral arterial disease (PAD) is defined as a clinical disorder in which there is stenosis in the aorta or arteries of the limbs [2, 3]. Homoeopathy has proved its effectiveness in treating PAD evidenced clinically and electrocardiographically. Homoeopathic medicines are not only effective in treating the disease but are also safe from side effects seen in conventional treatment.

Keywords *Peripheral Artery Disease; Homoeopathy*

Introduction

Peripheral artery disease is usually a sign of a buildup of fatty deposits in the arteries (atherosclerosis) in which narrowed blood vessels reduce blood flow to the limbs. 25% of all the patients present with symptoms, the most common of which is intermittent claudication. About 1-2% of patients with intermittent claudication per year progress to a point where amputation and/or revascularization are required. [1, 2, 3]

Etiology

- In developed countries, almost all peripheral artery disease is due to atherosclerosis.
- Other causes include thrombosis, embolism, vasculitis, fibromuscular dysplasia, entrapment, cystic adventitial disease and trauma. [2, 3]
- An increased risk of developing PAD in cigarette smokers and in persons with diabetes mellitus, hypercholesterolemia, hypertension, or hyperhomocysteinemia [1].

Pathogenesis

- Early lesions in the form of diffuse intimal thickening, fatty streaks, and gelatinous lesions are often the forerunners in the evolution of atherosclerotic lesions. [3]
- The clinical disease states due to luminal narrowing in atherosclerosis are caused by fully developed atheromatous plaques and complicated plaques.

1. Fatty streaks and dots

- Fatty streaks and dots on the intima, microscopically lying under the endothelium, by themselves are harmless but may be the precursor lesions of atheromatous plaques and are composed of closely-packed foam cells and a few lymphoid cells. [1, 3]
- The lesions may appear as flat or slightly elevated and yellow in the form of small, multiple dots, about 1mm in size, or in the form of elongated, beaded streaks.

2. Gelatinous lesions

Gelatinous lesions develop in the intima of the aorta and other major artery. They are rounded or oval, circumscribed grey elevations, about 1cm in diameter.

Microscopically, gelatinous lesions are foci of increased ground substance in the intima with thinned overlying endothelium. Like fatty streaks, they may also be precursors of plaques. [1, 2, 3]

3. Atheromatous plaques

A fully developed atherosclerotic lesion is called atheromatous plaque. Most often and most severely affected are the abdominal aorta, and its major branches around the ostia, especially the iliac, femoral, carotid, coronary, and cerebral arteries. [3]

Atheromatous plaques are white to yellowish-white lesions, varying in diameter from 1-2 cm and a few millimetres to a centimetre in thickness. However, the following features are invariably present : - (2, 3)

- a. Superficial luminal part of the fibrous cap is covered by endothelium, and is composed of smooth muscle cells, dense connective tissue and extracellular matrix containing proteoglycans and collagen.
- b. Cellular area under the fibrous cap is comprised by a mixture of macrophages, foam cells, lymphocytes and a few smooth muscles cells which may contain lipid.
- c. Deeper central soft core consists of extracellular lipid material, cholesterol clefts, fibrin, necrotic debris and lipid laden foam cells.
- d. In older and more advanced lesions, the collagen in the fibrous cap may be dense and hyalinized, smooth muscle cells may be atrophic and foam cells are fewer.

4. Complicated plaque

Various pathologic changes that occur in fully developed atheromatous plaques are called the complicated lesions. These account for the most serious harmful effects of atherosclerosis and even death. These changes include calcification, ulceration, thrombosis, hemorrhage and aneurysmal dilatation. [3]

Clinical features

The most common symptom is intermittent claudication, which is defined as a pain, ache, cramp, numbness, or a sense of fatigue in the muscles; it occurs during exercise and is relieved by rest. The pain is usually felt in the calf because the disease most commonly affects the superficial femoral artery. [1, 2, 3]

