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A Mini Review of the Psychophysiology of Mind–Body Regulation and Its Importance in Homoeopathic Healing

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Abstract
Psychological disorders, such as depression, anxiety disorders, and post-traumatic stress disorder (PTSD), cause measurable impairments in neuroendocrine, immunological, autonomic, metabolic, and cardiovascular systems (Cannon, 1932; Selye, 1956; Osei et al., 2024). These psychosomatic effects increase the risk of comorbidity and reduce quality of life. In classical homoeopathy, comprehensive materia medica sources like Lectures on Homoeopathic Philosophy and Materia Medica with Repertory (Kent, 1905; Boericke, 1927) list remedies (like Natrum muriaticum, Lycopodium clavatum, and Pulsatilla nigricans) that are used to treat specific psychological-emotional and somatic symptoms.
This review synthesises contemporary insights into mind–body pathways associated with psychiatric disorders, including hypothalamic–pituitary–adrenal (HPA) axis dysregulation, inflammation, autonomic imbalance, and gut–brain axis modifications, while juxtaposing these mechanisms with the remedy-profile rationale present in homoeopathic materia medica. Although empirical evidence substantiating homoeopathy in mental health is scarce and inconsistent (Davidson et al., 2011; Rotella et al., 2020), morally robust and methodologically sound research avenues are suggested to investigate integrative models.

KeyNotes: depression, anxiety, post-traumatic stress disorder, mind–body connection, hypothalamic–pituitary–adrenal axis, inflammation, psychophysiology, homoeopathy, materia medica

Introduction

Psychological disorders are not limited to cognitive processes; they entail dynamic interactions among several body systems. Conditions such as major depressive disorder (MDD), generalised anxiety disorder (GAD), post-traumatic stress disorder (PTSD), bipolar disorder, schizophrenia, and obsessive-compulsive disorder (OCD) have systemic effects on neuroendocrine stress regulation, immune-inflammatory signalling, autonomic balance, gut-brain communication, metabolism, and cardiovascular function (Cannon, 1932; Selye, 1956; Moriarity et al., 2021; Osei et al., 2024). Comprehending these pathways establishes the basis for integrative care solutions that consider the individual in a holistic manner rather than concentrating solely on discrete symptoms.

In complementary and integrative medicine, conventional homoeopathy underscores personalised therapy selection based on classical materia medica literature (Kent, 1905; Boericke, 1927). While substantial scientific evidence is still scarce, practitioners suggest that synchronising mental-emotional states with physical symptom clusters improves comprehensive treatment involvement. This review seeks to (1) delineate essential psychophysiological pathways connecting psychological diseases to physiological dysregulation, (2) juxtapose these pathways with homoeopathic materia medica profiles pertinent to mental-emotional problems, and (3) suggest avenues for further research.

Psychological Disorders: Psychosomatic Pathways

Neuroendocrine Regulation: The HPA Axis and the Physiology of Stress

The hypothalamic–pituitary–adrenal (HPA) axis is a key part of how the body reacts to stress, both mental and physical (Cannon, 1932; Selye, 1956). The process of activation starts with the hypothalamus releasing corticotropin-releasing hormone (CRH). This is followed by the pituitary gland releasing adrenocorticotropic hormone (ACTH), and finally, the adrenal cortex releasing cortisol. While adaptive during acute stress, prolonged activation contributes to allostatic load and the disruption of physiological balance (Selye, 1956; Osei et al., 2024).

In severe depressive disorder, increased basal cortisol levels, a dysfunctional cortisol awakening response, and inadequate suppression during dexamethasone suppression testing signify altered negative feedback regulation. These neuroendocrine changes are linked to hippocampal shrinkage, dysfunction of the prefrontal cortex, and hyperactivity in the amygdala, leading to cognitive deficits and emotional dysregulation (Osei et al., 2024).

In PTSD, modified stress physiology—characterized by diminished basal cortisol levels and heightened glucocorticoid receptor sensitivity—may hinder fear extinction and sustain hyperarousal states (Selye, 1956; Osei et al., 2024).

Inflammation and Immune Signalling

Psychiatric diseases exhibit a persistent association with immune-inflammatory processes. In depression, anxiety, and trauma-related disorders, there have been reports of elevated levels of C-reactive protein (CRP), interleukin-6, and tumour necrosis factor-alpha (Moriarity et al., 2021). Chronic low-grade inflammation leads to endothelial dysfunction, metabolic syndrome, altered neuroplasticity via microglial activation, and heightened cardiovascular risk (Moriarity et al., 2021; Osei et al., 2024). Bidirectional interactions between inflammatory signalling and the HPA axis further disrupt systemic homeostasis.

Dysregulation of the Autonomic and Cardiovascular Systems

Anxiety and trauma-related diseases demonstrate autonomic imbalance, marked by heightened sympathetic activity, diminished parasympathetic tone, and decreased heart-rate variability, hence increasing long-term cardiovascular risk (Selye, 1956; Osei et al., 2024).

Metabolism, Gut–Brain Axis, and Somatic Symptoms
Mood and anxiety disorders correlate with metabolic dysregulation, modifications in the gut microbiome, heightened intestinal permeability, and impaired gut–brain connection facilitated via immunological and neurological pathways (Moriarity et al., 2021; Osei et al., 2024). These alterations present clinically as weariness, gastrointestinal problems, appetite disorders, and diminished vigour.

Clinical Consequences
Psychological diseases impact the entire organism; thus, holistic treatment options that incorporate psychotherapy, medication, lifestyle change, and stress-management techniques may enhance outcomes and diminish long-term morbidity (Lazarus & Folkman, 1984; Osei et al., 2024).

Homoeopathic Materia Medica and Psychological Disorders
Classical homoeopathy depends on choosing the right treatment for each person based on a thorough evaluation of their mental, emotional, and physical symptoms, as described in materia medica books (Hahnemann, 1810/1921; Kent, 1905; Boericke, 1927). Arsenicum album, Ignatia amara, Natrum muriaticum, Lycopodium clavatum, and Pulsatilla nigricans are commonly referenced remedies for mental-emotional problems, each embodying distinct emotional patterns in conjunction with somatic manifestations (Kent, 1905; Boericke, 1927).
This holistic approach theoretically aligns with psychophysiological paradigms that stress the interconnectedness of mind and body.

Evidence of Homoeopathy in Mental Disorders
Empirical research on homoeopathy in psychiatry is very sparse and lacks methodological consistency. Systematic studies of randomised placebo-controlled trials provide little evidence to dismiss placebo effects (Davidson et al., 2011). Meta-analytic results demonstrate small effects accompanied by a significant risk of bias (Rotella et al., 2020). A practical randomised controlled trial employing a cohort multiple RCT design indicated small to moderate enhancements in depression symptoms with the addition of homoeopathy to standard care, while methodological constraints hinder conclusive determinations (Viksveen et al., 2017).

Conclusion
Psychological disorders significantly impact neuroendocrine, immunological, autonomic, metabolic, and gut-brain systems, highlighting the clinical importance of mind-body integration (Cannon, 1932; Selye, 1956; Moriarity et al., 2021; Osei et al., 2024). Classical homoeopathy provides a comprehensive conceptual framework that corresponds with these interactions; yet, contemporary empirical evidence is inadequate to supplant established treatments (Davidson et al., 2011; Rotella et al., 2020). Subsequent investigations that incorporate psychophysiological biomarkers with stringent clinical methodologies may elucidate the function of homoeopathy as a supplementary modality within integrative mental health treatment.

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