

Miasmatic Patterns and Changes in Lipid Profile Following Individualized Homoeopathic Treatment in Hyperlipidemia: A Prospective Observational Study

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Abstract

Background: Hyperlipidemia is an important modifiable cardiovascular risk factor. Homoeopathic case individualization may include constitutional and miasmatic assessment, but clinical data describing miasmatic patterns in hyperlipidemia are limited.

Objective: To describe predominant miasmatic patterns and changes in selected lipid parameters following individualized homoeopathic treatment with dietary and lifestyle advice.

Methods: A prospective observational study included 30 patients aged 25–75 years with hyperlipidemia. Detailed case-taking, examination, investigations and miasmatic assessment were performed. Individualized homoeopathic medicines were prescribed according to the totality of symptoms. Total cholesterol (TC), triglycerides (TG) and LDL-C were compared before and after treatment using paired Student's t-test.

Results: Sycotic predominance was recorded in 16 (53.3%), syphilitic in 6 (20.0%), psoric in 4 (13.3%) and tubercular in 4 (13.3%) participants. Overall response was improved in 21 (70.0%), partially improved in 6 (20.0%) and not improved in 3 (10.0%). Mean TC, TG and LDL-C decreased by 78.23, 84.57 and 45.60 mg/dL, respectively (all $p < 0.001$).

Conclusion: Sycotic predominance was the most frequently recorded pattern and significant pre–post reductions in lipid parameters were observed. Causal attribution cannot be made because the study was small, uncontrolled and included lifestyle advice alongside individualized treatment.

Keywords: Hyperlipidemia; miasm; homoeopathy; individualized treatment; lipid profile; observational study.

Introduction

Hyperlipidemia is characterized by abnormal elevation of circulating lipids and is an important modifiable risk factor for atherosclerotic cardiovascular disease. In homoeopathic practice, treatment is individualized according to the totality of symptoms and may incorporate assessment of chronic miasmatic patterns.

The present study was undertaken to describe predominant miasmatic patterns among patients with hyperlipidemia and to document changes in selected lipid parameters following individualized homoeopathic treatment. The miasmatic categories used were psoric, sycotic, syphilitic and tubercular, according to the homoeopathic framework applied in the dissertation. These categories are presented as homoeopathic interpretive constructs and not as established biomedical mechanisms.

Materials and Methods

Study design and participants

This prospective observational study included 30 patients aged 25–75 years of either sex diagnosed with hyperlipidemia. Participants were recruited through the outpatient department and institutional medical camps. Patients with serious complications such as myocardial infarction or stroke were excluded.

Case assessment and intervention

Detailed homoeopathic case-taking included presenting and associated complaints, personal and past history, family history, mental characteristics, physical generals, examination and relevant investigations. Miasmatic assessment was performed as part of case analysis. Individualized homoeopathic medicines were selected according to the totality of symptoms and case characteristics. Dietary and lifestyle advice was provided concurrently.

Outcomes and statistical analysis

The primary biochemical outcomes were TC, TG and LDL-C. Pre- and post-treatment values were summarized as mean $\pm$ standard deviation and compared using paired Student's t-test. Mean paired differences and 95% confidence intervals were calculated. A two-sided $p < 0.05$ was considered statistically significant. Miasmatic distribution and overall clinical response were analyzed descriptively; no inferential comparison between miasmatic groups was performed.

Results

Of the 30 participants, 18 (60.0%) were male and 12 (40.0%) female. The largest age group was 46–55 years (14; 46.7%). Twenty participants (66.7%) were classified as sedentary and 10 (33.3%) as moderately active.

Table 1. Predominant miasmatic pattern and overall clinical response

Miasmatic pattern	n	%	Response	n (%)
Psoric	4	13.3	Improved	21 (70.0)
Sycotic	16	53.3	Partially improved	6 (20.0)
Syphilitic	6	20.0	Not improved	3 (10.0)
Tubercular	4	13.3		

The sycotic pattern was the most frequently recorded miasmatic pattern (53.3%). Overall response was classified as improved in 70.0%, partially improved in 20.0% and not improved in 10.0% of participants.

Table 2. Pre-treatment and follow-up lipid parameters

Parameter	Baseline Mean $\pm$ SD	Follow-up Mean $\pm$ SD	Mean reduction	95% CI	t	P
TC	281.70 $\pm$ 35.46	203.47 $\pm$ 33.11	78.23	62.24–94.22	10.01	<0.001
TG	231.93 $\pm$ 40.04	147.37 $\pm$ 30.31	84.57	67.12–102.01	9.91	<0.001
LDL-C	169.13 $\pm$ 25.17	123.53 $\pm$ 26.01	45.60	36.99–54.21	10.83	<0.001

All three lipid parameters showed statistically significant reductions at follow-up. The reductions were approximately 27.8% for TC, 36.5% for TG and 27.0% for LDL-C relative to baseline means.

Discussion

The study found sycotic predominance in 53.3% of participants, followed by syphilitic, psoric and tubercular patterns. Within the homoeopathic framework used in this study, sycosis is traditionally interpreted in association with excess and accumulation. This observation is descriptive and does not establish that sycosis causes hyperlipidemia or predicts treatment response.

Significant reductions in TC, TG and LDL-C were observed between baseline and follow-up. However, a paired t-test in a single-group pre–post study demonstrates change over time rather than treatment efficacy. The study had no comparator group, and dietary and lifestyle advice was provided together with individualized homoeopathic treatment. Consequently, the contribution of homoeopathic treatment, lifestyle modification, regression to the mean, natural variation or other factors cannot be separated.

The 70% overall improvement rate is similarly descriptive because the response classification incorporated biochemical changes, symptoms and general well-being without blinding or a control group. No statistical comparison of outcomes between miasmatic groups was undertaken; therefore, the present data do not support a conclusion that one miasm was associated with superior lipid outcomes.

Limitations

The principal limitations were the small sample size, absence of a control group, individualized treatment, concurrent lifestyle advice, potential observer variability in miasmatic classification, and lack of standardized criteria or inter-rater

reliability for miasmatic assessment. Follow-up duration varied across individual cases. Concurrent medication and other potential confounders were not sufficiently standardized or analyzed.

Conclusion

Sycotic miasmatic predominance was the most frequently recorded pattern in this sample, and significant reductions in TC, TG and LDL-C were observed between baseline and follow-up. These findings are exploratory and cannot establish a causal effect of homoeopathic treatment or miasmatic assessment. Larger controlled prospective studies with standardized miasmatic criteria, fixed follow-up intervals and appropriate control of lifestyle and medication-related confounders are required.

References

1. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; 1994.
2. Hahnemann S. The Chronic Diseases: Their Peculiar Nature and Homoeopathic Cure. New Delhi: B Jain Publishers; 1990.
3. Roberts HA. The Principles and Art of Cure by Homoeopathy. New Delhi: B Jain Publishers; 1992.
4. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill; 2022.
5. Vandembroucke JP, von Elm E, Altman DG, Gøtzsche PC, Mulrow CD, Pocock SJ, et al. Strengthening the reporting of observational studies in epidemiology (STROBE): explanation and elaboration. PLoS Med. 2007;4(10):e297.
6. International Committee of Medical Journal Editors. Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals. Updated January 2026.
7. Gupta R, Rao RS, Misra A, Sharma SK. Recent trends in epidemiology of dyslipidemias in India. Indian Heart J. 2020;72(4):417-422.
8. Rani RR, Banu Z, Rahman A. Comprehensive review of hyperlipidemia: pathophysiology, diagnosis, and management. Int J All Res Educ Sci Methods. 2024;12(11).

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