- In patients with severe arterial occlusive disease, critical limb ischemia may develop. [1]
- Patients will complain of rest pain or a feeling of cold or numbness in the foot and toes. Frequently, these symptoms exhibit diurnal variations. Patient may develop peripheral oedema. [2]
- Important physical findings of PAD include decreased or absent pulses distal to the obstruction, the presence of bruits over the narrowed artery and muscle atrophy. [1]
- Elevation of the legs and repeated flexing of the calf muscles produce pallor of the soles of the feet, whereas, rubor, secondary to reactive hyperaemia, may develop when the legs are dependent. [1, 3]
- The presentation is with blue fingers, which are due to small emboli lodging in digital arteries. This may be confused with Raynaud phenomenon but the symptoms of atheroembolism are typically unilateral rather than bilateral as in Raynaud. [1, 3]
- Subclavian steal can be a feature of PAD affecting the upper limbs presenting with dizziness, cortical blindness, and collapse. [1]

Investigations

- The history and physical examination are often sufficient to establish the diagnosis of PAD. Arterial pressure can be recorded noninvasively in the legs by placement of sphygmomanometer cuffs at the ankles and use of a doppler device to auscultate or record blood flow from the dorsalis pedis and posterior tibial arteries. [1, 2, 3]

Normally, systolic blood pressure (SBP) in the legs and arms is similar indeed; ankle pressure may be slightly higher than arm pressure due to pulse wave amplification. In the presence of hemodynamically significant stenoses, the SBP in the leg is decreased.

Thus, the ratio of the ankle and brachial artery pressure (the ankle : brachial index , or ABI) is greater and equal to 1.0 in normal individuals and less than 1.0 in patients with peripheral arterial disease ; a ratio of less than 0.5 is consistent with severe ischemia. [1, 3]

- Other non-invasive tests include segmental pressure measurements, pulse volume recordings, doppler flow velocity, wave form analysis, duplex ultrasonography, transcutaneous oximetry, and stress testing (to assess functional limitations objectively). [1]
- Routine blood investigations can be done to rule out treatable secondary causes, such as thrombocythemia; hyperlipidaemia; RBS. [1,2]

Homoeopathic treatment

Homoeopathic remedies enhance the immune system and cause the release of hormones naturally by stimulating the hypothalamic-pituitary-ovarian axis, thereby slows the progress of disease, provides symptomatic relief and complete cure.

Individualistic approach

- ❖ The homoeopathic system of medicine is based on the principle of individuality. Every patient is different in nature, and the medicine is prescribed taking the patients physical, mental and genetic makeup to form the portrait of the disease. The remedy prescribed is called the constitutional remedy.
- ❖ Detailed case history to find the constitutional remedy includes the following:
 - ✓ Presenting symptoms: a list of symptoms along with order of appearance.
 - ✓ History of presenting illness: detail of each symptom is noted along with the condition of aggravation and amelioration.
 - ✓ Past history: history of any ailment in the past.
 - ✓ Family history: history of diseases like tuberculosis, cancer, hypertension, diabetes in both paternal and maternal families.
 - ✓ Physical generals which include reaction to heat and cold, likes, dislikes, desires, aversions, stool, urine, sleep, and dreams.
 - ✓ Mental generals which include temperament, attitude, fears, dreams, anxiety etc.
 - ✓ General examination of the patient done.

Homoeopathic medicine for peripheral arterial disease:

There are various homoeopathic medicines to manage the signs and symptoms of peripheral arterial disease. The medicine differs from case to case and is selected according to the signs and symptoms in each case. Frequently used medicines are: [4, 5, 6]

1. *Arnica montana*: Affect the venous system including stasis. Relaxed blood vessels, black and blue spots.
2. *Aurum metallicum*: One of the best remedies for PAD with valvular lesions. Sensation as if the heart stopped beating for two or three seconds, immediately followed by a tumultuous rebound. The patient is suffering from high blood pressure. Pulse rapid, feeble, irregular.
3. *Baryta muriatica*: Hypertension and Increased tension of pulse. Arterio-sclerosis where a high systolic pressure attended by cerebral and cardiac symptoms.
4. *Cactus grandiflorous*: Endocarditis with mitral insufficiency together with violent and rapid action. Violent palpitation; worse lying on left side. Angina pectoris, with suffocation, cold sweat, and ever present iron-band feeling. Pain in apex, shooting down left arm, Pulse feeble, irregular, quick, without strength.
5. *Conium maculatum*: It is best medicine for PAD with violent palpitations. Palpitations worse exertion, drinking, at stools. Pulse unequal and irregular.
6. *Convallaria majaris*: Increased energy of heart action renders it more regular. Feeling as if heart beat throughout the chest. Sensation as if heart ceased beating, then starting very suddenly. Extremely rapid and irregular pulse.
7. *Crataegus oxyacanthus*: Acts on muscle of heart. Extreme dyspnea on least exertion, without much increase of pulse. Pain in region of heart and under left clavicle. Heart dilated; first sound weak. Pulse accelerated, irregular, feeble, intermittent. Cutaneous chilliness, blueness of fingers and toes.

8. *Plumbum metallicum*: Wiry pulse, cramp like constriction of peripheral arteries.
9. *Secale cornutum*: Secale cor is indicated for arteriosclerosis with ice-cold extremities.
10. *Strontium carbonicum*: High blood pressure with flushed face pulsating arteries, threatened apoplexy. There is violent beating of arteries and heart. It is also good for arteriosclerosis with vertigo and nausea.
11. *Strophanthus hispidus*: act on the heart, increasing the systole and diminishes the rapidity. Arterio-sclerosis; rigid arteries of aged. Restores tone to a brittle tissue, especially of the heart muscle and valves.

❖ **Reportorial prescribing**

Kent's repertory:

- Chest- anxiety, heart, region of, exertion, after
- Chest- anxiety, heart, region of, stretching out body after physical exertion
- Chest- cease, sensation as if heart would
- Chest- cease, sensation as if heart would, fears unless constantly on the move the heart will cease
- Chest- constriction, heart, grasping sensation
- Chest- murmurs
- Chest- pain, heart, excitement from

Boericke' repertory:

- Circulatory system- arteries-aorta-inflamed, acute(aortitis)
- Circulatory system- arteries- aorta, inflamed, chronically (aortitis chronica)
- Circulatory system- atheroma of arteries (arterio-sclerosis)
- Circulatory system- pulse- full, round, bounding, strong, felt all over

BBCR

- Chest- heart pain extends towards
- Chest- congestion to

BTPB

- Chest- heart and region, palpitation
- Chest- heart's action intermittent

Lifestyle modification [1, 2, 3]

- ❖ Physicians must counsel patients regarding the health risks of tobacco use and provide guidance and resources regarding smoking cessation.
- ❖ Physicians should advise all patients about prudent dietary and physical activity for maintaining ideal body weight.

- ❖ Dietary modifications: A healthy diet is associated with a lower incidence of clinical peripheral arterial disease (PAD). Taking healthy diet is the primary prevention of cardiovascular disease with a Mediterranean diet supplemented with extra-virgin olive oil or nuts trail, in which a Mediterranean diet was associated with a reduced risk of PAD.
- ❖ Smoking cessation: Tobacco smoke contains nicotine and acrolein which promotes arterial damage and bad effects on platelets, endothelial tissue and coagulation pathways through oxidative stress and inhibition of nitric oxide. Therefore Smoking cessation improves the arterial vasodilatory ischemic response.
- ❖ Both national institutes of health and AHA statements recommend at least 30min. of moderate intensity physical activity per day.

Conclusion

The scope of homoeopathy with life style modification for preventing PAD is very significant and promising. It is safe and effective in controlling symptoms and curing disease completely. Homoeopathic management of PAD is holistic and individualistic considering the physical symptoms, mental makeup and genetic factors of the patients. Along with medicine, a healthy diet, regular exercise and adequate sleep is very important for improving the quality of life.

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